Program Strategic Plan

Community Investments 2015 – 2020
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When the nonprofit Watsonville Community Hospital was sold in September 1998, a new era in healthcare was launched in the Pajaro Valley along the borders of Santa Cruz, Monterey and San Benito Counties. Proceeds from the hospital’s sale created the Pajaro Valley Community Health Trust (Health Trust) — the first locally-governed nonprofit healthcare foundation in the Pajaro Valley.

Since then, the Health Trust has invested over $8.6 million in local healthcare programs and services. Our mission, then as now, is to improve the quality of life and health for all residents of our community. Our funds support local organizations that give those in greatest need the tools to live healthier, more productive lives, through both improved access to healthcare services and education in healthier lifestyles to prevent diseases in the future.

Three multi-year program and grantmaking strategic plans, covering 2002–2005, 2005–2010 and 2010–2015, have guided the Health Trust’s investments. Each of these plans has focused consistently on four health priority areas and three target populations, as does this plan.

**Priority Areas**
- Diabetes and Contributing Risk Factors
- Oral Health
- Access to Care
- Health Professions

**Target Populations**
- Children and Youth (0–21)
- Farmworkers and Their Families
- Low-Income, Underserved and Undocumented Individuals

These priorities reflect the board’s commitment to staying the course and sustaining support in these priority areas. Each of these areas has profound effects in the Pajaro Valley and presents a complex, challenging set of issues to address — ones requiring sustained, deep involvement over time. To meet these challenges, we have continued to invest consistently in the hopes of achieving lasting outcomes. In addition, this type of commitment allows us to gain insights and apply lessons learned to refine our investments, instead of moving on to new priority areas more frequently.

In this plan, as in previous ones, we consider what we’ve learned in planning our course for the future, knowing adjustments are part of this work and also an ingredient of success for the Health Trust, its grantees and the community we all serve.
Guiding Principles

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 healthcare.

Mission Statement
Our mission is to improve the health and quality of life for all people of the greater Pajaro Valley, especially the most disenfranchised. We do this by working “upstream” (before health problems occur or worsen) to help prevent future disease through education and disease prevention, as well as “downstream” (where problems require immediate intervention or treatment) to meet the most acute need for access to quality, culturally responsive services. In all our work, we collaborate with community members and agencies and rely on data to guide our decisions. In this way, we aim to pass on stronger systems and healthier lifestyles to future generations of Pajaro Valley residents.

Core Values

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

INTEGRITY: The Health Trust will maintain a clear, fair decision-making process. Its decisions will be transparent and 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 Health Trust will manage its assets to assure long-term growth as well as to make effective allocations from its annual proceeds.

RACIAL AND ECONOMIC EQUITY: The Health Trust will strive to reduce health disparities so that all have equal access to health services.

Operating Principles

BROAD DEFINITION OF HEALTH: The Health 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 healthcare issues in our community.

CULTURAL RESPONSIVENESS: The Health Trust will support programs and initiatives that provide solutions to healthcare issues through service and delivery systems that recognize and respond to the community’s cultural diversity.

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

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

COLLABORATION: The Health 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 Health Trust will aim to achieve a reputation for taking courageous, responsible positions to benefit the public’s health.

INNOVATION: The Health 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 Health Trust will be able to track fluctuations in the health status of the community, particularly in the Health 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 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 Health Trust will make informed decisions regarding program direction. The Health Trust will continue to access this and additional data to help measure the impact of funding and advocacy on community health.

UTILIZE AGREED-UPON PROGRAM DELIVERY APPROACHES: The Health 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 Health Trust to focus on the activities that can have the greatest impact rather than taking on additional activities that would negatively impact the Health Trust’s resources and effectiveness.

