

## APPENDIX 1: COMPLETE RESULTS OF 2016 SANTA BARBARA COUNTY BRFSS SURVEY

The table below presents the results for each question in the 2016 Santa Barbara BRFSS survey. When available, the Santa Barbara BRFSS estimate is compared to the California State BRFSS estimate. Indicators for which Santa Barbara performed less well than California are in red font.

Question	Indicator	SB BRFSS	CA BRFSS	HP 2020 Goal
<b>Health Status</b>				
1.1	Would you say that in general your health is excellent, very good, good, fair, or poor? <i>Respondents reporting good or better health.</i>	80.9%	82.0%	79.8%
1.2	Are you deaf or do you have serious difficulty hearing? <i>Respondents reporting yes.</i>	5.7%	*	NA
1.3	Are you blind or do you have serious difficulty seeing, even when wearing glasses? <i>Respondents reporting yes.</i>	3.8%	4.0%	NA
1.4	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <i>Respondents reporting yes.</i>	10.5%	9.9%	NA
1.5	Do you have serious difficulty walking or climbing stairs? <i>Respondents reporting yes.</i>	11.8%	11.5%	NA
1.6	Do you have difficulty dressing or bathing? <i>Respondents reporting yes.</i>	4.0%	3.4%	NA
1.7	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <i>Respondents reporting yes.</i>	6.2%	6.0%	NA
<b>Healthy Days – Health-Related Quality of Life</b>				
2.1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? <i>Respondents reporting at least 15 days.</i>	8.5%	10.1%	NA
2.2	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? <i>Respondents reporting at least 15 days.</i>	9.3%	10.2%	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Healthy Days – Health-Related Quality of Life</b>				
2.3	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? <i>Respondents reporting at least 15 days.</i>	16.9%	13.0%	NA
<b>Health Care Access</b>				
3.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? <i>Respondents reporting yes.</i>	88.7%	88.6%	100%
3.3	What is the primary source of your health care coverage? <i>Respondents reporting a plan purchased through employer.</i>	41.9%	*	NA
3.4	About how long has it been since you last visited a doctor for a routine checkup? <i>Respondents reporting within the past year.</i>	68.6%	66.1%	NA
3.5	Do you have one person you think of as your personal doctor or health care provider? <i>Respondents reporting no.</i>	27.5%	23.4%	83.9%
3.6	Is there one place that you primarily go to when you are sick or need advice about your health? <i>Respondents reporting no.</i>	16.2%	*	NA
3.7a	What kind of place do you go to most often? <i>Respondents reporting a clinic or health center.</i>	48.3%	*	NA
3.7b	What kind of place do you go to most often? <i>Respondents reporting a doctor's office or HMO.</i>	45.8%	*	NA
3.7c	What kind of place do you go to most often? <i>Respondents reporting a hospital emergency room.</i>	3.5%	*	NA
3.7d	What kind of place do you go to most often? <i>Respondents reporting a hospital outpatient department.</i>	0.7%	*	NA
3.7e	What kind of place do you go to most often? <i>Respondents reporting some other place.</i>	1.5%	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Health Care Access</b>				
3.10	During the past 12 months, did you delay or not get medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional? <i>Respondents reporting yes.</i>	19.1%	*	NA
3.11	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? <i>Respondents reporting yes.</i>	6.9%	13.5%	4.2%
3.12	During the past 12 months, did you ever skip medications to save money? <i>Respondents reporting yes.</i>	8.1%	*	NA
3.13a	During the past 12 months, have you delayed getting needed medical care because you couldn't get through on the phone? <i>Respondents reporting yes to question 3.10.</i>	18.9%	*	NA
3.13b	During the past 12 months, have you delayed getting needed medical care because you couldn't get an appointment soon enough? <i>Respondents reporting yes to question 3.10.</i>	41.9%	*	NA
3.13c	During the past 12 months, have you delayed getting needed medical care because once you got there you had to wait too long to see the doctor? <i>Respondents reporting yes to question 3.10.</i>	19.0%	*	NA
3.13d	During the past 12 months, have you delayed getting needed medical care because the doctor's office wasn't open when you got there? <i>Respondents reporting yes to question 3.10.</i>	13.8%	*	NA
3.13e	During the past 12 months, have you delayed getting needed medical care because you didn't have transportation? <i>Respondents reporting yes to question 3.10.</i>	20.3%	*	NA
3.13f	During the past 12 months, have you delayed getting needed medical care because you don't feel safe getting medical attention? <i>Respondents reporting yes to question 3.10.</i>	12.3%	*	NA
3.13g	During the past 12 months, have you delayed getting needed medical care for some other reason? <i>Respondents reporting yes to question 3.10.</i>	40.2%	*	NA
3.15a	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 0 times.</i>	74.8%	*	NA
3.15b	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 1 time.</i>	15.7%	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Health Care Access</b>				
3.15c	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 2 or more times.</i>	9.5%	*	NA
3.17	Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend? <i>Respondents reporting 1 or more emergency room visits.</i>	70.3%	*	NA
3.18	Did this emergency room visit result in a hospital admission? <i>Respondents reporting 1 or more emergency room visits.</i>	29.0%	*	NA
3.19a	Tell me which of these apply to your last emergency room visit: You didn't have another place to go? <i>Respondents reporting 1 or more emergency room visits.</i>	42.1%	*	NA
3.19b	Tell me which of these apply to your last emergency room visit: Your doctor's office or clinic was not open? <i>Respondents reporting 1 or more emergency room visits.</i>	52.7%	*	NA
3.19c	Tell me which of these apply to your last emergency room visit: Your health provider advised you to go? <i>Respondents reporting 1 or more emergency room visits.</i>	31.3%	*	NA
3.19d	Tell me which of these apply to your last emergency room visit: The problem was too serious for the doctor's office or clinic? <i>Respondents reporting 1 or more emergency room visits.</i>	54.3%	*	NA
3.19e	Tell me which of these apply to your last emergency room visit: Only a hospital could help you? <i>Respondents reporting 1 or more emergency room visits.</i>	72.3%	*	NA
3.19f	Tell me which of these apply to your last emergency room visit: The emergency room is your closest provider? <i>Respondents reporting 1 or more emergency room visits.</i>	62.6%	*	NA
3.19g	Tell me which of these apply to your last emergency room visit: You get most of your care at the emergency room? <i>Respondents reporting 1 or more emergency room visits.</i>	19.0%	*	NA
3.19h	Tell me which of these apply to your last emergency room visit: You arrived by ambulance or other emergency vehicle? <i>Respondents reporting 1 or more emergency room visits.</i>	12.8%	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Health Literacy</b>				
4.1	How often do you have someone (like a family member, friend, hospital/clinic worker or caregiver) help you read or understand health-related materials? <i>Respondents reporting most or all of the time.</i>	10.3%	*	NA
4.2	How often do you have problems learning about health-related conditions because of difficulty understanding written information? <i>Respondents reporting most or all of the time.</i>	4.6%	*	NA
<b>Demographics</b>				
5.12a	Employment status. Respondents reporting Employed for Wages.	47.7%	46.9%	NA
5.12b	Employment status. Respondents reporting being unemployed for < or > 1 year	4.3%	6.5%	NA
5.13	Is your main job year-round or seasonal? <i>Respondents reporting year-round.</i>	84.3%	*	NA
5.13a	Do problems getting child care make it difficult for you to work or study? <i>Respondents reporting yes.</i>	11.0%	*	NA
5.14	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? <i>Respondents reporting yes.</i>	8.4%	8.5%	NA
5.15	How many children less than 18 years of age live in your household? <i>Respondents reporting at least one.</i>	40.6%	40.9%	NA
5.16	Annual household income from all sources. <i>Respondents reporting \$75,000 or more.</i>	34.4%	35.7%	NA
Calculated from 5.17 & 5.18	Obese, based on BMI calculated from self-reported height and weight****.	21.6%	24.2%	30.5%
5.19	To your knowledge, are you now pregnant? <i>Respondents reporting yes.</i>	3.2%	4.6%	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Seat Belt Use</b>				
6.1	How often do you use seat belts when you drive or ride in a car? <i>Respondents reporting always.</i>	92.7%	94.2%	92%
<b>Exercise and Sleep Habits</b>				
7.1	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? <i>Respondents reporting yes.</i>	81.9%	80.0%	32.6%
7.2	On average, how many hours of sleep do you get in a 24-hour period? <i>Respondents reporting at least 8 hours.</i>	40.2%	36.6%**	70.8%
<b>Chronic Health Conditions</b>				
8.1	(Ever told) you that you had a heart attack also called a myocardial infarction? <i>Respondents reporting yes.</i>	2.6%	3.0%	NA
8.2	(Ever told) you had angina or coronary heart disease? <i>Respondents reporting yes.</i>	3.1%	3.2%	NA
8.3	(Ever told) you had a stroke? <i>Respondents reporting yes.</i>	2.6%	2.3%	NA
8.4	(Ever told) you had asthma? <i>Respondents reporting yes.</i>	14.4%	12.9%	NA
8.5	Do you still have asthma? <i>Respondents reporting yes.</i>	61.3%	61.2%	NA
8.6	(Ever told) you had skin cancer? <i>Respondents reporting yes.</i>	8.6%	5.1%	NA
8.7	(Ever told) you had any type of cancer? <i>Respondents reporting yes.</i>	8.4%	6.0%	NA
8.8	(Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? <i>Respondents reporting yes.</i>	4.5%	4.0%	NA
8.9	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? <i>Respondents reporting yes.</i>	22.3%	19.1%	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Chronic Health Conditions</b>				
8.10	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? <i>Respondents reporting yes.</i>	18.3%	12.9%	5.8%
8.11	(Ever told) you have kidney disease? <i>Respondents reporting yes.</i>	3.5%	2.4%	13.3%
8.12	(Ever told) you have diabetes? <i>Respondents reporting yes.</i>	8.8%	10.0%	NA
8.13	How old were you when you were told you have diabetes? <i>Respondents reporting 40 or older.</i>	72.6%	73.7%**	NA
<b>Immunization</b>				
9.1	During the past 12 months, have you had either a flu shot - or a flu vaccine that was sprayed in your nose? <i>Respondents reporting yes.</i>	32.1%	37.6%	NA
9.2	Have you ever had a pneumonia shot? <i>Respondents reporting yes.</i>	34.6%	33.6%	NA
<b>Oral Health</b>				
10.1	How long has it been since you last visited a dentist or a dental clinic for any reason? <i>Respondents reporting within the past year.</i>	70.0%	65.1%**	49.0%
10.2	How many of your permanent teeth have been removed because of tooth decay or gum disease? <i>Respondents reporting none.</i>	65.9%	59.4%**	68.8%
<b>Tobacco and E-Cigarette Use</b>				
11.1	Have you smoked at least 100 cigarettes in your entire life? <i>Respondents reporting yes.</i>	31.5%	34.7%	NA
11.2	Do you now smoke cigarettes every day, some days, or not at all? <i>Of respondents who have smoked at least 100 cigarettes, those reporting not at all.</i>	70.4%	66.3%	12.0
11.3	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? <i>Respondents reporting yes.</i>	58.1%	57.6%	80.0
11.4	How long has it been since you last smoked a cigarette, even one or two puffs? <i>Respondents reporting 10 years or more.</i>	39.0%	56.4%	8.0

