2020 Community Health Needs Assessment

Salinas Valley Memorial Healthcare System

Authors and Acknowledgments

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1. Executive Summary

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The Patient Protection and Affordable Care Act enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. The CHNA must be done by the last day of a hospital's taxable year, and hospitals must make the CHNA report widely available to the public. The CHNA must also gather input from experts in public health, local health departments, and the community. The community must include representatives of minority, low-income, medically underserved, and other high-need populations.[1]

The 2020 CHNA builds upon the information and understanding that resulted from the previous assessment in 2017. The latest CHNA process, completed in fiscal year 2019–2020 and described in this report, was conducted in compliance with current legal requirements.

The 2020 CHNA will serve as the basis for implementation strategies that are required to be filed with the IRS as part of the healthcare system's 2020 Form 990, Schedule H, four and a half months into the next taxable year.

PROCESS AND METHODS

Salinas Valley Memorial Healthcare System (SVMHS) began the CHNA process in 2019. The goal was to gather community feedback, understand existing data about health status, and prioritize local health needs. Community input was obtained during the spring and summer of 2019 through key informant interviews with local health experts, and focus groups with community members, leaders, and representatives. Secondary data were obtained from a variety of sources. (*See Attachment 2: Secondary Data Sources for a complete list.*)

In the fall of 2019, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs using the following criteria:

1. Meets the definition of a "health need" (a poor health outcome and its associated health driver[s], or health driver[s] associated with a poor health outcome where the outcome itself has not yet arisen as a need).
2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informant interviewees or focus groups.
   b. If not (a), three or more direct indicators failed their benchmarks by ≥5 percent.

For the purposes of this assessment, SVMHS did not limit the definition of "community health" to traditional measures of health. Instead, the definition included indicators about the physical

[1] U.S. Federal Register (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, December 31, 2014. Retrieved November 2019 from https://www.govinfo.gov/content/pkg/FR-2014-12-31/pdf/2014-30525.pdf

health of the county's residents, as well as the broader social and environmental determinants of health, such as access to healthcare, affordable housing, child care, education, and employment. This more inclusive definition reflects the view that many factors affect community health, and it is essential to consider these factors to adequately understand and address community health needs.

The identified needs were subsequently prioritized by the healthcare system using these criteria:

1. **Community priority:** This refers to the extent to which the community prioritized the issue over other issues about which it expressed concern during the CHNA primary data collection process.
2. **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or other factors.
3. **Magnitude/scale of the need:** This refers to the number of people affected by the health need.
4. **Severity:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.

The results of the prioritization appear below.

PRIORITIZED HEALTH NEEDS

Based on the process described above, SVMHS ranked the following 10 community health needs. These needs are listed in priority order, from highest to lowest. Needs marked with an asterisk (*) tied in their ranking and appear in alphabetical order next to their equal.

- **Behavioral Health.*** CHNA interview and focus group participants prioritized behavioral health (mental health and substance use) as their top health need. Behavioral health statistics in Monterey County support their concerns: Among youth, levels of depression-related feelings, caring relationships with adults at school, cyberbullying, alcohol use, and regular marijuana use are all significantly worse countywide than the state averages. Additionally, the number of school psychologists per student is far below the state average, which means county youth may encounter difficulty seeking support. Among adults, the proportion of county residents who experienced adverse childhood experiences (ACEs) is significantly higher than state average, while those who currently receive adequate social or emotional support is significantly lower.
- **Healthcare Access and Delivery.*** CHNA participants expressed concern about this health need, including access to healthcare providers, especially for Medi-Cal patients. A significantly smaller proportion of Monterey County residents have health insurance, a usual source for primary care, access to primary care physicians and dentists, and access to school nurses than the state benchmarks. The county's Latinx[2] adults are much more likely to be uninsured and lack a consistent source of primary care than their peers of other ethnicities. Language and immigration status can create barriers to access. Some

[2] The term "Latinx" is employed as a gender-neutral way to refer to Latin American and Hispanic individuals of any race.

immigrants are either ineligible for Medi-Cal or eligible but fearful of being identified and deported if they access services, CHNA participants said.

- **Diabetes and Obesity.** This health need is a relatively high community priority. CHNA participants focused on the effects of the built environment on community members (e.g., lack of neighborhood safety deterring active living and lack of access to healthy food preventing healthy eating). Adults in Monterey County are significantly less physically active than their counterparts statewide, a trend that has been worsening since 2010. Ethnic disparities exist in physical fitness among county youth, with Latinxs worst off. Children in the county consume fewer fruits and vegetables than the state average. Diabetes prevalence has been rising countywide since 2014. Obesity is significantly higher among Monterey County's children and adults than the state averages, and it's most prevalent among African ancestry[3] adults. With regard to related chronic diseases, statistics show that the county's adults are significantly more likely to have high blood pressure, and to lack medication to manage that condition, than adults in California overall. Among ethnic groups in Monterey County, Latinxs are the least likely to manage their blood pressure well.
- **Food and Housing Insecurity.** CHNA participants ranked food and housing security as a high priority. Child food insecurity in Monterey County significantly exceeds the state average. Median household income is lower, and a correspondingly greater proportion of adults over age 25 do not have a high school education, compared to state benchmarks. The county's unemployment rate is significantly higher than the state rate, and a much smaller percentage of community members are employed in white-collar occupations than workers statewide. Related to income, a smaller proportion of housing units are owner-occupied in the county than the state proportion. The county has a significantly higher percentage of crowded households than the state average, as well as a correspondingly higher proportion of children living in them. Compared with their peers statewide, a greater percentage of Monterey County students are experiencing homelessness (and more of these students are unsheltered). Significant ethnic disparities in economic security exist among Monterey County residents; for example, Latinxs and other people of color are less likely to own homes or earn a bachelor's degree and more likely to live in poverty than Whites.
- **Cancer.*** CHNA participants rarely discussed cancer, but statistics suggest that it's a health need in the community. Cervical cancer incidence (new cases) and mortality (deaths) are significantly higher in Monterey County than the state rates, as is brain cancer incidence. The incidence and/or mortality rates for melanoma and some other cancers for which farmworkers are at greater risk than the non-farmworker population are significantly higher as well. The county rate of childhood cancer diagnoses, which has been slowly rising since 2006, is substantially higher than the state rate. Ethnic disparities exist, particularly for Latinxs, for whom prostate cancer incidence rates

[3] In keeping with the *Status of African/African Ancestry Health* report, published in partnership with the Black Leadership Kitchen Cabinet of Silicon Valley, the term "African ancestry" refers to all people of African descent. The sources from which ethnicity data are provided may use the terms "Black" and/or "African-American" in their surveys and studies.

significantly exceed the benchmark. Childhood cancer diagnoses are highest among Latinx children/youth.

- **Maternal/Infant Health.*** CHNA participants discussed maternal/infant health in the context of access to healthcare (e.g., prenatal care) and identified the paucity of licensed child care slots as an issue in the community. Maternal/infant health is a community health need because the teen birth rate in Monterey County is significantly higher than the state rate. In addition, the proportion of pregnant women who receive first trimester prenatal care is significantly lower, and a correspondingly higher percentage of women had late or no prenatal care at all, than the state benchmarks. Exclusive breastfeeding of newborns in hospitals is lower than the state average. Additionally, there is significantly less licensed child care available to working families than the state average. Ethnic disparities exist, particularly for Latinx residents, in prenatal care, infant mortality, teen births, breastfeeding, and children living in poverty.
- **Built Environment.** As a health need, the built environment primarily refers to access to food and recreation. Compared with Californians overall, a significantly larger proportion of Monterey County residents have low access to food, and geographic and ethnic disparities exist in access to grocery stores and other purveyors of healthy foods. CHNA participants suggested that difficulty obtaining locally grown fruits and vegetables and other raw ingredients (due to costs and lack of stores in close proximity) prevents many people from eating healthily. Meanwhile, significantly fewer recreational and fitness facilities per capita are available in the county than the state average. Community members do not always feel safe walking in their neighborhood or to local parks, CHNA participants said.
- **Education and Literacy.*** CHNA participants mentioned education and literacy in the context of gaining access to jobs that pay a living wage. Statistics show that education is a need in the community. Limited literacy correlates with low educational attainment, which is associated with poor health outcomes. A significantly larger proportion of children in Monterey County live in linguistically isolated households[4] than the state average. Combined with significantly lower enrollment in preschool, county children may have greater barriers to literacy than children elsewhere in California. Also, the proportion of fourth-graders in the county who read at or above proficiency is significantly lower than the state average. Finally, school climate indicators (e.g., bullying, low levels of meaningful participation) are significantly worse locally than they are statewide and show ethnic disparities.
- **Violence Prevention.*** Community members interviewed for the CHNA said they perceived a decrease in violent gang activity, namely homicide, but an increase in human trafficking, which is causing great concern. However, Monterey County's statistics show that violent crime, homicide, and firearm-related death rates significantly exceed state rates. Prison admissions and jail and prison population rates among adults (ages 16–64) from the county are also significantly higher than the state averages. Among youth,

[4] The term "linguistically isolated" refers to households in which no one 14 years old or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.

significantly greater proportions of the county's middle- and high-schoolers perceive their schools as unsafe—and are afraid of being beaten up on campus—compared with their peers statewide. High-schoolers countywide are also significantly more likely to report belonging to a gang than their counterparts statewide. A significantly greater than average proportion of local 11th graders reported experiencing dating violence.

- **Oral/Dental Health.** CHNA participants identified the relative lack access to oral healthcare as an issue in the county. Statistics show significantly fewer dentists available per resident in Monterey County, and a greater proportion of county adults lack dental insurance, than the state benchmarks. Latinx community members were the least likely among all residents to have received recent dental care. Water fluoridation is a protective factor against tooth decay, but no public water systems in the county being monitored by the state are fluoridated.

For additional details, including statistical data and citations, see Section 6: 2020 Prioritized Community Health Needs and Attachment 4: Secondary Data Tables.

NEXT STEPS

After making this CHNA report publicly available by June 30, 2020, SVMHS will solicit feedback and comments about the report until two subsequent CHNA reports have been posted.[5] The hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by November 15, 2020.

[5] https://www.svmh.com/About-Us/Community-Health-Needs-Assessment.aspx

2. Background

CHNA REPORT PURPOSE

In 2019–2020, Salinas Valley Memorial Healthcare System (SVMHS) conducted an extensive community health needs assessment (CHNA) to identify critical health needs of the community. The 2020 CHNA builds upon earlier assessments conducted by SVMHS.

AFFORDABLE CARE ACT REQUIREMENTS

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years. The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014.

The federal definition of community health needs comprises the social determinants of health and morbidity and mortality. This broad definition is indicative of a wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for nonprofit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including social determinants.

Beyond providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, ACA created more incentives for healthcare providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

The 2020 CHNA meets federal requirements.

BRIEF SUMMARY OF THE 2017 CHNA CONDUCTED

In 2017, SVMHS conducted a similar process to assess community health needs. The 2017 CHNA report is posted on the Community Health Needs Assessment page of the healthcare system's website.[6]

The community health needs identified and prioritized through the 2017 CHNA process were:

- Diabetes and Obesity
- Access to and Delivery of Care
- Behavioral Health

[6] https://www.svmh.com/About-Us/Community-Health-Needs-Assessment.aspx

- Violence and Preventable Injury
- Economic Security
- Cardiovascular Disease/Stroke
- Cancers
- Maternal/Infant Health
- Oral Health
- Infectious Diseases

EVALUATION FINDINGS FROM 2018–2020 IMPLEMENTED STRATEGIES

SVMHS addressed three of these critical community health needs in subsequent years:

1. Diabetes and Obesity
2. Access to and Delivery of Care
3. Cancers

SVMHS invested its community benefit efforts in work that supports the community at large, including health education and training, service to vulnerable populations, charity care, and unreimbursed Medi-Cal and Medicare. These investments included grants, sponsorships, in-kind support, and collaboration/partnership activities. These activities provided crucial services for community members in need.

