

The Status of Women & Girls in Santa Cruz County

2020 Health Care Update



Santa Cruz County Women's Commission

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LETTER TO THE BOARD OF SUPERVISORS



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November 19, 2020
Santa Cruz County Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060

Re: *Status of Women and Girls in Santa Cruz County Report: 2020 Health Care Update*

Dear Chair and Members of the Board:

In 2011, the Santa Cruz County Women's Commission published the first *Status of Women and Girls in Santa Cruz County Report (SOWAG)* assessing the status of Santa Cruz County women in six key areas: health care, criminal justice, violence against women, education, economic justice, and political participation. In September 2018, the Commission's SOWAG Subcommittee began working with interns and County Staff to update the health care segment of the SOWAG report. Today we are proud to present the *Status of Women and Girls in Santa Cruz County Report: 2020 Health Care Update*.

To prepare this report, the Commission drew from multiple national, State and local data sources including interviews with key stakeholders in the medical community, reports from 16 community partners, and articles and data from 40 additional sources. County Staff worked with Santa Clara University interns to collect and analyze data summarizing key health care issues for women and girls in Santa Cruz County.

Development of this report was hampered by a lack of health care data disaggregated by gender. In the absence of such data, it became impossible in many cases to determine if disparities existed between utilization and health care outcomes for women versus those experienced by men. It was even more difficult to find data disaggregated both by gender and ethnicity. Because of the socioeconomic disparities experienced by the Latinx community, it was critical that the report reflect attendant health care disparities in utilization and outcomes for Latinx women versus those for women of other ethnicities. Unfortunately, this data was rarely available.

The ongoing Coronavirus pandemic also delayed completion of the report and altered the health care landscape enough to potentially make portions of the report irrelevant for all intents and purposes.

Nonetheless, we encourage you to consider this high-level review of the status of health care for women and girls in Santa Cruz County which now contains additional new elements, including a summary of key findings and a summary of your Board's activities and efforts in response to our 2011 SOWAG recommendations.

On behalf of the *Santa Cruz County Women's Commission*, we thank you for your continued commitment to advancing the interests of women and girls in Santa Cruz County.

Respectfully,

Jillian Ritter
Commission Co-Chair

Theresa M. Cariño
Commission Co-Chair

KEY FINDINGS

Health Care Data

- It has become increasingly difficult to find data disaggregated by gender, either in County reporting or reporting from our community partners. It is unclear why gender-related data is no longer being collected routinely, but the lack of such data makes identifying disparities in utilization or health outcomes for women difficult, if not impossible.

Reproductive Health Care

- The combined impact of a Dignity Health/Catholic Initiatives merger, the current administration's policy changes related to reproductive health care, and Planned Parenthood's subsequent withdrawal from the Title X Family Planning Program will limit the availability of affordable, accessible reproductive health care in Santa Cruz County during the coming years.

Mortality and Morbidity

- Santa Cruz County mortality rates continue to decrease, and are currently lower than state rates for diabetes, coronary heart disease, chronic obstructive pulmonary disease, and lung cancer. However, Santa Cruz women continue to have higher rates for diabetes and asthma than do their male counterparts.
- Santa Cruz County women are far less likely to need emergency care for alcohol or substance use, and far less likely to die from opioid overdose than their male counterparts.
- County rates for death by suicide continue to be consistently higher than State and national rates.
- County rates for drug-induced fatalities, accidents and Alzheimer's disease are higher than State and national rates.
- County's opioid prescription rate is decreasing slowly but remains higher than the State rate. In 2017, Santa Cruz ranked 20th among 58 California counties for our high opioid overdose death rate. Although we know Santa Cruz County women are less likely than Santa Cruz County men to die from opioid overdose, State rates are not disaggregated by gender, so we do not know how they compare to State rates for women.

Child Health

- 16.4% of Santa Cruz County children live below the poverty level and 14% experience food insecurity.
- The 2020 child food insecurity rate is projected to increase to 23.4% in the wake of the COVID-19 pandemic.
- While the ACA has addressed access to health care for children, access barriers for children's vision and dental care persist.

Latinx Women and Girls

- Disproportionately high poverty rates and cultural barriers to health care are undoubtedly contributing to reproductive health concerns (higher teen pregnancy, infant mortality and prenatal and post-partum depression rates; lower prenatal care and breastfeeding rates) for Latinx women in Santa Cruz County.
- COVID-19 is having a disproportionate impact on the Latinx community. In addition to access to resources and financial support, coordinated, clear, concise, and culturally appropriate community outreach is needed.

Women Experiencing Homelessness

- The percentage of individuals experiencing homelessness who identify as female continues to increase.
- A lack of affordable housing continues to have a significant impact on women in vulnerable populations (senior women, women with disabilities, Latinx women, etc.), contributing to their homelessness, which can contribute to significant health care issues. This is particularly true for single-income households headed by women.

Senior Women

- Senior women in Santa Cruz County are more likely to live below the poverty level than are their male counterparts. They also tend to have more chronic conditions, memory loss, dementia and daily limitations than their male counterparts.
- The availability of accessible, affordable transportation continues to be an essential health care concern for transportation-dependent senior women who are less likely to access timely preventive health care and treatment without it.
- The pandemic has greatly exacerbated already-existing food insecurity and social isolation concerns for senior women in Santa Cruz County. Many senior programs rely upon senior volunteers, so the pandemic has simultaneously expanded the need while reducing the support available to meet it.

LGBTQ+

- While national studies indicate that LGBTQ+ patients face increased health care risks, failure to collect County health care data relative to sexual orientation and gender identity has made it impossible to identify and address any health care disparities existing for the Santa Cruz LGBTQ+ community.

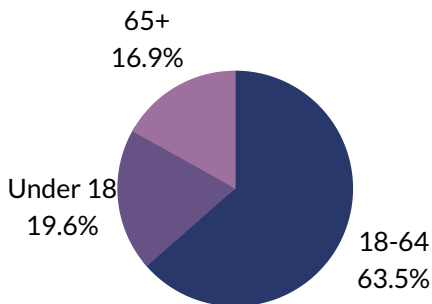
2020 HEALTH CARE RECOMMENDATIONS

1. Support legislation, programs and policy to **improve gender and gender identity-responsive data collection, awareness, perceptions and definitions** in health care services, utilization rates and outcomes.
2. Support legislation, policy and programs to **ensure continued access to affordable reproductive health care services** in Santa Cruz County, particularly for low-income populations.
3. Support legislation, policy and programs to **address Santa Cruz County's disproportionately high opioid misuse and death rates.**
4. Support legislation, policy and programs to **address Santa Cruz County's disproportionately high suicide rates.**
5. Support legislation, policy and programs for the **prevention of diabetes, asthma and obesity** in Santa Cruz County, particularly in high risk, low-income populations.
6. Support legislation and programs to **improve access to vision and dental care for Santa Cruz County children.**
7. Support legislation, policy and programs that **address the reproductive health care concerns that disproportionately impact Latinx women** and their children.
8. Support legislation, policy and programs that **address poverty and food insecurity in the Latinx community**, particularly for undocumented women and single-income families headed by women.
9. Support legislation, policy and programs that **address the disproportionate impact of COVID-19 pandemic on the Latinx community.**
10. Support legislation, policy and programs that **address the lack of affordable housing and other factors that contribute to the growing numbers of women experiencing homelessness** in Santa Cruz County.
11. Support legislation, policy and programs that **address poverty, food insecurity, lack of affordable transportation and social isolation for senior women** in Santa Cruz County.
12. Support legislation, policy and programs that consider health care through the lens of sexual orientation and gender identity and **address health care issues disproportionately impacting the LGBTQ+ community. Consider establishing an LGBTQ+ Commission.**

COUNTY DEMOGRAPHICS & ECONOMIC CLIMATE

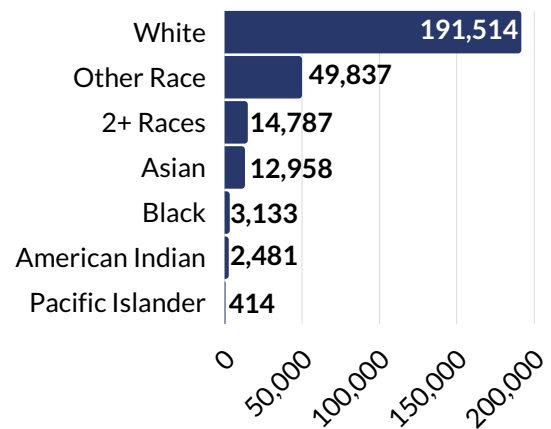
There are approximately 275,124 people residing in Santa Cruz County. The number of males and females is roughly equal and the median age is 38.1 years.³³

