



P A J A R O V A L L E Y  
COMMUNITY  
HEALTH TRUST

# Program Strategic Plan: Community Investments 2010-2015

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# *Background*

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## **1998-2010: Twelve Years of Health Care Investment Experience**

On September 1, 1998, a new era in health care began in the Pajaro Valley. With the sale of Watsonville Community Hospital, and the transfer of sale proceeds to the newly created and autonomous Pajaro Valley Community Health Trust (Trust), our community witnessed the birth of the first locally-governed, nonprofit health care foundation for the Pajaro Valley.

True to its mission -- *to improve the quality of life and health for all residents of our community* -- the Trust has invested more than \$4.7 million in local health care programs and services over the last 12 years. The many community health care programs supported by these funds have helped to give those in greatest need the tools they require to live healthier, more productive lives through education in healthy living and improving access to health care services.

To date, the Trust's decisions about how to invest its health care dollars have been guided by two multi-year program and grantmaking strategic plans from 2002-2005 and from 2005-2010. Each plan included four distinct health priority areas and three target populations emphasized for funding and advocacy. These have varied only slightly from one strategic planning period to the next.

Perhaps the greatest distinguishing feature of the Trust's approach to funding and advocacy to date has been the board's commitment to '*stay the course*' with sustained support in our key strategic health priority areas. This philosophy provides two major benefits: 1) It recognizes the advantage of investing more deeply into our four health priority areas as we strive to make long term impacts in the community's most difficult health care challenges; and 2) It allows the flexibility for utilizing our lessons learned to implement *refinements* in our priority areas rather than significantly diverting our attention and resource to new areas every few years.

In most instances, the lessons learned from these investments have helped to validate our methods and approaches while others have pointed the way to consideration of alternatives. The use of these strategic plans has yielded rich experience and important lessons for our board and program staff which we strive to incorporate into each subsequent strategic plan period.

The sum of these 'lessons learned' and the refinements identified by the board of directors for the near future are reflected in the attached *Program Strategic Plan: Community Investments for July 2010-June 2015*.

# *Our Guiding Principles*

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## **Vision Statement**

We envision a greater Pajaro Valley where all people have the knowledge and resources they need to live healthy lives, where health problems are prevented, and where there is access to culturally competent health care.

## **Mission Statement**

The mission of the Pajaro Valley Community Health Trust (Trust) is to improve the health and quality of life for all people of the greater Pajaro Valley by supporting programs and activities that ensure access to a full array of high quality, culturally competent health care services which promote health, wellness, and disease prevention.

## **Core Values**

**RESPECT:** The Trust will support the pluralism that characterizes our community and will foster respect for all opinions and perspectives.

**INVOLVEMENT:** The Trust will operate openly with input from the community it serves and will encourage its grantees to do the same.

**INTEGRITY:** The Trust will maintain a clear, fair decision-making process. Its decisions will be consistent with policy and demonstrated health needs. It will also ensure that the decision-making process is protected from undue influence from parties with self-interest.

**FINANCIAL STEWARDSHIP:** The Trust will manage its assets to assure long-term growth of the endowment as well as to make effective allocations from its endowment's annual proceeds.

**RACIAL AND ECONOMIC EQUITY:** The Trust will strive to overcome racial and economic barriers to health care to assure that all people have equal access to a full range of health care services.

## **Operating Principles**

**BROAD DEFINITION OF HEALTH:** The Trust will adhere to a broad definition of health that includes basic personal health, wellness and prevention, and psychological, social and economic well being, in order to address both the symptoms and root causes of the health care issues in our community.

**CULTURAL COMPETENCY:** The Trust will support programs and initiatives that provide solutions to health care issues through service and delivery systems that recognize the community's cultural diversity.

**LEADERSHIP:** The Trust will become a leader in the evolution of the regional health care system through its participation in larger planning efforts, its support of innovative, high-leverage projects, and its dissemination of ideas.

**IMPACT:** The Trust will focus on achieving healthy outcomes and results from its grant making and programs which are measured through regular goal setting and self-assessment.

**COLLABORATION:** The Trust will participate in and support productive partnerships and mutually beneficial planning within the community in order to maximize resources and leverage funding.