This section describes SVMHS's goals and impacts on its three selected health needs for fiscal years 2017–2018 and 2018–2019.[7]

Diabetes and Obesity Impact

Goal 1. Increase healthy behaviors in our community.

Goal 2. Improve diabetes management and weight control in our community.

- Grants and sponsorships for:
  - Obesity prevention programming for children, such as salad bars in schools, fitness programs for low-income youth, and annual camps
  - Diabetes services, such as self-management workshops
  - Meal deliveries for shut-ins
  - Fundraisers for organizations that provide diabetes and/or obesity-related programming or services
  - Community sporting events: walks, runs (e.g., marathons or half marathons), cycling races, etc.
- SVMHS community programs:
  - In 2018 and 2019, the Diabetes Center provided 67 diabetes education series, accommodating over 5,500 class visits; approximately one quarter of these visits

[7] The SVMHS fiscal year runs July through June. At the time this report was completed, SVMHS was in the middle of fiscal year 2019–2020 and full evaluation data was not available.

were by guests (not SVMHS patients). In 2019, 42 percent of the visits were to classes conducted in Spanish.
    - Diabetes Center served 6,802 patients—45 percent covered by Central California Alliance for Health (low-income residents in Monterey County who do not have Medicaid or MediCal), 27 percent covered by Medicare
    - Demo Kitchen, ongoing
    - Diabetes Prevention Program
    - Fresh Produce Rx—provides Rx for fresh produce to community
    - From Eyes to Exercise and Food to Foot Care—comprehensive diabetes series held in English and Spanish (monthly)
    - Nutrition Classes (e.g., mindful eating, label reading, portion distortion, controlling cholesterol and sodium). Served 275.
    - Heart Series—Acute MI/Heart and Stroke Risk Factors education program
    - Food Addict Anonymous. Almost 900 participants.
    - Exercise Challenge—10-week program designed to encourage people to get regular aerobic exercise, open to all organizations in Monterey County. Attended by 3,406 participants.
    - 4,701 participants in exercise classes: PiYo, qigong, tai chi chih, yoga, chair yoga
    - Type 1 diabetes support group
    - Screening young people for type 2 diabetes
    - The SVMHS Mobile Health Clinic was funded by a generous grant from the Sally Hughes Foundation, as well as financial and in-kind support from community partners such as the SVMH Service League, SVMHS Foundation, Doctors on Duty, and others. It began operating in the SVMHS District, four days a week in January 2020. It currently serves up to 50 patients per day in five locations in close proximity to family resource centers, schools, and churches. Most of the patients are underinsured or uninsured.
- SVMHS also provided in-kind services or goods, staff time, meeting space, and/or expertise for:
    - Diabetes and obesity-related community activities, such as classes
    - Public farmers' market at SVMHS: service lines and education available, healthy recipes, and collaborative partnerships. Approximately 11,000 shoppers.
    - Diabetes Collaborative for countywide diabetes prevention program
    - Referral of pre-diabetics to YMCA's Diabetes Prevention Program, for which SVMHS provided seed funding and continues to support with in-kind services

Note: Many general health education investments described in the Access and Delivery of Care section are related to obesity and diabetes education, including breastfeeding support.

Access to and Delivery of Care Impact

Goal 1. Improve access to quality healthcare services for at-risk community members.

Goal 2. Increase access to social nonmedical services that support health for low-income and vulnerable populations.

Goal 3. Develop a diverse, well-trained healthcare workforce that provides culturally sensitive healthcare.

- Grants and Sponsorships for Goal 1 (improvement in access to quality healthcare services for at-risk community members):
  - Promotores de Salud programming
  - Programs (such as annual camps) geared for increased access for children with chronic diseases
  - Heart disease prevention programs/activities such as the American Heart Association "Go Red" educational luncheon
  - Organizations providing or facilitating the provision of health education
  - Organizations or programs assisting with insurance enrollment
  - Diversity and inclusion efforts and advocacy
  - Organizations making efforts related to basic needs, including food, water, shelter, hygiene, social services, and behavioral and physical health care for the homeless or insufficiently housed
  - Education, prevention, treatment, and recovery programming related to substance use
  - Adelante Con Orgullo Mujer Inmigrante Collaborative Planning Committee
- SVMHS community programs for Goal 1:
  - Onsite MedAssist staff support to assist uninsured and underinsured
  - Walk With a Doc: Monthly series with short physician presentation on related health topic, blood pressure screenings, and walk
  - Ask the Experts (physician lecture series). Attended 866 times.
  - Speakers Bureau: Variety of speaker topics available to the community via education platform. Attended 983 times.
  - Childbirth Preparation Series: five-class session, English and Spanish (ongoing). Served 1,753 mothers. Also provided 818 maternity center tours.
  - Breastfeeding support
    - 960 participants in Feeding Made Easy (monthly class) and/or breast-feeding Support Group (weekly), and/or breastfeeding phone support
    - 409 participants in outpatient lactation program available to community
  - Cardiac health support
    - Mended Hearts: Heart patient visitor program, education series on heart related topics, and peer support (monthly)
    - Nutrition service for cardiac patients
    - Nearly 3,000 served by all cardiac health classes
  - Other support groups
    - Grief support group: Served 2,026 (English or Spanish speakers)
    - Multiple sclerosis support group
    - CPAP/sleep disorder support group: 157 attended
    - Traumatic Brain Injury support group
    - Type 1 diabetes support group
  - Mindful Meditation Stress Reduction (weekly). Attended 404 times.

- Blood Drive Program–Provide hosting and coordination of blood drive
- Public Education regarding When to Use Urgent Care Clinics Instead of ER
- Community Clinics and Physician Practices continue to provide increased access in various areas of the county through these forums, including expanding hours for urgent care clinics
- Flu Clinics–free, countywide flu clinics in Salinas and Gonzales clinic (three times a year). Served community members 4,724 times.
- Need Sleep Series—sleep topic programming (monthly)
- Sleep Center sleep screening program
- Taxi voucher program
- Weekly cardiovascular clinic at King City

- SVMHS also provided in-kind services or goods, staff time, expertise, or space for things related to Goal 1, such as:
  - Emergency services organizations and other access/delivery-related nonprofit organizations' community activities, such as first-aid classes, CPR and AED courses (attended 354 times), support groups for Alzheimer's caregivers, etc.
  - Staffing, simple screenings, and educational materials for community health fairs hosted by other groups (15–30 annually, reaching over 15,000 people).
  - Community Health Innovations in partnership with Montage Health, for patients with severe conditions
  - Partnership with Lucile Packard Children's Hospital Stanford for neonatology services
  - Partnership with the Madison Clinic for Pediatric Diabetes at UCSF for clinical services (in progress)
- Grants and sponsorships for Goal 2 (increase access to social nonmedical services that support health for low-income and vulnerable populations):
  - Programs that provide shelter for people who have nowhere to go when they leave the ER or hospital/clinic
  - Programs that provide on-site, on-the-job training for underrepresented people with disabilities
  - Literacy programs in the schools and/or cradle to career programs that include addressing literacy
  - Programs for facilitating the exchange of health information
  - Organizations conducting community advocacy
  - Organizations making efforts related to basic needs, social services, and behavioral and physical health care for the homeless or insufficiently housed
  - Activities/programming for seniors
  - Fundraisers for organizations that provide improved care coordination and/or social nonmedical services access-related programming or activities
  - Monterey Bay Economic Partnership—"Digital Nest" focuses on digital literacy
- In-kind support for Goal 2:
  - Space for emergency services organizations and other access-and/or delivery-related nonprofit organizations' community activities, such as first aid classes, CPR and AED courses, support groups for Alzheimer's patients' caregivers, etc.

- SVMHS community programs for Goal 2:
  - Legal Issues for Life Planning: Informational program on scams, as well as legal advice. Attended 239 times.
  - Lifeline program: 24-hour emergency response to fall alerts from participating community members, administered out of volunteer services
  - Onsite Patient Advocates for Transitions of Care program
- Grants and sponsorships for Goal 3 (development of a diverse, well-trained healthcare workforce that provides culturally sensitive healthcare):
  - Educational programs for nursing and physician assistants
  - Service learning programs
  - Promotores de Salud programming
  - Pipeline programs for healthcare careers, including scholarships to students seeking clinical or allied health roles
  - Organizations or programs providing leadership development of youth, such as the Boy Scout Explorer program focused on healthcare careers
  - Fundraisers for organizations that provide delivery-related programming or services
- SVMHS community programs for Goal 3:
  - Career Pathways Program (CPP), a volunteer program designed to act as a pipeline for students to experience health careers in a hands-on way
  - Internships in Phlebotomy, Sterile Surgical Processing, Nursing, Physical/Occupational Therapy, Radiology Tech, Clinical Lab Science
  - Medical Adventure Camp for ages 10–12, learning healthy life principles, exposure to health careers
  - SIM Lab Health Career Programs with the High Schools
  - Summer Health Institute: Pipeline program for students ages 16–18, hands-on and educational to health careers, clinical and nonclinical
  - Providing on site, on-the-job training for underrepresented people with disabilities
- Access and Delivery collaborations:
  - Partner with Stanford University on Summer Health Institute field trips
  - Community Colleges collaborative for clinical rotations, internships, and externships
  - California State University–Monterey Bay Health and Human Services collaboration
- Other Access and Delivery investments:
  - Assessing current SVMHS community programming related to nutrition and exercise education for cultural sensitivity
  - SVMHS advocates at the state and national level for higher provider reimbursement rates
  - Assessing potential for mobile health clinic van program

Cancers Impact

Goal: Increase community access to cancer education and programs.

See also strategies under Diabetes and Obesity that help to prevent cancer.

- Grants and sponsorships for:
  - Supporting organizations providing cancer-related treatment, programming, and/or activities to community members
  - Cancer-related fundraisers
- SVMHS-sponsored community programs:
  - Ask the Experts: Physician lecture series (quarterly), sometimes includes cancer as a topic
  - Walk with a Doc: Monthly series with short physician presentation on related health topic
  - Nearly 12,000 participants in cancer support groups and educational classes provided free of charge
  - Cancer Care Committee programming (focus on colon cancer prevention and screening, and lung cancer)
  - Cancer kits, including items for patients going through chemotherapy
  - Fresh Start Quit Smoking: six-session program (ongoing)
  - Freedom From Smoking, American Lung Association: 79 participants
  - Grief Support group, English and Spanish
  - Legal Issues for Life Planning: Informational program on scans, as well as legal advice
  - Look Good, Feel Better: Program of the American Cancer Society providing free make up, wigs, etc.
  - Nutrition Services for cancer patients and caregivers
  - Transportation program for cancer patients
- In-kind support:
  - Space for cancer-oriented nonprofit organizations
  - Hosting a table at community events with screening information, nurse navigators, and cancer prevention and treatment information

WRITTEN PUBLIC COMMENTS ON THE 2017 CHNA

To offer the public a means to provide written input on the 2017 CHNA report, SVMHS maintains a Contact form on its website for submitting comments.[8] This form will allow for public feedback on the 2020 CHNA report as well.

At the time this CHNA report was completed, SVMHS had not received any written comments about its 2017 CHNA report. The healthcare system will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

[8] https://svmh.wufoo.com/forms/community-health-needs-assessment/

3. About Salinas Valley Memorial Healthcare System

Salinas Valley Memorial Healthcare System (SVMHS) is an integrated network of healthcare programs, services, and facilities that serve thousands of people throughout Monterey County each year. Opened in 1953, Salinas Valley Memorial Hospital, a public district hospital, is the cornerstone of SVMHS. Licensed for 263 beds, this acute-care hospital features several specializations that enable people to get the advanced care they need without having to travel out of the area. The hospital employs 1,800 people and has a medical staff of 300 board-certified physicians across a range of specialties.