Question	Indicator	SB BRSS	CA BRSS	HP 2020 Goal
<b>Tobacco and E-Cigarette Use</b>				
11.5	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? <i>Respondents reporting not at all.</i>	99.1%	98.4%	NA
11.6	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? <i>Respondents reporting yes.</i>	19.1%	*	NA
11.7	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? <i>Respondents reporting every day or some days use.</i>	14.0%	*	NA
<b>Alcohol Consumption and Drug Use</b>				
12.1	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage (such as beer, wine, a malt beverage or liquor)? <i>Respondents reporting at least one day per month.</i>	60.0%	53.6%**	NA
12.2	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? <i>Respondents reporting more than 2 drinks.</i>	23.9%	28.4%**	NA
12.3	Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion? <i>Respondents reporting at least once.</i>	16.7%	15.6%**	24.4%
12.4	During the past 30 days, what is the largest number of drinks you had on any occasion? <i>Respondents reporting more than 5 drinks.</i>	16.5%	16.9%**	25.4%
12.5	During the past 30 days, how many times have you driven when you've had perhaps too much to drink? <i>Respondents reporting at least once.</i>	1.8%	3.7%**	NA
12.6	In the last 12 months, have you taken any prescription pain relievers or tranquilizers including (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was <u>NOT</u> prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider? <i>Respondents reporting yes.</i>	1.5%	*	NA
12.7	From whom did you obtain the prescription pain medication?	NA	*	NA

Question	Indicator	SB BRSS	CA BRSS	HP 2020 Goal
<b>Alcohol Consumption and Drug Use</b>				
12.8	Within the last 12 months, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?	NA	*	NA
12.9	Within the last 12 months, have you used heroin? <i>Respondents reporting yes.</i>	0.5%	*	NA
<b>Falls</b>				
13.1	In the past 12 months, how many times have you fallen? <i>Respondents reporting at least one time.</i>	24.6%	27.8%**	50.0%
13.1a	Did your most recent fall (from Q13.1) cause an injury? <i>Respondents reporting yes.</i>	37.0%	*	NA
13.2	How many of these falls caused an injury? <i>Respondents reporting at least one.</i>	36.2%	41.2%**	37.5%
<b>Colorectal Cancer Screening</b>				
14.1	Have you ever had either of these exams (sigmoidoscopy or colonoscopy)? <i>Respondents reporting yes.</i>	70.5%	66.6%**	NA
14.2	Was your most recent exam a sigmoidoscopy or a colonoscopy? <i>Respondents reporting sigmoidoscopy.</i>	6.9%	10.8%**	NA
14.3	How long has it been since you had your last sigmoidoscopy or colonoscopy? <i>Respondents reporting within the past year.</i>	24.7%	22.4%**	NA
14.4	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? <i>Respondents reporting yes.</i>	36.5%	44.4%**	NA
<b>Breast and Cervical Cancer Screening</b>				
15.1	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? <i>Respondents reporting yes.</i>	58.0%	64.0%**	81.1%
15.2	How long has it been since you had your last mammogram? <i>Respondents reporting within the past year.</i>	58.1%	61.7%**	NA

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<b>Breast and Cervical Cancer Screening</b>				
15.3	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? <i>Respondents reporting yes.</i>	84.3%	87.8%**	
15.4	How long has it been since you had your last Pap test? <i>Respondents reporting within the past year.</i>	49.8%	48.4%**	NA
15.5	Have you ever had an HPV test? <i>Respondents reporting yes.</i>	42.6%	*	NA
15.6	How long has it been since you had your last HPV test? <i>Respondents reporting within the past year.</i>	53.0%	*	NA
<b>Prostate Cancer Screening</b>				
16.1	Have you ever had a PSA test? <i>Respondents reporting yes.</i>	56.4%	51.1%**	15.9%
16.2	How long has it been since you had your last PSA test? <i>Respondents reporting within the past year.</i>	56.2%	62.1%**	NA
<b>Children's Access to Health Care</b>				
17.7	How are you related to the (survey selected) child? <i>Respondents reporting parent.</i>	73.1%	71.6%**	NA
18.1	Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service <i>Respondents reporting yes.</i>	95.9%	*	100%
18.2	What is the primary source of health care coverage for this child? <i>Respondents reporting a plan through an employer.</i>	34.8%	*	NA
18.3	Does this child have one person you think of as their personal doctor or health care provider? <i>Respondents reporting yes.</i>	85.0%	*	NA
18.4	Is there one place that you PRIMARILY take this child to when he/she is sick or you need advice about his/her health? <i>Respondents reporting yes.</i>	94.6%	*	NA
18.6a	What kind of place do you take [him/her] to most often...? <i>Respondents reporting a clinic or health center.</i>	46.8%	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Children's Access to Health Care</b>				
18.6b	What kind of place do you take [him/her] to most often...? <i>Respondents reporting a doctor's office or HMO.</i>	48.5%	*	NA
18.6c	What kind of place do you take [him/her] to most often...? <i>Respondents reporting a hospital emergency room.</i>	2.4%	*	NA
18.6d	What kind of place do you take [him/her] to most often...? <i>Respondents reporting a hospital outpatient department.</i>	0.9%	*	NA
18.6e	What kind of place do you take [him/her] to most often...? <i>Respondents reporting some other place.</i>	0.8%	*	NA
18.9	During the past 12 months, did you delay or not get any other medical care (you felt that this child needed) such as seeing a doctor, a specialist, or other health professional? <i>Respondents reporting yes.</i>	6.1%	*	NA
18.10	Was there a time in the past 12 months when this child needed to see a doctor but could not because of cost? <i>Respondents reporting yes to question 18.9.</i>	***	*	NA
18.11a	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? You couldn't get through on the telephone. <i>Respondents reporting yes to question 18.9.</i>	***	*	NA
18.11b	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? You couldn't get an appointment soon enough. <i>Re Respondents reporting yes to question 18.9.</i>	***	*	NA
18.11c	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? Once you got there, you had to wait too long to see the doctor. <i>Respondents reporting yes to question 18.9.</i>	***	*	NA
18.11d	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? The doctor's office wasn't open when you got there. <i>Respondents reporting yes to question 18.9.</i>	***	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Children's Access to Health Care</b>				
18.11e	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? You didn't have transportation. <i>Respondents reporting yes to question 18.9.</i>	***	*	NA
18.11f	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? You didn't feel safe getting medical attention for this child. <i>Respondents reporting yes to question 18.9.</i>	***	*	NA
18.12a	(Ever told you) that this child had Attention-Deficit/Hyperactivity Disorder (ADHD)? <i>Respondents reporting yes.</i>	5.4%	*	NA
18.12b	(Ever told you) that this child had autism spectrum disorder (ASD)? <i>Respondents reporting yes.</i>	3.6%	*	NA
18.12c	(Ever told you) that this child had asthma? <i>Respondents reporting yes.</i>	11.4%	14.1%**	NA
18.12d	Does this child still have asthma? <i>Respondents reporting yes.</i>	70.5%	57.7%**	NA
18.12e	(Ever told you) that this child had any types of cancer? <i>Respondents reporting yes.</i>	0%	*	NA
18.12f	(Ever told you) that this child had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? <i>Respondents reporting yes.</i>	2.6%	*	7.5%
18.13f	(Ever told you) that this child had diabetes? <i>Respondents reporting yes.</i>	0.4%	*	NA
18.14	(Ever told you) that this child is obese? <i>Respondents reporting yes.</i>	3.9%	*	14.5%
18.15	How long has it been since this child last visited a dentist or a dental clinic for any reason? <i>Respondents reporting within the past year.</i>	80.2%	*	NA
<b>Housing and Neighborhood Characteristics</b>				
19.1	Have you ever had times in your life when you considered yourself homeless? <i>Respondents reporting once or more than once.</i>	11.5%	*	NA
19.1b	Do you currently consider yourself homeless? <i>Respondents reporting yes.</i>	1.6%	*	NA