**COURAGE IN ISSUE DEBATE:** The Trust will aim to achieve a reputation for taking courageous, responsible positions to benefit the public's health.

**INNOVATION:** The Trust will look for innovative solutions to systemic problems by taking a proactive role. It will engage in activities that stimulate growth and positive change in the health field. It will encourage relationships that give the community the information, assistance, and resources it needs to develop effective approaches to crucial health issues, take calculated risks, and set benchmarks for progress.

## **Grantmaking Philosophy**

**IMPLEMENT OUTCOME MEASURES TO TRACK PROGRESS IN THE HEALTH STATUS OF THE COMMUNITY:** Through the establishment of long-term outcome measures, the Trust will be able to track fluctuations in the health status of the community, particularly in the Trust's strategic program areas. These outcomes will provide direction in all program activities and will provide a strategic framework to which all grants can be aligned. To this end, all grants brought forward for funding will advance these outcome measures.

**MAKE DATA-INFORMED DECISIONS:** Utilizing the available data from trusted sources, such as the Community Assessment Project, the California Health Information Survey, the Surgeon General, and the County Health Department, the Trust will make informed decisions regarding program direction. The Trust will continue to access this information and use it to keep its programs relevant.

**UTILIZE AGREED UPON PROGRAM DELIVERY APPROACHES:** The Trust has identified specific program delivery approaches that dictate the program activities of the organization. These include grantmaking, convening, operating the Diabetes Health Center, and participating in other special projects approved by the board. This allows the Trust to focus on the activities that can have the greatest impact rather than taking on additional activities that would negatively impact the Trust's resources and effectiveness.

**STAY IN FOR THE LONG HAUL:** It is imperative that the Trust set an example in the community as an organization that is willing to stay committed to its goals. As issues evolve, the Trust has evolved with them and will continue to support the areas of greatest need in our community until a significant impact can be seen.

**BE FLEXIBLE AND RESPONSIVE:** The Trust will strive to adhere to the strategic direction set forth by the Board; however, it must remain flexible in order to be able to respond to the most pressing needs of the community.

**ADHERE TO BOARD APPROVED STRATEGIC PROGRAM AREAS AND TARGET POPULATIONS:** The Board approves the direction of the Trust's program activities. The Grants Review Committee will uphold these directions and keep abreast of the most relevant issues affecting the strategic program areas and target populations to maintain consistent support of the issues most important to the Trust.

# ***Program Area: Diabetes & Contributing Factors***

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## **Background**

The prevalence of overweight and obesity has reached epidemic proportions throughout the United States and is rising at an alarming rate in our community. In 2007, 64 percent of Pajaro Valley adults were overweight or obese,<sup>i</sup> and 38 percent of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders in the Pajaro Unified School District were overweight or at risk of overweight.<sup>ii</sup> Since the 1970s, the proportion of U.S. adults who are overweight or obese has grown by about 20 percent.<sup>iii</sup> Even more alarming, the proportion of children who are overweight tripled during the same period.<sup>iv</sup> Since obesity in childhood is clearly related to adult obesity and its corresponding health problems, such a sharp increase has urgent implications for the future health of our community. Obesity has become an urgent health concern because people who are overweight and obese have an increased risk for developing diabetes, heart disease, hypertension, cancer, and many other health issues.

Diabetes is often considered a silent killer. It is the fifth deadliest disease in the United States and the leading cause of adult blindness, kidney failure, and amputations, as well as the leading contributor to heart attacks and strokes.<sup>v</sup> In 2007, it was estimated that 23.6 million people living in the United States had diabetes, approximately 7.8 percent of the population.<sup>vi</sup> In California, there are an estimated 3 million people with the disease, meaning that more than 1 out of 10 adults Californians has diabetes.<sup>vii</sup> From 1998 to 2007, the prevalence of diagnosed diabetes in California rose from 5.5 to 7.6 percent, representing a 38 percent increase in one decade.<sup>viii</sup>

In Santa Cruz County, it is estimated that 4.5 percent of the population has been diagnosed with diabetes.<sup>ix</sup> And, for every two persons with diagnosed diabetes, it is estimated that there is another undiagnosed person with the disease. This means that Santa Cruz County has an estimated 17,000 cases of diabetes.