SVMHS also meets community healthcare needs through:

- Urgent care clinics: SVMHS serves as the 85 percent majority owner of 10 urgent care centers in Monterey and Santa Cruz counties, including Doctors on Duty, Harden Urgent Care, Salinas Urgent Care, and the student health center at California State University, Monterey Bay. SVMHS also has 20 percent ownership in three Pinnacle Urgent Care centers.
- Salinas Valley Medical Clinic (SVMC), a multispecialty medical clinic staffed by physicians board-certified in cardiology, oncology, women's health, pulmonology, infectious disease, critical care, neurology, endocrinology, vascular, thoracic, orthopedic and general surgery. SVMC is dedicated to building strong partnerships with referring physicians and providing the highest-quality care to patients.
- Taylor Farms Family Health & Wellness Center in Gonzales, a primary care clinic that provides preventive care, wellness initiatives, and disease management programs.
- Outpatient care and diagnostic centers:
    - The Ryan Ranch Center for Advanced Diagnostic Imaging, which gives patients access to cardiology experts and top technologies for comprehensive cardiovascular diagnosis.
    - The Cardiovascular Diagnostic Outpatient Clinic in Salinas, which provides cardiac and vascular imaging and cardiac stress tests for patients with coronary artery disease, peripheral vascular disease, neurovascular disease, cardiomyopathy, congestive heart failure, and vascular disease, as well as those needing cardiovascular risk assessments, and helps with cardiovascular disease prevention.
    - The Cardiac Wellness Center, which provides comprehensive cardiac care and wellness services for patients who have undergone a heart procedure. One of only 37 such programs in California certified by the American Association of Cardiovascular and Pulmonary Rehabilitation, this program includes medically supervised exercise, education, support, and encouragement in a safe, monitored setting.
    - The Wound Healing Center, a physician-led, technologically advanced, outpatient center designed specifically for patients with chronic wounds.
    - The Cancer Resource Center, a program that provides patients, family members, and the public with information and resources related to cancer diagnosis,

treatment, risk reduction, and emotional support. This program is available free of charge to the entire community and is not restricted to patients of SVMHS.
    - The Nancy Ausonio Mammography Center, which provides breast cancer diagnostic and screening procedures.
    - The Sleep Medicine Center, which provides diagnoses and therapies for people with sleep disorders such as insomnia, narcolepsy, sleep apnea, snoring, and restless leg syndrome.
    - SVMHS Outpatient Infusion Center, which provides chemotherapy infusion for patients with cancer.
- Partnerships and joint ventures:
    - Joint ownership of three entities designed to improve community health: Aspire Health Plan, Community Health Innovations (CHI), and Coastal Management Services. Aspire Health Plan offers a Medicare Advantage plan, which allows for top-rated hospital care, doctors, and drug benefits within a single plan. CHI supports the shifting focus of healthcare from treating the sick to keeping people healthy. Coastal Management Services provides administrative services, including claims processing. The partnership with Montage Health gives SVMHS a 49 percent stake in the three companies, with equivalent governance responsibility.
    - Central Coast Health Connect: A health information exchange in Monterey County offered in partnership with Community Hospital of the Monterey Peninsula and Natividad Medical Center. SVMHS has 50 percent ownership and governance.
    - Central Coast Visiting Nurse Association (VNA) & Hospice: SVMHS is a governing member of the VNA. This program provides home healthcare services and hospice for people living throughout Monterey and San Benito counties as well as the southern portions of Santa Cruz and Santa Clara counties.
    - Joint venture with Stanford Children's Health in a Level III neonatal intensive care unit (NICU) and Perinatal Diagnostic Center. The NICU partnership allows SVMHS to care for critically ill babies onsite at Salinas Valley Memorial Hospital. Additionally, Salinas Valley Memorial's Perinatal Diagnostic Center, a partnership with Stanford Children's Health - Lucile Packard Children's Hospital, is the first and only center in Monterey County specializing in high-risk pregnancies.
    - Monterey Peninsula Surgery Centers (five locations): SVMHS is a 12 percent owner of these outpatient surgical centers, which partner with 200 top area surgeons to offer a wide variety of surgeries.
    - Vantage Eye Surgery Center: SVMHS is a 10 percent owner of this Medicare-approved outpatient facility offering a wide range of services, including surgical procedures for the care of all ocular conditions.
    - Salinas Valley Imaging: SVMHS is a 50 percent owner in magnetic resonance imaging (MRI) services.

- Brookdale at Harden Ranch: SVMHS owns 100 percent of the building and land at this assisted-living residence, which serves memory care (Alzheimer's and dementia) and other residents.

Mission: To provide quality healthcare to our patients and to improve the health and well-being of our community.

Vision: To be a center of excellence where an inspired team delivers compassionate and culturally sensitive care, outstanding quality, and an exceptional patient experience.

COMMUNITY BENEFIT

Each year, SVMHS provides a variety of community benefit programs and services to underserved and underinsured residents.

SVMHS's community benefit programs and activities are designed to:

- Meet the healthcare needs of low-income and other targeted populations;
- Expand the availability of healthcare to medically underserved individuals;
- Provide health information resources; and
- Educate community members about healthier lifestyles and the importance of staying healthy.

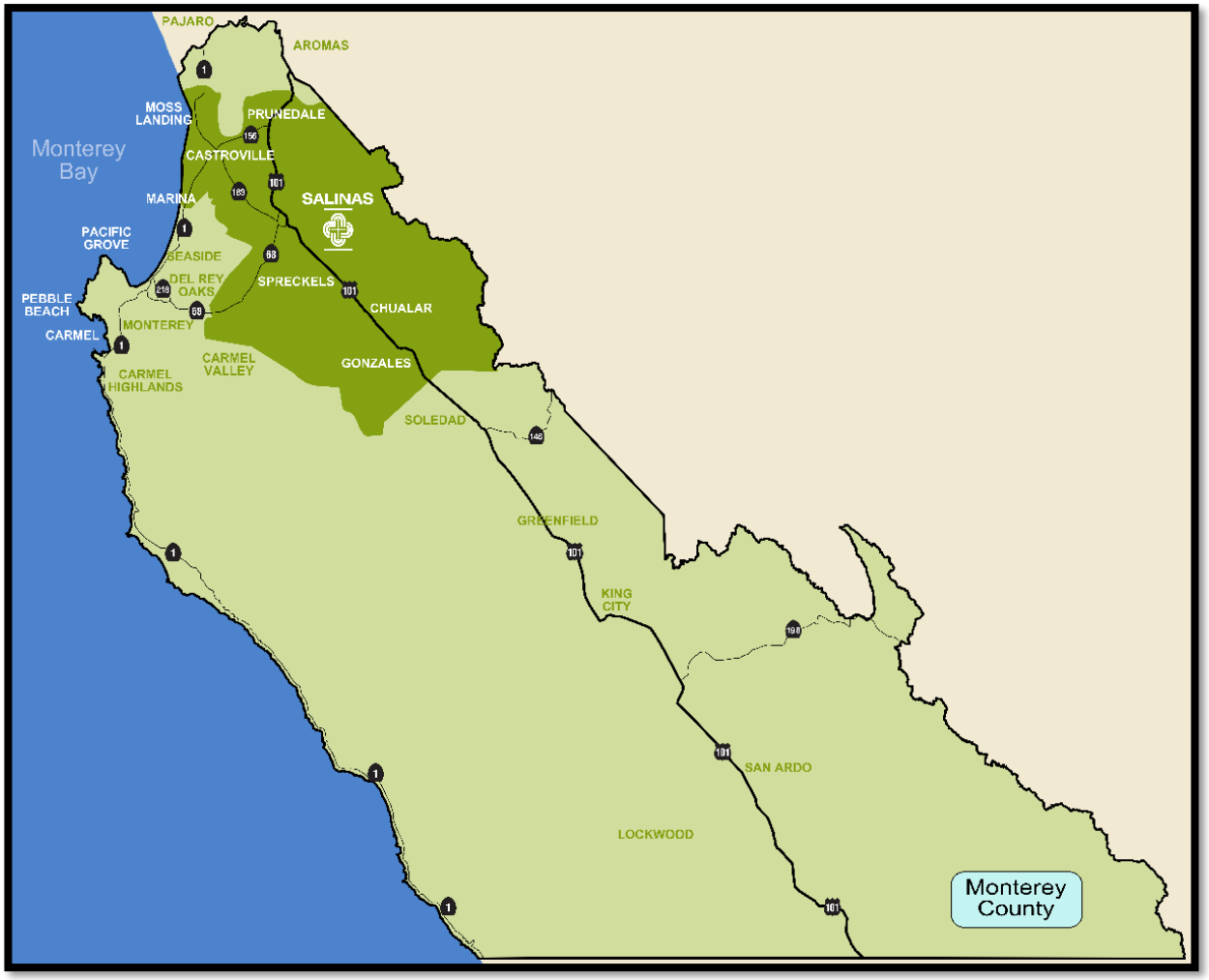
These programs were developed to meet the needs of the SVMHS community.

COMMUNITY SERVED

The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

The majority of SVMHS patients come from Monterey County. Thus, for purposes of its community benefit program, SVMHS identifies Monterey County as its target community. The map below shows this service area, which includes (in order of population size, from largest to smallest) the cities of Salinas, Seaside, Monterey, Soledad, Marina, Greenfield, Pacific Grove, King City, Gonzales, Carmel-by-the-Sea, Del Rey Oaks, and Sand City, as well as the census-designated places of Prunedale, Castroville, Carmel Valley Village, Pajaro, Chualar, Spreckels, Lockwood, Moss Landing, and other unincorporated areas. (The dark green shading identifies the communities in closest proximity to Salinas Valley Memorial Hospital.)

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM SERVICE AREA



Source: Salinas Valley Memorial Healthcare System. Additional graphic design by Actionable Insights, LLC.

Demographics

The U.S. Census estimates a population of over 433,000 in Monterey County. More than one in seven residents in Monterey County lives in poverty, a higher proportion than in California overall. In addition, more than one in five children in Monterey County lives in poverty, again exceeding the state statistic.

Monterey County is highly diverse: Although White is the largest racial subgroup (65 percent), more than half (58 percent) of the population is of Latinx[9] ethnicity and more than one in five are of "some other race."[10] Foreign-born residents account for more than a quarter of the total population in Monterey County.

DEMOGRAPHICS OF MONTEREY COUNTY

Ethnicity		Socioeconomic Data	
Total population	433,168	Foreign-born individuals	29.8%
White	64.9%	Adults with no high school diploma	28.8%
Latinx	57.9%	Children in poverty	21.6%
Asian	5.7%	Individuals living in poverty (<100% federal poverty level)	14.7%
African ancestry[11]	2.6%	Uninsured population	13.7%
Native American/ Alaska Native	0.7%	Unemployment	4.2%
Pacific Islander/ Native Hawaiian	0.5%		
Some other race	21.5%		
Multiple races	4.1%		

The percentage total exceeds 100% because people may identify as more than one ethnicity. Source: U.S. Census Bureau (2019), American Community Survey, 5-Year Estimates, 2013–2017.

[9] The term "Latinx" is employed as a gender-neutral way to refer to Latin American and Hispanic individuals of any race.
[10] "Some other race" or "Other" are U.S. Census categories for ethnicities not specifically called out in data sets.
[11] In keeping with the *Status of African/African Ancestry Health* report, published in partnership with the Black Leadership Kitchen Cabinet of Silicon Valley, the term "African ancestry" refers to all people of African descent. The sources from which ethnicity data are provided may use the terms "Black" and/or "African-American" in their surveys and studies.