Question	Indicator	SB BRFS	CA BRFS	HP 2020 Goal
<b>Housing and Neighborhood Characteristics</b>				
19.3a	How many people are living at your address in total? <i>Respondents reporting 1.</i>	12.3%	*	NA
19.3b	How many people are living at your address in total? <i>Respondents reporting 2.</i>	27.6%	*	NA
19.3c	How many people are living at your address in total? <i>Respondents reporting 3.</i>	18.8%	*	NA
19.3d	How many people are living at your address in total? <i>Respondents reporting 4.</i>	20.9%	*	NA
19.3e	How many people are living at your address in total? <i>Respondents reporting 5.</i>	11.1%	*	NA
19.3f	How many people are living at your address in total? <i>Respondents reporting 6 or more.</i>	9.3%	*	NA
19.4a	Which best describes this building? <i>Respondents reporting a mobile home.</i>	4.3%	*	NA
19.4b	Which best describes this building? <i>Respondents reporting a one family house detached from any other house.</i>	63.5%	*	NA
19.4c	Which best describes this building? <i>Respondents reporting a one family house attached to one or more houses.</i>	8.5%	*	NA
19.4d	Which best describes this building? <i>Respondents reporting a building with two or more apartments.</i>	1.4%	*	NA
19.4e	Which best describes this building? <i>Respondents reporting something else.</i>	4.9%	*	NA
19.5	Do you rent to own your home? <i>Respondents reporting renting.</i>	44.1%	*	NA
19.6	What best describes the sidewalks in your neighborhood? <i>Respondents reporting no sidewalks.</i>	17.7%	*	NA
19.7	Is there effective street lighting in your neighborhood? <i>Respondents reporting yes.</i>	79.9%	*	NA
19.8	How often do you feel safe in your neighborhood...? <i>Respondents reporting most or all of the time.</i>	93.1%	*	NA
<b>Food Security and Availability</b>				
20.1a	In a typical month, where do you get <i>most</i> of your food? <i>Respondents reporting some other type of store.</i>	2.6%	*	NA
20.1b	In a typical month, where do you get <i>most</i> of your food? <i>Respondents reporting grocery store.</i>	91.8%	*	NA
20.1c	In a typical month, where do you get <i>most</i> of your food? <i>Respondents reporting a food pantry.</i>	0.9%	*	NA

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<b>Food Security and Availability</b>				
20.1d	In a typical month, where do you get <i>most</i> of your food? <i>Respondents reporting somewhere else.</i>	4.7%	*	NA
20.2	How satisfied are you with the availability of food in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	96.0%	*	NA
20.3	How satisfied are you with the overall quality of food sold in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	96.6%	*	NA
20.4	Overall, how satisfied are you with the price of food available in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	76.9%	*	NA
20.5	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. <i>Respondents reporting sometimes or often true.</i>	18.7%	*	NA
20.6	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? <i>Respondents reporting yes.</i>	13.5%	*	NA
20.7	Over the last 12 months, how often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months? <i>Respondents reporting some months or almost every month.</i>	68.0%	*	NA
<b>Social Connections</b>				
21.1	In a typical month, how many times do you talk on the telephone with family, friends, or neighbors? <i>Respondents reporting once a week or more.</i>	97.0%	*	NA
21.2	In a typical month, how often do you get together with friends or relatives? <i>Respondents reporting once a week or more.</i>	92.5%	*	NA
21.3	In a typical month, about how often do you visit with any of your other neighbors, either in their homes or in your own? <i>Respondents reporting once a week or more.</i>	49.7%	*	NA
<b>Financial Resource Strain</b>				
22.1	Are you worried that in the next 2 months, you may not have stable housing? <i>Respondents reporting yes.</i>	10.7%	*	NA
22.2	In the last 12 months, has your utility company shut off your service for not paying your bills? <i>Respondents reporting yes.</i>	3.7%	*	NA

\*Data not available from CA BRFSS

\*\*Data from 2014 CA BRFSS; all other CA BRFSS data is from 2015

\*\*\*Data suppressed because cell count was < 50

\*\*\*\* Obesity is defined as BMI >= 30kg/m

## APPENDIX 2: LOOKING BACK: EVALUATION OF COMMUNITY BENEFIT PROGRAMS IDENTIFIED IN 2013

### Key Terms & Definitions

<b>Program Name</b>	
<b>Community Health Need</b>	Areas of opportunity identified in the Community Health Needs Assessment that will be addressed by the program
<b>Description</b>	Overview of the community benefit program
<b>Strategies &amp; Key Accomplishments</b>	Program activities and achievements

### Goleta Valley Cottage Hospital Programs

<b>Living Well with Diabetes</b>															
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<b>Description</b>	Nutrition classes offered twice each month to discuss topics related to living with diabetes.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided diabetes education on topics related to nutrition, physical activity, and weight.</b></p> <ul style="list-style-type: none"> <li>• Weekly classes on nutrition and exercise.</li> </ul> <p><b>#2: Provided education on other topics related to diabetes.</b></p> <ul style="list-style-type: none"> <li>• Weekly classes on stress, travel, and complications due to diabetes.</li> </ul>														

<b>Ostomy &amp; Diabetic Wound Care Education</b>															
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<b>Description</b>	Provides preoperative and postoperative ostomy services. Specially trained and certified wound, ostomy and continence nurses, provide education on daily maintenance of temporary and permanent stomas, ensuring both patients and their families are comfortable and secure with every aspect of ostomy care. In addition, they assist people in dealing with the emotional issues surrounding life with an ostomy.														

<b>Ostomy &amp; Diabetic Wound Care Education</b>	
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided ostomy outreach.</b></p> <ul style="list-style-type: none"> <li>• Attended community events to provide education.</li> </ul> <p><b>#2: Provided diabetic wound care education.</b></p> <ul style="list-style-type: none"> <li>• Provided education on the potential outcomes of wounds in people who have diabetes.</li> <li>• Attended community events that reach the underserved.</li> <li>• Created educational materials regarding diabetic wound care.</li> </ul>

## Santa Barbara Cottage Hospital Programs

<b>Community Case Management</b>															
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<b>Description</b>	Community Case Management provides services for people with chronic illness who may require additional support to manage their health needs effectively as they transition from the inpatient to the outpatient setting.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Created a care plan addressing clinical and nonclinical needs.</b></p> <ul style="list-style-type: none"> <li>• Worked with the patient and caregivers to create individualized goals.</li> <li>• Promoted self-management of health care needs.</li> </ul> <p><b>#2: Served as liaisons for patients.</b></p> <ul style="list-style-type: none"> <li>• Fostered communication between health care team members.</li> <li>• Acted as a health care advocate on behalf of the patient.</li> </ul> <p><b>#3: Referrals to community resources and services.</b></p> <ul style="list-style-type: none"> <li>• Provided information on services available.</li> <li>• Coordinated follow-up with community organizations.</li> <li>• Developed and strengthened support networks.</li> </ul>														

<b>Parish Nursing</b>															
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<b>Description</b>	Parish Nursing's mission is to aid people by expanding their knowledge about whole person wellness, assisting in identifying methods of disease prevention, and increasing access to health and community resources.														

<b>Parish Nursing</b>	
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided health assessments and screenings.</b></p> <ul style="list-style-type: none"> <li>• Provided flu vaccinations, medication management, blood pressure checks, glucose and cholesterol checks, and diabetes management support.</li> <li>• Provided education and referrals.</li> </ul> <p><b>#2: Partnered with organizations and committees.</b></p> <ul style="list-style-type: none"> <li>• Worked with organizations that provide end of life planning and care, homeless and transitional housing, low-income housing, mental wellness, substance abuse and recovery, and basic needs, such as food.</li> <li>• Worked with committees that convene regarding the homeless population, dental care, and other general health care.</li> </ul> <p><b>#3: Participated in community health events.</b></p> <ul style="list-style-type: none"> <li>• Participated in events helping the underserved.</li> <li>• Provided assistance with advance directives, first aid, flu vaccinations, and blood pressures.</li> </ul>

<b>Coast Caregiver Resource Center</b>															
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<b>Description</b>	Coast Caregiver Resource Center (CCRC) supports family and other informal (unpaid) caregivers of adults with cognitive disorders and other disabling conditions in Santa Barbara, San Luis Obispo and Ventura counties. Provides respite and counseling to caregivers of older adults in Santa Barbara and San Luis Obispo counties.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Assessed caregiver need and eligibility for resources.</b></p> <ul style="list-style-type: none"> <li>• Provided educational information and referrals to callers.</li> <li>• Provided intake and assessment of new clients eligible for CCRC services.</li> </ul> <p><b>#2: Provided support services to caregivers.</b></p> <ul style="list-style-type: none"> <li>• Provided family consultation (i.e., coaching, care planning, problem solving).</li> <li>• Provided respite care to family caregivers.</li> <li>• Sponsored events to inform and educate family caregivers, including three offerings of the evidence-based <i>Powerful Tools for Caregivers</i> class with one series in each county.</li> <li>• Attended other organizations' events to inform about available CCRC services.</li> </ul>														

