



# 2024

## Maternal, Child, and Adolescent Health Report

SANTA CRUZ COUNTY





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# I. Introduction



**Santa Cruz County Public Health’s Children and Family Health Branch has led a community-wide effort to identify priority needs across five population groups (Maternal, Infant, Child, Adolescent, and Children and Youth with Special Health Care Needs).**

This process is part of the Title V Needs Assessment in which each public health department in California completes a local needs assessment every five years. The results are used to assess and plan for local programs, but the process has been equally important as a catalyst to engage with community members and partners on how these priority areas can be addressed collectively.

The Maternal, Child and Adolescent Health (MCAH) Title V priorities and focus areas below were identified through a synthesis of local MCAH needs assessments, a review of population data and key literature, engagement of MCAH programs and stakeholders through surveys, interviews, and stakeholder meetings, and key partnerships at the state level. The following Priority Needs outline the overarching goals in the five Title V population health domains. Focus areas within each priority further delineate and communicate the most pressing needs for each population.

***This report aims to amplify the voices of community members and stakeholders of the County of Santa Cruz who participated in this needs assessment process.***

The report was created by the Children and Family Health Branch of the Public Health Division of the Santa Cruz County Health Services Agency with the support of the Population Health Branch. Community members and stakeholders provided input by helping to identify the priority needs and potential solutions. Next steps will include a focus on advocacy and development of community support for needed changes.



## County Equity Statement

Equity in action in Santa Cruz County is a transformative process that embraces individuals of every status, providing unwavering support, dignity, and compassion. Through this commitment, the County ensures intentional opportunities and access, fostering an environment where everyone can thrive and belong.

## Health Equity Guiding Questions

*The following health equity guiding questions were used to inform our process of engagement with community members and representatives:*

### » People Matter

- How are unique populations differently affected by the issue we are addressing?
- Who is affected, positively or negatively, by what we are planning to do and how?
- How are certain groups experiencing barriers around this issue?
- How are people potentially traumatized/retraumatized by our issues/decision?

### » Place Matters

- How is the policy, plan, process, program, service, or health promotion strategy accounting for people's physical safety, and their need to be productive and feel valued?
- How are we considering environmental impacts?
- How are program resources and investments distributed geographically?

### » Process Matters

- How are we including or excluding people who are affected?
- What policies, processes, and social relationships contribute to the exclusion of communities most affected by this program, policy, process, or intervention?
- What processes are potentially harmful or burdensome?

### » Power Matters

- What are the barriers to doing equity work as it relates to this plan, process, program, or health promotion strategy?
- What are the benefits and burdens that communities experience with this issue?
- Who is accountable?  
(*To what? To whom?*)
- How is the plan, process, program, or health promotion strategy shifting power dynamics to better integrate voices and priorities of marginalized communities?

### » During our assessment:

- ✓ We met with community groups where they chose to be met and gave them the choice to meet either virtually or in person at a location of their choosing.
- ✓ We had simultaneous translation in Spanish and English for our community engagement sessions.
- ✓ We were intentional in engaging with our Promotores groups and representatives from the Latinx communities, LGBTQX groups, and youth-led groups.

## Land Acknowledgment

The land on which we refer to as “Santa Cruz County” is the unceded territory of the Awaswas-speaking Uypi Tribe. The Amah Mutsun Tribal Band, comprised of the descendants of indigenous people taken to missions Santa Cruz and San Juan Bautista during Spanish colonization of the Central Coast, is today working hard to restore traditional stewardship practices on these lands and heal from historical trauma.

## Methods

The MCAH Title V Report utilized secondary data sources (see “Resources” section). The benefits of using secondary data sources include pre-validated information and extensive regional coverage, allowing for the analysis of large datasets. However, limitations include potential issues with timeliness and the ability to focus on small geographic areas, as the data may not perfectly align with specific local contexts or current conditions. Despite these limitations, secondary data sources are invaluable for establishing a broad understanding of health outcomes and service access, which can then be refined and validated through community feedback and localized studies.

To align with best practices, the quantitative (numerical) data collected from secondary sources was shared with over 300 county community members, partners, youth, and promotores to gather feedback and recommendations. The alignment between community feedback and quantitative data helped determine the final three priority areas for each health domain, ensuring that the identified needs reflect both statistical insights and community perspectives.

Examples of Community Partner comments related to the identified needs have been incorporated in the report to provide more context to the needs identified. Similarly, data themes from reports pertaining to the needs identified for each population group are also incorporated in the report.



## II. PRIORITY NEEDS RESULTS SUMMARY

<p><b>Maternal/ Birthing Person</b></p>	<ol style="list-style-type: none"> <li>1. Mental Health/ Social/Emotional Health</li> <li>2. Housing Security</li> <li>3. Substance Use</li> </ol>	<p>Community Health Leaders Dominican Hospital Watsonville Community Hospital Janus Perinatal Sienna House Perinatal Mental Health Coalition of Santa Cruz County</p>
<p><b>Perinatal/Infant</b></p>	<ol style="list-style-type: none"> <li>1. Navigating Complex Healthcare Systems</li> <li>2. Parenting Resources</li> <li>3. Economic Family Supports</li> </ol>	<p>Dominican Hospital Watsonville Community Hospital Janus Perinatal Sienna House</p>
<p><b>Child</b></p>	<ol style="list-style-type: none"> <li>1. Mental Health/ Social/Emotional Health</li> <li>2. Economic Family Supports including Child Care Services</li> <li>3. School/Community Safety/Bullying</li> </ol>	<p>Health Improvement Partnership (HIP) Pediatric Workgroup County Office of Education Thrive by 5 Leadership Team Community Health Leaders Child and Youth Well-Being Cabinet</p>
<p><b>Children &amp; Youth with Special Health Care Needs (CYSHCNs)</b></p>	<ol style="list-style-type: none"> <li>1. Case Management/ Navigating Complex Health Care Systems</li> <li>2. Access to Care/Health Insurance</li> <li>3. Community Inclusion and Social Supports for Family and their Child</li> </ol>	<p>Children and Family Health HIP Pediatric Workgroup Central Coast Alliance for Health (CCHAH) Santa Cruz County Office of Education</p>
<p><b>Adolescent</b></p>	<ol style="list-style-type: none"> <li>1. Mental Health/ Social/Emotional Health</li> <li>2. Substance Use</li> <li>3. School Safety/Bullying and Social Media</li> </ol>	<p>HIP Pediatric Workgroup Santa Cruz County Office of Education The Diversity Center Queer Youth Taskforce Trans-Families Youth Action Network Community Health Leaders Child and Youth Well-Being Cabinet Jóvenes Sanos Youth Action Network Steering Committee</p>

# II. Priority Needs Results

## HOW THIS REPORT IS ORGANIZED

The report lists the three priority areas for each of the five population groups:

- A. Maternal/Birthing Person
- B. Perinatal/Infant
- C. Child
- D. Children & Youth with Special Health Care Needs (CYSHCNs)
- E. Adolescent

*NOTE: The three priorities for each group are not ranked and are given equal value in the report.*



“ Comments from the Community Partner engagements specific to the priority area and population group are provided to add context for each priority. ”



Supportive data themes from the data resources provide additional information specific to the priority areas.



### Appendix

The appendix has all data slides associated with the data themes cited.

The appendix also has more specific information on the Community Partners who participated in the Title V Needs Assessment process as well as links to the data sources.



### III. Priority Needs Results: Details by Populations

## A. Maternal/ Birthing Person Priority Needs

### Priority 1. Mental Health/ Social/ Emotional Health

*Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices. (SAMHSA)*

#### “ Community Partner Comments:

*“Pregnancy can be a time of heightened emotions, stress, and physical changes. Untreated mental health conditions can lead to significant distress, impacting the mother’s ability to care for herself and her baby. Mental health issues during pregnancy can affect the health of the mother and the developing fetus.”*

Source: Dominican Hospital and Watsonville Community Hospital



#### Data Themes

» Prenatal and post-partum depression are higher for women living in poverty.



» Latina women have higher rates of prenatal and postpartum depression.

### Priority 2. Housing Security

*Housing security refers to the stability and safety of a person’s housing situation.*

#### “ Community Partner Comments:

*“People can’t afford the housing costs in our county. We see families moving out of our county because of housing costs.”*

Source: County Office of Education and Thrive by 5 Leadership



#### Data Themes

» The number of unhoused people is increasing in Santa Cruz County. Our unhoused population includes children and Latinx individuals.

» A significant portion of our maternal population experience economic hardships.



## A. Maternal/ Birthing Person Priority Needs

### Priority 2. Housing Security, continued.

**MIHA Data Snapshot, Santa Cruz County by Total Population, 2019-2021**  
Maternal and Infant Health Assessment (MIHA) Survey

		Total Population			
		Percent	Lower 95% CL	Upper 95% CL	N
<b>Total</b>		100.0			2,200
<b>Hardships and Support during Pregnancy</b>	Homeless or did not have a regular place to sleep	* 5.2	1.7 -	8.7	100
	Moved due to problems paying rent or mortgage	8.5	4.1 -	12.9	200
	Pregnant person or partner lost job	14.0	9.4 -	18.7	300
	Pregnant person or partner had pay or hours cut back	12.7	8.5 -	16.8	300
	Became separated or divorced	5.2	2.2 -	8.2	100
	Had no practical or emotional support	* 3.1	1.0 -	5.3	<100

-- Estimate not shown because the relative standard error (RSE) is greater than 50% or could not be calculated, or fewer than 5 participants reported.

\* Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

† Measure/definition changed for this indicator and is not comparable to prior years.

Source: [CDPH MCAH Data Dashboard](#)

### Priority 3. Substance Use

Substance use is the use of any substances that can harm the body or cause dependence, such as alcohol, tobacco, drugs, inhalants, or prescription medications.

#### “ Community Partner Comment:

*“I have been working in the substance use disorder field for 15 years and I see many repeat, pregnant clients with increased substance use and more dangerous drugs. Fentanyl use is common. Alcohol use remains steady. Fentanyl use is showing up with clients who state that they have never used fentanyl, but it is found in their ‘drug of choice.’”*

Source: Janis Perinatal



#### “ Community Partner Comments:

*“I believe trauma-informed care for mothers with history of substance abuse works immensely, as well as when they see other mothers' success stories. Access to a therapist that is culturally sensitive is a big plus.”*

Source: Dominican Hospital and Watsonville Community Hospital



## A. Maternal/ Birthing Person Priority Needs

### Priority 3. Substance Use, continued



#### Data Themes

- » A significant portion of our maternal population continue to use alcohol, cannabis and tobacco during pregnancy
- » Our county has higher rates of women using substances at birth and the substance use rates are increasing.
- » Marijuana use at delivery is highest followed by opioids and rates are higher in younger women.