Population by Age Group³³

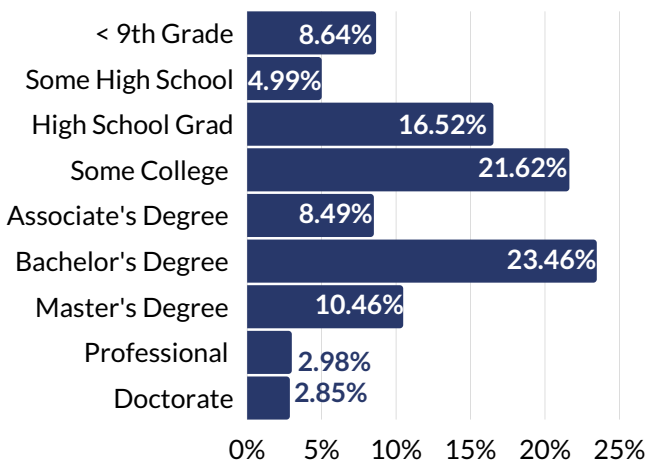


Racially, the population is predominantly White. Ethnically, 35% of residents identify as Latinx.³³

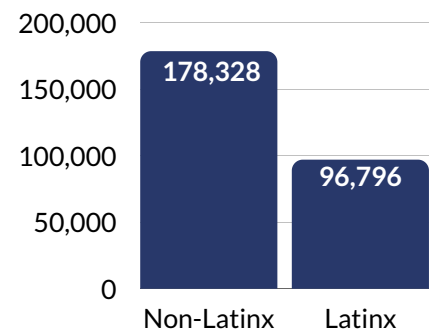
Population by Race³³



**Educational Attainment
Individuals 25+ Years**³³



Population by Ethnicity³³



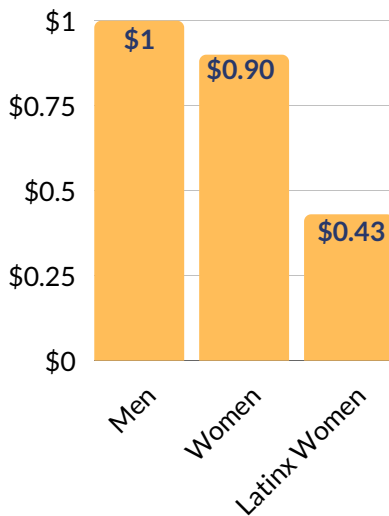
COUNTY DEMOGRAPHICS & ECONOMIC CLIMATE

4,538

Families live below the poverty level

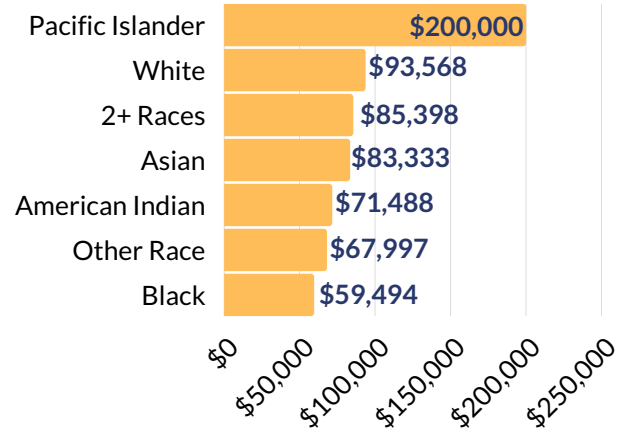
Santa Cruz County has a high cost of living with an average home value of \$964,856. Over 4,500 families live below the poverty level - 7.5% of the 60,563 families living in Santa Cruz County.³³

Gender Wage Gap in California³⁸

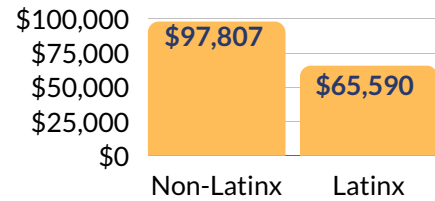


California's gender wage gap is not expected to close until the year 2043.⁶⁹
That's 23 years from now.

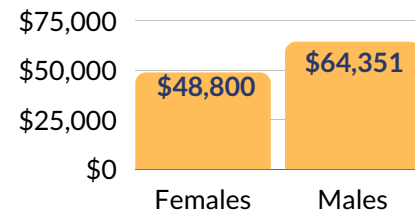
Median Income by Race³³



Median Income by Ethnicity³³



Median Income of Single Parents & Non-Family Households by Gender*⁷⁶



*non-binary data not available

CHANGES IN THE HEALTH CARE LANDSCAPE

The Health Care section of the previous *Status of Women and Girls Report* was published in 2011. Since that time, there have been many changes to the health care landscape including implementation of the Affordable Care Act (ACA), new regulations under the Trump Administration, and Dignity Health's merger with Catholic Initiatives. Each of these changes has had a significant impact on the availability and accessibility of health care (particularly reproductive health care) for women in Santa Cruz County.

THE AFFORDABLE CARE ACT

Since the Affordable Care Act (ACA) went into full effect in January 2014, all Californians have had the option to enroll in Medi-Cal or subsidized health insurance plans through the State's insurance marketplace, Covered California. Young adults, who are the most likely to be uninsured, can now remain on their parents' insurance plans through the age of 25. In January 2020, Medi-Cal coverage was expanded to include low-income residents through the age of 25, regardless of immigration status. However, undocumented immigrants over the age of 25, are still prohibited from obtaining insurance in nearly all state marketplaces.⁴⁶

The ACA applied new standards to marketplace and grandfathered plans to prohibit discriminatory practices, such as charging women higher premiums than men for the same level of coverage or denying coverage because of preexisting conditions including pregnancy. In addition, non-grandfathered plans must now cover "essential health benefits" (EHB) which fall under 10 different categories: ambulatory services; emergency services; hospitalization; maternity and newborn care; mental health; prescriptions; rehabilitative services; laboratory services; preventative services; and pediatric services, including oral and vision care. All marketplace plans and most private plans are also prohibited from charging copayment or coinsurance for covered preventative services. These services include breast and cervical cancer screenings, well-woman visits, prescribed contraceptives, breastfeeding supplies and sexually transmitted infection (STI) services.⁴⁷

The ACA allows states to expand Medicaid coverage to all individuals with household income below a certain level. In states that adopted the ACA's Medicaid expansion, like California, many women still qualify for Medicaid after becoming mothers because of the higher eligibility threshold for parents. Without the higher eligibility threshold, these mothers could lose their Medicaid coverage 60 days after giving birth. Although the ACA has increased access to affordable health care for Californians, private health insurance remains too expensive for many women. High deductibles and monthly premiums, even in employer-sponsored plans, continue to be significant obstacles to obtaining coverage.⁴⁷

CHANGES IN THE HEALTH CARE LANDSCAPE

FAMILY PACT

In 2011, the Family Planning, Access, Care and Treatment (Family PACT) program was incorporated into Medi-Cal to provide ACA-compliant family planning services to low-income communities. Because Family Pact providers are often the only point of care for uninsured residents, they have a rare opportunity to help eligible patients enroll in comprehensive health care coverage. However, in order to do this, they must be compensated for the time required to inform their patients about eligibility criteria, enrollment periods, and other necessary information. Lack of compensation results in providers lacking the additional time needed and this critical opportunity to enroll uninsured patients is often missed.¹¹

THE CURRENT ADMINISTRATION'S POLICIES

The Trump administration has had a significant impact on access women's reproductive health care across the nation.

On October 24, 2018, the Trump administration released new guidance³⁵ allowing states to request a change in how federal subsidies are applied to their state's marketplace, such as siphoning off subsidies to fund short-term plans. These alternative "short-term" health plans cost less than ACA-compliant plans but deny coverage to individuals with pre-existing conditions and exclude EHB benefits such as prescription drugs, mental health care, some preventative services, and maternity care, thereby resulting in higher out-of-pocket costs for enrollees.⁵⁰

Although abortion services are not considered "essential health benefits" (EHB), states can choose to cover them under State law.⁵⁰ However, payments for EHB and abortion services must be separated. In California, all Marketplace and private plans are currently required to cover abortion services.