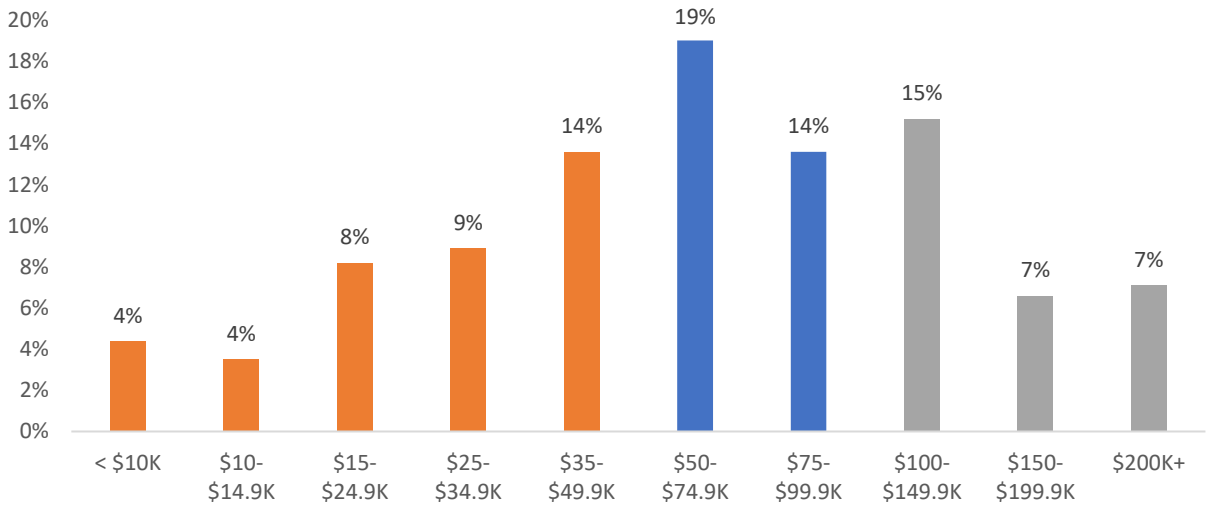
Social Determinants

Two key social determinants, income and education, have a significant impact on health outcomes in the community.

The median annual household income in Monterey County is about $63,000, which is lower than in neighboring Santa Cruz County ($74,000) and in California overall (about $67,000).[12] As displayed in the following chart, fewer than three in 10 residents live in households with annual incomes of $100,000 or more, more than three in 10 live in households with incomes between $50,000 and $100,000, and nearly four in 10 live in households with incomes below $50,000.

For comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two children in Monterey County was about $75,500.[13]

MONTEREY COUNTY HOUSEHOLDS BY ANNUAL INCOME RANGE



The percentage total exceeds 100 percent because of rounding. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2013–2017. Table S1901.

Despite the fact that nearly 30 percent of households in the county earn more than $100,000 per year, almost the same proportion of Monterey County residents live below 150 percent of the federal poverty level.[14] About 14 percent of people in Monterey County do not have health insurance.

Among county adults age 25 and older, nearly 30 percent do not have a high-school diploma (or equivalent), and fewer than 25 percent have earned a bachelor's degree or higher. Among children and youth, preschool enrollment, student reading proficiency, and students meeting or exceeding grade-level testing standards countywide are all significantly below state benchmarks.

[12] U.S. Census Bureau. (2019). American Community Survey, 5-Year Estimates, 2013–2017.
[13] The Insight Center for Community Economic Development. (2018). *Self-Sufficiency Standard Tool.* Retrieved November 2019 from https://insightcced.org/2018-family-needs-calculator/
[14] U.S. Census Bureau. (2017). American Community Survey, 5-Year Estimates, 2013–2017.

Area Deprivation Index

For 20 years, the U.S. Health Resources and Services Administration has used the Area Deprivation Index (ADI) to measure the lack of basic necessities in communities. The ADI has been linked to health outcomes such as 30-day rehospitalization rates, cervical cancer incidence, cancer- and cardiovascular disease-related deaths, and mortality in general (from all causes). The current ADI combines 17 indicators of socioeconomic status (income, education, employment, housing conditions, etc.) from American Community Survey 5-year estimates, 2013–2017.

The ADI and percentile scores are calculated for Monterey County using Census Block Group[15] level data (BroadStreet 2019). In general, the greater the percentile number, the worse the area is doing. Among the exceptions to that rule are median gross rent, median home value, and median monthly home cost, where lower percentiles indicate higher rent and housing costs and value, as well as households with complete plumbing, where a lower percentile indicates a greater proportion of households without complete plumbing. Area percentiles and indicator values that are worse than California are indicated in **bold red** font.

AREA DEPRIVATION INDEX, MONTEREY COUNTY

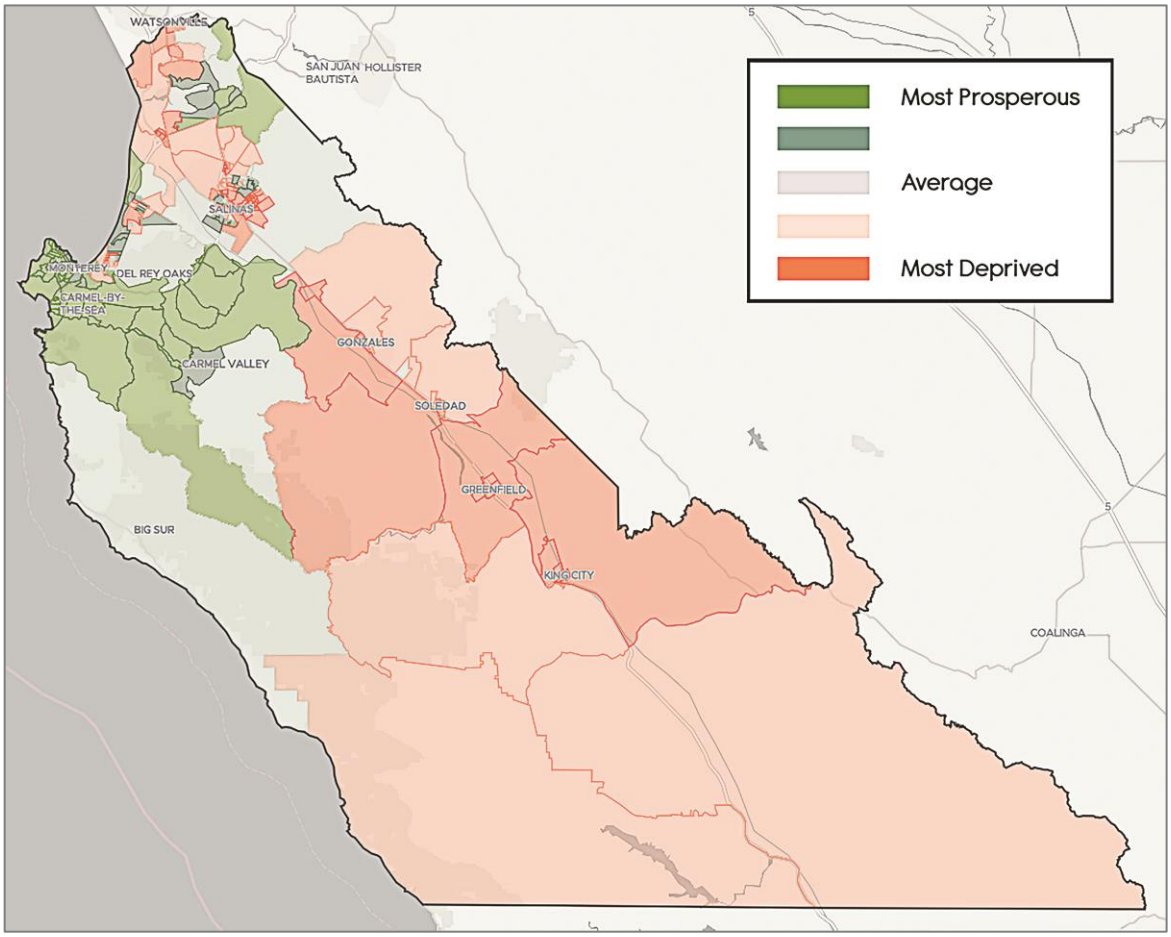
Indicator Name	MC Percentile	MC Value	CA Percentile	CA Value
Area Deprivation Index	**71**	**108.7**	**49**	**98.1**
Median family income	**44**	**$64,966**	32	$74,913
Median gross rent	18	$1,275	17	$1,313
Median home value	16	$393,300	11	$441,468
Median monthly home cost	32	$1,576	20	$1,768
Families below poverty level	**65**	**12.3%**	64	11.9%
Population below 150% of poverty threshold	**64**	**29.2%**	59	25.9%
Single parent households, with children < age 18	**80**	**29.2%**	67	23.8%
Crowded households (>1 person per room)	**95**	**12.8%**	89	8.3%
Households without a motor vehicle	50	4.8%	62	7.5%
Households without complete plumbing	58	0.3%	52	0.4%

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

Indicator Name	MC Percentile	MC Value	CA Percentile	CA Value
Households without a telephone	**64**	**2.7%**	59	2.2%
Owner-occupied housing units	**73**	**49.7%**	68	54.1%
High school diploma/GED, adults ≥ age 25	**90**	**70.9%**	74	81.9%
Less than high school education, ≥ age 25	**95**	**19.4%**	84	10.0%
Unemployment, ≥ age 16	57	6.9%	68	8.9%
Employed in white collar occupations, ≥ age 16	**72**	**48.3%**	47	60.5%
Income disparity (log scale)	33	2.0	36	2.2

Sources: Community Commons, using U.S. Census Bureau, American Community Survey data (2013–2017), and Census Block Group level data (BroadStreet 2019).

Area Deprivation Index Map, Monterey County



Source: Community Commons, using U.S. Census Bureau, American Community Survey data (2013–2017), and Census Block Group level data (BroadStreet 2019).

4. Assessment Team

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

SVMHS conducted the 2020 CHNA with the support of consultants.

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

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

Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, housing, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts.

The project manager for this assessment was Jennifer van Stelle, PhD, a co-founder and principal of Actionable Insights. AI conducted community health needs assessments for over 25 hospitals across six greater Bay Area counties during the 2019–2020 CHNA cycle. More information about AI is available on the company's website.[16]

[16] http://actionablellc.com/

5. Process and Methods

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

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

SECONDARY DATA COLLECTION

The consultants analyzed nearly 300 quantitative health indicators to assist SVMHS in understanding the health needs and in assessing their priority in the community. AI collected data from existing sources using Community Commons[17] and other online data platforms, such as the California Department of Public Health and the U.S. Census Bureau. In addition, AI collected secondary statistical data from the Monterey County Health Department. When data by ethnicity were available, they were reviewed to enhance understanding of the issue(s).

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

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

Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data spanning 30 years. Healthy People sets national objectives or targets for improvement. The most recent set of objectives is for the year 2020 (HP2020); objectives for 2030 are currently under development.[18]

For details on specific sources and dates of the data used, see Attachment 2: Secondary Data Sources, and Attachment 3: Data Indicators List.

[17] https://www.communitycommons.org/ is a publicly accessible web-based resource supporting community health needs assessments and community collaboration. The platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in certain neighborhoods. The platform provides the capacity to view, map, and analyze these indicators as well as to understand ethnic disparities and compare local indicators with state and national benchmarks.