	<p><b>#3: Provided caregiver support groups.</b></p> <ul style="list-style-type: none"> <li>Organized support groups for caregivers in the tri-county area, including groups for caregivers of stroke and TBI survivors, of those with Huntington’s and Alzheimer’s diseases and other neurological impairments.</li> </ul>
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<b>Therapeutic Recreation Community Program</b>															
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<b>Description</b>	Part of Cottage Rehabilitation Hospital, the Therapeutic Recreation Community Program addresses health, sport, recreation and support for people with disabilities. Clients are helped to adapt or modify previous leisure activities and find new ones to enjoy.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Monthly adapted golf program.</b></p> <ul style="list-style-type: none"> <li>Partnered with venue that has appropriate facilities.</li> <li>Provided adaptive equipment as needed.</li> </ul> <p><b>#2: Monthly adapted cycling program.</b></p> <ul style="list-style-type: none"> <li>Partnered with venue that has appropriate facilities.</li> <li>Provided adaptive equipment as needed.</li> </ul> <p><b>#3: Adapted driving program as requested.</b></p> <ul style="list-style-type: none"> <li>Partnered with venue to provide program.</li> <li>Provided adaptive equipment as needed.</li> </ul> <p><b>#4: Weekly youth adapted swim program.</b></p> <ul style="list-style-type: none"> <li>Provided adaptive equipment as needed.</li> </ul> <p><b>#5: Annual Junior Wheelchair Sports Camp.</b></p> <ul style="list-style-type: none"> <li>Partnered with venue that has appropriate facilities.</li> <li>Provided adaptive equipment as needed.</li> <li>Recruited camp counselors.</li> </ul>														

<b>Injury Prevention</b>															
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<b>Description</b>	Injury prevention services focus on identifying the primary causes of injury both on an individual and community levels, with a programmatic approach to minimizing further risk.														

<b>Injury Prevention</b>	
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided no-cost or low-cost safety helmets &amp; bicycle safety events.</b></p> <ul style="list-style-type: none"> <li>• Provided through emergency departments, Trauma Services, and multiple community helmet distribution events and fairs.</li> <li>• Provided helmets at local health events.</li> <li>• Provided helmet safety &amp; fitting education at multiple venues within community.</li> <li>• Partnered with community organizations to assist with bicycle rodeos, skills days, and pedestrian safety walks at local elementary schools.</li> </ul> <p><b>#2: Monthly car seat safety class with periodic community car seat safety fitting events.</b></p> <ul style="list-style-type: none"> <li>• Used NHTSA certified car seat technicians, who are knowledgeable of current legislation.</li> <li>• Required that parents provide return demonstration on how to properly install car seat at the end of each class.</li> <li>• Held periodic car seat safety check events at Goleta Valley Cottage Hospital (GVCH), which provided education, installation assistance, and car seat replacement as needed at no cost.</li> </ul> <p><b>#3: Matter of Balance Fall Prevention Program</b></p> <ul style="list-style-type: none"> <li>• Provided evidence-based 8 week fall prevention program to multiple independent and assisted living facilities as well as a senior fitness center and GVCH.</li> <li>• Designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.</li> </ul> <p><b># 4: Monthly Start Smart teen driving safety Program</b></p> <ul style="list-style-type: none"> <li>• Participated in this cooperative effort between CHP, teen drivers, their parents and Santa Barbara Cottage Hospital Trauma Services.</li> <li>• Helped young drivers and their parents/guardians understand the responsibilities associated with driving a motor vehicle.</li> </ul>

## Santa Ynez Valley Cottage Hospital Programs

<b>Annual Health Fair</b>															
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<b>Description</b>	The Annual Health Fair includes free flu shots, discounted screening tests, and access to vendors of health and wellness related services and information.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Attracted community members to the health fair.</b></p> <ul style="list-style-type: none"> <li>• Held the event at an easily accessible venue.</li> <li>• Offered a variety of low-cost health screenings.</li> <li>• Included community health organizations as exhibitors.</li> </ul>														

<b>Annual Health Fair</b>	
	<p><b>#2: Provided low-cost health screenings on-site and via coupons.</b></p> <ul style="list-style-type: none"> <li>• Provided cancer screenings.</li> <li>• Provided heart disease screenings.</li> <li>• Provided diabetes screenings.</li> </ul> <p><b>#3: Provided health education.</b></p> <ul style="list-style-type: none"> <li>• Provided education on cancer prevention.</li> <li>• Provided education on heart disease prevention.</li> <li>• Provided education on diabetes prevention.</li> <li>• Provided education on nutrition, physical activity, and weight.</li> </ul>

<b>Colon Cancer Awareness</b>															
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<b>Description</b>	Educational presentation for the public on the importance of early detection and treatment.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided an annual free lecture to more than 60 attendees.</b></p> <ul style="list-style-type: none"> <li>• Information presented by a physician and dietician.</li> </ul> <p><b>#2: Provided colonoscopies.</b></p> <ul style="list-style-type: none"> <li>• Provided low-cost colonoscopies in collaboration with community partners to 10 uninsured or underinsured patients per year.</li> </ul>														

## Cottage Health Programs

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<b>Description</b>	Provide site-specific cancer screenings by trained health professionals.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided free colon cancer screening kits to approximately 20 patients per year.</b></p> <ul style="list-style-type: none"> <li>• Provided take-home kits in locations easily accessible for older adults, including churches and health fairs.</li> <li>• Educated more than 300 attendees on the types of colon screenings available.</li> </ul>														

<b>Cancer Screenings</b>	
	<ul style="list-style-type: none"> <li>Connected 10 patients who had a positive take-home kit result with a local clinic for a colonoscopy. Referred one patient with a resulting colon cancer diagnosis to local resources for low-income cancer patients.</li> </ul> <p><b>#2: Provided free skin cancer screenings in 2014 and 2015.</b></p> <ul style="list-style-type: none"> <li>Provided screenings at Santa Barbara Cottage Hospital in partnership with Cancer Center of Santa Barbara with Sansum Clinic for the underserved populations.</li> <li>Screened 232 patients for skin cancer and referred 94 patients for follow-up.</li> </ul> <p><b>#3: Provided cancer prevention education.</b></p> <ul style="list-style-type: none"> <li>Utilized promotoras, who are bilingual and bicultural, to host informational booths and individual counseling.</li> <li>Educated on the connection between cancer and nutrition, physical activity, and weight.</li> </ul>

<b>Heart Health Fair</b>															
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<b>Description</b>	In 2014 and 2015, the Heart Health Fair provided low-cost lab work, along with free information, consultations, and services related to maintaining cardiac health and preventing stroke, and diabetes.														
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided low-cost cardiac risk profile and blood chemistry panel to 1,139 participants.</b></p> <ul style="list-style-type: none"> <li>Included both glucose and A1C results.</li> <li>Provided event(s) in locations easily accessible for the underserved populations, including Goleta and Santa Barbara.</li> <li>Offered vouchers for low-cost screenings in Santa Ynez.</li> </ul> <p><b>#2: Provided education on nutrition, physical activity, and weight.</b></p> <ul style="list-style-type: none"> <li>Engaged Cottage Health dietary and therapy services departments to provide educational booths.</li> <li>Utilized community organizations' expertise.</li> <li>Provided height and weight screenings by promotoras who are bilingual and bicultural.</li> </ul> <p><b>#3: Provided medical home information.</b></p> <ul style="list-style-type: none"> <li>Provided free booth space to local medical clinics that support the underserved.</li> <li>Included FQHC locations in the community with the lab test results that are mailed to attendees.</li> </ul>														

<b>Mental Health Fair</b>	
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<b>Description</b>	The annual Mental Health Fair provides resources on mental wellness and includes a speaker series featuring local psychologists and psychiatrists.
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Provided information on resources available to 750 community members.</b></p> <ul style="list-style-type: none"> <li>Had community organizations participate in the event.</li> <li>Encouraged networking of organizations' staff.</li> </ul> <p><b>#2: Provided education regarding mental wellness.</b></p> <ul style="list-style-type: none"> <li>Offered educational booths hosted by Santa Barbara Cottage Hospital Psychiatric Services and 25 community organizations</li> <li>Provided speakers on various mental health topics.</li> </ul>

<b>Flu Shot Clinics</b>	
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<b>Description</b>	Provide low-cost influenza vaccinations to the community during the fall months.
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Held clinics at easily accessible locations.</b></p> <ul style="list-style-type: none"> <li>Provided vaccinations at 3 venues per year that are frequented by community members such as festivals and farmers markets.</li> </ul> <p><b>#2: Participated in the Santa Barbara Senior Expo.</b></p> <ul style="list-style-type: none"> <li>Partnered with the Senior Expo to bring influenza vaccine to approximately 2,500 participants at the Expo and alternated years for donation of the vaccine with Sansum Clinic.</li> </ul> <p><b>#3: Provided education regarding vaccinations.</b></p> <ul style="list-style-type: none"> <li>Provided resources on influenza and other vaccinations, such as pneumococcal and shingles.</li> <li>Provided education on how to prevent the flu.</li> </ul>

<b>Community Programs Support</b>	
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<b>Description</b>	Provide support to community organizations that make an impact on the community health needs identified in the assessment.
<b>Strategies &amp; Key Accomplishments</b>	<p><b>#1: Community grants</b></p> <ul style="list-style-type: none"> <li>• Provided grants to an average of 10 organizations per year that impact community health needs.</li> <li>• Focused on programs that increase access to healthcare services.</li> </ul> <p><b>#2: Community sponsorships</b></p> <ul style="list-style-type: none"> <li>• Sponsored community events for organizations that impact community health needs.</li> </ul>