On January 14, 2019, new regulations went into effect exempting any private employer with a religious or moral objection to contraception from having to meet the ACA's contraception requirements. Female employees of exempt employers, as well as their female dependents, were no longer entitled to contraceptive coverage.⁵¹

CHANGES IN THE HEALTH CARE LANDSCAPE

One month later, on February 22, 2019, the U.S. Department of Health and Human Services under the Trump Administration issued a gag rule prohibiting Title X grantees from providing or referring patients for safe and legal abortion services except in cases of rape, incest or medical emergency. Other forms of reproductive care, such as birth control, STD testing, and breast and cervical cancer screenings, were also impacted by this change. Planned Parenthood subsequently withdrew from the Title X Family Planning Program in August 2019, and, on February 24, 2020, the 9th Circuit Court of Appeals upheld the gag rule. In the wake of this decision, we expect the limited availability of these services, (particularly at a free or low-cost), to disproportionately impact rural communities and people of color.⁴⁸

...we expect the limited availability of [Title X Family Planning] services to disproportionately impact rural communities and people of color.

DIGNITY HEALTH MERGER WITH CATHOLIC INITIATIVES

On the local health care landscape, women's reproductive health suffered another potentially debilitating blow. On February 1, 2019, Dignity Health and Catholic Health Initiatives (CHI) completed their merger resulting in the creation of CommonSpirit Health, a non-profit Catholic health system.

Dominican Hospital, as a member of Dignity Health's network, has been a major provider of reproductive services and prenatal care for underserved communities. They boast the only Level 3 Neonatal Intensive Care Unit in the County, and have helped to reduce stillborn deliveries, miscarriages and fetal abnormalities.

With the merger, Dominican Hospital became subject to CommonSpirit's "Ethical and Religious Directives" which prohibit abortion, contraception and sterilization unless a medical need or health threat is determined. Many CHI facilities nationwide have already restricted these reproductive services, as well as gender-affirming services.⁵³

To monitor and mitigate potential impacts, the California Attorney General's office has required that CommonSpirit uphold current levels of reproductive health for the first five years. During the subsequent five years, CommonSpirit must notify the Attorney General's office of any plans to reduce services.⁵³ The Women's Commission is committed to protecting the availability of reproductive health care services for women in Santa Cruz County and continues to monitor the situation closely.

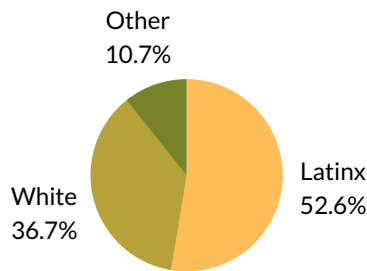
SPECIFIC HEALTH CARE ISSUES

REPRODUCTIVE HEALTH

Teen Births

- 4%** Teen births are at an all-time low, falling to just 4% of all Santa Cruz County births in 2018.⁶⁷
- 90%** Although the overall rate of teen births is declining, the rate of Latinx teen births is on the rise. Latinx mothers accounted for 90% of Santa Cruz County teen births in 2018 (up 6% from 2017).⁶⁷
- 81%** Teen mothers from South County accounted for 81% of teen births, with 67% taking place in zip codes 95076 and 95077.⁶⁷

Mother's Ethnicity (All Births in 2018)⁶⁷

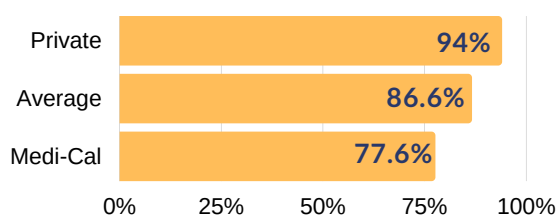


87% of Medi-Cal funded deliveries in Santa Cruz County were at Watsonville Community Hospital which speaks to the poverty disproportionately experienced in South County.⁶⁷

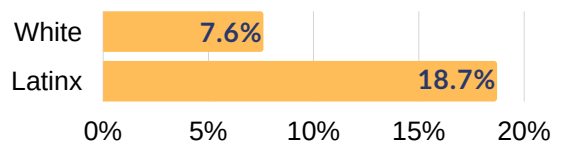
Prenatal Care

Prenatal care utilization rates reflect disparities associated with income, ethnicity and age of the mother. Women with private insurance were more likely to receive prenatal care during the first trimester than their counterparts with Medi-Cal and White women were more likely to receive prenatal care than their Latinx counterparts. Only 70% of younger mothers received first trimester care, with 16.3% receiving less than 10 prenatal care visits.⁵⁷

Prenatal Care in the 1st Trimester⁵⁷

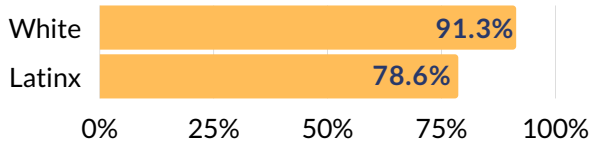


Received Less than Adequate Prenatal Care⁵⁷

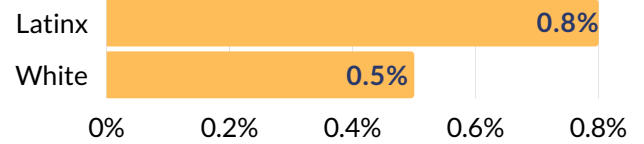


SPECIFIC HEALTH CARE ISSUES

Mothers Who Continue to Breastfeed by Ethnicity¹⁸



Infant Mortality Rate (2018)⁷

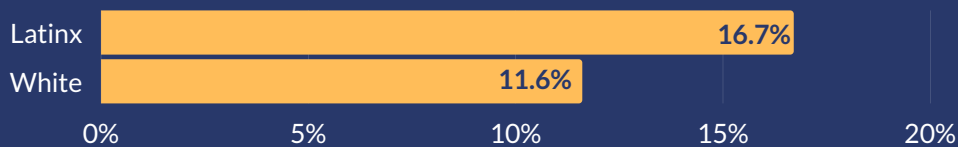


Prenatal & Postpartum Depression

According to data collected between 2013 and 2015, Santa Cruz County Latinx women were more likely to experience both prenatal and postnatal depression than their counterparts of other ethnicities. This tracks with State data as reported in the 2015 California Maternal and Infant Health assessment Survey (MIHA). Spanish-speaking mothers and mothers with Medi-Cal were both more likely to exhibit depressive symptoms.⁵⁷

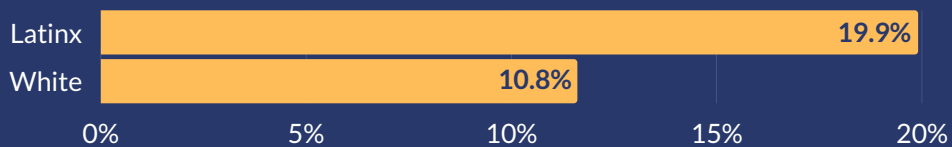
15.8% Of Santa Cruz County mothers who gave birth between 2013 and 2015, 15.8% experienced prenatal depression; slightly higher than the State rate of 14.9%.⁵⁷

Mothers Who Experienced Prenatal Depression by Ethnicity⁵⁷



14.4% Of Santa Cruz County mothers who gave birth between 2013 and 2015, 14.4% experienced postpartum depression; higher than the State rate of 12.8%.⁵⁷

Mothers Who Experienced Postpartum Depression by Ethnicity⁵⁷



SPECIFIC HEALTH CARE ISSUES

MENTAL HEALTH FOR WOMEN & GIRLS

County death by suicide rates have been consistently higher than State and national rates for many years.

The number of women in Santa Cruz County who report a need for support in addressing mental, emotional and substance-related health issues (26.9%) is significantly higher than those self-reporting a similar need statewide (15.8%).⁶¹ However, the statewide rate is not available disaggregated by gender and, as this indicator is self-reported, it is unclear whether an actual disparity exists. Santa Cruz County culture may promote either greater awareness of or transparency with mental health issues, which could account for the apparent disparity.