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

INFORMATION GAPS AND LIMITATIONS

A lack of secondary data limited AI and SVMHS in their ability to fully assess some of the identified community health needs. These limitations included:

- Adequacy of community infrastructure (sewerage, electrical grid, etc.)
- Adult use of illegal drugs
- Anti-vaccination efforts
- Diabetes among children
- Elder health
- Expenditures on alcohol, tobacco, fruits/vegetables, and sugar-sweetened drinks
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)
- Hepatitis C
- Human trafficking
- People classified (or classifying themselves) as "Some other race"
- Use of e-cigarettes and related behaviors, such as vaping

COMMUNITY INPUT

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

Primary research protocols were generated by AI in collaboration with SVMHS, based on a discussion with SVMHS about what it wished to learn during the 2020 CHNA. SVMHS sought to build upon prior CHNAs by focusing the primary research on the community's perception of behavioral health (identified as a major health need in the 2017 CHNA) and their experience with healthcare access and delivery (also identified as a major health need in 2017). Relatively little timely quantitative data exist on these subjects.

AI recorded each interview and focus group as a standalone piece of data. Recordings were transcribed, and then the team used qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs were prioritized by each of the focus groups or described as a priority in a key informant interview. SVMHS used this tabulation to help assess community health priorities.

Across the key informant interviews and focus groups, AI solicited input from 28 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in community-based organizations focused on improving health and quality of life conditions by serving those from IRS-identified high-need target populations.[19] AI also solicited input from 13 community members who are medically underserved, low-income, and/or of a minority population.

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

See Attachment 5: Community Leaders, Representatives, and Members Consulted for the names, titles, and expertise of leaders and representatives, as well as the date and mode of consultation (focus group or interview). See Attachment 6: Qualitative Research Protocols for details on the protocols and questions used.

KEY INFORMANT INTERVIEWS

Between June and August 2019, AI conducted primary research via key informant interviews with 14 local and/or regional experts from various organizations. These experts included individuals from the public health department, community clinic managers, and clinicians. Interviews were conducted in person or by telephone for approximately one hour. AI asked:

- What are the most important/pressing health needs in the local area?
- What drivers or barriers are impacting the top health needs?
- To what extent is healthcare access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

FOCUS GROUPS

Two focus groups were conducted with a total of 27 community health experts and community members in July 2019. The questions were the same as those used with key informants. AI modified the questions appropriately for each audience. Nonprofit hosts recruited participants for the focus groups. To provide a voice to the community it serves, and in alignment with IRS regulations, the focus groups targeted community members who are medically underserved, low-income, and/or of a minority population.

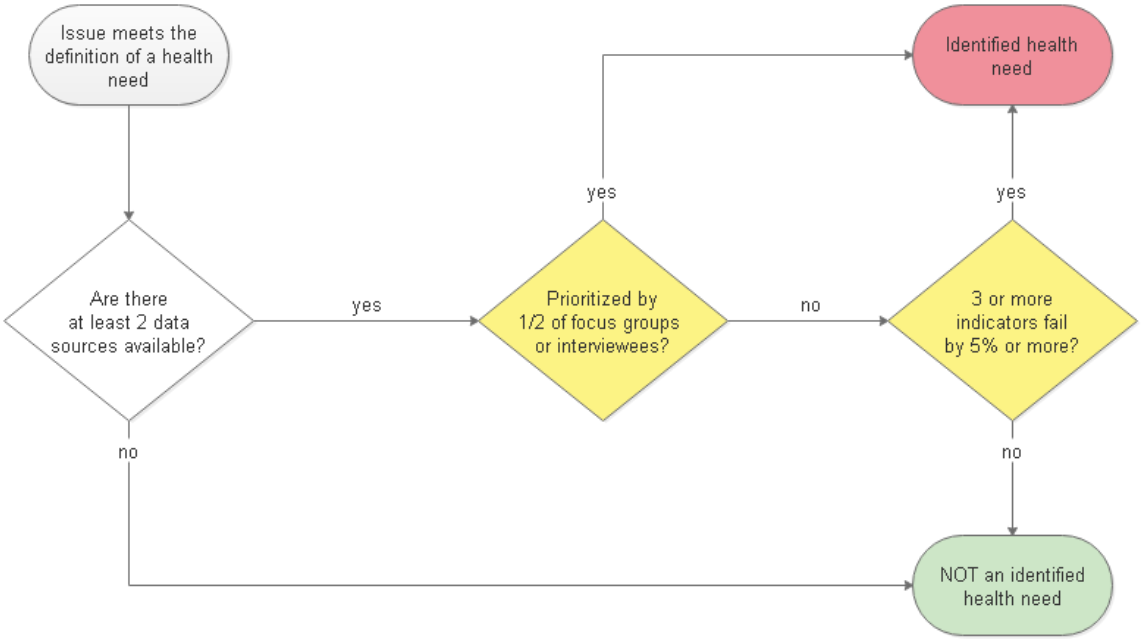
DETAILS OF FOCUS GROUPS

Topic or Population	Focus Group Host/Partner	Date	Number of Participants
Community health	Monterey County Workforce Development Board	7/17/2019	14
Spanish-speaking farmworkers	Center for Community Advocacy	7/30/2019	13

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as a community health need, an issue had to meet certain criteria, as depicted in the diagram below. *See the Definitions box on the next page for additional terms and definitions.*

What goes on the list?
Health needs list decision tree



Legend

- A **data source** is either a statistical data set, such as those found throughout the California Cancer Registry, or a qualitative data set, such as the material resulting from the interviews and focus groups Actionable Insights conducted for SVMHS.
- A **direct indicator** is a statistic that explicitly measures a health need. For example, the lung cancer incidence rate is a direct indicator of the cancer health need, while the percentage of the population that currently smokes cigarettes is not a direct indicator of the cancer health need.
- A **benchmark** is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

Criteria details

1. Meets the definition of a "health need." (*See Definitions box at right.*)
2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informant interviewees or focus groups.
   b. If not (a), then three or more direct indicators failed their benchmarks by ≥5 percent.

Actionable Insights (AI) analyzed secondary and qualitative data on a variety of issues. AI then synthesized the data for each issue and applied the criteria listed above to evaluate whether each issue qualified as a prioritized health need.

In 2020, this process led to the identification of 10 community health needs that fit all three criteria. That list of needs, in order of priority, appears on the next page.

DEFINITIONS

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

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

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

Health need: A poor health outcome and its associated health driver(s), or health driver(s) associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Health outcome: A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality (death).

PRIORITIZATION OF HEALTH NEEDS

The IRS CHNA requirements state that hospital facilities must identify and prioritize the significant health needs of the community. As described previously, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (i.e., most pressing). SVMHS used this feedback as well as additional input described below to identify the significant health needs listed in this report.

The Executive Leadership Team of SVMHS met on December 10, 2019, at Salinas Valley Memorial Hospital. The team was tasked with reviewing the CHNA results and prioritizing the health needs to meet IRS requirements. The positions of the members of the Executive Leadership Team who participated are listed below.

- President/Chief Executive Officer
- Chief Operating Officer
- Chief Nursing Officer
- Chief Strategic Communications Officer
- Chief Human Resources Officer
- Chief Administrative Officer, Clinical Development

- Chief Administrative Officer, Physician Integration and Business Development
- Chief Administrative Officer, Wellness

Members used a worksheet to vote on their highest priorities based on the criteria below, and then came to consensus on the priority order of the 10 health needs.

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

- **Community priority:** This refers to the extent to which the community prioritized the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or other factors.
- **Magnitude/scale of the need:** This refers to the number of people affected by the health need.
- **Severity:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.

The hospital used this feedback to identify and rank-order the significant health needs. These needs are listed below in priority order, from highest to lowest. Needs marked with an asterisk (*) tied in ranking and appear in alphabetical order next to their equal.

- Behavioral Health*
- Healthcare Access and Delivery*
- Diabetes and Obesity
- Food and Housing Insecurity
- Cancer*
- Maternal/Infant Health*
- Built Environment
- Education and Literacy*
- Violence Prevention*
- Oral/Dental Health

See Section 6: 2020 Prioritized Community Health Needs (pages 32–48) for a summarized description of each need. For further details, including statistical data, see Attachment 4: Secondary Data Tables.

6. 2020 Prioritized Community Health Needs

SUMMARIZED DESCRIPTIONS OF PRIORITIZED HEALTH NEEDS

BEHAVIORAL HEALTH

Behavioral health, including mental health and substance use, is a high priority in the community: Nearly all focus groups and key informant interviewees in Monterey County prioritized behavioral health as a top health need.

What Is the Issue?

Although there is no single definition, researchers agree that the minimum elements of well-being are having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing life satisfaction, fulfillment, and "positive function." Well-being looks beyond happiness to include one's ability to:[20]

- view the past, present, and future in a positive perspective;
- have positive relationships with parents, siblings, life partners, and peers who can provide support in difficult times;
- find and engage in activities that absorb the individual in the present moment;
- understand and feel the greater impact of personal actions and activities; and
- have goals, ambitions, and achievements that provide a sense of satisfaction, pride, and fulfillment.

Mental health—emotional and psychological well-being—is key to personal well-being, healthy relationships, and the ability to function in society.[21] Mental health and the maintenance of good physical health are closely related. Depression and anxiety can affect one's ability for self-care. Likewise, chronic diseases can lead to negative impacts on an individual's mental health.[22] The Mayo Clinic estimates that in 2015, roughly 20 percent of the adult U.S. population was coping with a mental illness.[23]

The use of substances such as alcohol, tobacco, and legal and illegal drugs affects not only the individuals using them, but also their families and communities. Smoking cigarettes, for instance, can harm nearly every organ in the body and cause a variety of diseases, including heart disease.[24] Exposure to secondhand smoke can create health problems for nonsmokers.[25] Substance use can lead or contribute to other costly social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, motor vehicle crashes, and HIV/AIDS.[26]

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[20] Centers for Disease Control and Prevention. (2016). *Health-Related Quality of Life: Well-Being Concepts*.
[21] Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.
[22] Lando, J., and Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr. *3*(2):A61.
[23] Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.
[24] Centers for Disease Control and Prevention. (2018). *Health Effects of Cigarette Smoking.*
[25] American Lung Association. (2017). *Health Effects of Secondhand Smoke.*
[26] World Health Organization. (2018). *Management of Substance Abuse.*

In recent years, advances in research have resulted in effective evidence-based strategies to treat various addictions. Brain-imaging technology and the development of targeted medications have helped to shift the perspective of the research community with respect to substance use. Increasingly, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.[27]

Why Is It a Health Need?

Interview and focus group participants in Monterey County expressed strong concerns about behavioral health in the community, particularly among populations having difficulty accessing consistent, quality care. Youth, undocumented immigrants, and individuals experiencing homelessness were the most often cited as vulnerable. However, they aren't the only ones in need: Participants also noted that health insurance does not always cover behavioral health services.

Community members called out stress and adverse childhood experiences (ACEs) as drivers of behavioral health problems. Participants in most focus groups and interviews linked immigration status with fear-induced stress, suggesting that undocumented people are often hesitant to access services because they're afraid of being identified and deported. Participants in half of the interviews and focus groups perceived that ACEs are increasing; some believe the rise stems from the economic and housing insecurity experienced by many families in the region. Social isolation also emerged as an issue faced by youth and immigrants.

"We have stories of families that are renting hallways to sleep in. … And then, parents not really being able to let their children go to the restroom at night alone because there are other individuals living in the house. So, the potential for abuse goes up, potential for depression, mental illness — all of those things just because of the fact that they're living in such small, confined spaces with … people who are strangers." —Interviewee

Stigmas associated with poor behavioral health came up in almost all discussions with community members. More than one interviewee observed that people coping with behavioral health issues are often met with hostility by both law enforcement and the public. Participants called for efforts to build awareness and empathy that correct misunderstandings and misperceptions around mental health, teach appropriate interaction with people experiencing a behavioral health crisis, and provide training in how to properly respond to mental health emergencies.