## APPENDIX 3: SANTA BARBARA COUNTY COMPLETE LIST OF HEALTH INDICATORS

### Secondary Data - Community Commons<sup>133</sup>

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Demographics</b>					
Total Population	Population Density (Per Square Mile)	157.78	244.35	88.93	n/a
Change in Total Population	Percent Population Change, 2000-2010	6.15%	9.99%	9.75%	n/a
Male Population	Percent Male Population	50.14%	49.68%	49.19%	n/a
Female Population	Percent Female Population	49.86%	50.32%	50.81%	n/a
Population Age 0-4	Percent Population Age 0-4	6.46%	6.62%	6.36%	n/a
Population Age 5-17	Percent Population Age 5-17	16.28%	17.58%	17.13%	n/a
Population Age 18-24	Percent Population Age 18-24	15.64%	10.48%	9.96%	n/a
Population Age 25-34	Percent Population Age 25-34	13.29%	14.48%	13.47%	n/a
Population Age 35-44	Percent Population Age 35-44	11.59%	13.60%	12.96%	n/a
Population Age 45-54	Percent Population Age 45-54	12.38%	13.79%	14.09%	n/a
Population Age 55-64	Percent Population Age 55-64	10.98%	11.32%	12.29%	n/a
Population Age 65+	Percent Population Age 65+	13.39%	12.13%	13.75%	n/a
Median Age	Median Age	33.6	35.6	37.4	n/a
Population in Limited English Households	Percent Linguistically Isolated Population	9.41%	9.47%	4.66%	n/a
Population with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency	17.96%	19.10%	8.60%	n/a
Hispanic Population	Percent Population Hispanic or Latino	43.74%	38.18%	16.90%	n/a
Population with Any Disability	Percent Population with a Disability	9.97%	10.26%	12.25%	n/a
<b>Social &amp; Economic Factors</b>					
Children Eligible for Free/Reduced Price Lunch	Percent Students Eligible for Free or Reduced Price Lunch	57.81%	58.13%	52.35%	n/a

<sup>133</sup>Courtesy: Community Commons, <[www.communitycommons.org](http://www.communitycommons.org)>, Retrieved November 29, 2016.

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Social &amp; Economic Factors</b>					
Economic Security - Commute Over 60 Minutes	Percentage of Workers Commuting More than 60 Minutes	4.79%	10.44%	8.29%	n/a
Economic Security - Households with No Vehicle	Percentage of Households with No Motor Vehicle	6.90%	7.81%	9.12%	n/a
Economic Security - Unemployment Rate	Unemployment Rate	4.6	5.3	4.9	n/a
Education - Head Start Program Facilities	Head Start Programs Rate (Per 10,000 Children Under Age 5)	8.78	6.34	7.62	n/a
Education - High School Graduation Rate	Cohort Graduation Rate	84.74	80.44	no data	>= 82.4
Education - Less than High School Diploma (or Equivalent)	Percent Population Age 25+ with No High School Diploma	20.68%	18.51%	13.67%	n/a
Education - Reading Below Proficiency	Percentage of Grade 4 ELA Test Score Not Proficient	42.00%	36.00%	no data	<= 36.3%
Education - School Enrollment Age 3-4	Percentage of Population Age 3-4 Enrolled in School	46.79%	48.79%	47.44%	n/a
Food Security - Food Desert Population	Percent Population with Low Food Access	10.65%	14.31%	23.61%	n/a
Food Security - Food Insecurity Rate	Percentage of the Population with Food Insecurity	12.07%	14.95%	15.21%	n/a
Food Security - Population Receiving SNAP	Percent Population Receiving SNAP Benefits	7.90%	11.40%	15.80%	n/a
Food Security - School Breakfast Program	Average Daily School Breakfast Program Participation Rate	no data	3.94	4.17	n/a
Income Inequality	Gini Index Value	0.49	0.48	0.48	n/a
Insurance - Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid	21.65%	24.40%	20.75%	n/a
Insurance - Uninsured Population	Percent Uninsured Population	17.35%	16.69%	14.20%	n/a
Lack of Social or Emotional Support	Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)	25.70%	24.60%	20.70%	n/a
Poverty - Children Below 100% FPL	Percent Population Under Age 18 in Poverty	21.29%	22.70%	21.90%	n/a
Poverty - Population Below 100% FPL	Percent Population in Poverty	16.65%	16.38%	15.59%	n/a
Poverty - Population Below 200% FPL	Percent Population with Income at or Below 200% FPL	37.73%	36.37%	34.54%	n/a
Teen Births (Under Age 20)	Teen Birth Rate (Per 1,000 Female Pop. Under Age 20)	11	8.46	no data	n/a
Violence - All Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)	400.5	425	395.5	n/a
Violence - Assault (Crime)	Assault Rate (Per 100,000 Pop.)	294.9	249.4	246.9	n/a
Violence - Rape (Crime)	Rape Rate (Per 100,000 Pop.)	31.7	21	27.3	n/a
Violence - Robbery (Crime)	Robbery Rate (Per 100,000 Pop.)	71.8	149.5	116.4	n/a
Violence - School Expulsions	Expulsion Rate	0.03	0.05	no data	n/a
Violence - School Suspensions	Suspension Rate	3.91	4.04	no data	n/a

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Physical Environment</b>					
Air Quality - Ozone (O3)	Percentage of Days Exceeding Standards, Pop. Adjusted Average	0.00%	2.65%	1.24%	n/a
Air Quality - Particulate Matter 2.5	Percentage of Days Exceeding Standards, Pop. Adjusted Average	0.00%	0.46%	0.10%	n/a
Climate & Health - Canopy Cover	Population Weighted Percentage of Report Area Covered by Tree Canopy	6.92%	15.13%	24.70%	n/a
Climate & Health - Drought Severity	Percentage of Weeks in Drought	95.30%	92.81%	45.85%	n/a
Climate & Health - Heat Index Days	Percentage of Weather Observations with High Heat Index Values:%	0.00%	0.60%	4.70%	n/a
Climate & Health - Heat Stress Events	Heat-related Emergency Department Visits, Rate per 100,000 Population	6.1	11.1	no data	n/a
Climate & Health - No Access to Air Conditioning	Percentage of Housing Units with No Air Conditioning	no data	33.80%	11.44%	n/a
Drinking Water Safety	Percentage of Population Potentially Exposed to Unsafe Drinking Water	3.50%	2.70%	10.20%	n/a
Food Environment - Fast Food Restaurants	Fast Food Restaurants, Rate (Per 100,000 Population)	76.67	74.51	71.97	n/a
Food Environment - Grocery Stores	Grocery Stores, Rate (Per 100,000 Population)	28.07	21.51	21.14	n/a
Food Environment - WIC-Authorized Food Stores	WIC-Authorized Food Stores, Rate (Per 100,000 Population)	14.8	15.8	15.6	n/a
Housing - Assisted Housing	HUD-Assisted Units, Rate per 10,000 Housing Units	473	355.28	377.87	n/a
Housing - Cost Burdened Households	Percentage of Households where Housing Costs Exceed 30% of Income	44.60%	44.99%	34.86%	n/a
Housing - Substandard Housing	Percent Occupied Housing Units with One or More Substandard Conditions	48.00%	47.54%	35.57%	n/a
Housing - Vacant Housing	Vacant Housing Units, Percent	7.51%	8.45%	12.45%	n/a
Park Access	Percent Population Within 1/2 Mile of a Park	64.01%	58.60%	no data	n/a
Transit - Public Transit within 0.5 Miles	Percentage of Population within Half Mile of Public Transit	2.79%	15.53%	8.06%	n/a
Transit - Road Network Density	Total Road Network Density (Road Miles per Acre)	1.05	2.02	1.45	n/a
Transit - Walkability	Percent Population Living in Car Dependent (Almost Exclusively) Cities	no data	1.65%	2.02%	n/a
<b>Clinical Care</b>					
Access to Dentists	Dentists, Rate per 100,000 Pop.	75.1	77.5	63.2	n/a
Access to Primary Care	Primary Care Physicians, Rate per 100,000 Pop.	77.6	78.5	75.8	n/a