Diabetes is particularly relevant to the Pajaro Valley because of it's the prevalence of diabetes within the Latino population, who made up close to 65 percent of the population in 2000.<sup>x</sup> In 2007, 8.2 percent of Pajaro Valley adults indicated they had been told by a doctor that they had diabetes compared to only 3.5 percent in the rest of the county.<sup>xi</sup> On average, Hispanic/Latino Americans are 1.9 times more likely to have diabetes than non-Hispanic whites of similar age. Mexican Americans, the largest Hispanic/Latino subgroup, are over 2.5 times as likely to have diabetes as non-Hispanic whites.<sup>xii</sup>

## **The Community Health Trust's Commitment**

The Community Health Trust will seek to minimize factors that contribute to diabetes, including obesity, poor nutrition, and lack of physical activity. The Community Health Trust will also mobilize communities in the tri-county area to prevent and/or delay the onset of type-2 diabetes, teach diabetes self-management, and provide medical nutrition therapy to people living with diabetes in order to reduce the complications associated with diabetes. Further, the Trust will promote "best practices" in clinical management of diabetes throughout the region.

## **Examples of Community Investments to Date**

- Investment of more than \$460,000 in grants (48 grants) to promote healthy lifestyles since 2001
- Operation of the Diabetes Health Center and the Trust Employee Wellness Program
- Convening of the Regional Diabetes Collaborative

- Participation in the Go for Health! Collaborative, the Nutrition and Fitness Collaborative, the Diabetes Coalition of California, the American Association of Diabetes Educators, and the California Central Coast Chapter of the American Association of Diabetes Educators

## **Lessons Learned**

Both the Diabetes Health Center (DHC) and the Regional Diabetes Collaborative (RDC) have accomplished a great deal during the past five years. In 2007, the DHC implemented an electronic health record system, including an electronic billing system, which significantly increased productivity and quality of care. The DHC has also successfully responded to the changing demographics of the patient population and now has two registered dietitians on staff to see the increasing number of youth with obesity-related diagnoses. In addition to these efforts, the Community Health Trust invested over \$460,000 in healthy lifestyles grants and implemented its own Employee Wellness Program.

Despite these accomplishments, there is still much work to be done to reduce the incidence of diabetes and its contributing factors. It is clear that the Trust needs to focus more aggressively on prevention. This includes reducing the incidence of obesity among children and adults. While treatment and lessening the complications of diabetes are important and continue to be a need in the community, the Trust must also stress program activities that support education and prevention of diabetes. It must focus on “upstream” approaches to reducing obesity and diabetes and fund programs that go beyond providing education but also strive to increase access to and opportunities for physical activity and healthy nutrition.

## **Outcomes**

1. There will be a decrease in the prevalence of childhood and adult overweight and obesity in the Pajaro Valley.
2. There will be an increase in the percentage of Pajaro Valley children and adults that meet recommended physical activity guidelines.
3. There will be an increase in the percentage of Pajaro Valley children and adults that eat 5 or more servings of fruits or vegetables a day.
4. There will be a decrease in the percentage of Pajaro Valley adults who have diabetes.

## **Indicators**

The Trust will utilize the following indicators to assess progress towards the outcomes identified above:

- Percentage of Pajaro Valley adults that are overweight or obese
- Percentage of PVUSD 7th, 9th, and 11th graders that are overweight or at risk of overweight
- Percentage of PVUSD kindergarteners that are overweight or obese
- Percentage of Pajaro Valley adults that engage in moderate physical activity five or more days per week
- Percentage of PVUSD 7th, 9th and 11th graders that exercised three out of the last seven days
- Percentage of Pajaro Valley adults that eat 5 or more servings of fruits or vegetables
- Percentage of PVUSD 7th, 9th, and 11th graders that consumed 5 or more servings of fruits and vegetables within the last 24 hours
- Percentage of Pajaro Valley adults who have been told by a doctor that they have diabetes
- Grantee reports of outcome measures

# ***Program Area: Oral Health***

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## **Background**

Oral health is a critical component of overall health and well-being. Oral diseases are a major cause of infection, tooth loss, and debilitating pain, as well as contributing to heart attacks and strokes. They can affect one's ability to eat, the foods chosen, appearance, and communication. Oral diseases are progressive and cumulative, and become more complex over time. These diseases can also affect economic productivity and compromise the ability to be productive at home, at school, or on the job. The 2000 U.S. Surgeon General's report estimated that children miss 51 million school days each year because of poor oral health.