The 2015 Santa Cruz County Health Report data indicates that women are more likely to attempt suicide, however, men are four times more likely to complete suicide. Additionally, Whites were three times more likely to complete suicide than their non-White counterparts. From 2011 to 2013, the County rate of death by suicide was 13.7 per 100,000 residents, higher than state and national rates of 10.2 and 12.6 per 100,000 residents, respectively. County rates have been consistently higher than state and national for many years.⁶¹

MORBIDITY & MORTALITY

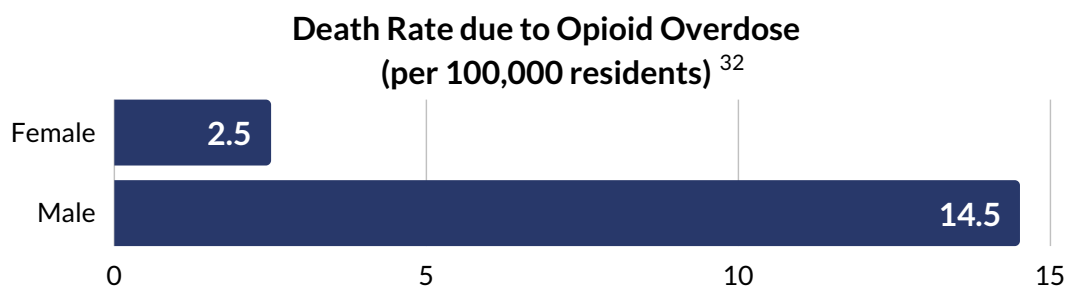
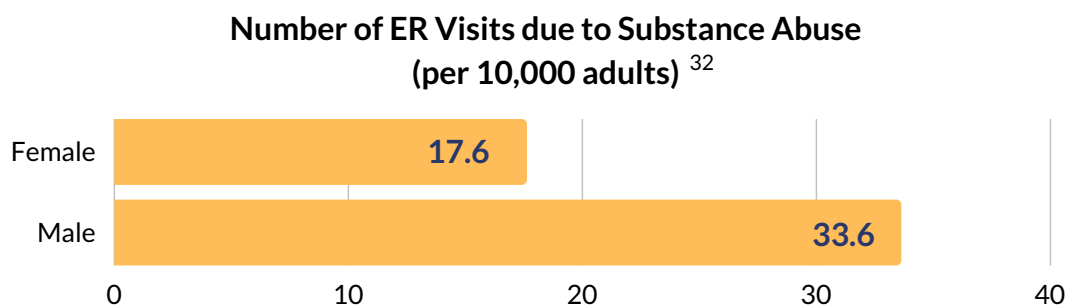
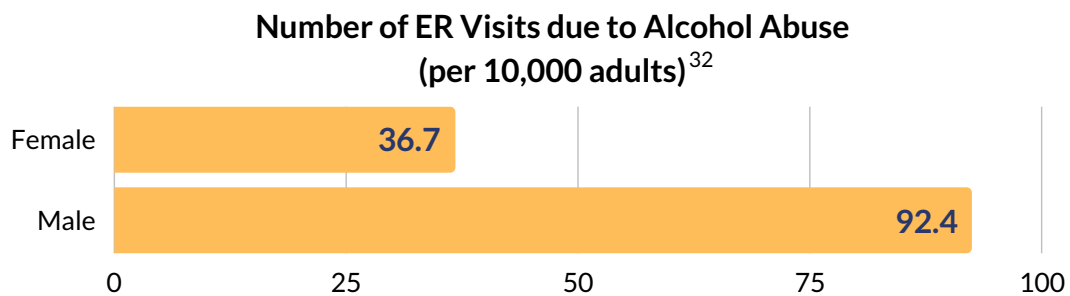
According *DataShare Santa Cruz County* (datasharescc.org) the average life expectancy of Santa Cruz County residents is 82.8 years, compared to the state's 81.6 years.³² From 2013 to 2015, there was an average of 593 deaths per 100,000 population – lower than the State rate of 616.2 deaths.⁷ Although it is well-known that there is a significant disparity between life expectancy for males and life expectancy for females, Santa Cruz County mortality data has not been disaggregated by gender. Therefore, it is impossible to identify or confirm any disparity between life expectancy for women in Santa Cruz County versus life expectancy for women in the California or in the United States overall.

Santa Cruz County mortality rates continue to decrease, and are currently lower than State rates for diabetes, coronary heart disease, chronic obstructive pulmonary disease, and lung cancer, possibly because of the County's low smoking (10.5%)³² and obesity rates. However, Santa Cruz County women experienced higher rates of diabetes (9.3%)³² and asthma (23.4%)³² than Santa Cruz County men (5.3%,³² 14.6%³²) and were more likely to smoke cigarettes.³² Additionally, County rates for drug-induced fatalities, suicides, accidents and Alzheimer's disease were higher than State and national rates.⁶⁵ Much of this data was not available disaggregated by gender, making it difficult to identify potential disparities in how these health conditions impacted women as compared to men.

SPECIFIC HEALTH CARE ISSUES

In 2016, there was an average of 138 breast cancer cases among 100,000 females in Santa Cruz County. Breast cancer was most prevalent for White women with approximately 153 cases; Asians and Pacific Islanders had 92 cases and the Latinx population had 93 cases.³²

Although Santa Cruz County's opioid prescription rate is decreasing slowly, it remains higher than the State rate as of 2017 when we ranked 20th among 58 California counties for our high opioid overdose death rate according to the *Health Improvement Partnership of Santa Cruz County's Opioid Safety Data Report*.⁴¹ Santa Cruz County women are far less likely to need emergency care for alcohol or substance use and far less likely to die from opioid overdose than their male counterparts. However, because State data was unavailable disaggregated by gender, we are unable to compare our rates to those of California women overall. A community coalition of social service, government and health care organizations (*SafeRx Santa Cruz County*) has been established to align and accelerate existing efforts around safety, awareness and best practices for prescription medication.



SPECIFIC HEALTH CARE ISSUES

CHILD HEALTH

Because women are statistically more likely to be primary caregivers for their children and manage their children's health care, the status of child health is a significant health care concern for women in Santa Cruz County. According to the December 17, 2019 Good Times article, "*Hungry in Santa Cruz County*," 27% of Santa Cruz County children live below the poverty level.⁴⁰ Additionally, 14% of Santa Cruz County children currently experience food insecurity and the 2020 child food insecurity rate is projected to increase to 23.4% in the wake of the COVID-19 pandemic.³² Recent cuts to State food stamps programs will only compound the problem. Studies indicate that food insecurity can lead to an increase in infant mortality, more frequent and severe chronic disease, poor nutrition and growth, less access to quality health care, lower immunization rates, and an increase in childhood obesity. It is significant that the rate of Latinx children at a healthy weight is lower than other ethnicities.

27% of Santa Cruz County children live below the poverty level.⁴⁰

14% of Santa Cruz County children experience food insecurity.³²

23.4% of Santa Cruz County children are projected to experience food insecurity in the wake of the pandemic.³²

Rates of participation in programs that address food insecurity have been varied. According to the 2017 *Community Assessment Project*, CalFresh participation has increased, serving an average of 26,426 people per month. The percentage of students receiving free or reduced-price school meals has decreased slightly to 42.9%;⁷ CalWORKs and WIC participation has also decreased. According to *Feeding America* (www.feedingamerica.org) the coronavirus is likely to reverse any improvements that have occurred over the past decade as millions of people are newly at-risk for food insecurity.

In 2014, 91% of children enrolled in Medi-Cal had access to a primary care practitioner and 77% had well-child check-ups. 90.9% of kindergartners received all required immunizations in Santa Cruz County, as compared to 94.8% statewide.³² The percentage of kindergarten entrants claiming Personal Belief Exemptions has decreased from 8.6% to 1.2% in 2017,⁷ ostensibly because of California State Senate Bill 277 (signed on June 30, 2015) denying all exemptions to school vaccine requirements unless medically necessary.