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Clinical Care</b>					
Access to Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)	434.3	280.6	202.8	n/a
Cancer Screening - Mammogram	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	67.80%	59.30%	63.00%	n/a
Cancer Screening - Pap Test	Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted)	74.70%	78.30%	78.50%	n/a
Cancer Screening - Sigmoid/Colonoscopy	Percent Adults Screened for Colon Cancer (Age-Adjusted)	60.40%	57.90%	61.30%	n/a
STD - No HIV Screening	Percent Adults Never Screened for HIV / AIDS	70.94%	60.83%	62.79%	n/a
Pneumonia Vaccinations (Age 65+)	Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)	67.10%	63.40%	67.50%	n/a
Diabetes Management (Hemoglobin A1c Test)	Percent Medicare Enrollees with Diabetes with Annual Exam	86.10%	81.50%	84.60%	n/a
High Blood Pressure - Unmanaged	Percent Adults with High Blood Pressure Not Taking Medication	34.50%	30.30%	21.70%	n/a
Absence of Dental Insurance Coverage	Percent Adults Without Dental Insurance	42.90%	40.90%	no data	n/a
Dental Care - Lack of Affordability (Youth)	Percent Population Age 5-17 Unable to Afford Dental Care	13.10%	6.30%	no data	n/a
Dental Care - No Recent Exam (Adult)	Percent Adults Without Recent Dental Exam	28.40%	30.50%	30.20%	n/a
Dental Care - No Recent Exam (Youth)	Percent Youth Without Recent Dental Exam	2.30%	18.50%	no data	n/a
Federally Qualified Health Centers	Federally Qualified Health Centers, Rate per 100,000 Population	5.66	2.37	2.33	n/a
Lack of Prenatal Care	Percent Mothers with Late or No Prenatal Care	no data	3.14%	no data	n/a
Lack of a Consistent Source of Primary Care	Percentage Without Regular Doctor	12.00%	14.30%	no data	n/a
Health Professional Shortage Area - Dental	Percentage of Population Living in a HPSA	0.00%	26.07%	35.62%	n/a
Health Professional Shortage Area - Primary Care	Percentage of Population Living in a HPSA	0.00%	5.12%	33.13%	n/a
Preventable Hospital Events	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	51.97	83.17	no data	n/a
<b>Health Behaviors</b>					
Alcohol - Excessive Consumption	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	18.00%	17.20%	16.90%	n/a
Alcohol - Expenditures	Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures	suppressed	12.93%	14.29%	n/a
Breastfeeding (Any)	Percentage of Mothers Breastfeeding (Any)	95.20%	93.00%	no data	n/a
Breastfeeding (Exclusive)	Percentage of Mothers Breastfeeding (Exclusively)	56.50%	64.80%	no data	n/a

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Health Behaviors</b>					
Fruit/Vegetable Expenditures	Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures	suppressed	14.05%	12.68%	n/a
Low Fruit/Vegetable Consumption (Adult)	Percent Adults with Inadequate Fruit / Vegetable Consumption	70.10%	71.50%	75.70%	n/a
Low Fruit/Vegetable Consumption (Youth)	Percent Population Age 2-13 with Inadequate Fruit/Vegetable Consumption	57.90%	47.40%	no data	n/a
Physical Inactivity (Youth)	Percent Physically Inactive	35.91%	35.92%	no data	n/a
Soft Drink Expenditures	Soda Expenditures, Percentage of Total Food-At-Home Expenditures	suppressed	3.62%	4.02%	n/a
Tobacco Expenditures	Cigarette Expenditures, Percentage of Total Household Expenditures	suppressed	1.02%	1.56%	n/a
Tobacco Usage	Percent Population Smoking Cigarettes (Age-Adjusted)	10.50%	12.80%	18.10%	n/a
Walking/Biking/Skating to School	Percentage Walking/Skating/Biking to School	43.90%	43.00%	no data	n/a
Physical Inactivity (Adult)	Percent Population with no Leisure Time Physical Activity	13.90%	17.30%	21.80%	n/a
Commute to Work - Alone in Car	Percentage of Workers Commuting by Car, Alone	67.13%	73.25%	76.41%	n/a
Commute to Work - Walking/Biking	Percentage Walking or Biking to Work	8.82%	3.84%	3.37%	n/a
<b>Health Outcomes</b>					
Asthma - Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	3.36	8.9	no data	n/a
Asthma - Prevalence	Percent Adults with Asthma	11.70%	14.20%	13.40%	n/a
Cancer Incidence - Breast	Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	133.6	122.1	123	n/a
Cancer Incidence - Cervical	Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	6.1	7.7	7.7	<= 7.1
Cancer Incidence - Colon and Rectum	Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	36	40	41.9	<= 38.7
Cancer Incidence - Lung	Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	43	48	63.7	n/a
Cancer Incidence - Prostate	Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	119.9	126.9	131.7	n/a
Diabetes Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	6.65	10.4	no data	n/a
Diabetes Prevalence	Percent Adults with Diagnosed Diabetes (Age-Adjusted)	6.80%	8.33%	9.19%	n/a
Heart Disease Prevalence	Percent Adults with Heart Disease	6.20%	6.30%	no data	n/a
Infant Mortality	Infant Mortality Rate (Per 1,000 Births)	4.8	5	6.5	<= 6.0
Low Birth Weight	Percent Low Birth Weight Births	5.65%	6.80%	no data	n/a
Mental Health - Depression Among Medicare Beneficiaries	Percentage of Medicare Beneficiaries with Depression	13.40%	13.90%	16.20%	n/a

Indicator	Indicator Variable	Santa Barbara	CA	U.S.	HP 2020
<b>Health Outcomes</b>					
Mental Health - Needing Mental Health Care	Percentage with Poor Mental Health	15.40%	15.90%	no data	n/a
Mental Health - Poor Mental Health Days	Average Number of Mentally Unhealthy Days per Month	3.3	3.6	3.5	n/a
Mortality - Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	142.42	157.1	no data	<= 160.6
Mortality - Homicide	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	2.57	5.15	no data	<= 5.5
Mortality - Ischaemic Heart Disease	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	149.97	163.18	no data	<= 100.8
Mortality - Motor Vehicle Accident	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	3.61	5.18	no data	<= 12.4
Mortality - Pedestrian Accident	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	2.42	1.97	no data	<= 1.3
Mortality - Premature Death	Years of Potential Life Lost, Rate per 100,000 Population	4807	5308	6588	n/a
Mortality - Stroke	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	36.2	37.38	no data	n/a
Mortality - Suicide	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	10.06	9.8	no data	<= 10.2
Obesity (Adult)	Percent Adults with BMI > 30.0 (Obese)	18.20%	22.40%	27.50%	n/a
Obesity (Youth)	Percent Obese	16.20%	18.99%	no data	n/a
Overweight (Adult)	Percent Adults Overweight	41.40%	35.80%	35.80%	n/a
Overweight (Youth)	Percent Overweight	21.33%	19.30%	no data	n/a
Poor Dental Health	Percent Adults with Poor Dental Health	9.70%	11.30%	15.70%	n/a
Poor General Health	Percent Adults with Poor or Fair Health (Age-Adjusted)	21.00%	18.40%	15.70%	n/a
STD - Chlamydia	Chlamydia Infection Rate (Per 100,000 Pop.)	463.85	459.2	456.08	n/a
STD - HIV Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	0.71	1.98	no data	n/a
STD - HIV Prevalence	Population with HIV / AIDS, Rate (Per 100,000 Pop.)	no data	376.16	376.16	n/a