## B. Perinatal/ Infant Priority Needs

### Priority 1. Navigating Complex Healthcare Systems

*System navigation includes knowing what services are available and how to access them, transportation, communicating with healthcare/ insurance, understanding cost and insurance coverage, scheduling and follow-up, and understanding and weighing treatment options.*

#### “ Community Partner Comments:

*“Parents of newborns need high touch support to getting access to appointments, specialists, and parenting resources. Economic burdens for the parents impede their ability to keep appointments and focus on the wellbeing of their infants.”*

Source: Dominican Hospital and Watsonville Community Hospital.



## **B. Perinatal/ Infant Priority Needs**

### Priority 2. Parenting Resources

“ Community Partner Comment:

*“Parenthood can be overwhelming, especially for first-time parents. New parents often have questions about how to ensure the health and safety of their newborn. Having access to reliable advice can boost parental confidence and help them navigate the uncertainties of caring for a newborn. Anticipatory guidance can help parents recognize developmental milestones and identify any potential concerns early on. Early intervention for developmental issues can lead to better outcomes for the child.”*

Source: HIP Pediatric Workgroup

”

### Priority 3. Economic Family Supports

“ Community Partner Comment:

*“New parents frequently are challenged financially and don't have ready access to family or childcare support. This creates a major strain on the parents and can affect the well-being of the child.”*

Source: The Community Health Leader Collective

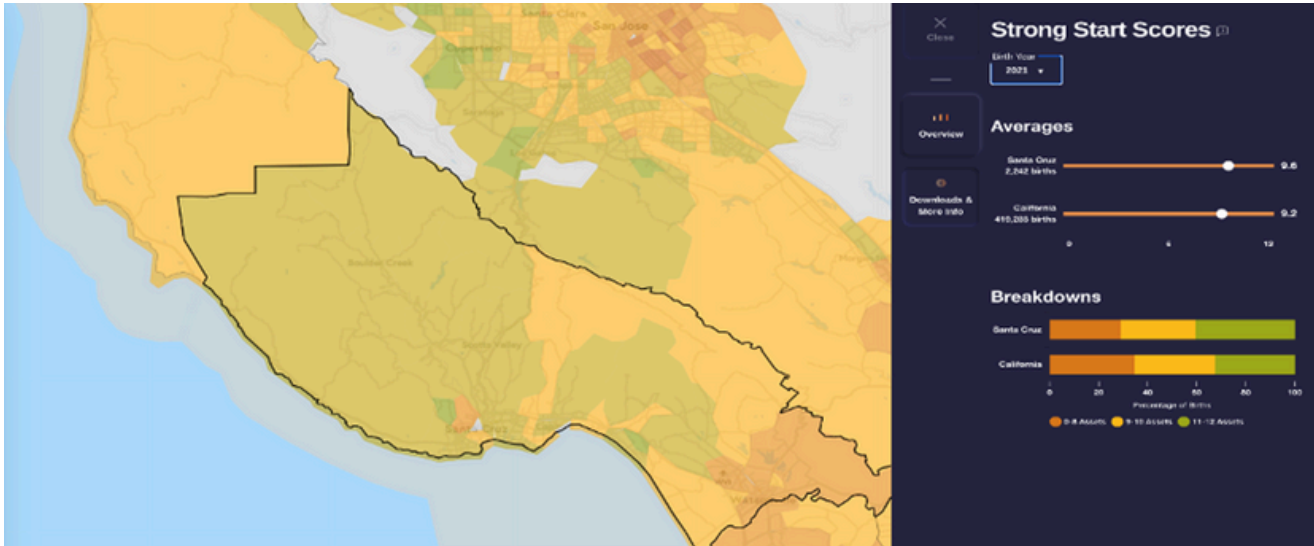
”



#### Data Themes

- » There are disparities (family demographics, health, health access and financial indicators) in the “Strong Start Scores” for infants in the county, including economic support.

**Priority 3. Economic Family Supports, continued.**



» The Strong Start Index **comprises a total of 12 assets related to good outcomes for children**. Index scores are calculated by simply counting, from 0-12, the number of assets present on each child's anonymized birth record.

- |                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Family</b></p> <ul style="list-style-type: none"> <li>Legal parentage established at birth</li> <li>Born to non-teen parents</li> <li>Born to parents with at least a high school diploma</li> </ul> | <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Healthy birthweight</li> <li>Absence of congenital anomalies, abnormalities, or birth complications</li> <li>Absence of transmissible (mother-to-child) infections</li> </ul> | <p><b>Service</b></p> <ul style="list-style-type: none"> <li>Access to and receipt of timely prenatal care</li> <li>Receipt of nutritional services (WIC) if eligible</li> <li>Hospital with high percentage of births with timely prenatal care</li> </ul> | <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>Ability to afford and access healthcare</li> <li>Born to a parent with a college degree</li> <li>Born to parents with employment history</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Source: Strong Start Index Score*

**C. Child Priority Needs**

**Priority 1. Mental Health/ Social/ Emotional Health**

“Community Partner Comments:

*“Childhood adverse experiences (ACEs) can have profound and lasting effects on children’s emotional and mental health. These experiences include various forms of abuse, neglect, household dysfunction, and traumatic events and can result in problems with regulating emotions, mental health, school performance and physical health.”*

Source: The Community Health Leader Collective and County Office of Education



# C. Child Priority Needs



## Data Themes

- » Hospitalizations of children for mental health issues has increased.
- » Neglect and emotional abuse account for the highest percentage of substantiated cases of child abuse and neglect.
- » There has been a downward trend in reports and substantiated cases of child abuse and neglect.
- » 5th grader student connectedness decreased during the COVID-19 pandemic.



### Student Connectedness: 5th Grader Measurement Period: 2021



Source: Santa Cruz County Data Share

## C. Child Priority Needs

### Priority 2. Economic Family Supports (including childcare)

#### “ Community Partner Comments:

*“Childcare access and educational resources for children 3 years and older is critical for a successful start in life. Parents make choices regarding childcare or preschool they don’t want to make because they don’t have many options. This can impact kindergarten readiness. I see lots of pediatric patients not ready for school and when you look at the parents’ situation it’s not a surprise that their child is not ready for kindergarten. Childcare and preschool cost as much as the home mortgage or rent.”*



Source: Thrive by 5 Leadership and County Office of Education



#### Data Themes

- » The majority of children in working families in our county do not have licensed childcare available.
- » The rate of children in poverty in the county is lower than the state’s rates.
- » The child food insecurity rate in our county is going down.

### Priority 3. School/ Community Safety/ Bullying

#### “ Community Partner Comment:

*“Being bullied can severely affect a child’s or teen’s self-image, social interactions, or school performance and can lead to mental health problems such as depression, anxiety, and substance use. The more we can create a safe environment, the better.”*

Source: Trans-Families



## D. Children and Youth with Special Needs (CYSHCN) Priority Needs

### Priority 1. Case Management/ Navigating Complex Health Care Systems

*In health care, case management is process in which a professional helps a patient or client connect with health care providers, resources, and services. Case management includes developing a plan that coordinates and integrates the support services that the patient or client needs to optimize healthcare outcomes.*



#### “ Community Partner Comment:

*“It is confusing for the pediatric provider to get the child or adolescent with special healthcare needs through the complex healthcare system. If it is confusing and difficult for us, the medical professionals, how much more difficult is it for the parents of these children and youth?”*

Source: HIP Pediatric Workgroup



#### Data Themes

- » The overall number of children and youth with special health care needs is increasing.
- » The number of children needing hospitalization to support their mental health has increased.

Prevalence of Special Education Disabilities Among Students, by Disability Type										
Disability Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Autism	295	312	332	353	370	388	419	459	456	454
Deaf-Blindness	S	S	S	S	S	S	S	S	S	S
Emotional Disturbance	133	141	130	138	142	160	160	151	170	187
Established Medical Disability	0	S	S	S	S	S	S	S	N/A	N/A
Hard of Hearing / Deaf	153	168	170	182	178	171	162	169	166	138
Intellectual Disability	197	210	203	202	213	217	217	219	217	183
Learning Disability	2,170	2,171	2,231	2,242	2,234	2,220	2,308	2,411	2,396	2,434
Orthopedic Impairment	105	96	89	84	83	82	83	79	60	47
Speech or Language Impairment	1,488	1,434	1,460	1,481	1,439	1,431	1,400	1,362	1,410	1,401
Traumatic Brain Injury	12	S	S	S	S	S	S	S	S	S
Visual Impairment	32	36	32	33	27	26	24	24	20	18
Multiple Disability	55	57	59	55	48	50	46	41	44	39
Other Health Impairment	305	323	334	384	445	499	586	604	618	653
Total	4,946	4,960	5,048	5,165	5,193	5,256	5,416	5,534	5,565	5,562

Source: CYSHCN [Kids Data Prevalence of Special Ed Disabilities Among Students by Disability Type](#)

## D. Children and Youth with Special Needs (CYSHCN) Priority Needs

### Priority 2. Access to Care / Health Insurance

*Access to healthcare means having the timely use of personal health services to achieve the best health outcomes.*

#### “Community Partner Comment:

*“Having access to primary care and specialty care is a huge priority area; all the rest can be addressed from there. Access to care means having insurance and regular, consistent primary and specialty care providers for this medically fragile population.”*

Source: HIP Pediatric Workgroup



#### Data Themes

- » The number of children in the county enrolled in the California Children Services since it became a Whole Child Model in 2018 has declined and remained less than two thirds the number prior to that change.