STAY IN FOR THE LONG HAUL: It is imperative that the Health Trust set an example in the community as an organization that is willing to stay committed to its goals. As issues evolve, the Health 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 Health 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 Health 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 Health Trust.
Program Areas

The Health Trust’s four main program areas — Diabetes and Contributing Risk Factors, Oral Health, Access to Care and Health Professions — have guided our work and investments. For each program area, this plan presents a brief background section explaining its scope and relevance, a review of the Health Trust’s role, examples of community investments, lessons learned and future plans.

Program Area #1: Diabetes and Contributing Risk Factors

Background

Diabetes is a serious disease in its own right, as well as a contributor to others, including heart disease. Diabetes is both more prevalent and more deadly in the Latino community, making it particularly relevant to Pajaro Valley residents of all ages. Mexican Americans are 50 percent more likely to die from diabetes. 1

Obesity — the largest single risk factor for type 2 diabetes, as well as a risk factor for heart disease, hypertension and cancer — is increasing steadily in the Pajaro Valley, with 3 of 4 respondents to the Health Trust’s Community Assessment Project (CAP) oversample study of Pajaro Valley residents reporting they were overweight or obese in 2013, up from 64 percent in 2011. In 2013, 20 percent of Pajaro Valley respondents reported that they’d been told by a doctor that they had either diabetes or prediabetes. This rate has increased steadily from 14 percent in 2007 to 17 percent in 2011 to its current 20 percent rate. In Watsonville, almost half of our children are overweight or obese — 49.3 percent compared to 31 percent in Santa Cruz and 38 percent statewide according to the 2012 UCLA Center for Health Policy Research report.2

The Health Trust’s Commitment

The Health Trust will seek to minimize factors that contribute to diabetes, including obesity, poor nutrition and lack of physical activity. We will also raise awareness of prediabetes to encourage early detection and management. The Health Trust will mobilize communities in the Pajaro Valley area to prevent and/or delay the onset of type 2 diabetes, teach diabetes self-management and provide medical nutrition therapy to people with or at-risk for diabetes in order to reduce the complications associated with this chronic condition. Furthermore, the Health Trust will promote best practices in clinical management of diabetes throughout the region.
Examples of Community Investments to Date

♦ Investment of more than $764,000 in grants (86 grants) to promote healthy lifestyles since 2001
♦ Operation of the Diabetes Health Center (DHC) and the Health Trust Employee Wellness Program
♦ Convening of the Regional Diabetes Collaborative (RDC)
♦ Participation in the Safety Net Clinic Coalition, Go for Health! Collaborative, the Nutrition and Fitness Collaborative of the Central Coast, the Diabetes Coalition of California and the American Association of Diabetes Educators

Lessons Learned

Operating the Diabetes Health Center (DHC), convening the Regional Diabetes Collaborative (RDC) and making grants that support diabetes prevention education and activities have all provided the Health Trust with insights for how we can further improve outcomes in this health priority area.

At the DHC, we have learned that:
♦ Case managing diabetes patients results in more sustained positive behavioral outcomes;
♦ Monthly group classes for children and their families is an effective approach for teaching diabetes prevention; and
♦ Lack of insurance coverage for medical nutrition therapy for patients not yet diagnosed with diabetes remains a significant barrier to diabetes prevention for low-income patients.

With the RDC, we have learned that:
♦ The RDC continues to be an effective means of bringing together representatives from the tri-county area to discuss breakthrough topics in diabetes at the RDC’s Annual Diabetes Forum and to provide diabetes prevention education, blood glucose screenings and physical activities to the community at large through the RDC’s Annual Health Fair; and
♦ The RDC has an important role to play in collaborating with a broad cross section of community partners to address the root causes of health inequities that contribute to diabetes and other health problems in our community.

With the Health Trust’s grantmaking, we have learned that:
♦ We must continue to emphasize upstream approaches to reducing obesity and overweight by funding programs that include diabetes prevention education, healthy nutrition and physical activities. In addition, upstream approaches that address prevention in our youth target population should receive priority.