## Data Sources and Definitions

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Absence of Dental Insurance Coverage	Percent Adults Without Dental Insurance	Estimated Total Population Age 18+	This indicator reports the percentage of adults who self-report having no dental insurance for some or all of the past 12 months. This indicator is relevant because lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services, that contributes to poor health status.	University of California Center for Health Policy Research, California Health Interview Survey. 2009.	County (Grouping)	California Only
Access to Dentists	Dentists, Rate per 100,000 Pop.	Total Population, 2013	This indicator reports the rate of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. This indicator is relevant because lack of access to health care, including regular primary care, dental care, and other specialty health services, contributes to poor health status.	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.	County	U.S.
Access to Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)	Estimated Population	This indicator reports the rate of mental health providers (including psychiatrists, psychologists, clinical social workers, and counsellors) that specialize in mental health care per 100,000 total population. This indicator is relevant because lack of access to health care, including regular primary care, mental health care, and other specialty health services, contributes to poor health status.	University of Wisconsin Population Health Institute, County Health Rankings. 2016.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Access to Primary Care	Primary Care Physicians, Rate per 100,000 Pop.	Total Population, 2012	This indicator reports the rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.	County	U.S.
Air Quality - Ozone (O3)	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Total Population	This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory health issues, including asthma prevalence and asthma hospitalizations, overall poor health, and community vulnerability to climate change.	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Tract	U.S.
Air Quality - Particulate Matter 2.5	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Total Population	This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health, and is associated with the health impacts of climate change.	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Alcohol - Excessive Consumption	Estimated Adults Drinking Excessively(Age-Adjusted Percentage)	Total Population Age 18+	This indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,Health Indicators Warehouse. 2006-12.	County	U.S.
Alcohol - Expenditures	Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures		This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.	Nielsen,Nielsen SiteReports. 2014.	Tract	U.S.
Asthma - Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)		This indicator reports the patient discharge rate (per 10,000 total population) for asthma and related complications. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions, including those related to climate change.	California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Asthma - Prevalence	Percent Adults with Asthma	Survey Population(Adults Age 18+)	This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions, including those related to climate change.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	County	U.S.
Breastfeeding (Any)	Percentage of Mothers Breastfeeding (Any)	Total In-Hospital Births	This indicator reports the percentage of mothers who breastfeed their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.	California Department of Public Health,CDPH - Breastfeeding Statistics. 2012.	County	California Only
Breastfeeding (Exclusive)	Percentage of Mothers Breastfeeding (Exclusively)	Total In-Hospital Births	This indicator reports the percentage of mothers who exclusively breastfeed their infants during their post-partum hospital stay. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.	California Department of Public Health,CDPH - Breastfeeding Statistics. 2012.	County	California Only
Cancer Incidence - Breast	Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	Sample Population (Female)	This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	National Institutes of Health,National Cancer Institute,Surveillance, Epidemiology,and End Results Program. State Cancer Profiles. 2008-12.	County	U.S.
Cancer Incidence - Cervical	Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	Sample Population (Female)	This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	National Institutes of Health,National Cancer Institute,Surveillance, Epidemiology,and End Results Program. State Cancer Profiles. 2008-12.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Cancer Incidence - Colon and Rectum	Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	Sample Population	This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.	County	U.S.
Cancer Incidence - Lung	Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	Sample Population	This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.	County	U.S.
Cancer Incidence - Prostate	Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	Sample Population (Male)	This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.	County	U.S.
Cancer Screening - Mammogram	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	Female Medicare Enrollees Age 67-69	This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Cancer Screening - Pap Test	Percent Adults Females Age 18+ with Regular Pap Test(Age-Adjusted)	Female Population Age 18+	This indicator reports the percentage of women age 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,Health Indicators Warehouse. 2006-12.	County	U.S.
Cancer Screening - Sigmoid/Colonoscopy	Percent Adults Screened for Colon Cancer (Age-Adjusted)	Total Population Age 50+	This indicator reports the percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,Health Indicators Warehouse. 2006-12.	County	U.S.
Change in Total Population	Percent Population Change, 2000-2010	Total Population, 2000 Census	This indicator reports the percent difference in population between the 2000 Census population estimate and the 2010 Census population estimate. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.	US Census Bureau,Decennial Census. 2000 - 2010.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Children Eligible for Free/Reduced Price Lunch	Percent Students Eligible for Free or Reduced Price Lunch	Total Students	This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	National Center for Education Statistics, NCES - Common Core of Data. 2013-14.	Address	U.S.
Climate & Health - Canopy Cover	Population Weighted Percentage of Report Area Covered by Tree Canopy	Total Population	This indicator reports the percentage of the report area that is covered by tree canopy. Indicator data is based on the 2011 National Land Cover Dataset. This indicator is relevant because tree canopy coverage is a community protective and resiliency factor against the health impacts of climate change. Tree canopy coverage is an indicator of community protection from airborne particulates, smog, greenhouse gases from our atmosphere, lower ambient temperatures, and noise pollution. Tree canopy coverage may also indicate access to safe green spaces and parks, which are associated with individual and community engagement in physical activity.	Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.	Tract	U.S.
Climate & Health - Drought Severity	Percentage of Weeks in Drought		This indicator reports the population-weighted percentage of weeks in drought from January 1st, 2012 – December 31st, 2014. Data is reported by drought severity level. This indicator is relevant because it highlights geographic areas and communities vulnerable to the effects of drought as it relates to the health impacts of decreased air, water, and food system quality.	US, Drought, Monitor., 2012-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Climate & Health - Heat Index Days	Percentage of Weather Observations with High Heat Index Values:%	Total Weather Observations	This indicator reports the percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit. The "heat index" is a single value that takes both temperature and humidity into account. This indicator is relevant because exposure to higher heat indices can result in dehydration, heat exhaustion, and heat stroke. Measuring heat indices is a better measure than air temperature alone for estimating the risk to vulnerable populations from environmental heat sources. Higher heat indices can also increase the risk, if not the actual incidence, of foodborne illness by intensifying exposure to pathogens and toxins.	National Oceanic and Atmospheric Administration,North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. Additional data analysis by CARES. 2014.	County	U.S.
Climate & Health - Heat Stress Events	Heat-related Emergency Department Visits, Rate per 100,000 Population	Number of Heat-related Emergency Room Visits	This indicator reports the number and rate of heat-stress related emergency department visits in California. Data is acquired from the California Department of Public Health (CDPH) for the 7-year period 2005-2012. Rates are age-adjusted based on the US Census 2000 population. This indicator is relevant because it measures heat-related health impacts of climate change, such as increasing heat indices, and may help identify populations that are most vulnerable to heat-related health risks.	California Department of Public Health,CDPH - Tracking. 2005-12.	County	California Only
Climate & Health - No Access to Air Conditioning	Percentage of Housing Units with No Air Conditioning	Total Occupied Housing Units (2010)	This indicator reports the percentage of occupied households with access to air conditioning. All units with either central air and/or one or more window units are included. This indicator is relevant because access to air conditioning is a protective intervention against heat-related health impacts of climate change (e.g. increasing global temperatures and heat waves), especially among vulnerable populations.	US Census Bureau,American Housing Survey. 2011, 2013.		U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Commute to Work - Alone in Car	Percentage of Workers Commuting by Car, Alone	Population Age 16+	This indicator reports the percentage of the population that commutes to work on a daily basis using a motor vehicle, and commutes as the only occupant of the vehicle. This indicator is relevant because it conveys information about the efficiency of the public transportation network, potential impacts on the environment (e.g. air pollution), and can inform policy, system and environmental strategies to address potential climate and health impacts (e.g. active transportation and improving public transportation networks).	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Commute to Work - Walking/Biking	Percentage Walking or Biking to Work	Population Age 16+	This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle. This indicator is relevant because an active commute to work can reduce risk of cardiovascular disease, obesity, and hypertension. Active transportation is also a climate change mitigation strategy.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Dental Care - Lack of Affordability (Youth)	Percent Population Age 5-17 Unable to Afford Dental Care	Estimated Total Population Age 5-17	This indicator reports the percentage of children and teens who self-report that during the past 12 months, there was any time when they needed dental care but could not afford it. This indicator is relevant because it is a measure of access to dental health services; lack of healthcare access to regular primary care, specialty care, and other health services contributes to poor health status.	University of California Center for Health Policy Research,California Health Interview Survey. 2009.	County (Grouping)	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Dental Care - No Recent Exam (Adult)	Percent Adults Without Recent Dental Exam	Total Population(Age 18+)	This indicator reports the percentage of adults age 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	County	U.S.
Dental Care - No Recent Exam (Youth)	Percent Youth Without Recent Dental Exam	Estimated Total Population Age 2-11	This indicator reports the percentage of children age 2-11 who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	University of California Center for Health Policy Research,California Health Interview Survey. 2013-14.	County (Grouping)	California Only
Diabetes Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)		This indicator reports the patient discharge rate (per 10,000 total population) for diabetes-related complications. This indicator is relevant because diabetes is a prevalent problem in the US as it may indicate an unhealthy lifestyle, places individuals at risk for further health issues, and increases an individual's vulnerability to climate change.	California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Diabetes Management (Hemoglobin A1c Test)	Percent Medicare Enrollees with Diabetes with Annual Exam	Total Medicare Enrollees	This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.	County	U.S.
Diabetes Prevalence	Percent Adults with Diagnosed Diabetes (Age-Adjusted)	Total Population Age 20+	This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	County	U.S.
Drinking Water Safety	Percentage of Population Potentially Exposed to Unsafe Drinking Water	Estimated Total Population	This indicator reports the percentage of the population getting drinking water from public water systems with at least one health-based violation. This indicator is relevant because access to safe drinking water allows individuals to safely and affordably meet their daily fluid intake needs, may reduce consumption of sugar-sweetened beverages related to obesity, and is a protective factor from water-borne diseases associated with climate change.	University of Wisconsin Population Health Institute, County Health Rankings. 2012-13.	County	U.S.
Economic Security - Commute Over 60 Minutes	Percentage of Workers Commuting More than 60 Minutes	Population Age 16+ that Commutes to Work	This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction. This indicator is relevant because the amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Economic Security - Households with No Vehicle	Percentage of Households with No Motor Vehicle	Total Occupied Households	This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. This indicator is relevant because individuals from households without access to a vehicle may lack access to health care, child care services, and employment opportunities.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Economic Security – Unemployment Rate	Unemployment Rate	Labor Force	This indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	US Department of Labor,Bureau of Labor Statistics. 2016 - September.	County	U.S.
Education - Head Start Program Facilities	Head Start Programs Rate (Per 10,000 Children Under Age 5)	Total Children Under Age 5	This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2015 Head Start locator. Population data is from the 2010 US Decennial Census. This indicator is relevant because access to education is a primary social determinant of health, and is associated with increased economic opportunity, access to social resources (i.e. food access and spaces and facilities for physical activity), and positive health status and outcomes.	US Department of Health & Human Services,Administration for Children and Families. 2014.	Point	U.S.
Education - High School Graduation Rate	Cohort Graduation Rate	Cohort Size	This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.	California,Department of Education.,2013.	School District	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Education - Less than High School Diploma (or Equivalent)	Percent Population Age 25+ with No High School Diploma	Total Population Age 25+	This indicator reports the percentage of the population age 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant educational attainment is a key driver of population health.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Education - Reading Below Proficiency	Percentage of Grade 4 ELA Test Score Not Proficient	Total Students with Scores	This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.	California,Department of,Education.,2012-13.	School District	California Only