### Priority 3. Community Inclusion and Social Supports for Family and their Child

#### “Community Partner Comment:

*“Our county has a number of excellent community-inclusion and social supports for children and youth with special healthcare needs but there is a disparity in available programs among our communities.”*

Source: Thrive by 5 Leadership





## E. Adolescent Priority Needs

### Priority 1. Mental Health/ Social/ Emotional Health

“ Community Partner Comment:

*“The thing that caught my attention is the importance of the school connections. If you feel connected at school, there is less depression. Social media can play a negative role on social isolation and mental health. What also stood out is that students enrolled in non-traditional school settings and the LGBTQIA+ students have a higher level of depression and suicidal ideation. These groups need more attention.”*

Source: HIP Pediatric Workgroup



“ Community Partner Comment:

*“In addition to having LGBTQIA+/ GSA (Gender and Sexuality Alliance) groups in schools, it is important for teachers and administration to be involved and support GSA groups, which will help create affirming schools for LGBTQIA+ youth.”*

Source: TransFamilies



“ Community Partner Comment:

*“School connectedness in adolescent mental health makes sense. Connection and belonging are key to well-being. If a student has a more affirming learning environment, it can counteract a difficult homelife. Connection and belonging include addressing healthy relationships as well as addressing domestic violence and abusive relationships/friendships. Teenagers don't think of medical needs but it's about social, relationship, emotional needs. General safety and security in the community and schools for marginalized groups is critical.”*

Source: Diversity Center

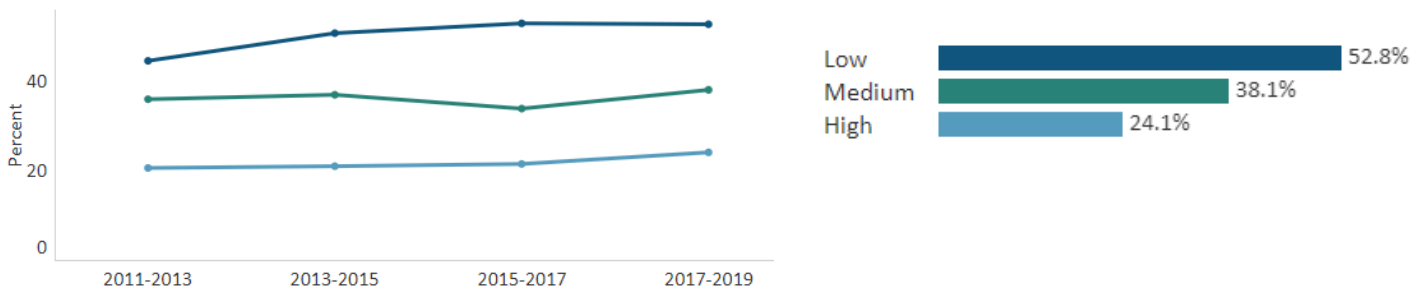
## E. Adolescent Priority Needs



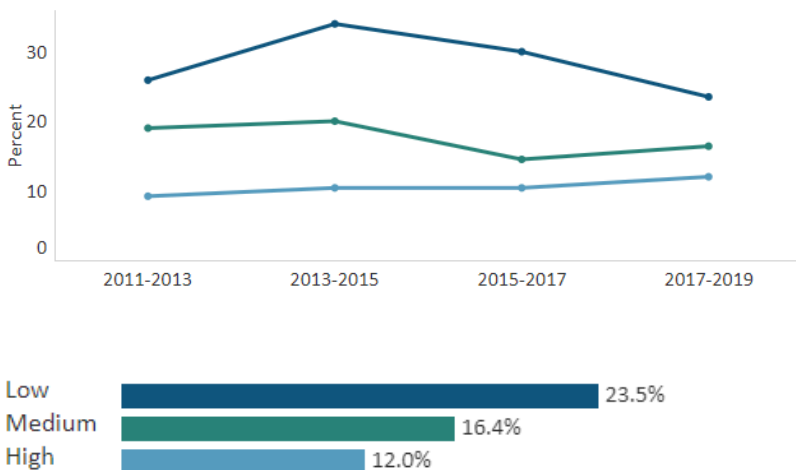
### Data Themes

- » School connectedness is an important factor in adolescent mental health.
- » Depression-related feelings are highest for those who report their identity as LGBTQIA+, followed by those enrolled in non-traditional classrooms.
- » California has lower adolescent suicide rates than national rates and our county's adolescent suicide rate is lower than the state's rate.
- » Statewide adolescent suicide rates are highest in American Indian/Alaskan Native populations and in males.

### Depression-Related Feelings Among Adolescents by School Connectedness Santa Cruz County, 2017-2019



### Suicidal Ideation Among Adolescents by School Connectedness Santa Cruz County, 2017-2019



## E. Adolescent Priority Needs

### Priority 2. Substance Use

“ Community Partner Comment:

*“In my practice, I see a high rate of substance usage in my adolescent patients. Cannabis is not actually helping their anxiety and they will suffer from their cannabis use. Kids are using fentanyl.”*



Source: HIP Pediatric Workgroup



#### Data Themes

- ! Local data on adolescent substance use is limited.

### Priority 3. School Safety /Bullying and Social Media

“ Community Partner Comment:

*“Bullying and social media can have significant impacts on adolescent mental health and school performance. With the rise of social media, cyberbullying has become a major issue among adolescents. Whether it is in-person bullying or cyberbullying, the effects can be the same: low self-esteem, depression and anxiety and social isolation.”*



Source: HIP Pediatric Workgroup



#### Data Themes

- » Bullying in school is highest in middle school, for females and for African American, Asian, and Native Hawaiian/Pacific Islander Adolescents.

# IV. Next Steps



This report will be posted on the [Health Services Agency Public Health website](#) for public review. We will also host in-person or virtual meetings with our community partners to discuss what actions can be taken collectively to address the priority needs identified.

All in our community are welcome to share feedback!

Get updates on upcoming community meetings.  
Email [hsaphadmin@santacruzcountyca.gov](mailto:hsaphadmin@santacruzcountyca.gov) or follow us on social media for the latest.

    @PublicHealthSCC



# V. Appendix



## Community Partner Participants

### Dominican Hospital

Participants from Dominican Hospital included representatives from neonatology, occupational therapy and social services. Dominican Hospital offers a wide range of services including Labor and Delivery, Pediatrics and a Level III Neonatal Center, to residents in Santa Cruz County and throughout the Monterey Bay area.

### Watsonville Community Hospital

Participants from Watsonville Community Hospital included representatives from neonatology and pediatrics, occupational therapy and social services. Watsonville Community Hospital is a 106-bed facility that offers a comprehensive portfolio of medical and surgical services to the culturally diverse tri-county area along California's Central Coast.

### The Community Health Leader Collective

Participants from the bilingual Community Health Leader Collective included Community Health Workers and Promotores. The Community Health Collective is convened by Cradle to Career Santa Cruz County brings together Community Health Workers, Promotores and key public health officials from across the region to connect, learn, and strengthen frontline interventions and public health systems for equitable community well-being.

### Janus Perinatal

Participants included a Certified Addiction Treatment Specialist. Janus offers a residential treatment program that serves women who are pregnant or parenting young children (up to age five). The central goal of the program is supporting both mother and child in recovery and children live with their mothers during their stay at Janus.

### Siena House

Participants from the Siena House included the Executive Director, Program Manager, Director of Development, and Support Staff member. Siena House is a residential program providing a stable environment of health, support, and education for pregnant women and their babies who are experiencing homelessness or housing instability. Their mission is to give new mothers experiencing homelessness a solid foundation as parents, and their babies the best start in life by providing a supportive environment during pregnancy and a baby's critical first year of development.



## **Appendix: Community Partners**

### **Perinatal Mental Health Coalition of Santa Cruz County**

The Perinatal Mental Health Coalition is composed of a broad range of professionals working in perinatal services and maternal child health, as well as community members dedicated to promoting maternal mental health. The PMHC seeks to improve awareness of perinatal mood and anxiety disorders, expand resources and support systems, and provide professional development resources to increase provider screening and referrals. This group organizes Perinatal Mental Health Coalition events to present relevant topics related to Perinatal and Maternal/ Birthing Person mental health.

### **Health Improvement Partnership Pediatric Work Group**

Participants from the Health Improvement Pediatric Workgroup include pediatricians, pediatric nurse practitioners, and representatives from Public Health and the County Office of Education. The HIP Pediatric Workgroup has met since the start of the COVID-19 pandemic and focuses on pediatric and adolescent health and well-being issues.

### **Santa Cruz County Office of Education**

Participants included County Office of Education representatives from Special Education, Homeless Project, Foster Youth Services and School Nurses. The Santa Cruz County Office of Education is committed to ensuring all students have the educational opportunities they need to thrive.

### **Thrive by 5 Leadership**

Thrive by 5 is the countywide structure dedicated to the well-being of all children prenatal to age 5 (PN-5) and their families. Leadership includes First 5 Santa Cruz County, Santa Cruz Community Health, Santa Cruz Human Services Department, Santa Cruz Health Services Agency, Encompass Head Start and Families Together, Community Bridges, and Health Improvement Partnership. Representatives from Prenatal to Five Fiscal Strategies also participated in the Needs Assessment.

### **Central California Alliance for Health**

Participants from the Central California Alliance for Health (the Alliance) include its medical directors, leaders from Quality and Population Health, Behavioral Health Program Coordinator, and California Children's Services Coordinator. The Central California Alliance for Health is a managed care plan for people with Medi-Cal.

### **The Diversity Center**

The Diversity Center, founded in 1989, is a community center that inspires and supports LGBTQ+ people by providing critical services, events, activities, and spaces to enhance our community's well-being. The Senior Manager of Well-Being Programs participated in the Needs Assessment.



## Appendix: Community Partners

### Queer Youth Task Force

The Queer Youth Task Force is an affiliate of the Diversity Center. It is comprised of individuals and organizations that work with, or support, LGBTQ+ youth and strives to improve the quality of life for all LGBTQ+ youth in our community, as well as children raised in homes where LGBTQ+ people live. The QYTF mission is intended to proactively enhance understanding and respond if oppression occurs. Participants from the Queer Youth Task Force included the Chair of the QYTF and The Director of Safe Schools Project.

### TransFamilies

TransFamilies is a parent-led peer support group that provides support to families of gender diverse children of all ages so they can help their children survive and thrive. They participate in community outreach, education, and training events to improve knowledge of gender diversity within local schools, doctors' offices, and the community at large. The Assistant Director of TransFamilies participated in Needs Assessment.

### Jóvenes Sanos

22 youth from Jóvenes Sanos participated. Jóvenes Sanos of United Way Santa Cruz County is a Watsonville-based youth leadership group working to elevate youth voices to shift the stigma around mental wellness and increase youth access to mental health resources. Jóvenes Sanos seeks to cultivate peer-to-peer connections and promote hope, healing, and resiliency to create a culture of health and thriving.

### Youth Action Network

Youth from United Way's Santa Cruz County Youth Action Network (YAN) participated. YAN is a countywide collaborative of youth and adults working together to promote youth well-being by connecting young people to resources and opportunities to create positive community change and elevating youth voices in decision-making.