Common diseases of the mouth, such as dental caries and periodontal infections, are largely preventable. Fluoridated water, effective oral hygiene practices, and regular dental check-ups are essential to maintaining good oral health and can significantly reduce the burden of the disease. Nationally, dental caries are the most common chronic disease of childhood. Among 5-17 year olds, having dental caries is more than 5 times as common as asthma and 7 times as common as hay fever.<sup>xiii</sup>

Unfortunately, these diseases are concentrated in the most vulnerable populations including the elderly, children, and minorities. The California Oral Health Needs Assessment found that Latino kindergarteners were 2.4 times more likely to have untreated decay than white children.<sup>xiv</sup> Oral health problems are particularly severe among low-income populations who also have a more difficult time accessing care. In 2007, only 54 percent of Pajaro Valley adults indicated that they had seen a dentist, hygienist, or orthodontist within the last six months, and 35 percent indicated that they had not seen one in the past year.<sup>xv</sup> In 2003, only seven out of ten children on the Central Coast ages 2 to 11 years (69.8 percent) had been to visit the dentist with the past year.<sup>xvi</sup> Unfortunately, the number of adults with limited access to dental services will likely increase during the next few years due to the 2009 elimination of adult dental benefits for Medi-Cal beneficiaries.

## **The Community Health Trust's Commitment**

The Community Health Trust's goals include improving access to dental treatment and preventing dental disease. Through this initiative, the Community Health Trust will look at systematic issues facing oral health care, particularly in the areas of prevention and access to care, and work with others in the community to remove these barriers.

## **Examples of Community Investments to Date**

- Investment of more than \$320,000 in organizations (27 grants) providing oral health promotion education to children and dental services for uninsured adults since 2001
- Partnership with Dientes Community Dental Care, Salud Para La Gente, and the Monterey Bay Dental Society to implement the Dental Affinity Program
- Convening of the Central Coast Oral Health Collaborative
- Participation in the Watsonville Fluoride Taskforce and the Head Start Health Advisory Board

## **Lessons Learned**

One of the key lessons learned from the previous strategic planning process was that alternative ways of funding and program activity needed to be considered, including convening. In response to that need, the Trust convened a group of oral health stakeholders in July 2007. The Central Coast Oral Health Collaborative continues to meet on a

quarterly basis and has been very successful in launching a new program, the Dental Affinity Program (DAP). The DAP is a partnership between Dientes Community Dental Care, Salud Para La Gente, the Community Health Trust, and members of the Monterey Bay Dental Society. We are working together to help connect low-income uninsured adults to quality, affordable dental care through collaboration with local dentists to provide pro bono dental care. We have also continued to support the safety net clinics in providing care for low-income and uninsured adults, a population who now face greater challenges accessing care.

While exciting progress has been made, we realize that in order to see a real impact in this program area, the focus must be on prevention and access to care, rather than funding treatment. We must continue to assess how we tackle this issue “upstream” where our funding can be more effective. We must also continue to convene oral health stakeholders and work with the collaborative to expand oral health education and dental disease prevention efforts in the community and work to ensure that children and low-income individuals have access to quality dental care.

## **Outcomes**

1. There will be an increase in the number of Pajaro Valley children and adolescents who receive preventative dental services.
2. There will be an increase in the number of Pajaro Valley residents with access to comprehensive dental care.
3. There will be a decrease in the prevalence of untreated dental decay among the residents of the Pajaro Valley.