Behavioral health statistics for youth in Monterey County underscore the community's concerns: Far fewer school psychologists are available per student countywide than the state benchmark. Among the county's seventh and 11th graders, levels of depression-related feelings and caring relationships with adults at school are both significantly[28] below the state averages. Cyberbullying is also much more prevalent among seventh graders locally than it is among seventh graders across California. Alcohol use among middle- and high-schoolers (seventh,

[27] Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse.*

[28] In this report, when county statistics are at least 5 percent worse than benchmark (state or Healthy People 2020) statistics, they are considered to be "significantly" worse.

ninth, and 11th graders) is significantly higher in Monterey County than the state average. Regular marijuana use is nearly twice as high among the county's high-schoolers (ninth and 11th graders) as it is among their peers statewide.

Some behavioral health statistics for adults are also worrisome: The percentage of adults affected by ACEs is significantly higher in Monterey County than the state average. The proportion of adults here who lack social or emotional support is significantly higher than the state average; social isolation may be a driver of poor mental health. The proportion of adults countywide who have used tobacco is a bit larger than that of all adults in California.

The death rate (age-adjusted) due to drug overdose is slightly higher in Monterey County than the state rate. The county's death rate due to homicide is twice as high as the state's. The rate of domestic violence calls for assistance is slightly higher than the state rate. Slightly fewer mental health providers are available per capita in the county than in California overall. Violence negatively affects the mental health of victims and their loved ones; homicide can also impact the mental health of community members.[29]

Ethnic disparities[30] exist across multiple behavioral health indicators for youth, including: cyberbullying (Native American and African ancestry youth fare worse than their peers); depression-related feelings (the highest proportion of youth experiencing such feelings are of Native American, multiethnic, or African ancestry); and suicidal ideation (Native American, multiethnic, and Asian youth fare worst). Regular marijuana use is highest among multiethnic, African ancestry, and "Other"[31] youth. Latinx, multiethnic, and Native American youth are most likely to have recently used alcohol.

HEALTHCARE ACCESS AND DELIVERY

What Is the Issue?

Access to comprehensive healthcare is important to everyone's health and quality of life.[32] Components of access to care include insurance coverage and adequate numbers of primary and specialty care providers. Components of delivery of care include quality, transparency, timeliness, and cultural competence/cultural humility. Limited access to healthcare and compromised delivery can hinder people's ability to reach their full potential. As reflected in statistical and qualitative data, barriers to receiving quality care include high costs and a lack of availability, insurance coverage, and/or cultural competence on the part of providers. These barriers lead to unmet health needs, delays in receiving appropriate care, and an inability to attain preventive services.

[29] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020. (2019). *Crime and Violence.*

[30] In this report, a disparity is identified when the statistic for at least one ethnic group is significantly worse than the comparable statistic for another ethnic group.

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

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

Why Is It a Health Need?

Interview and focus group participants in Monterey County expressed concern about healthcare access and delivery. The overwhelming consensus was that not enough doctors accept Medi-Cal or Medicaid, and many of those who do no longer see new patients. Many health professionals interviewed for the CHNA described recruiting and retaining healthcare providers as a struggle. Fierce competition among hospitals and clinics (in both the local area and other regions) and the high cost of living, including housing prices, were cited as obstacles.

Interview participants also noted that many residents use hospital Emergency Departments as a source of primary care, particularly for mental health reasons, while those with physical injuries or illnesses avoid seeking care altogether, often because they lack insurance or the ability to afford treatment in a nonemergency setting.

"You might forgo some of the important health insurances that you need because that upfront cost, that monthly premium, is just not allowed in your budget. And even though the person rationally knows that they're at greater financial risk, there just isn't enough money to go around to pay all those premiums." —Interviewee

Local statistics support these observations: A significantly smaller proportion of Monterey County residents than Californians as a whole have a usual source for primary care. Compared with state benchmarks, county residents have significantly poorer access to primary care physicians and dentists, and students have substantially poorer access to school nurses. Access to mental health specialists is also slightly worse in the county than the state, as is prenatal care. Countywide, a significantly greater percentage of adults are uninsured than the state average. The county's Latinx adults are much more likely to be uninsured and to lack a consistent source of primary care than their peers of any other ethnicity. The proportion of the Monterey County population that is linguistically isolated[33] is significantly greater than the state average.

Many focus group and interview participants expressed alarm about the barriers to access faced by immigrants who are either ineligible for Medi-Cal due to immigration status or eligible but fear being identified and deported if they access services. Discussions about these barriers included concern about the lack of cultural competency of existing services. (In addition to experiencing fear, community members encounter language barriers and discrimination, such as a lack of understanding about why they're afraid of the government or official organizations and a sense that their health conditions are not being considered as thoroughly as others' due to their minority status.)

[33] The term "linguistically isolated" refers to households in which no one 14 years old or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.

DIABETES AND OBESITY

What Is the Issue?

Nutrition and exercise are important aspects of a healthy lifestyle. The benefits of a healthy diet include preventing high cholesterol and high blood pressure, reducing the risks of developing diseases such as cancer and diabetes, and helping to reduce the risks of obesity, osteoporosis, and dental cavities.[34] For children and adolescents, a nutritious diet helps with growth and bone development, as well as improved cognitive function.[35] Likewise, as noted by the Centers for Disease Control and Prevention (CDC), "physical activity fosters normal growth and development, can reduce the risk of various chronic diseases, and can make people feel better, function better, and sleep better."[36] Getting regular exercise can help people of all ages combat obesity, reduce the risk of cardiovascular disease, type 2 diabetes, some cancers, and other physical issues.[37] Regular exercise can also help to strengthen bones and muscles, prevent falls for older adults, and increase an individual's chances of living longer.[38]

Despite the well-known benefits, most people do not follow recommended healthy food and exercise guidelines. Most significantly, a poor diet and lack of regular exercise can lead to adult and childhood obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death.[39]

Taking in more calories than are burned through normal activity and exercise causes the excess calories to be stored as fat.[40] When one's weight is higher than the healthy standard for one's height, an individual is described as overweight or obese. Both conditions are measured by body mass index (BMI), a metric ratio of weight divided by the square of height.[41] Risk factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family models, social and economic factors, and hormonal changes due to lack of sleep, pregnancy, or age. Smoking cessation and the side effects of certain medications can also contribute to obesity. Further, food insecurity and obesity often co-exist because "both are consequences of economic and social disadvantage."[42]

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

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[34] U.S. Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[35] World Health Organization. (2018). *Early Child Development: Nutrition and the Early Years.*
[36] Centers for Disease Control and Prevention. (2018). *Physical Activity Basics.*
[37] The Mayo Clinic. (2016). *Exercise: 7 Benefits of Regular Physical Activity.*
[38] Harvard Health Publishing/Harvard Medical School. (2013). Balance Training Seems to Prevent Falls, Injuries in Seniors.
[39] Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences*. See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences*.
[40] The Mayo Clinic. (2018). *Obesity*.
[41] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.
[42] Food Research and Action Center. (2015). *Food Insecurity and Obesity*.

Diabetes refers to chronic diseases that affect how the body uses glucose (blood sugar), its primary source of fuel. Type 2 diabetes accounts for roughly 90 percent of all diagnosed cases, with type 1 diabetes and gestational diabetes make up the rest (at about 5 percent each). The CDC estimates that 30 million people in the U.S. have diabetes and that an additional 84 million U.S. adults are pre-diabetic (have higher than normal blood glucose levels). Diabetes is the seventh-leading cause of death nationwide. Other serious health complications include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations.[43]

Type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors[44] and cannot be prevented, but type 2 diabetes and pre-diabetes are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level. Risk factors for type 2 diabetes include being physically inactive, overweight, and/or 45 years old or older, as well as having pre-diabetes and/or a close family member with type 2 diabetes. Additionally, according to the CDC, certain ethnic groups (African ancestry, Latinx, Native American, and some Asian groups) are at a higher risk of type 2 diabetes than others.

Why Is It a Health Need?

More than half of interview participants prioritized diabetes and obesity as a health need in Monterey County. Discussions touched on youth fitness, universal diabetes screenings, and better nutrition for all. Some interviewees worried that technology, social media, and unsafe neighborhoods have contributed to youth leading sedentary lifestyles. Others identified a lack of knowledge among parents and guardians, such as how to read Nutrition Facts Labels and prepare healthy meals, as part of the problem.

"Establishing healthy habits early on is just so critical. … I really think that many of our students and their families really have no idea why it's so important not to drink sugary drinks. They think that even Gatorade is really healthy for them." —Interviewee

Interview participants said that issues related to the built environment, such as a lack of safe places to exercise and low access to stores selling healthy food, deter physical activity and good nutrition. Some participants focused on people coping with homelessness, housing insecurity, or overcrowded housing, suggesting that these populations have a harder time maintaining a healthy diet because cooking and storage spaces are often shared or nonexistent, which limits the types of food they can purchase and consume. (*See also the Built Environment and Food and Housing Insecurity descriptions*.)

Statistics show that adults in Monterey County are significantly less physically active than their counterparts statewide, a trend that's been worsening since 2010. Among youth, Latinx middle schoolers and Native American high schoolers are the least likely students in the county to meet physical fitness standards. Meanwhile, fruit and vegetable consumption among children in Monterey County is significantly lower than the state average.

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[43] Centers for Disease Control and Prevention. (2018). *Diabetes Quick Facts.*
[44] The Mayo Clinic. (2018). *Diabetes Overview.*

Diabetes prevalence has been rising in Monterey County since 2014. Obesity rates are significantly higher among children and adults countywide than the state averages. Obesity is most prevalent locally among African ancestry adults.

With regard to related chronic diseases, statistics show that adults in Monterey County are significantly more likely than adults in California overall to have high blood pressure, as well as to lack medication to manage that condition. Among all ethnic groups countywide, Latinxs are the least likely to manage their blood pressure well. Heart disease and stroke disproportionately affect the African ancestry population, whose local death rates for both diseases exceed the state rates.

FOOD AND HOUSING INSECURITY

Food and housing insecurity was identified as a top health need by the Monterey County community. This need covers concerns about economic, food, and housing insecurity.

What Is the Issue?

Our health-related behavior, physical environment, and access to quality healthcare are all determinants of how long and how well we live. The most important determinants of a population's health, however, are its social and economic environments.[45] Numerous studies have found that access to economic security programs (i.e., SNAP, the Supplemental Nutrition Assistance Program, formerly referred to as food stamps) results in better long-term health and social outcomes.[46] As the World Health Organization notes, "the context of people's lives determine[s] their health."

A link exists between higher income and/or social status and better health. On top of that, a secure social support system (families, friends, communities) plays a significant role in healthier populations. Childhood poverty has lasting effects: Even when economic and social environments later improve, childhood poverty still results in poorer long-term health outcomes.[47] The establishment of policies that positively influence economic and social conditions can improve health for a large number of people in a sustainable fashion over time.[48]

Food insecurity is defined as the "lack of consistent access to enough food for an active, healthy life."[49] Hunger and food insecurity are related but distinct concepts: Hunger refers to the physical discomfort related to "prolonged, involuntary lack of food," and food insecurity refers to a "lack of available financial resources for food at the household level."[50] Measurements of various levels of food insecurity, from marginal to low or very low, include anxiety about food insufficiency, household food shortages, reduced "quality, variety, or desirability" of food, diminished nutritive intake, and "disrupted eating patterns."[51]

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[45] County of Los Angeles Public Health. (2013). Social Determinants of Health: How Social and Economic Factors Affect Health.
[46] Center on Budget and Policy Priorities. (2018). Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.
[47] World Health Organization. (2018). *The Determinants of Health.*
[48] Office of Disease Prevention and Health Promotion. (2018). *Social Determinants of Health.*
[49] U.S. Department of Agriculture, Economic Research Service. (2018). *Food Security in the U.S.*
[50] Feeding America. (2018). *What Is Food Insecurity?*
[51] U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*

In 2017, approximately one in eight Americans, more than a third of whom were children, faced food insecurity.[52] Individuals who are food insecure may be more likely to experience various poor health outcomes/health disparities, including obesity. Children experiencing food insecurity are also at greater risk for developmental complications and/or delays than children with food security. In addition, food insecurity may have a detrimental impact on children's mental health.[53]

The U.S. Department of Housing and Urban Development defines affordable housing as that which costs no more than 30 percent of a household's annual income. The expenditure of greater sums can result in the household being unable to afford other necessities, such as food, clothing, transportation, and medical care.[54] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[55] Further, a 2011 study by Children's Health Watch found that "[c]hildren in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed."[56]

Homelessness correlates with poor health in that poor health can lead to homelessness and homelessness can lead to poor health.[57] People who are experiencing homelessness have been shown to have more healthcare issues than people who aren't, to suffer from preventable illnesses at a greater rate, to require longer hospital stays, and to face a greater risk of premature death.[58] A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years less than that of the average U.S. citizen.[59] Thus, it is vital that healthcare systems monitor the local homeless population and identify the population's health needs.