According to the California Department of Public Health's 2018 *Vaccine Preventable Disease Summary*, Santa Cruz County reported 1 case of Meningococcal Disease, 2 cases of Mumps and, and 169 cases of Pertussis for 2018. In 2019, there were 73 confirmed cases of measles in California, including 41 cases associated with six outbreaks. To date, County data on the measles outbreak has not been made available.¹⁷

SPECIFIC HEALTH CARE ISSUES

Because the ACA has extended coverage to all children, 100% of Santa Cruz County children now have health insurance. Although access to health care for children is no longer a critical issue, access barriers for children's vision and dental care persist in Santa Cruz County. In 2016, only 40% of California's children aged 0-5 were screened for vision problems. No local data was available by which to make a comparison. Although dental care is included in Medi-Cal plans for children, only 42.8% of Santa Cruz County children with Denti-Cal ages 0-3 and 67.3% ages 4-5 have received dental check-ups. As a result, 25% of Santa Cruz County children went untreated for dental decay in 2015-2016.³⁷

25% of Santa Cruz County children went untreated for dental decay in 2015-2016.³⁷

According to the *First Five Santa Cruz County Annual Evaluation Report FY 2017-2018*, only 25% of income-eligible children (ages 0 to 2 years) were enrolled in subsidized childcare, reflecting a slight decrease since the last report. Enrollment for income-eligible children (ages 3 to 4) had decreased from 47% to just 30% over the last five years.³⁷

Despite decreased enrollment, programs like First 5 continue to encourage development in young children by providing early learning and family support. In Santa Cruz County, 72% of all parents participating in First 5 identified as Latinx and 74.6% of all participating parents were women.³⁷

LATINX WOMEN & GIRLS

Poverty is one of the most significant factors in health care outcomes for Latinx women living in Santa Cruz County. Other factors include language and/or cultural barriers, lack of access to preventive care, and lack of health insurance. Some of the reasons why Latinx women may not receive adequate health care, (including preventive care), include cost of treatment, cost of copay or premium, and lack of insurance coverage for specific services or procedures. All of these factors contribute to the reproductive and child health disparities identified earlier in this report. Additionally, these factors certainly contributed to the impact the Coronavirus

While Latinos make up only 35.18% of Santa Cruz County's population,³³ to date they account for 61.33% of known COVID-19 cases in the County.⁶⁴

pandemic has had on the Latinx community. While Latinos make up only 35.18% of Santa Cruz County's population,³³ to date they account for 61.33% of known COVID-19 cases in Santa Cruz County.⁶⁴

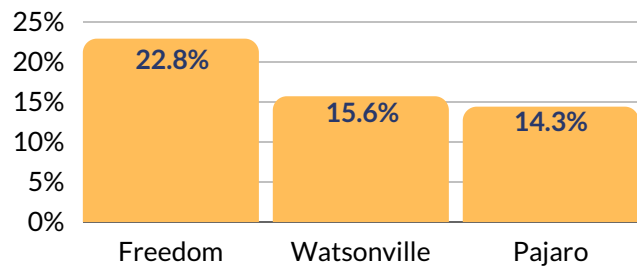
SPECIAL POPULATIONS

Community education efforts are underway to help address some of the potential language and cultural barriers that may contribute to this disparity. However, the socioeconomic factors that may impact Latinx employees, employers, and families during the pandemic have not been sufficiently addressed as of yet. Simply put, people who are without financial reserves may be less likely to take precautions or make decisions that they fear would risk their employment, business, housing, immigration status or financial stability.

It is extremely important that all County resources and information related to the pandemic be made available in Spanish to eliminate potential language barriers.

The highest concentration of Latinx residents reside in the South County areas of Watsonville, Pajaro, and Freedom.

% of Residents Living Below Poverty Level by South County City ³²



WOMEN & GIRLS EXPERIENCING HOMELESSNESS

According to the 2019 Point-in-Time (PIT) count, there were 2,167 individuals experiencing homelessness in Santa Cruz County on January 31, 2019. Twenty-nine percent (628 total) of those individuals identified as female, many of whom were single parents with children under the age of six.⁴ The percentage of individuals experiencing homelessness who identify as female continues to increase, up 3% from the 2015 PIT count.⁸ Almost three quarters (74%) of surveyed respondents experiencing homelessness reported that they were living in Santa Cruz County at the time they most recently lost their housing. This reflects a 6% increase from the 68% reported in the 2017 PIT count.⁴ Although poverty is a major contributor to homelessness everywhere, the lack of affordable housing in Santa Cruz County compounds the issue for single-income families, particularly those headed by women.

Because they lack stable housing and access to regular health care, unsheltered women and their children are more susceptible to preventable illnesses, require longer hospitalization and are more likely to have emotional and behavioral problems.

The percentage of individuals experiencing homelessness who identify as female continues to increase.⁸

SPECIAL POPULATIONS

The average life expectancy of an unsheltered individual is 25 years less than that of a sheltered individual. Barriers to accessing health care services may include insurance eligibility issues, lack of documentation, confusion about services available, and, in some cases, a lack of interest.⁴ Women and children who experience chronic homelessness are more likely to experience food insecurity and malnutrition, physical disability, substance use disorder, and mental and emotional issues including post-traumatic stress disorder. All of these factors contribute to poor health care outcomes.

The average life expectancy of an unsheltered individual is 25 years less than that of a sheltered individual.

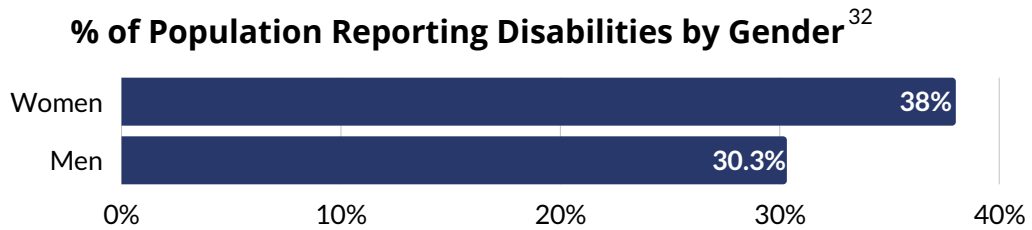
In 2020, the COVID-19 pandemic has compounded the vulnerability of unsheltered women and their children in Santa Cruz County. Unable to “shelter in place” and without adequate protective personal equipment, (e.g. hand sanitizer, face masks, gloves, etc.), unsheltered women and their children are more likely to be exposed to and contract the virus. However, County response to the crisis has been laudable. A County *Shelter & Care Task Force* was established immediately to coordinate provision of homeless services during the pandemic. Task Force efforts are focused on minimizing the spread of the disease by isolating sick and vulnerable individuals and supplementing existing services that may be impacted by the outbreak. To date, the County is working with three local hotels to provide private rooms in which to isolate unsheltered people who are confirmed or presumed COVID-19-positive. Additionally, expanded congregate shelter sites have been opened to enable unsheltered people to shelter-in-place. Homeless outreach and service sites have been modified to allow for social distancing and other health and safety practices during the pandemic. They provide information, hygiene products, water and camping supplies, as well as limited health and other services. Although the crisis is ongoing, County response to the issue has been swift and comprehensive.

58% of Santa Cruz County individuals experiencing homelessness self-reported having a disability.

WOMEN & GIRLS WITH DISABILITIES

In 2017, 38% of adult females in Santa Cruz County reported having a disability, as compared to 30.3% of males. Of those females, 28.1% were 65 and over.³² Additionally, the 2019 PIT count reported that 58% of Santa Cruz County individuals experiencing chronic homelessness self-reported as having a disability.⁴ While this data was not available disaggregated by gender, it is significant enough to mention. No further data was available for County women with disabilities.

SPECIAL POPULATIONS



National studies indicate that women with disabilities are more likely than women without disabilities to report poor overall health, less access to adequate health care, and increased incidence of both smoking and physical inactivity. They may have difficulty finding affordable, accessible transportation or may not be able to afford the cost of copays, premiums, or treatment.⁴⁵

Women with disabilities are at greater risk for secondary conditions such as bowel or bladder problems; fatigue; injury; mental health issues including depression; overweight and obesity; pain; pressure sores; ulcers and infection.²³ They may also be at a greater risk for homelessness, poverty and social isolation. The 28.1% of women who are 65 and older and report disabilities in Santa Cruz County face the additional challenges senior women may face.

Women with disabilities who are Medicaid beneficiaries are eligible for Home and Community Based Services including paid caregiving, personal care assistance, skilled in-home nursing care and case management. Currently, 58% of In-Home Support Services (IHSS) recipients are women, which is slightly lower than both the statewide average of 59.4% and the medium-sized California county average of 59%.²⁵

Women with disabilities are more likely to be immunocompromised than their counterparts without disabilities and may be particularly vulnerable during the COVID-19 pandemic. Extra health and safety precautions should be employed to protect them from exposure to the virus, and they may require additional time to continue isolating after the general population has been allowed to resume less restrictive activities. Employers of women with disabilities are encouraged to implement policies and work with their employees on a case-by-case basis to ensure that adequate measures are in place to protect them.