## **Indicators**

The Trust will utilize the following indicators to assess progress towards the outcomes identified above:

- Percentage of Pajaro Valley adults that have visited the dentist in the last 12 months
- Percentage of PVUSD kindergarteners with no dental care provider
- Number of Emergency Department (ED) visits (all ages) for preventable dental conditions
- Number of visits to Watsonville Health Clinic for preventable dental conditions (ICD-9 Codes: 521-528.99)
- Percentage of Santa Cruz County adults that needed dental care in the last year and were unable to receive it
- Number of Dental Care Health Professional Shortage Areas in Santa Cruz County
- Percentage of PVUSD kindergarteners with dental disease (Class III & IV)
- Status of water fluoridation in the City of Watsonville
- Grantee reports of outcome measures

# ***Program Area: Access to Care***

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## **Background**

Differences in access to health care can have far-reaching consequences. Those denied access to basic health care may live shorter and more constrained lives. Findings from the 2007 National Healthcare Disparities Report found that racial and ethnic minorities and persons of low socioeconomic status are disproportionately represented among those with access problems.<sup>xvii</sup> Two approaches to improving access to health care are removing financial barriers to care by broadening insurance coverage and removing the non-financial barriers including language, literacy, and cultural barriers that restrict the uninsured and underinsured from accessing health services.

The number of people without health insurance has increased steadily since the beginning of the century, now totaling more 46 million non-elderly Americans.<sup>xviii</sup> The uninsured are more likely to die early and have poor health status. In 2007, 31 percent of Pajaro Valley adults indicated that they did not have health insurance compared to only 8 percent in the rest of the county.<sup>xix</sup>

It is not only imperative that everyone has health insurance, but also that all members of the community have access to information and resources that will increase their awareness of how to utilize the health care system in order to receive the highest standard of care. In addition to increasing the community's understanding of how to access care, it is also important to increase the number of persons with a regular source of primary care. Persons with a usual source of primary health care experience improved health outcomes and reduced disparities and costs, yet over 40 million Americans do not have a specific source for ongoing care.<sup>xx</sup> In 2007, 19 percent of Pajaro Valley adults indicated that they did not have a regular source of care, and of those that did, 12.2 percent stated that the Emergency Department was their usual source of care.<sup>xxi</sup>

The challenge of accessing care is not limited to primary medical care. Many of the same barriers exist for individuals in need of mental health treatment. Lack of insurance coverage, social stigma, provider shortages, and a fragmented system make accessing services challenging. In 2007, Pajaro Valley adults were far less likely (48.7 percent vs. 72.9 percent) than the balance of the county to report that their general mental health was "excellent" or "very good" and far more likely to report that their general mental health was "fair" or "poor" (26.4 percent vs. 9.4 percent).<sup>xxii</sup>

## **The Community Health Trust's Commitment**

The Community Health Trust will support programs that increase the number of Pajaro Valley residents that have health insurance as well as programs that improve access to health care, mental health services, and end-of life care for the community's more vulnerable populations. Additionally, the Community Health Trust will look at creative community-wide solutions that address these issues.

## **Examples of Community Investments to Date**

- Grant support of \$136,000 (7 grants) to the Healthy Kids Insurance Program since 2001
- Grant support of \$20,000 (3 grants) to Hospice of Santa Cruz County's Implementing Change Initiative
- Grant support of \$22,000 (5 grants) to the Volunteer Center's Literacy Program
- Participation in the Healthy Kids Steering Committee, Health Improvement Partnership, Hospice Caring Project's Mensajeros de Confianza, and the American Cancer Society's Access to Care Collaborative

## **Lessons Learned**

The success of Healthy Kids has shown that it is possible find ways to provide insurance to all. It is imperative that we sustain Healthy Kids and learn from its successes as we work toward finding solutions to the issue of uninsured adults in our community. Additionally, we have learned that it is not enough to just provide insurance, but individuals must understand how to access the health care system and utilize it to get the best possible care. We must support programs that help educate individuals on how to navigate the health care system and that improve access to care while continuing to explore new ways to make an impact in this program area. We also realize that barriers to mental health services exist in our community and need to be addressed under this program area.

## **Outcomes**

1. There will be an increase in the number of Pajaro Valley residents with health insurance.
2. There will be an increase in the number of Pajaro Valley residents with a usual primary care provider (medical home).
3. There will be a decrease in the inappropriate use of the emergency room.
4. There will be an increase in the number of Pajaro Valley residents with access to health care, including mental health services.