### Child and Youth Well Being Cabinet

The Child and Youth Well-Being Cabinet is a group of government, community agencies, and family stakeholders who, since 2022, have worked to develop the Families First Prevention Services Act Comprehensive Prevention Plan, which describes the local approach to building systems for prevention so that more children and youth can stay safely in their homes and communities and fewer children and youth will become involved with the child welfare system. An anonymous survey was provided to members of the Well-Being Cabinet to gather information for the Needs Assessment and eight responses were collected.



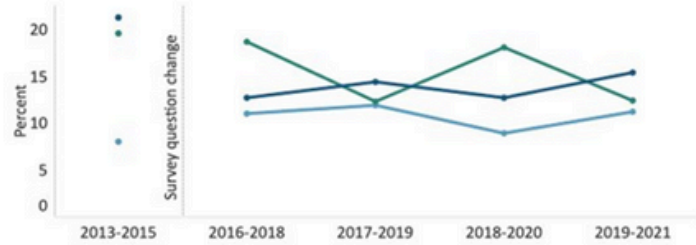
# Data Themes Specifics by Population Groups: Maternal/ Birthing Person



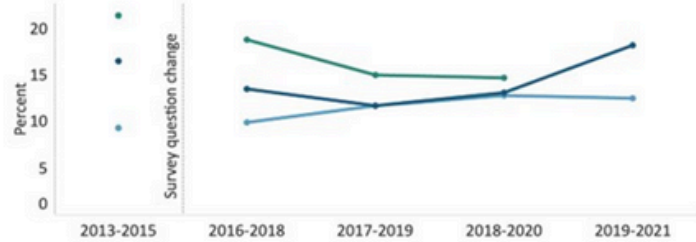
## Priority 1. Mental Health/ Social/ Emotional Health

» Prenatal and post-partum depression are higher for women living in poverty.

**Prenatal Depression Symptoms by Household Income, Santa Cruz County, 2019-2021**



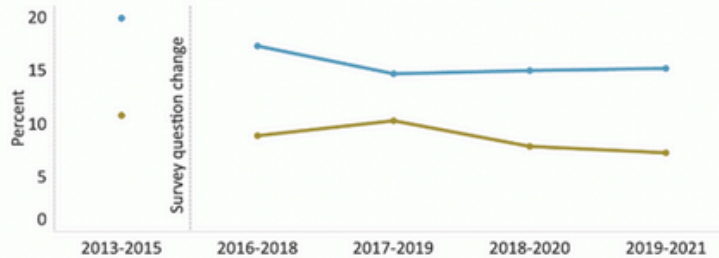
**Postpartum Depression Symptoms by Household Income, Santa Cruz County, 2019-2021**



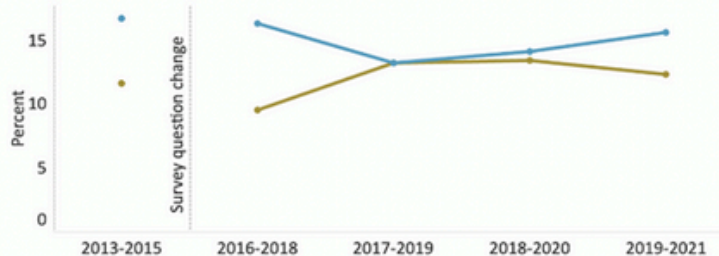
Source: CDPH MCAH Data Dashboard

» Latina women have higher rates of prenatal and postpartum depression.

**Prenatal Depression Symptoms by Race/Ethnicity, Santa Cruz County, 2019-2021**



**Postpartum Depression Symptoms by Race/Ethnicity, Santa Cruz County, 2019-2021**



Source: CDPH MCAH Data Dashboard



# Data Themes Specifics by Population Groups: Maternal/ Birthing Person



## Priority 2. Housing Security

» The number of unhoused people is increasing in Santa Cruz County.

County: Santa Cruz

2,299

persons

Source: U.S. Department of Housing and Urban Development  
 Measurement period: 2022  
 Maintained by: Conduent Healthy Communities Institute  
 Last update: December 2023  
 Filter(s) for this location: State: California

COMPARED TO



Prior Value  
(800)



Trend

Technical note: Individuals not on Continuums of Care (CoCs) Housing Inventory Count (HIC), those in permanent housing programs, staying with family or friends, residing in owned or rented housing, and those in institutions such as jails or hospitals are not included in the PIT count.

### Graph Selections

#### INDICATOR VALUES

Change over Time

#### VIEW BY SUBGROUP

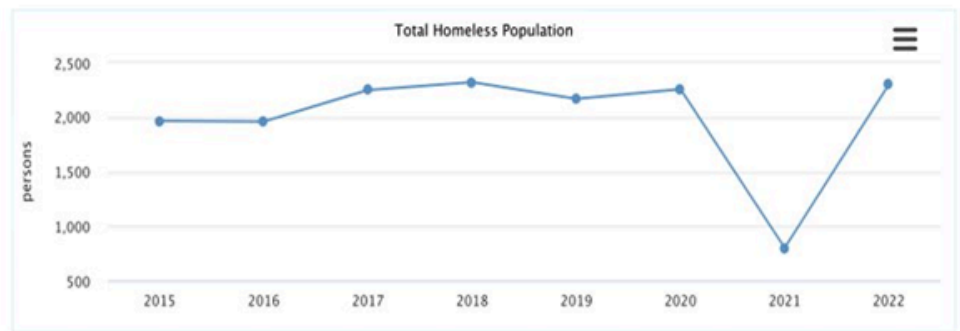
Age

Chronic Homelessness

Gender

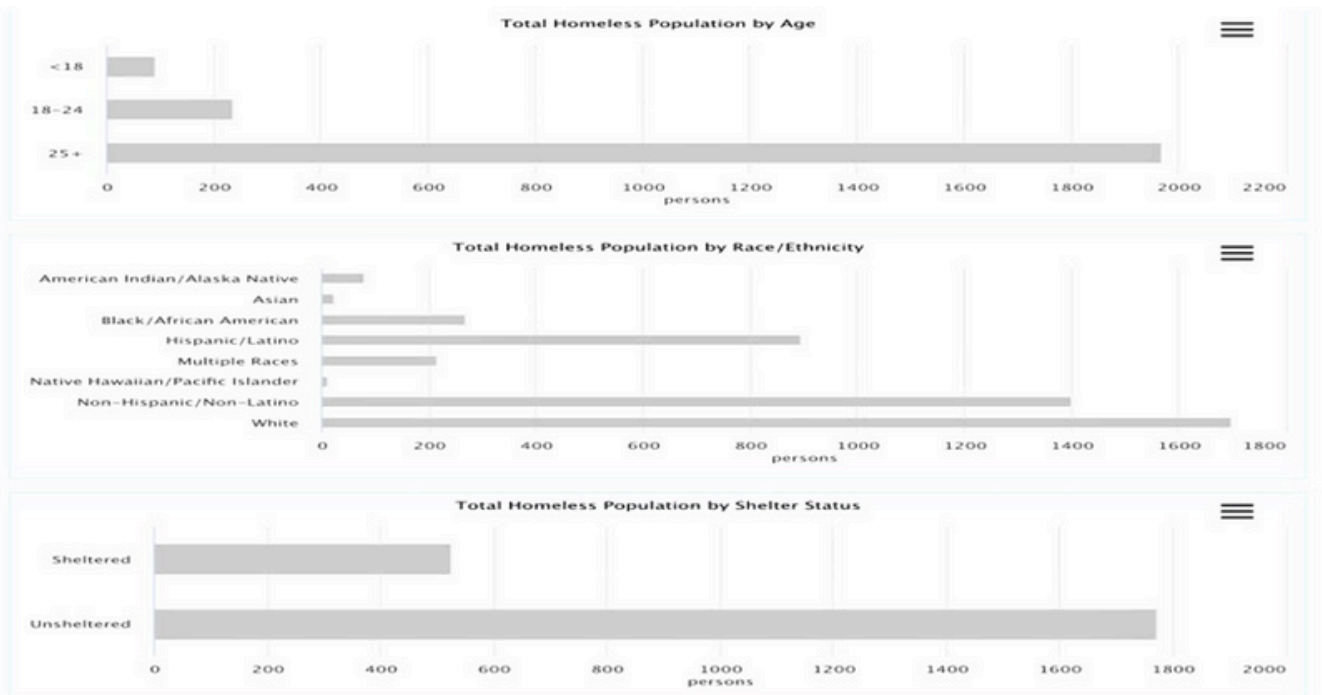
Race/Ethnicity

Shelter Status



Source: Santa Cruz County Data Share

» Our unhoused population includes children and Latinx individuals.



Source: Santa Cruz County Data Share

# Data Themes Specifics by Population Groups: Maternal/ Birthing Person



## Priority 2. Housing Security, continued.

» A significant portion of our maternal population experience economic hardships.

### MIHA Data Snapshot, Santa Cruz County by Total Population, 2019-2021

Maternal and Infant Health Assessment (MIHA) Survey

		Total Population			
		Percent	Lower 95% CL	Upper 95% CL	N
<b>Total</b>		100.0			2,200
<b>Hardships and Support during Pregnancy</b>	Homeless or did not have a regular place to sleep	* 5.2	1.7	- 8.7	100
	Moved due to problems paying rent or mortgage	8.5	4.1	- 12.9	200
	Pregnant person or partner lost job	14.0	9.4	- 18.7	300
	Pregnant person or partner had pay or hours cut back	12.7	8.5	- 16.8	300
	Became separated or divorced	5.2	2.2	- 8.2	100
	Had no practical or emotional support	* 3.1	1.0	- 5.3	<100

-- Estimate not shown because the relative standard error (RSE) is greater than 50% or could not be calculated, or fewer than 5 participants reported.

\* Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

† Measure/definition changed for this indicator and is not comparable to prior years.

Source: [CDPH MCAH Data Dashboard](#)



## Priority 3. Substance Use

» A significant portion of our maternal population continue to use alcohol, cannabis and tobacco during pregnancy.

### MIHA Data Snapshot, Santa Cruz County by Total Population, 2019-2021

Maternal and Infant Health Assessment (MIHA) Survey

		Total Population			
		Percent	Lower 95% CL	Upper 95% CL	N
<b>Total</b>		100.0			2,200
<b>Substance Use</b>	Any binge drinking, 3 months before pregnancy	17.5	12.4	- 22.5	400
	Any alcohol use, 3rd trimester	10.6	6.2	- 15.0	200
	Any cannabis use during pregnancy	8.6	3.9	- 13.3	200
	Any cigarette smoking, 3 months before pregnancy	6.2	3.2	- 9.2	100
	Any cigarette smoking, 3rd trimester	--			
	Any cigarette smoking, postpartum	* 2.1	0.4	- 3.8	<100

-- Estimate not shown because the relative standard error (RSE) is greater than 50% or could not be calculated, or fewer than 5 participants reported.

\* Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

† Measure/definition changed for this indicator and is not comparable to prior years.

Source: [CDPH MCAH Data Dashboard](#)

-- Estimate not shown because the relative standard error (RSE) is greater than 50% or could not be calculated, or fewer than 5 participants reported.

\* Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

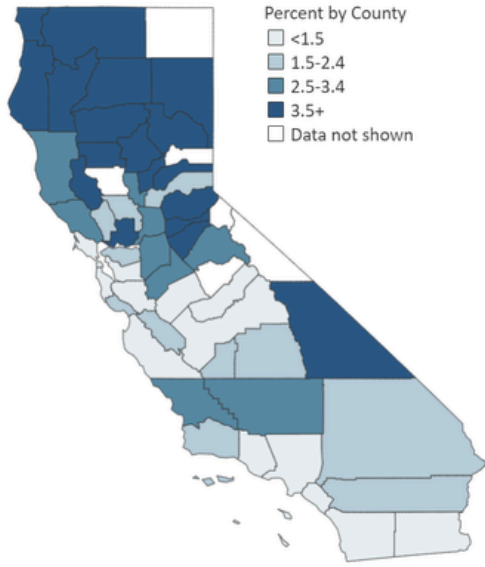
† Measure/definition changed for this indicator and is not comparable to prior years.

Source: [CDPH MCAH Data Dashboard](#)

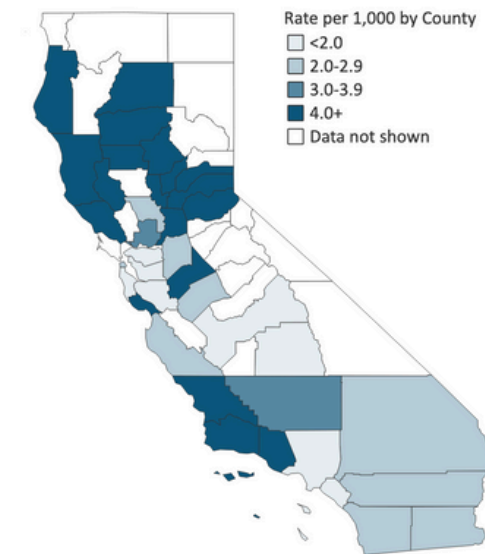
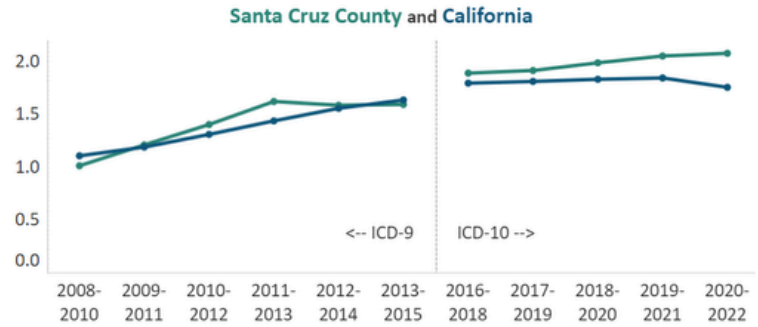


### Priority 3. Substance Use, continued.

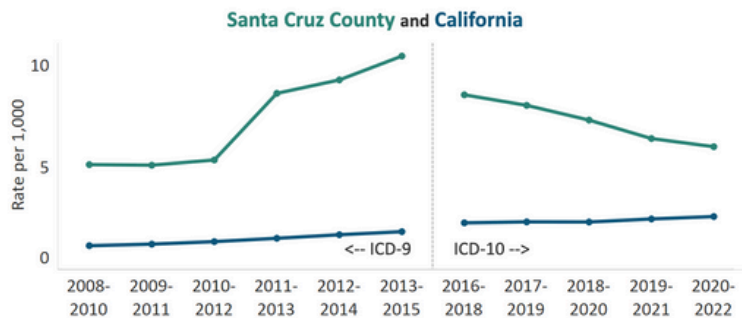
» Our county has higher rates of women using substances at birth and the substance use rates are increasing.



Amphetamine, cannabis, and opioid use disorders are the most common substance use disorders diagnosed during in-hospital delivery admissions in California. The consequences of substance use differ depending on the type of drug, how much and how often it is used, and the timing of use during pregnancy. Such consequences can affect the pregnant individual (e.g., hypertension, severe maternal morbidity), as well as the newborn (e.g., stillbirth, preterm birth, low birthweight, neonatal abstinence syndrome, and cognitive-behavioral issues). The American College of Obstetricians and Gynecologists recommends universal screening in the perinatal period, and, for those who screen positive for substance use disorder, both brief counseling about the potential adverse effects of continued substance use and referral to treatment.



Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that most commonly occurs in newborns due to maternal use of opiates such as heroin, methadone, and prescription pain medications. Symptoms of NAS include high-pitched crying, seizures, poor weight gain, fever, and feeding difficulties. Newborns with NAS have prolonged hospital stays with higher medical costs. While the rate of NAS in California is notably lower than the U.S. rate, there are certain counties and populations with high rates. Hospital coding practices for a NAS diagnosis may vary by hospital and change over time, affecting rates. Key prevention strategies include promoting responsible opioid prescribing practices and increased availability of preconception health services.



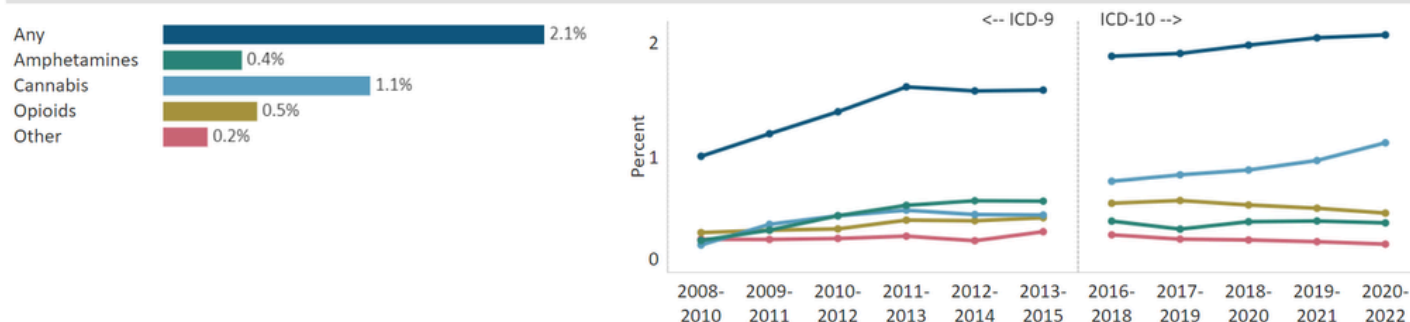
# Data Themes Specifics by Population Groups: Maternal/ Birthing Person



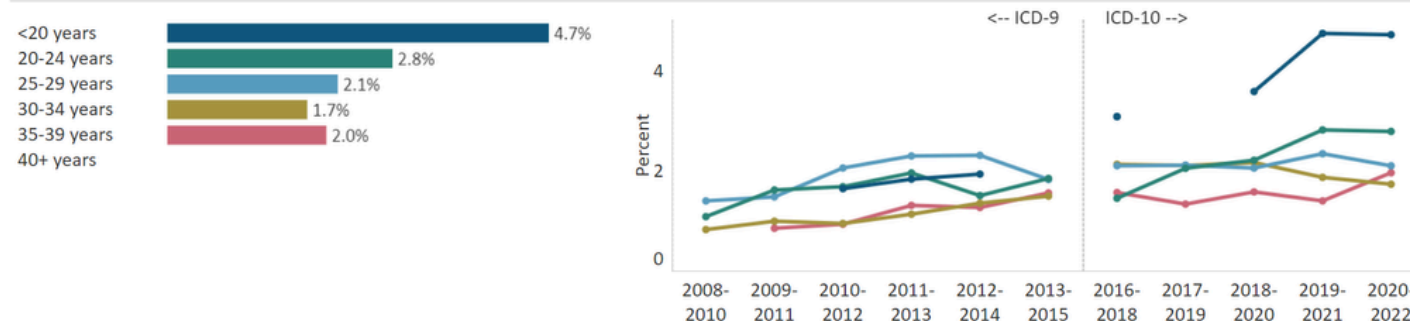
## Priority 3. Substance Use, continued.

» Marijuana use at delivery is highest followed by opioids and rates are higher in younger women.

Substance Use Disorder at Delivery by Type, Santa Cruz County, 2020-2022



Any Substance Use Disorder at Delivery by Age, Santa Cruz County, 2020-2022

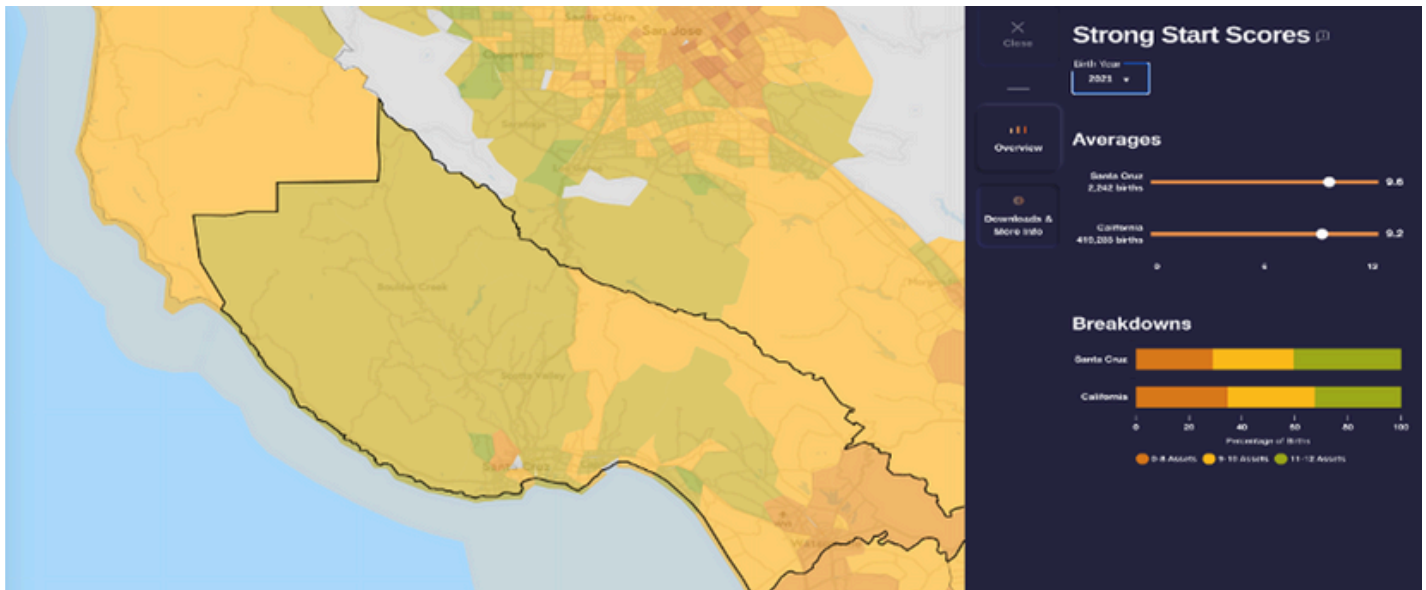


# Data Themes Specifics by Population Groups: Perinatal/ Infant



- Priority 1. Navigating Complex Healthcare Systems
- Priority 2. Parenting Resources
- Priority 3. Economic Family Supports

» There are disparities in the “Strong Start Scores” for children in the county.