SENIOR WOMEN

Because women, especially women of color, are statistically likely to have less wealth, they are more likely to experience poverty as they age. In Santa Cruz County, 8.2% of women who are 65 years and older live below the poverty level, as compared to 7.0% of men who are 65 years and older.³²

SPECIAL POPULATIONS

Women, who tend to live longer, also tend to have more chronic health conditions, memory loss, dementia and daily limitations than men. Medicaid benefits are essential for senior women to ensure that they are able to access hospital care, physician services, prescription drugs, and Home and Community Based Services including paid caregiving, personal care assistance, skilled in-home nursing care and case management.⁴⁵

Some of the health and well-being challenges that senior women face include paying for health care services (including dental and vision services) and prescription drugs; understanding Medicaid and Medi-Cal coverage; and experiencing food insecurity. Additionally, senior women who depend upon caregivers or family members may experience physical, emotional or financial elder abuse.⁹

Many seniors are transportation-dependent and struggle to find affordable, accessible transportation to doctor's appointments. According to the Area Agency on Aging and the Seniors Council, investing in a senior transportation program will ultimately reduce medical costs for seniors by eliminating one of the barriers to receiving appropriate and timely preventive health care and treatment.⁹

According to the Senior Needs Assessment Survey Summary Report, a projected increase in senior food insecurity will result in more seniors becoming susceptible to depression, heart attacks, asthma and congestive heart failure.⁹ One of Santa Cruz County's key community partners providing healthy meals to food insecure seniors is Community Bridges' Meals on Wheels program. In 2018, the program served meals to 1620 food-insecure seniors.³⁰ However, in 2019

A projected increase in senior food insecurity will result in more seniors becoming susceptible to depression, heart attacks, asthma and congestive heart failure.⁹

Community Bridges was advised that their kitchen space will no longer be available as of January 2021, thereby placing this essential program in jeopardy. Continued County funding and support for this and other programs that address food insecurity for seniors will be essential to the health and well-being of Santa Cruz County senior women.

Another essential component of ensuring the health and well-being of Santa Cruz County senior women are senior centers. In addition to providing a space for seniors to access programs that offer health care case management, health insurance counseling, money management, healthy meals and housing assistance, they also function as a place for seniors to meet and help to decrease senior isolation and depression. With the advent of COVID-19, senior centers have had to discontinue congregate on-site services indefinitely.

Social isolation and depression continue to be major health care concerns for senior women, who are statistically more likely to outlive their partners.⁴⁵ While we know the suicide rate for

SPECIAL POPULATIONS

seniors is higher than it is for younger age groups,⁹ unfortunately there is no gender-disaggregated data available to identify whether this statistic disproportionately impacts senior women.

Finally, seniors are statistically more likely to be immunocompromised, which could place them at greater risk for contracting the Corona virus or, having done so, suffering more serious health care outcomes than their younger counterparts. However, we have not yet seen an increased incidence of seniors in Santa Cruz County contracting the virus. In fact, at the time of this report, seniors account for only 151 of the 1726 confirmed cases, representing about 9% of confirmed cases in Santa Cruz County (the lowest of all age groups)⁶⁴ and senior women account for only 73 of those cases; the lowest rate of any age group by gender (.2%). Statewide, seniors 65 and older represent 11.2% of confirmed cases.¹⁶ Of the approximately 46,500 seniors living in Santa Cruz County,³³ only .2% have been confirmed positive for COVID-19. This may be attributed to County seniors adhering to recommended prevention precautions more vigilantly than other age groups. We currently have no data comparing rates for seniors living independently to seniors living in congregate living situations.

LGBTQ+ WOMEN & GIRLS

There is a limited amount of information available about health care risks to LGBTQ+ women specifically because most studies do not address sexual orientation or gender identity. For example, the 2017 Santa Cruz County Health Service Agency Community Health Assessment described community health risks by age, income, race, ethnicity, language and education level, but contained no reference at all to either sexual orientation or gender identity/expression. The 2020 County Health Status Profiles also includes no mention of the LGBTQ+ community. Most State and national surveys also do not ask sexual orientation or gender identity questions, making it difficult to identify health care risks, needs, disparities and barriers for women in the LGBTQ+ community.

What research is available suggests that LGBTQ+ individuals face a myriad of health risks and disparities linked to societal stigma, discrimination, and denial of their civil and human rights.³⁹ According to the Western Journal of Medicine, lesbian, gay, bisexual, and transgender patients are at an increased risk of depression, suicide, eating disorders, substance misuse, and breast and anal cancer.⁵²

Because of increased health risks to the LGBTQ+ community, it is essential that we begin to include questions related to sexual orientation and gender identity in County surveys assessing community health and report data specific to the LGBTQ+ community. The Board of Supervisors is urged to consider establishing an LGBTQ+ Commission to monitor representation in County data collection and program reporting and make recommendations to the Board on issues specific to the LGBTQ+ community.

SPECIAL POPULATIONS

We do know that two of the most vulnerable sectors of the LGBTQ+ community are LGBTQ+ youth and LGBTQ+ seniors. In a 2019 article in *LGBT Health*, authors Johns, Poteat, Horn, and Kosciw state that “Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) adolescents face well-documented health disparities in suicide risk, substance use, and sexual

[LGBTQ] adolescents face well-documented health disparities in suicide risk, substance use, & sexual health. These disparities are known to stem, in part, from stigma directed toward LGBTQ youth in the form of... violence, discrimination, and harassment.

“documented health disparities in suicide risk, substance use, and sexual health. These disparities are known to stem, in part, from stigma directed toward LGBTQ youth in the form of minority stressors such as violence, discrimination, and harassment”.⁴⁴ The CDC webpage dedicated to LGBTQ+ youth confirms that “compared to other students, negative attitudes toward LGB persons (information on transgender and genderqueer youth was not yet available in the 2015 study) may put these youth at increased risk for experiences with violence” including bullying, teasing, harassment, and physical assault.²⁴

In addition to bullying and violence outside the home, LGBTQ+ youth who live with families that do not accept their sexual orientation or gender identity may be at risk for abuse and eventually homelessness. In a recent survey, 33% of unaccompanied children and transition-age youth identified as LGBTQ+. Twenty percent of the homeless population in Santa Cruz County identified as LGBTQ+ in 2019 – a 7% increase from 2015.⁴

LGBTQ+ seniors are also particularly vulnerable. They face the intersectional minority stressors experienced by seniors, members of the LGBTQ+ community, and, potentially, living with disabilities. Any or all of these factors may result in discrimination, harassment, and isolation, which may then result in health risks and disparities. However, we were unable to confirm or refute that locally, as we were unable to find any health care data specific to senior women in the Santa Cruz County LGBTQ+ community.

If health utilization and outcome disparities and risks do exist locally, LGBTQ+ seniors may hesitate to access available programs and services to address them because senior programs are often not often designed to create safe, supportive and welcoming environments for members of the LGBTQ+ community. The Diversity Center of Santa Cruz performs an essential role in advancing the interests of Santa Cruz County LGBTQ+ seniors by providing events and services to the LGBTQ+ senior community. In addition to working directly with LGBTQ+ seniors, they provide LGBTQ+ Aging Cultural Sensitivity trainings to other organizations so they, too, may better serve LGBTQ+ seniors.

SANTA CRUZ COUNTY BOARD OF SUPERVISORS RESPONSE TO 2011 RECOMMENDATIONS

Since the 2011 Status of Women and Girls Report, the Santa Cruz County Board of Supervisors has taken the following measures to implement the Commission's recommendations:

Commission Recommendations

Santa Cruz County Board of Supervisors has...



Support legislation, programs and policy to improve gender-responsive perceptions and definitions in health care

- Appointed the *Advisory Task Force on Justice and Gender* to build an integrated, gender-informed system of criminal justice, health and community services
- Adopted SCCC Chapter 2.126 establishing the *Santa Cruz County Commission on Justice and Gender*



Support legislation and programs that address teen pregnancy in high-risk populations

Authorized County HSA to seek up to \$3.75 million in federal grant funding for the provision of teen pregnancy prevention programs in high-risk populations



Support legislation and programs that improve access to insurance and health care

- Approved revenue agreement with Planned Parenthood of Mar Monte for Westside and Watsonville health centers
- Approved revenue agreement for the provision of telehealth devices for Integrated Health and Housing Supports Program participants
- Approved revenue agreement with Dientes Community Dental Care



Address the health dangers of smoking and second-hand smoke

Amended SCCC Chapter 7.88 Smoking Pollution Control to include electronic cigarettes, prohibit smoking in all enclosed public spaces, and prohibit smoking in outdoor dining areas and all outdoor recreational areas



Provide support for maternal and child health care programs

- Established Breastfeeding Awareness Month
- Heard presentation from Breastfeeding Coalition Board and approved County Lactation Accommodation Policy and provided for improvements to County lactation rooms
- Approved implementation of the Nurse-Family Partnership (NFP) Program for nurses to work with first-time, low-income mothers in their homes during pregnancy and up to the first 2 years of an infant's life



Provide support for programs to address obesity, diabetes and heart disease

- Approved two continuing contracts with United Way and Second Harvest Food Bank for provision of the HSA's Supplemental Nutrition Assistance Program Education (SNAP-Ed) services for nutrition education and obesity prevention
- Lowered annual fees for farmers markets to support access to fresh nutritious foods provided by Farmers' Markets to residents participating in county food assistance programs such as CalFresh, Women Infants and Children (WIC) and Senior Nutrition

SANTA CRUZ COUNTY BOARD OF SUPERVISORS RESPONSE TO 2011 RECOMMENDATIONS

Commission Recommendations

Santa Cruz County Board of Supervisors has...