## **Indicators**

The Trust will utilize the following indicators to assess progress towards the outcomes identified above:

- Percentage of Pajaro Valley adults that have health insurance coverage
- Percentage of PVUSD kindergarteners with health insurance coverage
- Percentage of Santa Cruz County children ages 0-17 with health insurance coverage
- Percentage of Pajaro Valley adults with a regular (usual) source of health care
- Percentage of Pajaro Valley adults that consider the ER their usual source of medical care
- Percentage of Watsonville Hospital ER visits that result in hospitalization
- Percentage of Pajaro Valley adults that needed health care in the past year but were unable to receive it
- Percentage of Santa Cruz County adults who said they had delayed getting, or didn't get, needed medical care
- Percentage of Pajaro Valley adults who say that their general mental health is fair or poor
- Percentage of PVUSD 7th, 9th, and 11th graders who feel so sad they stop doing some regular activities
- Grantee reports of outcome measures

# ***Program Area: Health Professions***

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## **Background**

Despite the current easing of health care workforce shortages due to the recession, it is predicted that this will become a growing crisis as California's population increases and ages. As of 2006, there were shortages in nearly all of the health professions, including approximately 200 allied health occupations, and more than 50 of California's 58 counties included a certified Health Professional Shortage Area (HPSA).<sup>xxiii</sup> Santa Cruz County has been designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental and mental health providers.

Exacerbating the problem, many minorities are under-represented in the professions. Many experts believe that a workforce that more closely mirrors the racial and ethnic diversity of the population it serves can increase access to care and improve the quality of care that is delivered. According to the 2000 U.S. Census, no single racial or ethnic group constituted a majority of California's population, yet data clearly indicated that California's health care workforce did not reflect the diversity of the population. For example, while one-third of the state's 36 million residents were Latino, only four percent of doctors, six percent of dentists, and four percent of registered nurses in the state were Latino.<sup>xxiv</sup> Despite the clear need to diversify the health professions, students of color face significant financial and social barriers to successfully pursuing health careers. The health field faces a crisis if it cannot recruit and train more individuals into its workforce, particularly individuals that mirror the diversity of the population it serves.

## **The Community Health Trust's Commitment**

Given these factors, the Trust will support pipeline programs that encourage individuals to choose the health professions as a career/professional path and also programs that support students already enrolled in health professions educational programs. The Trust will offer scholarships to local students, with an emphasis on supporting motivated, under-represented students who demonstrate an interest in pursuing a career in the health professions. It is a priority for the Trust to encourage individuals from the Trust's target populations to enter the health professions, particularly individuals who will likely return to the Pajaro Valley to serve this community's healthcare needs.

## **Examples of Community Investments to Date**

- Investment of \$120,000 in scholarships for over 100 students from Watsonville High School, Pajaro Valley High School, Aptos High School, Cabrillo College, and the Aptos/Watsonville Adult School interested in entering a health careers program since 2001.
- Grant support of more than \$65,000 to the Watsonville High School Health Careers Academy and Cabrillo College to support efforts to increase enrollment of underrepresented minority students in health careers education.
- In-kind support through use of the Community Health Trust's community room for the bi-annual Health Academy Mentor Dinner
- Participation in the Watsonville High School Health Careers Academy Advisory Committee and the Health Careers Partnership

## **Lessons Learned**

While the Community Health Trust has continued to invest in scholarships for students entering the health professions, a slight shift has been made by reducing the amounts of the awards and expanding the number of schools served. This shift has been in response to the realization that it has and continues to be extremely difficult to evaluate the success of the Community Health Trust's scholarship program. New systems need to be considered to evaluate the long-term impact of funding for scholarships.

Supporting programs, such as the Watsonville High School Health Careers Academy, has been successful but will need continued monitoring to measure the impact. The use of capacity building and matching grants has been an effective way to support these programs and should be considered in the future. We must also explore additional opportunities within the community to support this program area.

## **Outcomes**

1. There will be an increase in the size of the culturally competent healthcare workforce in the Pajaro Valley.
2. There will be an increase in the proportion of bilingual/bicultural healthcare workers in the Pajaro Valley.
3. There will be a reduction in the number of unfilled healthcare positions in the Pajaro Valley.