» The Strong Start Index **comprises a total of 12 assets related to good outcomes for children**. Index scores are calculated by simply counting, from 0-12, the number of assets present on each child's anonymized birth record.

Source: Strong Start Index Score

<p><b>Family</b></p> <ul style="list-style-type: none"> <li>Legal parentage established at birth</li> <li>Born to non-teen parents</li> <li>Born to parents with at least a high school diploma</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Healthy birthweight</li> <li>Absence of congenital anomalies, abnormalities, or birth complications</li> <li>Absence of transmissible (mother-to-child) infections</li> </ul>	<p><b>Service</b></p> <ul style="list-style-type: none"> <li>Access to and receipt of timely prenatal care</li> <li>Receipt of nutritional services (WIC) if eligible</li> <li>Hospital with high percentage of births with timely prenatal care</li> </ul>	<p><b>Financial</b></p> <ul style="list-style-type: none"> <li>Ability to afford and access healthcare</li> <li>Born to a parent with a college degree</li> <li>Born to parents with employment history</li> </ul>
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## Data Themes Specifics by Population Groups: Child



### Priority 1. Mental Health/ Social/ Emotional Health

» Hospitalizations of children for mental health issues has increased.

Hospitalizations for Mental Health Issues, by Age Group										
Age Group	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Ages 5-14	47	89	98	79	75	72	80	120	100	107
Ages 15-19	131	166	181	189	181	178	203	196	200	208
Total for Ages 5-19	178	255	279	268	256	250	283	316	300	315

Source: KidsData (KidsData.org)

» Neglect and emotional abuse account for the highest percentage of substantiated cases of child abuse and neglect.

Reports of Child Abuse and Neglect, by Type of Maltreatment										
Type of Maltreatment	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
At Risk / Sibling Abused	S	S	S	1.3%	S	S	S	S	S	0.0%
Caretaker Absence / Incapacity	S	S	0.0%	0.0%	S	0.0%	S	0.0%	0.0%	S
Emotional Abuse	15.4%	15.5%	11.8%	12.2%	11.3%	9.1%	10.2%	7.9%	8.8%	11.6%
Exploitation	0.0%	S	S	0.0%	0.0%	S	S	S	S	0.0%
General Neglect	49.1%	47.3%	52.4%	49.8%	49.6%	49.4%	52.2%	54.9%	55.3%	55.3%
Physical Abuse	19.6%	21.6%	21.6%	23.1%	22.6%	27.6%	23.6%	24.0%	24.4%	19.8%
Severe Neglect	3.8%	3.1%	3.3%	5.3%	6.5%	6.5%	7.3%	4.3%	2.9%	S
Sexual Abuse	11.6%	9.9%	8.4%	8.2%	9.2%	7.1%	6.3%	8.7%	8.3%	10.2%
Substantial Risk	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Substantiated Cases of Child Abuse and Neglect, by Type of Maltreatment										
Type of Maltreatment	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
At Risk / Sibling Abused	1.4%	1.4%	0.7%	1.3%	1.0%	1.0%	0.5%	0.3%	1.1%	0.0%
Caretaker Absence / Incapacity	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%
Emotional Abuse	14.7%	12.1%	10.5%	7.6%	11.5%	10.8%	7.4%	7.5%	7.1%	9.0%
Exploitation	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.3%	0.0%	0.5%
General Neglect	44.9%	57.7%	64.1%	68.5%	58.3%	55.1%	57.9%	59.3%	59.4%	64.8%
Physical Abuse	8.9%	8.8%	8.8%	8.5%	12.0%	11.3%	7.9%	8.5%	7.9%	4.3%
Severe Neglect	9.8%	15.0%	9.8%	10.7%	8.5%	15.2%	16.6%	16.7%	15.8%	16.2%
Sexual Abuse	5.1%	4.7%	6.2%	3.3%	8.5%	6.6%	8.9%	7.2%	8.6%	5.2%
Substantial Risk	14.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: KidsData (KidsData.org)

# Data Themes Specifics by Population Groups: Child



## Priority 1. Mental Health/ Social/ Emotional Health, continued.

» There has been a downward trend in reports and substantiated cases of child abuse and neglect.

First Entries into Foster Care									
2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
133	148	161	113	117	138	110	123	95	70

First Entries into Foster Care, by Age Group: Rate per 1,000										
Age Group	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Under Age 1	9.6	9.9	11.1	10.0	9.1	8.4	9.3	9.6	9.6	9.3
Ages 1-2	3.7	3.7	4.5	3.9	3.0	2.5	2.6	2.7	2.1	2.2
Ages 3-5	2.2	2.0	2.5	2.4	2.1	1.9	1.8	2.0	1.6	1.2
Ages 6-10	1.9	1.7	1.4	1.5	1.4	1.5	1.2	1.1	0.7	0.7
Ages 11-15	2.3	2.2	1.8	1.6	1.6	1.5	1.6	1.5	1.6	1.2
Ages 16-17	2.4	2.6	2.6	2.5	2.6	2.3	2.3	2.8	2.5	2.2

First Entries into Foster Care, by Race/Ethnicity: Rate per 1,000										
Race/Ethnicity	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
African American/Black	18.6	19.2	S	S	S	S	S	S	S	S
American Indian/Alaska Native	S	S	S	S	S	S	S	S	S	S
Asian/Pacific Islander	S	S	S	S	S	S	S	S	S	S
Hispanic/Latino	2.9	2.7	2.7	2.5	2.2	2.2	2.3	2.4	2.0	1.7
White	2.7	2.6	2.9	2.8	2.6	2.2	1.9	1.9	1.8	1.7

Source: KidsData (KidsData.org)

» 5th grader student connectedness decreased during the pandemic.

County: Santa Cruz 

**250**  
students

COMPARED TO



Prior Value  
(71)



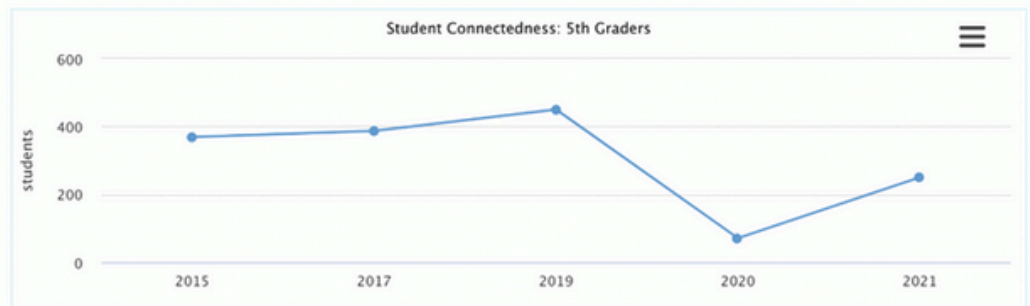
Trend

Source: California Healthy Kids Survey  
 Measurement period: 2021  
 Maintained by: DataShare SCC  
 Last update: September 2023  
 Filter(s) for this location: State: California

Graph Selections

INDICATOR VALUES

Change over Time



## Data Themes Specifics by Population Groups: Child



Priority 2. Economic Family Supports (including childcare)  
Priority 3. School/ Community Safety/ Bullying

- » The majority of children in working families in our county do not have licensed childcare available.
- » The rate of children in poverty in the county is lower than the state's rates.
- » The child food insecurity rate in our county is going down.

County: Santa Cruz 👤

63.7%

Source: California Child Care Resource & Referral Network  
Measurement period: 2021  
Maintained by: Conduent Healthy Communities Institute  
Last update: March 2023  
Filter(s) for this location: State: California

Graph Selections

INDICATOR VALUES

Change over Time

COMPARED TO



CA Counties



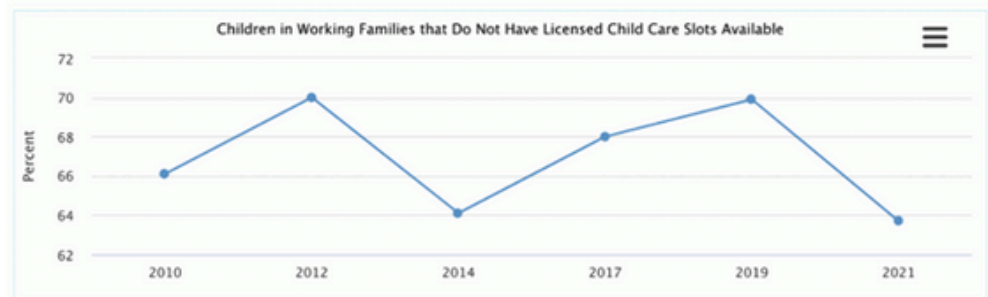
CA Value  
(75.2%)



Prior Value  
(69.9%)



Trend





## Data Themes Specifics by Population Groups: Child and Youth with Special Health Care Needs (CYSHCN)



### Priority 1. Case Management/Navigating Complex Health Care Systems

» The overall number of children and youth with special health care needs is increasing.