Support legislation and programs to prevent domestic violence and mitigate its impact on victims.

- Approved revenue agreement with the California Victim Compensation Board (CalVCB) for the Victim/Witness Assistance Center's Funeral/Burial and Domestic Violence Relocation Revolving Fund, paying verified claims for funeral/burial and domestic violence relocation expenses for victims of violent crimes
- Established a Domestic Violence Commission, though the Commission was unable to meet for a variety of reasons and was eventually transitioned into the Justice and Gender Commission
- Reduced funding to CalWORKs Domestic Violence Prevention contracts with Monarch Services and Walnut Avenue Family and Women's Center to align contract budgets with demand for services, as recommended by County Health Services
- Approved increased funding for United Way of Santa Cruz County child abuse prevention activities



Support legislation and programs that address the needs of senior women

- Formally supported a \$5.4 million increase in statewide funding for senior nutrition programs
- Monitors Seniors Commission agendas, minutes and reports
- Monitors Seniors Council Seniors Needs Assessment Reports
- Expressed the County's commitment to and continues to support efforts to achieve WHO/AARP Age-Friendly designation for Santa Cruz County



Support legislation, policy and programs that address the health care needs of the LGBTQ+ community

- Awarded \$10,000 to the Diversity Center of Santa Cruz to provide support groups for LGBTQ+ youth in South County
- Directed County Council to review County policies with a view to aligning with standards established by the 2018 Municipality Equality Index (MEI) to ensure inclusion and equality for all. Among others, MEI standards include having an enforceable non-discrimination ordinance that expressly covers sexual orientation and gender identity applying to private employment and housing; offering transgender inclusive health care benefits (including hormone treatment); providing an LGBTQ+ liaison to County leadership and police; providing services and support to LGBTQ+ youth, elders and homeless individuals; and clarifying County leadership's public position on LGBTQ+ equality



Support legislation, policy and programs for the prevention of sexually transmitted disease and HIV

- Approved CDPH revenue agreement for Ryan White HIV Care Program
- Monitors HSA activities including the creation of an internal taskforce to promote best practices for preventing, screening, and treating sexually transmitted infections; updating the HSA annual Sexually Transmitted Disease Report to include language around health equity and the social-determinants of health; and transitioning the Syringe Services Program (SSP) to an intervention program to decrease drug use, HIV and hepatitis C cases
- Approved CDPH revenue agreement with CDPH for Core STD Program Management

SANTA CRUZ COUNTY BOARD OF SUPERVISORS RESPONSE TO 2011 RECOMMENDATIONS

Commission Recommendations

Santa Cruz County Board of Supervisors has...



Support legislation and programs that address the needs of Latinx and undocumented women

- Monitors agendas, minutes, and reports from the Latino Affairs Commission
- Approves EEO and Cultural Competence plans from each County department
- Adopted a resolution recognizing Binational Health Week to improve the health and well-being of the Latino population
- Adopted a resolution condemning the Trump Administration for separating families at the U.S./Mexico border and urging the U.S. Department of Justice to reunify the separated families and provide just and humane immigration proceedings
- Authorized \$50,000 in funding to Girls Explore the Coast, a program for low-income, underserved female middle school students from Latino/Hispanic communities
- Considered a presentation from the Community Action Board (CAB) regarding having received State grant funding for immigration services
- Approves funding for Monarch Services to provide violence intervention services, predominantly to mono-lingual Latinas from underserved areas of the County who are victims of domestic violence or human trafficking



Support legislation and programs that address the mental health needs of Santa Cruz County women and children

- Approved a revenue agreement with CDHCS for the Homeless Mentally Ill Outreach and Treatment program to support homeless individuals with serious mental illnesses
- Approved an expenditure agreement with the National Alliance on Mental Illness - Santa Cruz County (NAMI-SC) to provide mental illness education and training services for service providers, clients and their families, schools, and community organizations
- Approved an amendment to the contract with Front St. Housing Inc., providing additional funding for behavioral health supported housing services
- Authorized the Health Services Agency to participate in the 'Investment in Mental Health Wellness for Children and Youth' grant program
- Monitors County Health Services Agency's implementation of the Mental Health Services Act
- Authorized County Health Services Agency to apply for California Mental Health Services Oversight and Accountability Commission grant-funding to expand crisis services to youth and young adults

ACKNOWLEDGEMENTS

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Area Agency on Aging for Santa Cruz and San Benito Counties/Seniors Council
California Department of Public Health
California Health Care Foundation
California Status of Women and Girls Commission
Center for Farmworker Families
DataShare Santa Cruz County
Dientes Community Dental Care

First 5 Santa Cruz County
Good Times Santa Cruz
Kaiser Family Foundation
Meals on Wheels for Santa Cruz County
Pajaro Valley Community Health Trust
Santa Cruz County Behavioral Health
Santa Cruz County Public Health
United Way of Santa Cruz County

Special thanks to the Santa Cruz County Board of Supervisors without whom this report would not exist.

DATA SOURCES

All data sources listed below were used to develop and compile this report, although only a portion of them contained data that was ultimately used and cited by number in the final report.

1. A. Flores, M.H. Lopez &, J.M. Krogstad (2020). *US Hispanic Population Reaches New Heights*. Pew Research Center. www.pewresearch.org
2. Applied Survey Research . (2013). *A Glimpse of Reality: Health & Other Disparities in the Pajaro Valley*. Santa Cruz County, CA: Pajaro Valley Community Health Trust.
3. Applied Survey Research, (2019). *Community Assessment Project 2019*. Santa Cruz, CA: Applied Survey Research.
4. Applied Survey Research. (2019). *Santa Cruz County 2019 Homeless Census & Survey*. Santa Cruz County, Santa Cruz, CA.
5. Applied Survey Research. (2017). *Santa Cruz County 2017 Homeless Census & Survey*. Santa Cruz County, Santa Cruz, CA.
6. Applied Survey Research. (2017). *Special Report: Using CAP Survey Data to Understand How Renters are Faring in our Community*.
7. Applied Survey Research. (2017). *Year 23 Santa Cruz County Community Assessment Project: 2017 Comprehensive Report*. Santa Cruz County: United Way of Santa Cruz County.
8. Applied Survey Research. (2015). *Santa Cruz County Point-In-Time Homeless Census & Survey*. Santa Cruz, CA.
9. Area Agency on Aging/Seniors Council. (2016). *Seniors Count: Senior Needs Assessment Survey Summary Report*. Santa Cruz and San Benito Counties
10. Barbara Aved Associates. (2018). *An Update of Selected Dental Utilization Data for Santa Cruz County*. Santa Cruz County, CA: Dientes Community Dental Care.
11. Bixby Center for Global Reproductive Health. (2015). *Family PACT Providers and Health Care Reform Implementation*. San Francisco: University of California at San Francisco.
12. Block, B. B., Gascon, H., Manzo, P. & Parker, A. D. (2018). *Struggling to Stay Afloat: The Real Cost Measure in California 2018*. California: United Ways of California.
13. Borchelt, G. (2019). *The Impact Poverty has on Women's Health*. Human Rights Magazine, 43(3). American Bar Association: www.americanbar.org
14. California Budget & Policy Center. (2019). *California Women's Well-Being Index*. www.calbudgetcenter.org
15. California Dept. of Public Health & California Conference of Local Health Officers. (2019). *County Health Status Profiles 2019*.
16. California Dept. of Public Health. (2020). *Cases and Deaths Associated with COVID-19 by Age Group in California*. www.cdph.ca.gov
17. California Dept. of Public Health. (2018). *Vaccine Preventable Disease Data*.
18. California Dept. of Public Health. (2015). *Maternal and Infant Health Assessment (MIHA) Survey – Data Snapshot, Santa Cruz County by Education*.
19. California Health Care Foundation. (2016). *2016 Edition - Maternity Care in California*. www.chcf.org
20. California Health Care Foundation. (2018). *How Many in Your Area Are Uninsured - and Why?* www.chcf.org
21. California Healthline. (2018). *Teen Birth Rate in California*. www.californiahealthline.org/en-birth-rate-in-california/
22. *California Vital Statistics Query*. (2020). Retrieved January 24, 2020, from <http://informaticsportal.cdph.ca.gov/chsi/vsqs/>
23. CDC Disability & Health Related Conditions. (2019). www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html
24. CDC LGBTQ Health - Youth. (2020). www.cdc.gov/lgbthealth/youth.htm
25. California Department of Social Services. (2020). *Monthly IHSS Program Data – May 2020*. www.cdss.ca.gov/inforesources/ihss/program-data
26. California Employment Development Department (EDD). (2020). *Santa Cruz-Watsonville Metropolitan Statistical Area (MSA)*.
27. Center for Consumer Information and Insurance Oversight. (2019). *Information on Essential Health Benefits (EHB) Benchmark Plans*. www.cms.gov/CCIIO/Resources/Data-Resources/ehb
28. Center, P. V. (2019). *Diabetes and Medical Nutrition Therapy 2019 Year-End Summary*. Pajaro Valley Health Center.