Next Steps

Statistics on the steadily increasing prevalence of diabetes and its risk factors show that the Health Trust needs to continue to intensify its prevention activities. During the strategic plan period the Health Trust will strive to expand case management for its patients with diabetes; seek better coverage and reimbursement for medical nutrition therapy services for non-diabetes mellitus patients; provide more group classes for at-risk children and their families; encourage the RDC to work in collaboration with a broad cross-section of community partners to help build a Health in All Policies (HiAP) workgroup to develop sustainable strategies for embedding health considerations into governmental structures; and provide grant funding to emphasize upstream approaches to reducing obesity and overweight by funding programs that provide tools that allow participants to incorporate healthy nutrition and physical activities into their lives with priority given to programs aimed at youth.
Outcomes

**Outcome 1:** There will be a decrease in the prevalence of childhood and adult overweight and obesity in South County.

**Outcome 2:** There will be an increase in the percentage of Pajaro Valley children and adults that meet recommended physical activity guidelines.

**Outcome 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.

**Outcome 4:** There will be a decrease in the percentage of Pajaro Valley adults who have diabetes.

**Outcome 5:** There will be an increase in the percentage of Diabetes Health Center patients that have improved or met the standard for their hemoglobin A1c.

Indicators

1.1 Percentage of South County adults that are overweight or obese

1.2 Percentage of overweight or obese children that received Child Health and Disability Prevention Program well child services

1.3 Percentage of Pajaro Valley Unified School District 5th, 7th, and 9th graders that are in the Healthy Fitness Zone for body composition

2.1 Percentage of Pajaro Valley Unified School District 5th, 7th, and 9th graders that are in the Healthy Fitness Zone for aerobic capacity

2.2 Percentage of South County adults that engage in moderate physical activity five or more days per week

3.1 Percentage of South County adults that ate 5 or more servings of fruits and vegetables a day in the past 7 days

4.1 Percentage of South County adults who have been told by a doctor that they have diabetes or prediabetes

5.1 Percentage of Diabetes Health Center patients who have improved or have met the standard hemoglobin A1c level

Grantee Highlight: Get Out, Get Fit

The City of Watsonville Parks and Community Services Department has helped many youth become more physically active with its “Get Out, Get Fit” Youth Camp. The camp helps youth combat childhood obesity by promoting and supporting healthy lifestyles through a variety of physical activities and wellness workshops. One of the participants of “Get Out, Get Fit” devoted a summer to this program and learned about fitness, nutrition and exercise. “You get to do a lot of things you usually don’t get to do, but here, you get to go out and get fit,” he said. The Coordinator of the program, Israel Tirado, from the City of Watsonville, reported that “Parents are beginning to understand that there is a problem and that we need to do something about it”. (June 24, 2010, Register-Pajaronian)
Program Area #2: Oral Health

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 and also contribute to heart attacks and strokes. They can affect the ability to eat, variety of 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. In California alone, an estimated 504,000 children missed at least one school day in 2007 due to a toothache or other oral health concern. A 2011 study in North Carolina found that students with poor dental health were nearly three times more likely than their healthy peers to miss school due to dental pain. These absences were also linked to weaker academic performance. 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 five times as common as asthma and seven times as common as hay fever.

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. Oral health problems are particularly severe among low-income populations who also have a more difficult time accessing care. In 2013, 60 percent of Pajaro Valley respondents to the CAP oversample survey reported that they had needed dental care in the past year, but 19 percent had been unable to obtain it (compared to 13 percent for the rest of the County).