## **Indicators**

The Trust will utilize the following indicators to assess progress towards the outcomes identified above:

- Number of bicultural residents of the Pajaro Valley who graduate from Cabrillo College in nursing or an allied health profession
- Percentage of bilingual/bicultural healthcare workers in the Pajaro Valley
- Number of Watsonville High School Health Careers Academy students who graduate and plan to enroll in a health career program
- Number of Primary Medical Care Health Professional Shortage Areas in Santa Cruz County
- Number of Mental Health Professional Shortage Areas in Santa Cruz County
- Grantee reports of outcome measures

## ***Target Populations***

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In addition to the four Strategic Program Areas, the Community Health Trust will make special effort to support programs and projects that serve the populations described below. The following three population groups will be emphasized as priorities in funding and advocacy.

### **Children & Youth (0-21)**

Significant progress has been made in recent years in improving the health of children and youth in the United States. Infant mortality rates have dropped, immunization rates have increased, and teen pregnancy and smoking rates have gone down.<sup>xxv</sup> Despite this progress, there is still much more work necessary to ensure that every child has a bright future.

According to the 2000 Census, 35 percent of the Pajaro Valley's population was under the age of 20. This is a higher percentage of children and youth than in Santa Cruz County (27.5 percent), California (30 percent), and the United States (29 percent). Many of these children come from low-income families who face serious challenges accessing the health care system. As childhood obesity rates rise and children's health insurance coverage is threatened, focusing on the health of children is essential to making a long term impact on the health of all residents in the Pajaro Valley.

### **Farmworkers & their Families**

Farmworkers living on the Central Coast are faced with significant health issues. These include a high rate of chronic disease, low rate of health insurance, and lack of access to care. In 2005, there were between 100,000 and 150,000 migrant and seasonal farmworkers on the Central Coast, comprising between approximately 20 and 30 percent of the state's farmworkers.<sup>xxvi</sup> Poverty, low literacy, language, and cultural barriers impede many farmworkers' access to health care services. This access is often limited for farmworkers and their families. For this reason, the Community Health Trust will continue to focus on this important and often underserved population in our community.

### **Low-Income & Underserved Individuals**

Living in poverty is a health risk. The stresses on the lives of people in poverty take a greater toll on their bodies than is true for people with adequate financial resources. In 2000, 15.5 percent of individuals and 12.1 percent of families in the Pajaro Valley were living in poverty (poverty defined as income below \$8,959 a year for an individual and \$17,603 a year for a family of four).<sup>xxvii</sup> With the recent economic downturn, we expect this number to be significantly higher. For this reason, the Community Health Trust will make it a priority to fund and advocate for health and dental care of the community's low-income and underserved individuals.

# *Program Delivery Approaches*

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The following strategies will be utilized as the Trust continues to fulfill its mission of improving the health of the residents of the Pajaro Valley. These Program Delivery Approaches will be the methods used as we strive to reach the outcomes set forth in this strategic plan.

## **Grantmaking**

Grants from the Trust are awarded annually through a competitive process to organizations that have programs or projects that advance the strategic goals in each of the Trust's four program areas.

The Trust also provides in-kind grantmaking by making the large conference room available to non-profit organizations free of charge.

## **Foundation-Administered Programs**

In addition to funding the programs and projects of other organizations, the Trust will administer its own programs based upon identified community needs.

## **Convening**

The Trust will initiate, coordinate and support selected regional collaborative efforts to create and strengthen partnerships among stakeholders in specific health priority areas.

## **Community Health Planning, Advocacy, and Partnerships**

As a funder of and participant in local health initiatives, the Trust will advocate on behalf of organizations and agencies in the Pajaro Valley and Santa Cruz County. Part of advocating for the health needs of the community is also using our resources and position to leverage funding from outside of our community to address local needs.

## **In Kind Support to Community Nonprofit Agencies**

**Technical Assistance** – The Trust will make its staff available to provide free technical assistance in grants administration, grant writing, and fundraising upon request and as staff resources permit.

**Conference Space** – The Trust will make its large community conference room available free of charge to non-profit organizations for meetings, trainings, conferences, and retreats.

## **Research and Data Collection**

The Trust will conduct research and data collection to gather health data specific to the Trust's primary service area.

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