DATA SOURCES

29. CMS.gov (2020). <https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb>.
30. Community Bridges/Meals on Wheels. (2018). *2017-2018 Santa Cruz County Congregate Meals Participant Demographics*.
31. Data USA - Watsonville Data. (2019) Data USA: www.datausa.io/profile/geo/watsonville-ca/#housing
32. DataShare Santa Cruz County. (2020). *Community Well Being Dashboards*. www.datasharescc.org/indicators
33. DataShare Santa Cruz County. (2020). *2020 Demographics*. www.datasharescc.org/demographicdata
34. DataUsa. (2019). *Data USA - Santa Cruz County, CA*. www.datausa.io/profile/geo/santa-cruz-county-ca
35. Federal Register. (2018). *Health Reimbursement Arrangements and Other Account-Based Group Health Plans*. www.federalregister.gov
36. First 5 Santa Cruz County. (2019). *First 5 Santa Cruz County Annual Evaluation Report FY 2018- 2019*. Santa Cruz County, CA:
37. First 5 Santa Cruz County. (2018). *First 5 Santa Cruz County Annual Evaluation Report FY 2017- 2018*. Santa Cruz County, CA:
38. Gumz, J. (2018). *Santa Cruz County Health Care Leaders Assess Post-ACA Future*. Santa Cruz Sentinel
39. HealthyPeople2020.gov. (2020). *Lesbian, Gay, Bisexual and Transgender Health*. California Department of Public Health: www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
40. Hepler, L. (2019). *Hungry in Santa Cruz: Food Stamp Cuts Loom in 2020*. Good Times.
41. Health Improvement Partnership of Santa Cruz County (HIP). *Santa Cruz County Opioid Safety Data Report*. www.hipscc.org/sc-county-opioid-safety-data-report
42. Institute for Health Metrics and Evaluation (IHME). (2019). *County Profile: Santa Cruz County, California*. www.healthdata.org
43. JD Healthcare/Vizient. (2018). *Effect of the Ministry Alignment Agreement between Dignity Health and Catholic Health Initiatives on the Availability and Accessibility of Healthcare Services to the Communities Served by Dignity Health's Hospital Located in Santa Cruz County*. Santa Cruz County, CA: Office of the California Attorney General.
44. Johns, P. H. (2019). *Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from The State of LGBTQ Youth Health and Wellbeing Symposium*. *LGBT Health Volume 6, No. 4*, pp. (146-155).
45. Justice in Aging. (2018). *Older Women & Poverty: Special Report December 2018*. Justice in Aging.
46. Kaiser Family Foundation (2019). *Health Coverage and Care of Undocumented Immigrants*. www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/
47. Kaiser Family Foundation (2020). *Women's Health Insurance Coverage*. www.kff.org
48. Kaiser Family Foundation (2018). *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*. www.kff.org/report-section/beyond-the-numbers-access-to-reproductive-health-care-for-low-income-women-in-five-communities-executive-summary/
49. Kaiser Family Foundation (2018). *Women's Health Insurance Coverage Policy Fact Sheet*. www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/
50. Kaiser Family Foundation (2018). *Abortion Coverage in the ACA Marketplace Plans: The Impact of Proposed Rules for Consumers, Insurers and Regulators*. www.kff.org/womens-health-policy/issue-brief/abortion-coverage-in-the-aca-marketplace-plans-the-impact-of-proposed-rules-for-consumers-insurers-and-regulators/
51. Kaiser Family Foundation (2018). *New Regulations Broadening Employer Exemptions to Contraceptive Coverage: Impact on Women*. www.kff.org/health-reform/issue-brief/new-regulations-broadening-employer-exemptions-to-contraceptive-coverage-impact-on-women/
52. Lee, R. (2000). *Best Practice: Health Care Problems of Lesbian, Gay, Bisexual, and Transgender Patients*. *Western Journal of Medicine*, 172: 403-408.
53. Littlefield, Amy. (2018). *Catholic Hospital Mega-Merger Includes Reproductive Health-Care Safeguards in California*. Rewire News.
54. Lopez, A. (2019). *The State of Farmworkers in California*. Center for Farmworker Families: <http://www.farmworkerfamily.org>
55. Louise Norris. (2020). *California and the ACA's Medicaid Expansion*. <https://www.healthinsurance.org/california-medicaid>.
56. Martin, P. L., Hooker, B., Akhtar, M., & Stockton, M. (2016). *How Many Workers are Employed in California Agriculture?* *California Agriculture*, 71, 30-34. www.calag.ucanr.edu

DATA SOURCES

57. Maternal, Child and Adolescent Health Program Center for Family Health. (2015). *Maternal Mental Health in California – Data from the California Maternal and Infant Health Assessment Survey*. California Dept. of Public Health.
58. National Center for Transgender Equality. (2019). *What does Medicare Cover for Transgender People?* National Center for Transgender Equality: www.transequality.org/know-your-rights/medicare
59. Office of Disease Prevention and Health Promotion. (2019). *Social Determinants of Health: Poverty*. www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty
60. Planned Parenthood of the Pacific Southwest. (2019). *Title X/Gag Rule Update*. www.plannedparenthood.org
61. Santa Cruz County Health Services Agency. (2015). *HEALTH, Santa Cruz County, 2015*.
62. Santa Cruz County Health Services Agency. (2019). *Births, Santa Cruz County, 2018*.
63. Santa Cruz County Health Services Agency. (2019). *Sexually Transmitted Diseases and HIV Report*. Public Health Division.
64. Santa Cruz County Health Services Agency. (2020). *COVID-19: Information & Updates Santa Cruz County*. www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx
65. Santa Cruz County Public Health (2017). *Santa Cruz County Community Health Assessment - 2017*
66. Santa Cruz County Public Health (2019). *Substance Use Disorder Syndrome Demographics Fiscal Year 2018- 2019*
67. Santa Cruz County Public Health. (2018). *BIRTHS, Santa Cruz County, 2017*. Santa Cruz County, Public Health Division.
68. Santa Cruz County Public Health. (2018). *Santa Cruz County Community Health Improvement Plan 2018-2023*
69. Status of Women in the States. (2018). *Status of Women in the States: California Report Card Summary*. www.statusofwomensdata.org/explore-the-data/state-data/california/
70. Tavernese, S. (2019) *Why Birth Rates among Hispanic Americans Have Plummeted*. New York Times, pp. Section A, Page 1. www.nytimes.com
71. Town Charts Website (2019). *Santa Cruz County, California Education Data* Town Charts Website: www.towncharts.com
72. U.S. Department of Health and Human Services' Office of Minority Health. (2019). *Office of Minority Health: Hispanic/Latino Americans*. www.minorityhealth.hhs.gov/omh
73. United Health Foundation. (2019). *Health of Women and Children: Uninsured, General Population, CA 2019*. America's Health Rankings: www.americashealthrankings.org
74. United States Census Bureau. (2019). *Quick Facts California*. www.census.gov/quickfacts/CA
75. United States Census Bureau. (2018). *Disability Characteristics*. www.data.census.gov
76. United States Census Bureau. (2018). *Median Income in the Last 12 Months*. www.data.census.gov
77. United Way of Santa Cruz County. (2018). *2018, Children and Youth Well-being: Santa Cruz County Spotlight*. Santa Cruz County, CA: The Community Assessment Project of Santa Cruz County.
78. University of Wisconsin Population Health Institute. (2019). *County Health Rankings and Roadmaps: County Snapshot, Santa Cruz County*. County Health Rankings and Roadmaps: www.countyhealthrankings.org