The Health Trust’s goals include improving access to dental treatment and preventing dental disease. Through this initiative, the Health Trust will look at systemic issues facing oral healthcare, 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 $394,000 in organizations (43 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

Partnership Highlight

The Central Coast Oral Health Collaborative, Dientes Community Dental Care and Salud Para La Gente have all received grants to help fund the Dental Affinity Program (DAP), which aims to connect low-income uninsured adults with access to quality, affordable dental care. The DAP is a collaboration with local dentists to provide pro bono dental care to uninsured Santa Cruz County adults whose income falls below 150 percent of the poverty line. Since its inception, the program has been able to recruit more than 52 volunteer dentists and served 127 patients providing over $284,000 dollars in dental treatment. “I’ve been enjoying things that I haven’t been able to eat for 20 years—roasted almonds, corn on the cob and apples—stuff that I wasn’t able to chew before. I also smile a lot more and don’t feel like I have to shy my face away.” This patient of Dientes Community Dental Care would not have been able to get the extensive treatment needed without the assistance of the Dental Affinity Program.

The Dental Affinity Program (DAP) has continued to be an example of a successful collaborative effort, as described in the box above, recruiting over 52 volunteer dentists to provide 127 low-income patients with $284,000 worth of dental treatment.

Lessons Learned

Funding treatment of dental caries has been an important role for the Health Trust. However, we strongly believe that to have a real impact in this program area, we need to place a greater priority on funding oral health prevention education efforts.

While the DAP has successfully served low-income adults in our community, the program has proven difficult to sustain. For continued success, the DAP requires a concerted coordination effort by the participating partners to support the staffing required to refer patients and facilitate the provision of services—a process that is cumbersome and time-consuming in its current form.

Next Steps

Similar to diabetes, the Health Trust’s investments in oral health must move further upstream to focus increasingly on prevention, including promotion of routine oral healthcare and access to care, especially for children and low-income populations. While the Health Trust will continue to consider grants that support dental treatment for low-income individuals, we will give greater priority to proposals that address prevention.

The Health Trust will work with the Central Coast Oral Health Collaborative and its DAP stakeholders to streamline the DAP process and work to acquire additional funding to support clinic-based staffing. We will also continue to convene the Collaborative to develop strategies to expand oral health education and dental disease prevention efforts.

Outcomes

Outcome 1: There will be an increase in the number of Pajaro Valley children and adolescents who receive preventative dental services.

Outcome 2: There will be an increase in the number of Pajaro Valley residents with access to comprehensive dental care.

Outcome 3: There will be a decrease in the prevalence of untreated dental decay among the residents of the Pajaro Valley.

Indicators

1.1 Percentage of Santa Cruz County children ages 2–11 who had a dental visit in the past year
2.1 Percentage of South County adults that needed dental care in the past year and were able to receive the dental care they needed

3.1 Number of Emergency Room visits (all ages) for preventable dental conditions

3.2 Number of visits to Watsonville Health Clinic for preventable dental conditions (ICD-9 Codes: 521-528.99)

3.3 Percentage of Pajaro Valley Unified School District kindergarteners with dental disease (Class III & IV)
Program Area #3: Access to Care

**Background**

Data on health insurance coverage and access to care predate the expansions of coverage stemming from implementation of the Affordable Care Act (ACA), but still point to disparities between Pajaro Valley residents and other residents of the region. In 2013, 68 percent of Pajaro Valley residents reported having health insurance, down from 75 percent in 2011, and 18 percent reported using the Emergency Room as a regular source of care. Given these differences, it is not surprising that 28 percent of Pajaro Valley residents rated their own health as “fair” or “poor” — twice as many as did so in the rest of Santa Cruz County (14 percent).7

The ACA has changed the landscape for health insurance coverage and access to care by extending coverage to many formerly uninsured low-income individuals. Unfortunately, the ACA excludes a low-income population that would benefit from this extended coverage: people living in the United States without documentation. Moreover, insurance coverage alone does not guarantee improved access to care.

**The Health Trust’s Commitment**

The 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 healthcare, mental health services and end-of-life care for the community’s more vulnerable populations. Additionally, the Health Trust will look at creative community-wide solutions that address these issues.