Why Is It a Health Need?

Interview and focus group participants in Monterey County identified food and housing insecurity as a top priorities. They discussed the high cost of living, the risk of homelessness, and the lack of employment opportunities. Because most of the county's economy revolves around hospitality, tourism, and agriculture, the job prospects are limited, particularly for undocumented youth and young adults, participants said. The local unemployment rate is significantly higher than the state rate, and a much smaller percentage of county residents are employed in white-collar occupations than their peers statewide. Median household income is significantly lower in the county than the state, and a correspondingly greater proportion of

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[52] See footnote 51.
[53] Healthy People 2020. (2018). *Food Insecurity.*
[54] U.S. Department of Housing and Urban Development. (2018). *Affordable Housing.*
[55] Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.* See also: The California Endowment. (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*
[56] Children's Health Watch. (2011). *Behind Closed Doors: The Hidden Health Impacts of Being Behind on Rent.*
[57] National Health Care for the Homeless Council. (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*
[58] O'Connell, J. J. (2005). Premature Mortality in Homeless Populations: A Review of the Literature. Nashville, TN: National Health Care for the Homeless Council.
[59] National Coalition for the Homeless. (2009). *Health Care and Homelessness.*

adults over age 25 do not have a high school education. Significant ethnic disparities also exist. For example, the highest proportions of adults without a high school diploma in Monterey County are found among residents of Latinx, Native American, and "Other"[60] ancestry. Residents of Latinx, Native American, and African ancestry account for the greatest proportions of people living in poverty, including children.

Community members frequently linked food and housing insecurity with economic insecurity. When the majority of someone's paycheck goes toward housing costs, little money is left to cover groceries, healthcare, or other critical expenses. Nearly half of interview participants shared stories of people experiencing food insecurity because their rent consumes so much of their household's income. As a result, the physical and mental health of these residents—especially school-aged youth—suffers, they said. (*See also the Behavioral Health description.*) Statistics show that food insecurity among children, and the proportion of students eligible for federal free- or reduced-price lunch, in Monterey County are substantially higher than the state benchmarks.

"When kids in the early morning are really fidgety, they're not focusing, she'll ask them, 'What did you have for breakfast?' And their response is, 'I didn't get a chance,' or, 'We didn't have anything.' " —Interviewee

Focus groups and most interview participants said the lack of affordable child care locally contributes to the economic insecurity of families with younger children. Statistics show that the supply of licensed child care in Monterey County is significantly lower than the state average. Older adults on fixed incomes are also at risk: Life events such as divorce, sudden medical issues or expenditures, and the steadily increasing cost of living can pose a threat to home ownership, financial stability, and more, participants said. Related to income, a significantly smaller proportion of housing units in the county are owner-occupied than the state benchmark. Ethnic disparity exists in home ownership: Whites and Asians are far more likely to own homes in Monterey County than people of Latinx or African ancestry.

Housing, as a social determinant of health, needs to be addressed in order to tackle other health issues in Monterey County, interview participants agreed. Part of the problem is that, with so much of the region devoted to agriculture, cities and builders must compete with commercial entities over land use, some said. This limits the construction of new, potentially affordable housing. Housing costs may also prevent qualified healthcare providers and other professionals from relocating here.

When people don't have access to good-quality housing at reasonable prices, they may be forced to accept housing of poor quality, participants said. Poor housing quality (e.g., evidence of leaks, mold, and pests) is associated with asthma prevalence and asthma-related emergency room visits.[61] Overall asthma prevalence and child and youth asthma Emergency Department visits are both slightly higher in the county than their respective state benchmarks, while the rate of age-adjusted asthma deaths is significantly higher than the state rate. Finally, lead in the home environment is of particular danger to children, whose bodies are still developing and thus more

[60] The term "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.
[61] Urban Institute. (2017). The Relationship Between Housing and Asthma Among School-Age Children.

sensitive to toxins.[62] Blood-lead levels for children and youth, respectively, are higher in Monterey County than the state averages.

CHNA participants included overcrowding in their definition of housing insecurity. Stories emerged of several families living in a single-family dwelling, in which each family occupied a bedroom and some even slept in hallways. Shared kitchens (with numerous refrigerators) and bathrooms (with scheduled times per person) often led to poor health conditions. Communicable diseases spread easily in such conditions. Some participants who were healthcare providers reported seeing increases in urinary tract infections among people living in overcrowded households due to limited bathroom access. Others called out their concern for children in these conditions, indicating they may experience higher stress, inadequate sleep, or even physical harm from strangers living in the shared residence. Indeed, statistics show a significantly higher percentage of Monterey County households are crowded, and a correspondingly higher proportion of children live in crowded housing, than the California benchmarks.

The most extreme form of housing insecurity is homelessness. A significantly greater percentage of county students are experiencing homelessness, and a correspondingly higher proportion of these students are unsheltered, than their peers statewide.

CANCER

What Is the Issue?

Cancer is a generic term used to describe more than 100 conditions[63] in which abnormal cells divide uncontrollably, invading and killing healthy tissue. These abnormal cells can metastasize to other parts of the body via the blood and lymph systems. Cancer in all of its forms it is the second leading cause of death in the U.S., following heart disease.[64] High-quality screening can serve to reduce cancer rates; however, complex factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic, and otherwise vulnerable groups. Large studies of agricultural workers have found an increased likelihood of certain forms of cancer, including some that are linked to pesticide exposure.[65] While personal, behavioral, and environmental factors are significant (e.g., smoking, exposure to known carcinogens), the most important risk factors for cancer are lack of health insurance and low socioeconomic status.[66]

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[62] California Environmental Health Tracking Program. (2015). *Costs of Environmental Health Conditions in California Children.* Public Health Institute.
[63] Centers for Disease Control and Prevention. (2018). *How to Prevent Cancer or Find It Early*.
[64] Centers for Disease Control and Prevention. (2017). *Leading Causes of Death*.
[65] For example, see Kachuri, L., Harris, M. A., MacLeod, J. S., Tjepkema, M., Peters, P. A., and Demers, P. A. (2017). Cancer Risks in a Population-Based Study of 70,570 Agricultural Workers: Results from the Canadian Census Health and Environment Cohort (CanCHEC). *BMC Cancer*, *17*(1), 343. Male agricultural workers/crop farmers were statistically more likely to develop lip and prostate cancer, melanoma, and non-Hodgkin's lymphoma. Female agricultural workers/crop farmers were statistically more likely to develop pancreatic cancer, leukemia, multiple myeloma, and melanoma.
[66] National Cancer Institute. (2018). *Cancer Disparities*.

Why Is It a Health Need?

Compared with California as a whole, Monterey County has significantly higher rates of cervical cancer incidence and death, brain cancer incidence, and childhood cancer diagnosis. The rates of some cancers for which farmworkers are at greater risk, including leukemia and pancreatic cancer incidences and deaths (females), prostate cancer incidences and non-Hodgkin's lymphoma deaths (males), and melanoma incidences (both) are also significantly higher than state rates. Cancer was mentioned as a health need by a few interview and focus group participants who were concerned about contact with pesticides.

"The schools are … very, very close to the farmland. And there have been some regulations that have come out recently to create a certain level of distance, but there are individuals in this community that think the distance … is not enough. They are attributing some of the health issues and forms of cancer that friends or family members have developed to those pesticides." —Interviewee

The proportion of women in Monterey County who receive breast cancer screenings (mammograms) has been declining since 2010, and the proportion of adults 50 years old and older who receive timely colorectal cancer screening is significantly lower in the county than the state benchmark.

Ethnic disparities exist: Cancer mortality among the African ancestry residents of Monterey County exceeds the state rate. Prostate cancer incidence is highest among Latinx community members. Incidence of breast, cervical, and lung cancers are highest among the White population. Childhood cancer diagnoses, which have been rising in Monterey County since 2006, are highest among Latinx children and youth.

MATERNAL/INFANT HEALTH

What Is the Issue?

The well-being of mothers, infants, and children is an important public health goal. The health of these populations can determine the health of the next generation and also help predict further public health issues for families, communities, and the healthcare system as a whole. Maternal/infant health covers a variety of conditions, behaviors, and indicators that affect the health, wellness, and quality of life for women, children, and families. Data indicators that measure progress include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care. The risk of pregnancy-related problems, complications, and disabilities, as well as both maternal and infant mortality, can be reduced through better access for mother and child to quality healthcare before, during, and after pregnancy. The early identification of health issues in infants and children can aid in the prevention of disability or death.[67]

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

Why Is It a Health Need?

Maternal/infant health is a health need because the infant mortality rate and the teen birth rate in Monterey County are both significantly higher than the state rates. The proportion of pregnant women in the county who receive first trimester prenatal care is significantly lower than the state, and a correspondingly higher percentage of women had late or no prenatal care at all.

Additionally, exclusive in-hospital breastfeeding of newborns is lower than the state average. Finally, blood-lead levels for infants and young children (ages 0–5) are higher locally than the state average.

"Screening for adverse childhood experiences in particular is something that is important … those who have had adverse childhood experiences are the ones who are more susceptible to things like diabetes, obesity, cancer." —Interviewee

Ethnic disparities exist too. Teen births and infant mortality are significantly higher among Latinx residents of Monterey County, while prenatal care and exclusive in-hospital breastfeeding are both significantly lower than residents of other ethnicities. The proportion of children living in poverty is highest among Latinx, Native American, and African ancestry populations.

CHNA participants focused on issues of teen pregnancy and parenting skills, as well as access to maternal/infant healthcare, especially the relative lack of prenatal care among women in Monterey County. Participants also identified the lack of affordable child care as an issue in the county. Data show that significantly less licensed child care is available to local working families than the state average.

BUILT ENVIRONMENT

For the purposes of this health needs assessment, the Built Environment focuses on concerns regarding access to food and recreation.

What Is the Issue?

The U.S. Surgeon General's "Vision for a Healthy and Fit Nation 2010" described how different elements of a community can support residents' healthy lifestyles. The various components of the physical environment, including sidewalks, bike paths, parks, and fitness facilities that are "available, accessible, attractive, and safe," all contribute to the extent and type of residents' physical activities.[68] Other community elements that support healthy lifestyles include local stores with fresh produce. Residents are more likely to experience food insecurity in communities where fewer supermarkets exist, grocery stores are farther away, and there are limited transportation/transit options.[69]

The Centers for Disease Control and Prevention recommends policies and environments that support behaviors aimed at achieving and maintaining healthy weight in settings such as

[68] Centers for Disease Control and Prevention. (2009). *Healthy Places*.
[69] Healthy People 2020. (2018). *Food Insecurity.*

workplaces, educational institutions, healthcare facilities, and communities.[70] For example, the availability of healthy and affordable food in retail and cafeteria-style settings allows individuals to make better food choices throughout the day. Otherwise, people may settle for caloric foods of low nutritional value.[71]

Why Is It a Health Need?