Disability Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Autism	295	312	332	353	370	388	419	459	456	454
Deaf-Blindness	S	S	S	S	S	S	S	S	S	S
Emotional Disturbance	133	141	130	138	142	160	160	151	170	187
Established Medical Disability	0	S	S	S	S	S	S	S	N/A	N/A
Hard of Hearing / Deaf	153	168	170	182	178	171	162	169	166	138
Intellectual Disability	197	210	203	202	213	217	217	219	217	183
Learning Disability	2,170	2,171	2,231	2,242	2,234	2,220	2,308	2,411	2,396	2,434
Orthopedic Impairment	105	96	89	84	83	82	83	79	60	47
Speech or Language Impairment	1,488	1,434	1,460	1,481	1,439	1,431	1,400	1,362	1,410	1,401
Traumatic Brain Injury	12	S	S	S	S	S	S	S	S	S
Visual Impairment	32	36	32	33	27	26	24	24	20	18
Multiple Disability	55	57	59	55	48	50	46	41	44	39
Other Health Impairment	305	323	334	384	445	499	586	604	618	653
Total	4,946	4,960	5,048	5,165	5,193	5,256	5,416	5,534	5,565	5,562

Source: CYSHCN Kids Data Prevalence of Special Ed Disabilities Among Students by Disability Type

» Hospitalizations of children for mental health issues has increased.

Age Group	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Ages 5-14	47	89	98	79	75	72	80	120	100	107
Ages 15-19	131	166	181	189	181	178	203	196	200	208
Total for Ages 5-19	178	255	279	268	256	250	283	316	300	315

Source: KidsData (KidsData.org)

## Data Themes Specifics by Population Groups: Child and Youth with Special Health Care Needs (CYSHCN)



Priority 2. Access to Care/ Health Insurance

Priority 3. Community Inclusion and Social Supports for Family and their Child

» The number of children in the county enrolled in the California Children Services since it became a Whole Child Model in 2018 has declined and remained less than two thirds the number prior to that change.

Active California Children's Services (CCS) Enrollees						
Age Group	2009	2010	2011	2012	2013	2014
Age 0-21	1,581	1,929	1,690	1,994	2,092	1,958

Active California Children's Services (CCS) Enrollees						
Age Group	2018	2019	2020	2021	2022	2023
Age 0-21	1,287	1,101	1,050	1,146	1,167	1,052

Source: KidsData (KidsData.org) and Central California Alliance for Health



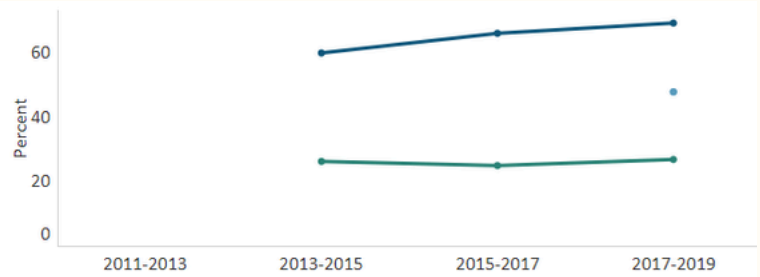
## Data Themes Specifics by Population Groups: Adolescent



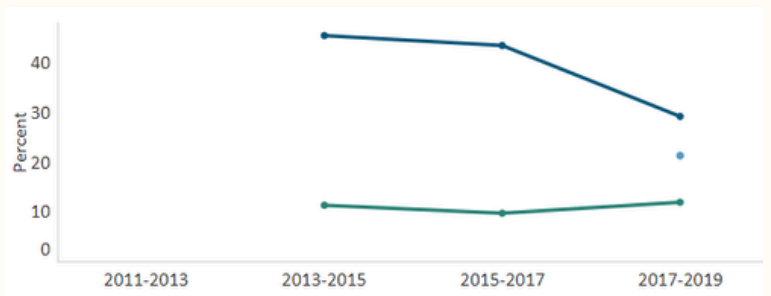
### Priority 1. Mental Health/ Social/ Emotional Health

- » School connectedness is an important factor in adolescent mental health.
- » Depression-related feelings are highest for those who report their identity as LGBTQIA+, followed by those enrolled in non-traditional classrooms.

#### Depression-Related Feelings Among Adolescents by Sexual Orientation Santa Cruz County, 2017-2019



#### Suicidal Ideation Among Adolescents by Sexual Orientation Santa Cruz County, 2017-2019



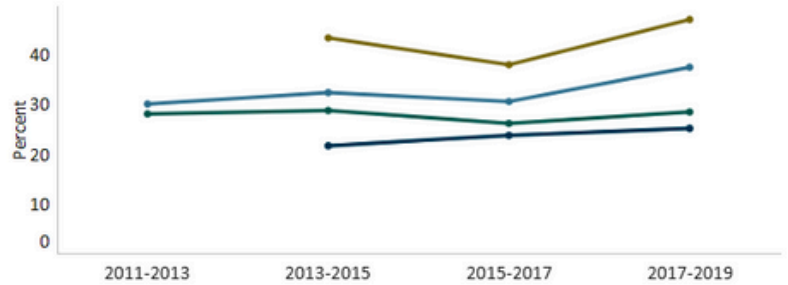
Source: [CDPH MCAH Data Dashboard](#)

# Data Themes Specifics by Population Groups: Adolescent

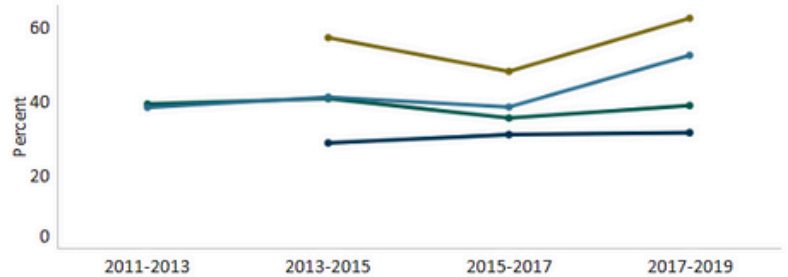


## Priority 1. Mental Health/ Social/ Emotional Health, continued.

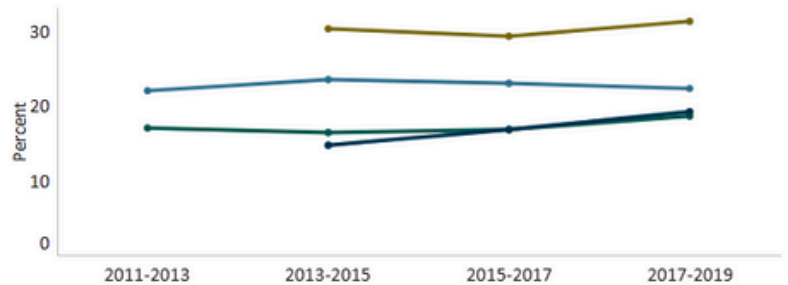
**Depression-Related Feelings Among Adolescents by Grade Level, Santa Cruz County, 2017-2019**



**Depression-Related Feelings Among Adolescent Females by Grade Level, Santa Cruz County, 2017-2019**



**Depression-Related Feelings Among Adolescent Males by Grade Level, Santa Cruz County, 2017-2019**



Source: CDPH MCAH Data Dashboard

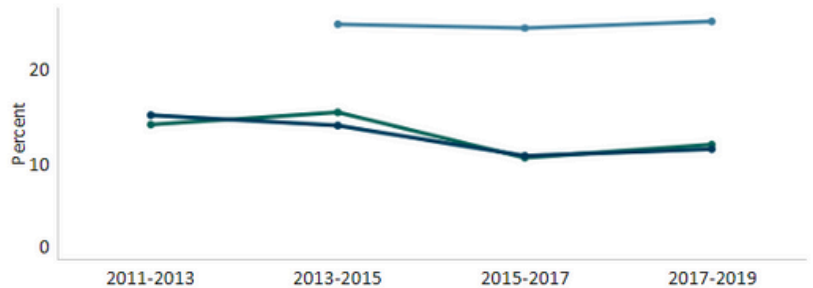
## Data Themes Specifics by Population Groups: Adolescent



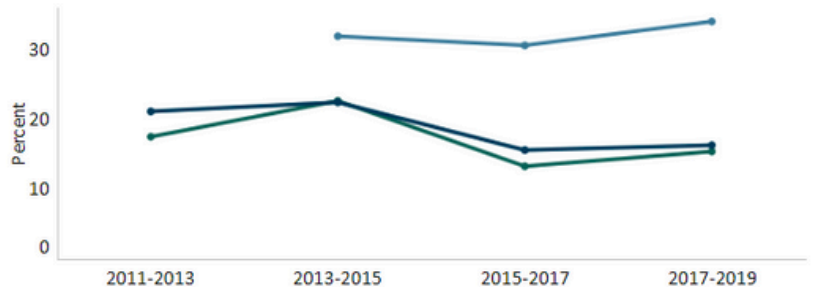
### Priority 1. Mental Health/ Social/ Emotional Health, continued.

- » California has lower adolescent suicide rates than national rates and our county's adolescent suicide rate is lower than the state's rate.
- » Statewide adolescent suicide rates are highest in the American Indian/Alaska Native populations and in males.