**Examples of Community Investments to Date**

- Grant support of $336,300 (22 grants)
- Support for outreach to help Pajaro Valley residents enroll in expanded health insurance coverage (see box on page 12)
- 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**

Similar to lessons learned from the Health Trust’s investments in Santa Cruz County’s Healthy Kids program, we know that coverage alone does not translate into access to care. Continuing to help the newly insured and undocumented individuals navigate the healthcare system to connect to the services they need— especially those geared to routine care, screening, prevention and behavioral health — are priorities.

**Next Steps**

In addition to continuing to collaborate on ways to improve access to care for all, behavioral health services continues to be an important gap in services. Provider shortages, fragmented services and stigma prevent many in need of these services from getting the assistance that would help them lead happier, healthier and more productive lives. The Health Trust will continue to consider funding programs that address this need.
Outcomes

Outcome 1: There will be an increase in the number of South County residents with health insurance.

Outcome 2: There will be an increase in the number of South County residents with a usual primary care provider (medical home).

Outcome 3: There will be a decrease in the inappropriate use of the Emergency Room (ER).

Outcome 4: There will be an increase in the number of Pajaro Valley residents with access to healthcare, including mental health services.

Indicators

1.1 Percentage of South County adults that have health insurance coverage

1.2 Percentage of Pajaro Valley Unified School District kindergarteners with health insurance coverage

1.3 Percentage of Watsonville children ages 0–17 with health insurance coverage

1.4 Percentage of Watsonville adults ages 18–64 with health insurance coverage

2.1 Percentage of South County adults with a regular (usual) source of healthcare

3.1 Percentage of South County adults that use (consider) the ER as their usual source of medical care

3.2 Percentage of Watsonville Community Hospital ER visits that result in hospitalization

3.3 Percentage of Watsonville Community Hospital’s ER low acuity visits

4.1 Percentage of South County adults that needed healthcare in the past year but were unable to receive it

4.2 Percentage of South County adults that stated they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months

4.3 Percentage of Pajaro Valley Unified School District 7th, 9th, and 11th graders who felt so sad or hopeless almost every day for two weeks or more they stopped doing some regular activities

Grantee Highlight- La Manzana Community Resources

Community Bridges-La Manzana Community Resources was awarded several grants to assist low-income families in accessing public health benefits. In one year, they provided 315 low-income families with individualized education about their health coverage. Education included accessing preventative services; understanding their rights and responsibilities; understanding the provider network; and helping reduce the number of unnecessary Emergency Room visits among their client base. Educating individuals about how to use the healthcare system is an important step in ensuring access to healthcare services. Some clients go to La Manzana seeking assistance because they have a low literacy level and they are struggling to read and understand the medication labels. Advocates at La Manzana connect clients with a primary care physician and assist them in making an appointment with the doctor.
Program Area #4: Health Professions

Background

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.

California’s healthcare workforce is still far from reflecting the diversity of its population. For example, while one-third of the state’s 36 million residents were Latino, only 4 percent of doctors, 6 percent of dentists, and 4 percent of registered nurses in the state were Latino in 2006. 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 Health Trust’s Commitment

Given these factors, the Health 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 Health 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 Health Trust to encourage individuals from the Health 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 $142,500 in scholarships for over 166 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 $87,000 to health career advancement pipeline programs to support efforts to increase enrollment of under-represented minority students in health careers education.

♦ Participation in the Watsonville High School Health Careers Academy Advisory Committee and the Health Careers Partnership

♦ Hosting professional health internships from universities in the region

Lessons Learned

In the past, the Health Trust has struggled to evaluate the impact of its scholarship programs and this continues to be a challenge because we have not successfully captured the recipients’ contact information. Identifying the number of students who receive scholarships and complete their education, pursue a health profession and work in the area are questions to pursue as these investments continue. In addition, the Health Trust has supported a larger number of students with smaller individual awards, but with rising costs of tuition and textbooks, it may be worth considering larger awards to smaller numbers of individuals.