Interview and focus group participants in Monterey County identified a lack of safe places to engage in recreational activities and exercise (public spaces, community centers, etc.), as well as a lack of access to healthy food in certain areas ("food deserts"), as drivers of poor community health.

Community members said they do not always feel safe walking in their neighborhoods or to local parks, which limits both their physical activity and social interactions. This feeling of insecurity, coupled with insufficient education about proper nutrition and exercise, has contributed to the county's rates of diabetes and obesity, they asserted.

With regard to the food supply, interview and focus group participants suggested that barriers to accessing raw ingredients, such as locally grown fruits and vegetables, prevents many people from eating healthily. Participants said that liquor stores, fast food purveyors, and corner markets selling mostly processed foods are much more common, affordable, and accessible (i.e., located in close proximity) for most county residents than supermarkets and farmers' markets.

"I live in the east side of Salinas. … There aren't many options for places where you can find organic food. It's too expensive. We don't have access to organic food, and we have more liquor stores and more junk food places." —Focus group participant

Monterey County statistics bear this out. A significantly larger proportion of community members have low access to food than Californians on the whole. Geographic disparities exist when it comes to access to healthy food and grocery stores: More than half of the people who live in the Moss Landing area, the area southwest of Salinas, and the southern and coastal areas of the county must travel over half a mile to get to a supermarket or a large grocery store. Ethnic disparities exist as well: The index of food access by ethnicity indicates great differences between Whites and non-Whites in access to healthy food in the county. Finally, the county has significantly fewer recreational and fitness facilities per capita than the state benchmark.

[70] Healthy People 2020. (2015). *Nutrition and Weight Status*.
[71] Centers for Disease Control and Prevention. (2015). *Healthy Food Environments*.

EDUCATION AND LITERACY

What Is the Issue?

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

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

The relationship of educational attainment, employment, wages, and health have been well documented. Individuals with at least a high school diploma do better than high school dropouts on a number of measures, including income, health outcomes, life satisfaction, and self-esteem. For starters, the majority of jobs in the U.S. require more than a high school education.[74] Research has found that wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school.[75] Additionally, Poverty Solutions (formerly the National Poverty Center) reports that increased education is associated with decreased rates of most acute and chronic diseases.[76]

Why Is It a Health Need?

Interview and focus group participants in Monterey County raised concerns regarding education and academic achievement. Academic achievement was talked about most often as a driver of economic security related to stable employment and sufficient wages. Additional concerns arose regarding financial literacy (e.g., understanding saving and investing) and health literacy (e.g., understanding nutrition and healthy diets).

Statistics suggest that Monterey County children may have greater barriers to literacy than their peers elsewhere in California: A significantly higher proportion of children live in linguistically isolated households,[77] and a significantly lower proportion of children are enrolled in preschool, than the state benchmarks. The percentage of English Learners in local schools is nearly twice as high as the state average. The proportion of fourth-graders in the county who read at or above

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[72] Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* https://www.healthypeople.gov
[73] Barnett, W.S., and Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.
[74] Insight Center for Community Economic Development. (2014). https://www.insightcced.org
[75] Gouskova, E., and Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03.*
[76] Cutler, D. M., and Lleras-Muney, A. (2006). National Bureau of Economic Research. *Education and Health: Evaluating Theories and Evidence* (No. w12352).
[77] The term "linguistically isolated" refers to households in which no one 14 years old or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.

proficiency is significantly below average. Compared with their peers statewide, a somewhat smaller proportion of Monterey County 11th graders meet or exceed the grade-level standard in English, while a significantly smaller proportion do so in math.

School climate indicators are significantly worse in Monterey County than the state benchmarks, including levels of meaningful participation in school, feeling unsafe at school, and fear of being beaten up at school. Ethnic disparities exist: Native American and African ancestry youth are much more likely to feel unsafe at school than students of other ethnicities. Pacific Islander, African ancestry, and Asian youth are the most likely to experience physical bullying or harassment at school.

"Especially in our culture, [parents] don't push [their children] to go to college. Maybe because obviously some of them never went. They don't know the process of it. … But they don't really push education as much because they want you to go get a job to help the family."
—Focus group participant

The percentage of high school graduates in Monterey County who complete college prep courses is substantially smaller than the state average, and a significantly smaller percentage of adults 25 years old and older have a high school diploma compared with their peers statewide. Native Americans, Latinxs, and people of "Other"[78] ethnicities are disproportionately represented among the latter group in Monterey County.

VIOLENCE PREVENTION

What Is the Issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.[79] Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out during the day were much more likely to experience poor mental health.[80] As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.[81] Additionally, exposure to violence has been linked to negative effects on an individual's mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.[82]

Why Is It a Health Need?

Some interview participants mentioned the gang violence and high teen homicide rate in the city of Salinas. Others said they perceived a decrease in violent gang activity, namely homicide, but

[78] The term "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.
[79] Krug, E. G., Mercy, J. A., Dahlberg, L .L., and Zwi, A. B. (2002). The World Report on Violence and Health. *The Lancet*, *360*(9339), 1083–1088.
[80] Guite, H. F., Clark, C., and Ackrill, G. (2006). The Impact of the Physical and Urban Environment on Mental Well-Being. *Public Health*, *120*(12), 1117–1126.
[81] World Health Organization. (2017). *10 Facts About Violence Prevention*.
[82] Ozer, E. J. & McDonald, K. L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. *Journal of Adolescent Health, 39*(1), 73–79.

an increase in human trafficking, which is causing great concern. Communities that experience high crime and lack a sense of safety often do not access recreation or parks for fear of being harmed when they leave their homes early in the morning or in the evening.

Interview and focus group participants connected domestic violence to overcrowding, stating that children in particular might be subject to physical or sexual abuse when they live in close quarters with strangers. Participants also linked domestic violence to housing insecurity, indicating that it can be a cause of housing instability for victims.

"Human trafficking is really rising to the very top of mind. … There's a fairly large segment of undocumented people that are afraid to step out of the shadows, so even if they are victimized, they don't want to raise their hand for fear of being deported. And so this only compounds their victimhood." —Interviewee

The rate of violent crimes is significantly higher in Monterey County than the benchmark, as is the homicide death rate. Similarly, the firearm-related death rate is significantly higher than the state rate. Although declining, prison admission rates among adults remain significantly higher in the county than the state average. The county's adult jail and prison population rates are also substantially higher compared with the state rates, and trends for these measures are less clear. Ethnic disparities are stark: Residents of Native American, Latinx, and African ancestry are far more likely to experience incarceration than Whites or Asian/Pacific Islanders.

Compared with their peers statewide, significantly greater proportions of Monterey County's middle- and high-schoolers (seventh, ninth, and 11th graders) perceive their schools as unsafe and are afraid of being beaten up on campus. County high-schoolers (ninth and 11th graders) are also significantly more likely to report being a member of a gang than their counterparts statewide. Additionally, a significantly greater proportion of local 11th graders reported experiencing dating violence than their peers statewide.

Ethnic disparities exist across other measures of community safety as well: Homicide death rates are highest among Latinx and African ancestry residents, and African ancestry and Native American youth are the most likely to perceive their schools as unsafe and to experience dating violence.

ORAL/DENTAL HEALTH

What Is the Issue?

Good oral/dental health contributes to an individual's overall health (the ability to taste, chew, and swallow) and social function (the ability to speak and make facial expressions to show feelings and emotions).[83] Maintaining oral/dental health requires routine self-care, including brushing with a fluoride toothpaste and flossing, as well as regularly receiving professional dental treatment.[84] Conversely, unhealthy behaviors such as substance use (including tobacco and drugs such as methamphetamines), poor dietary choices, and not brushing, flossing, or regularly seeing a dentist can result in conditions ranging from cavities or gum disease to

[83] National Institute of Dental and Craniofacial Research. (2000). *Oral Health in America: A Report of the Surgeon General*.
[84] The Mayo Clinic. (2016). *Oral Health: Brush Up on Dental Care Basics.*

cancer.[85] As with other health needs, various factors can create barriers to accessing dental services for different ethnic, socioeconomic, and otherwise vulnerable groups. The primary access factors are lack of insurance, low socioeconomic status, and fear of dental treatment.[86]

Why Is It a Health Need?

Interview and focus group discussions regarding oral health and dental care focused on a lack of providers and the limited access to dentists in rural areas. (*See also the Healthcare Access and Delivery description*). Statistics show that the ratio of dentists to Monterey County residents is significantly worse than the state ratio. A greater proportion of county adults lack dental insurance than the state average. Latinx residents were the least likely population among all ethnicities to have received recent dental care.

"Oral health [is a] huge issue in the chronically unsheltered community, to the point where the mobile clinic in Salinas … is seeing far more dental patients than they do medical patients." —Interviewee

No public water systems in the county that are monitored by the state are fluoridated; water fluoridation is a protective factor against tooth decay. Some interview participants suggested that diet (e.g., sugary drinks) was an issue for children's oral health that would require parental health education to overcome.

For further details, including statistical information and sources, see Attachment 4: Secondary Data Tables.

[85] Office of Disease Prevention and Health Promotion. (2018). *Oral Health*.
[86] Centers for Disease Control and Prevention. (2017). *Disparities in Preventive Dental Care Among Children in Georgia*. See also: Harvard Health Publishing/Harvard Medical School. (2015). *Dental Fear? Our Readers Suggest Coping Techniques.*

7. Community Resources

Various hospitals and clinics, community-based organizations, and government departments and agencies in Monterey County are actively engaged in addressing many of the health needs identified by this assessment. Hospitals and clinics are listed below. *For additional resources, see Attachment 7: Community Assets and Resources.*

HOSPITALS

- Community Hospital of the Monterey Peninsula (Montage Health)
- George L. Mee Memorial Hospital
- Natividad Medical Center
- Salinas Valley Memorial Healthcare System

FEDERALLY QUALIFIED HEALTH CENTERS

- Alisal Health Center[87]
- Bienestar (Marina and Salinas)
- Clinica de Salud
    - Del Valle de Salinas, "CSVS" (three locations in Salinas, plus clinics in Castroville, Chualar, Gonzales, Greenfield, King City, Pajaro, Seaside, and Soledad)
    - Mobile Medical Clinic
- Laurel Clinics[87]
    - Family Practice Clinic
    - Internal Medicine Clinic
    - Pediatric Clinic
    - Women's Health Clinic
- Monterey Health Clinic at Marina[87]
- Seaside Family Health Center[87]
    - RotaCare Monterey Clinic

OTHER HEALTH CLINICS

- Big Sur Health Center
- Casa de la Cultura
- Dr. Mohandas Free Clinic
- Mee Memorial Hospital Clinics (two locations in King City, plus one in Greenfield)
- Planned Parenthood Mar Monte (Salinas and Seaside)
- Seaside Community Health Clinic, operated by Salud Para La Gente
- Veterans Administration Health Clinic of Monterey
- Veterans Administration Mobile Medical Team

[87] Operated by the Monterey County Health Department.

8. Conclusion

SVMHS worked with its consultants to conduct the 2020 Community Health Needs Assessment. By gathering secondary data and conducting new primary research, SVMHS was able to understand the community's perception of health needs as well as prioritize health needs with consideration for how each compare against benchmarks.

The 2020 CHNA meets federal and state requirements.

Next steps for SVMHS:

- Ensure CHNA is adopted by the hospital's board of directors and made publicly available on the Community Benefit page of the website by June 30, 2020.[88]
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs (independently or with community organizations as partners).
- Ensure strategies are adopted by the hospital board and filed with the IRS by November 15, 2020.

[88] https://www.svmh.com/About-Us/Community-Health-Needs-Assessment.aspx

9. List of Attachments

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