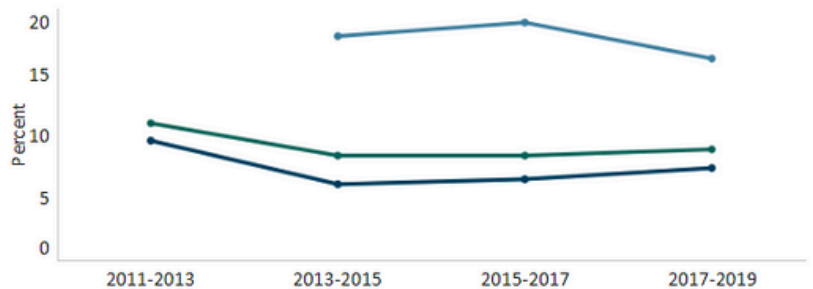
**Suicidal Ideation Among Adolescents by Grade Level, Santa Cruz County, 2017-2019**



**Suicidal Ideation Among Adolescent Females by Grade Level, Santa Cruz County, 2017-2019**



**Suicidal Ideation Among Adolescent Males by Grade Level, Santa Cruz County, 2017-2019**



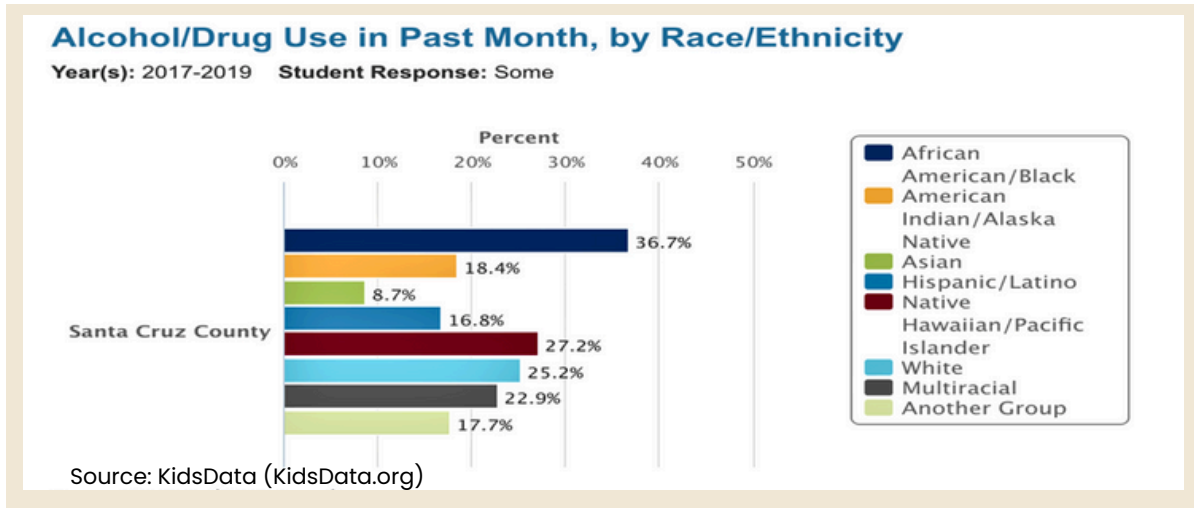
Source: CDPH MCAH Data Dashboard

## Data Themes Specifics by Population Groups: Adolescent



### Priority 2. Substance Use

» Local data on adolescent substance use is limited.



### Priority 3. School Safety/ Bullying and Social Media

» Bullying in school is highest in middle school, for females and for African American, Asian, and Native Hawaiian Pacific Islander Adolescents.

#### Bullying/Harassment, by Gender and Grade Level: 2017-2019

Grade Level	Female		Male	
	Some	None	Some	None
Grade 7	36.7%	63.3%	31.2%	68.8%
Grade 9	30.3%	69.7%	23.5%	76.5%
Grade 11	27.5%	72.5%	19.2%	80.8%
Non-Traditional	18.4%	81.6%	12.0%	88.0%

#### Bullying/Harassment, by Race/Ethnicity: 2017-2019

Race/Ethnicity	Some	None
African American/Black	44.1%	55.9%
American Indian/Alaska Native	29.3%	70.7%
Asian	51.9%	48.1%
Hispanic/Latino	24.3%	75.7%
Native Hawaiian/Pacific Islander	41.9%	58.1%
White	27.9%	72.1%
Multiracial	35.7%	64.3%
Another Group	20.5%	79.5%



The County of Santa Cruz Health Services Agency, Public Health Division, administers a number of programs serving children and families. These include:

- California Children's Services (CCS)
- The Childhood Lead Poisoning Prevention Program (CLPPP)
- The Health Care Program for Children in Foster Care (HCPCFC)
- Maternal Child Adolescent Health (MCAH)
- Nurse- Family Partnership (NFP)
- The Sudden Infant Death Syndrome (SIDS) Program
- Trauma Informed Public Health Field Nursing (TIA-PHN)
- For more information please visit:  
Santa Cruz County Public Health at [santacruzhealth.org/PublicHealth](https://santacruzhealth.org/PublicHealth)



# Definitions



For the purposes of this report, the following terms are defined as shown below:

TERM	MEANING
Adverse Childhood Experiences (ACEs)	Adverse Childhood Experiences is a term derived from a landmark study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente to describe adversity and toxic stress. For more information, please visit <a href="#">ACEs Aware</a> .
Anticipatory Guidance	Anticipatory Guidance refers to parental guidance that is age-based and aimed to promote a healthy lifestyle and prevent injury/illness. For more information, please visit <a href="#">Bright Futures Guidelines and Pocket Guide</a> .
Fentanyl	“Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S. ( <a href="#">Fentanyl Facts   Stop Overdose   CDC</a> ).”
Food Insecurity	“Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression ( <a href="#">Food Insecurity Rate</a> ).”



## Definitions, continued.

TERM	MEANING
Opioids	“Opioids are natural or synthetic chemicals that bind to receptors in your brain or body. Common opioids include heroin and prescription drugs such as oxycodone, hydrocodone, and fentanyl. Opioid abuse is a serious public health issue, but preventive actions, limiting the number of opioid prescriptions, and treatment for addiction to prevent future use can help ( <u>Opioid Overdose</u> ).”
Primary Care	“Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. The number of physicians is not keeping up with population growth, leading to an increasing shortage of primary care physicians. However, the number of non-physician clinicians has been increasing and is projected to continue to rise, partially making up for the shortfall of physicians ( <u>Primary Care Provider</u> ).”
Promotores/ Promotoras de Salud	“Promotores or Promotoras de Salud is a Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish speaking communities( <u>Promotores and Promotoras de Salud - MHP Salud</u> ).”
School-Connectedness	“Students who feel connected to their school feel safe, happy, and fairly treated. These youth are more likely to earn higher grades and test scores, have better attendance, and stay in school longer. A sense of belonging in their school environment is also associated with avoidance of risky behaviors, including early sexual activity, alcohol and drug abuse, and violence and gang involvement ( <u>School Connectedness</u> ).”

## Definitions, continued.

TERM	MEANING
Substance Use	“Refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects ( <u>Substance Use</u> ).”
Trauma-Informed Care	Trauma informed care acknowledges the impact of trauma on patients and seeks to understand, responding and support patients from a non-judgemental approach. For more information please see <u>Trauma-Informed Care   ACEs Aware</u> .



# Resources



**MCAH Title V Report utilized publicly available secondary data sources selected for their comprehensive, reliable, and standardized data, providing a robust foundation for identifying health trends and priority needs across various population groups. Each selected source contributed significantly to the prioritization process and is listed below:**

1. **ACEs Aware – Take action. Save lives:** This resource offers information and training on California's ACEs Aware Initiative. It provides data reports on implementation of ACE screening for Medi-Cal members throughout California counties.
2. **2023 National Healthcare Quality and Disparities Report | Agency for Healthcare Research and Quality:** This report comprehensively examines healthcare quality and disparities across various demographic groups in the United States. It focuses on the impact of COVID-19 on healthcare and includes over 250 measures across six priorities, providing insights crucial for improving healthcare outcomes nationwide.
3. **California Health Interview Survey Adult Health Profiles:** This resource offers detailed Health Profiles that highlight key health indicators such as insurance status, disease prevalence, and health behaviors among adults across different racial and ethnic groups. It provides valuable data for counties and regions to tailor health initiatives and address disparities effectively.
4. **California Healthy Kids Survey:** Designed for students in grades five through eleven, this survey collects anonymous data on school climate, health risks, behaviors, and resilience. It serves as a critical tool for schools and policymakers to understand and improve student well-being through data-driven decision-making.
5. **California Healthy Places Index:** Created by the Public Health Alliance of Southern California, this user-friendly platform maps social factors influencing health outcomes, such as education and job opportunities. It helps leaders and policymakers prioritize investments and programs to enhance community well-being and reduce health disparities.
6. **Census Bureau Data:** Provides comprehensive socio-economic data across the United States, offering insights into education, employment, health, and housing at various geographical levels, including states, counties, and zip codes.
7. **CDPH MCAH Dashboards:** The Maternal, Child, and Adolescent Health (MCAH) Division of the California Department of Public Health offers downloadable data dashboards. These dashboards categorize data by health domains related to maternal and child health, providing detailed information at the state, county, and regional levels to inform public health interventions and policies.
8. **County Health Rankings:** This resource provides communities with data and tools to assess factors influencing public health, emphasizing community engagement and policy decisions that impact overall well-being. It advocates for inclusive decision-making processes to address health disparities effectively.

## Resources, continued.

9. **DataShare Santa Cruz County**: Offers up-to-date data, dashboards, and reports on over 475 wellbeing indicators. This resource supports local leaders and community members in addressing social and economic inequities by providing actionable insights to inform policy and program development.
10. **Family Health Outcomes Project**: This initiative assists state and local health departments in utilizing data for effective planning and assessment in maternal and child health. It conducts research on factors affecting health outcomes and provides training and technical assistance to improve public health programs and policies.
11. **Health Equity | CDC**: The Centers for Disease Control and Prevention (CDC) integrates health equity into its programs to eliminate disparities in health outcomes. By mobilizing partners and enhancing diversity and equity skills among public health professionals, CDC aims to address social determinants of health and improve health equity across diverse populations.
12. **Healthy People 2030**: This initiative sets national health goals and provides evidence-based strategies to guide communities and organizations in improving health outcomes. It builds on decades of national objectives and uses data to monitor progress, offering resources and collaboration tools to inspire action in public health.
13. **Kids Data platform**: Managed by the Population Reference Bureau, this platform provides comprehensive local data on children's health metrics in California. It supports policymakers, leaders, and the public in making informed decisions to improve children's lives through evidence-based initiatives and interventions.
14. **Little Things Matter**: This organization educates the public about environmental risks, particularly the impact of toxic chemicals on human health and the environment. It advocates for policies that ensure every child has the right to a healthy environment, promoting awareness and action on environmental health issues.
15. **MCAH Title V Report**: Utilizes secondary data sources to analyze health trends and priority needs across various population groups. It provides a robust foundation for identifying disparities in healthcare access and quality, informing policies and programs aimed at improving maternal, child, and adolescent health outcomes.
16. **Santa Cruz County Health Services Agency, Public Health Division. Births, 2022**: This report details birth statistics for Santa Cruz County in 2022, highlighting trends such as overall birth rates, cesarean delivery rates, and disparities in prenatal care access across different demographic groups. It informs local healthcare planning and resource allocation strategies.
17. **Strong Start Index**: Assists California communities in using birth data to allocate resources effectively and ensure all babies have a healthy start in life. It supports efforts to improve maternal and infant health outcomes by providing communities with actionable insights from birth-related data.

# Acknowledgements



*With gratitude for the many community members and stakeholders who participated in this needs assessment.*

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## Suggested Citation:

Santa Cruz County Health Services Agency, Public Health Division. Maternal, Child, & Adolescent Health Report, Santa Cruz County, 2024. Santa Cruz County, CA. June 2024.