Next Steps

The Health Trust will develop a methodology for maintaining more regular contact with scholarship students in order to better track and evaluate students’ progress and the impact we are making in this funding area.
Outcomes

Outcome 1: There will be an increase in the size of the culturally competent healthcare workforce in the Pajaro Valley.

Outcome 2: There will be a reduction in the number of unfilled healthcare positions in the Pajaro Valley.

Indicators

1.1 Number of bicultural residents of the Pajaro Valley who graduate from Cabrillo College in nursing or an allied health profession

1.2 Number of Watsonville High School Health Careers Academy students who graduate and plan to enroll in a health career program

2.1 Number of Primary Medical Care Health Professional Shortage Areas in Santa Cruz County

2.2 Number of Mental Health Professional Shortage Areas in Santa Cruz County

Highlight: A Scholarship Success Story

A student received a scholarship from the Health Trust in 2002 which helped to launch his career in healthcare. He was born and raised in Watsonville and graduated from Watsonville High School. He applied and was accepted to numerous colleges, but eventually he decided to attend Cabrillo College. After completing his courses at Cabrillo College, he attended San Francisco State where he received his Bachelor’s degree and subsequently applied to the pharmacy program at University of the Pacific. He currently works at Walgreens as a retail pharmacist with the goal of becoming a clinical pharmacist.

Grantee Highlight: Watsonville High School Health Careers Academy

The Watsonville High School Health Careers Academy (Health Academy) has received numerous grants from the Health Trust. The grants have allowed the Health Academy to prepare students for careers in healthcare. The grants have been able to provide funding for job shadowing, hands-on learning materials and mentor dinners where students get to meet and interview health professionals about their careers. Many students had the opportunity to participate in job shadowing at Watsonville Community Hospital. “Now I know what it takes to work in the hospital. I understand procedures we need to learn in order to be professional…” (Health Academy student, 2008).
The Health Trust’s mission is to improve the quality of life and health for all residents of our community, yet we are keenly aware of the persistent health and income disparities that make this goal more easily attainable for some than others. For example, according to the CAP oversample, Pajaro Valley residents report increasingly higher rates of obesity and diabetes, greater consumption of fast foods, fewer people with health insurance and higher levels of unemployment.

Therefore, in addition to the four Strategic Program Areas, the 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 and 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 decreased. Despite this progress, there is still much more work necessary to ensure that every child has a bright future.

According to the 2010 Census, 31 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 (26 percent), California (28 percent) and the United States (27 percent). Many of these children come from low-income families who face serious challenges accessing the healthcare system. As childhood obesity rates rise and undocumented 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.\(^\text{11}\) Poverty, low literacy, language and cultural barriers impede many farmworkers’ access to healthcare services. This access is often limited for farmworkers and their families. For this reason, the Health Trust will continue to focus on this important and often underserved population in our community.

Low-Income, Underserved and Undocumented 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 2013, 17.6 percent of individuals in the Pajaro Valley were living in poverty.\(^\text{12}\)
The following strategies will be utilized as the Health 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.

**Foundation-Administered Programs**

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

**Grantmaking**

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

**Convening**

The Health Trust will initiate, coordinate and support selected regional collaborative efforts (such as the Regional Diabetes and Oral Health Collaboratives) to create and strengthen partnerships among stakeholders in specific health priority areas. Health Trust grantees are strongly encouraged to participate in these collaboratives.

**Community Health Planning, Advocacy and Partnerships**

As a funder of and participant in local health initiatives, the Health 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 Health Trust will make its staff available to provide free technical assistance in grants administration, grant writing, fundraising and other ways to build capacity upon request and as staff resources permit.

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

**Research and Data Collection**

The Health Trust will conduct research and data collection to gather health data specific to the Health Trust’s primary service area. In 2007, 2011 and 2013, the Health Trust commissioned oversamples of the Pajaro Valley in conjunction with the Community
Assessment Project (CAP) surveys. These reports are available on the Health Trust’s Web site, http://www.pvhealthtrust.org/publications.
References