Education - School Enrollment Age 3-4	Percentage of Population Age 3-4 Enrolled in School	Population Age 3-4	This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system. This indicator is relevant because access to education is a primary social determinant of health, and is associated with increased economic opportunity, access to social resources (i.e. food access and spaces and facilities for physical activity), and positive health status and outcomes.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Federally Qualified Health Centers	Federally Qualified Health Centers, Rate per 100,000 Population	Total Population	This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.	US Department of Health & Human Services,Center for Medicare & Medicaid Services,Provider of Services File. Jun. 2016.	Address	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Female Population	Percent Female Population	Total Population	This indicator reports total female population.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Food Environment - Fast Food Restaurants	Fast Food Restaurants, Rate (Per 100,000 Population)	Total Population	This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.	US Census Bureau,County Business Patterns. Additional data analysis by CARES. 2011.	Tract	California Only
Food Environment - Grocery Stores	Grocery Stores, Rate (Per 100,000 Population)	Total Population	This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.	US Census Bureau,County Business Patterns. Additional data analysis by CARES. 2011.	Tract	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Food Environment - WIC-Authorized Food Stores	WIC-Authorized Food Stores, Rate (Per 100,000 Population)	Total Population (2011 Estimate)	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.	US Department of Agriculture,Economic Research Service,USDA - Food Environment Atlas. 2011.	County	U.S.
Food Security - Food Desert Population	Percent Population with Low Food Access	Total Population	This indicator reports the percentage of the population living in areas designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.	US Department of Agriculture,Economic Research Service,USDA - Food Access Research Atlas. 2010.	Tract	U.S.
Food Security - Food Insecurity Rate	Percentage of the Population with Food Insecurity	Total Population	This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. This indicator is relevant because food insecurity is associated with chronic diseases including hypertension, diabetes, and obesity. Food insecurity is also a sign of other community vulnerabilities, such as poverty, lack of access to social services, and insufficient food systems.	Feeding,America.,2013.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Food Security - Population Receiving SNAP	Percent Population Receiving SNAP Benefits	Total Population	This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2010 and July 2011. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	US Census Bureau, Small Area Income & Poverty Estimates. 2013.	County	U.S.
Food Security - School Breakfast Program	Average Daily School Breakfast Program Participation Rate	Total Population	This indicator reports average daily percentage of the population participating in the School Breakfast Program. Data are reported for 2012 by state from the USDA Food Environmental Atlas. This indicator is relevant because it indicates children's access to food as it relates to household economic security and may indicate other household vulnerabilities, such as poverty and social support needs.	US Department of Agriculture, Food and Nutrition Service, USDA - Child Nutrition Program. 2013.	State	U.S.
Fruit / Vegetable Expenditures	Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures		This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.	Nielsen, Nielsen SiteReports. 2014.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Health Professional Shortage Area - Dental	Percentage of Population Living in a HPSA	Total Area Population	This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because lack of access to health care, including regular primary care, dental care, and other specialty health services, contributes to poor health status.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	HPSA	U.S.
Health Professional Shortage Area - Primary Care	Percentage of Population Living in a HPSA	Total Area Population	This indicator reports the percentage of the population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	HPSA	U.S.
Heart Disease Prevalence	Percent Adults with Heart Disease	Estimated Total Population Age 18+	This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	County (Grouping)	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
High Blood Pressure - Unmanaged	Percent Adults with High Blood Pressure Not Taking Medication	Total Population(Age 18+)	This indicator reports the percentage of adults age 18 and older who self-report that they are not taking medication for their high blood pressure. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	County	U.S.
Hispanic Population	Percent Population Hispanic or Latino	Total Population	This indicator reports the percentage of population that is of Hispanic, Latino, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Housing - Assisted Housing	HUD-Assisted Units, Rate per 10,000 Housing Units	Total Housing Units (2010)	This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households). This indicator is relevant because access to affordable housing can impact an individuals' level of economic security, and contribute towards an individual's ability to financially access nutritious foods and health care. Access to affordable housing can also contribute towards reducing stress, improving mental health, and achieving better overall health outcomes.	US,Department,of,Housing,and,Urban,Development.,2015.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Housing - Cost Burdened Households	Percentage of Households where Housing Costs Exceed 30% of Income	Total Households	This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as health care, child care, healthy food purchasing, and transportation costs.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Housing - Substandard Housing	Percent Occupied Housing Units with One or More Substandard Conditions	Total Occupied Housing Units	This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. This indicator is relevant because inadequate housing quality can impact stress, mental health, health outcomes and overall quality of life.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Housing - Vacant Housing	Vacant Housing Units, Percent	Total Housing Units	This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as "vacant." This indicator is relevant because the presence of vacant houses can have adverse effects on community safety, social cohesion and relationships, community economic security and opportunity.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Income Inequality	Gini Index Value	Total Households	This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. Index values are acquired from the 2009-13 American Community Survey and are not available for custom report areas or multi-county areas. This indicator is relevant because income inequality is a strong predictor of health status, health disparities, and social and environmental vulnerabilities, including access to social services, economic security, and the health impacts of climate change.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Infant Mortality	Infant Mortality Rate (Per 1,000 Births)	Total Births	This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.	Centers for Disease Control and Prevention,National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention,Wide-Ranging Online Data for Epidemiologic Research. 2006-10.	County	U.S.
Insurance - Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid	Total Population (For Whom Insurance Status is Determined)	This indicator reports the percentage of the population that is enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Insurance - Uninsured Population	Percent Uninsured Population	Total Population (For Whom Insurance Status is Determined)	The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.
Lack of a Consistent Source of Primary Care	Percentage Without Regular Doctor	Estimated Total Population	This indicator reports the percentage of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	County (Grouping)	California Only
Lack of Prenatal Care	Percent Mothers with Late or No Prenatal Care	Total Population	This indicator reports the percentage of women who do not obtain prenatal care during their first or second trimesters of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Lack of Social or Emotional Support	Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)	Total Population Age 18+	This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County	U.S.
Low Birth Weight	Percent Low Birth Weight Births	Total Population	This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities, and is an associated health impact of climate change as it relates to maternal and child health vulnerability to environmental risks.	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.	ZIP Code	California Only
Low Fruit/Vegetable Consumption (Adult)	Percent Adults with Inadequate Fruit / Vegetable Consumption	Total Population (Age 18+)	This indicator reports the percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Low Fruit/Vegetable Consumption (Youth)	Percent Population Age 2-13 with Inadequate Fruit / Vegetable Consumption	Estimated Total Population Age 2-13	This indicator reports the percentage of children age 2 and older who are reported to consume less than five servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	County (Grouping)	California Only
Male Population	Percent Male Population	Total Population	This indicator reports total male population.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.
Median Age	Median Age	Total Population	This indicator reports population median age based on the 5-year American Community Survey estimate.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.
Mental Health - Depression Among Medicare Beneficiaries	Percentage of Medicare Beneficiaries with Depression	Total Medicare Beneficiaries	This indicator reports the percentage of the Medicare fee-for-service population with depression. This indicator is relevant because depression impacts individuals' overall health status and is a comorbidity often associated with multiple chronic illnesses, such as diabetes, obesity, and asthma.	Centers, for, Medicare, and, Medicaid, Services ., 2014.	County	U.S.
Mental Health - Needing Mental Health Care	Percentage with Poor Mental Health	Estimated Total Population Age 18+	This indicator reports the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This indicator is relevant because it is a measure of general poor mental health status and demand for mental and behavioral health services.	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.	County (Grouping)	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Mental Health - Poor Mental Health Days	Average Number of Mentally Unhealthy Days per Month	Total Population(Age 18+)	This indicator reports the average number of mentally unhealthy days (during past 30 days) among survey respondents age 18 and older. This indicator is relevant because it provides a measure of mental health status and health-related quality of life. Poor mental health is also associated with climate change.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.	County	U.S.
Mortality - Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Mortality - Homicide	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to assault (homicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Mortality - Ischaemic Heart Disease	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Mortality - Motor Vehicle Accident	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, age-adjusted to year 2000 standard. Motor vehicle crashes include collisions with other motor vehicles, non-motorists, fixed objects, non-fixed objects, overturns, and other non-collisions. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Mortality - Pedestrian Accident	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Mortality - Premature Death	Years of Potential Life Lost, Rate per 100,000 Population	Total Population, Census 2010	This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.	University of Wisconsin Population Health Institute,County Health Rankings. Centers for Disease Control and Prevention,National Vital Statistics System. Accessed via CDC WONDER. 2011-13.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Mortality - Stroke	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because strokes are a leading cause of death in the U.S.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Mortality - Suicide	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	Total Population	This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.	University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	ZIP Code	California Only
Obesity (Adult)	Percent Adults with BMI > 30.0 (Obese)	Total Population Age 20+	This indicator reports the percentage of adults age 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.	Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion. 2013.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Obesity (Youth)	Percent Obese	Student Population Tested	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test. Body composition is determined by skinfold measurements or bioelectrical impedance analysis for the calculation of percent body fat and/or Body Mass Index (BMI) calculation. The percent body fat "high risk" threshold is 27.0%-35.1% for boys and 28.4%-38.6% for girls, depending on age. The BMI "high risk" threshold is 17.5-25.2 for boys and 17.3-27.2 for girls, depending on age. These measures are based on the CDC's BMI-for-age growth charts, which define an individual as obese when his or her weight is "equal to or greater than the 95th percentile". This indicator is relevant because it is a measure of body's mass that is fat, and high levels of body fat are linked to obesity, heart disease, diabetes, and other health issues.	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	School District	California Only
Overweight (Adult)	Percent Adults Overweight	Survey Population (Adults Age 18+)	This indicator reports the percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Overweight (Youth)	Percent Overweight	Student Population Tested	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category (Overweight) for body composition on the Fitnessgram physical fitness test. Body composition is determined by skinfold measurements or bioelectrical impedance analysis for the calculation of percent body fat and/or Body Mass Index (BMI) calculation. The percent body fat "needs improvement" threshold is 18.9%-22.3% for boys and 20.9%-31.4% for girls, depending on age. The BMI "Health Risk" threshold is 16.8-25.2 for boys and girls, depending on age. These thresholds are based on the CDC's BMI-for-age growth charts, which define an individual as overweight when his or her weight is between the "85th to less than the 95th percentile". This indicator is relevant because it is a measure of body's mass that is fat, and high levels of body fat are linked to obesity, heart disease, diabetes, and other health issues.	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	School District	California Only
Park Access	Percent Population Within 1/2 Mile of a Park	Total Population, 2010 Census	This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.	Block Group	U.S.
Physical Inactivity (Adult)	Percent Population with no Leisure Time Physical Activity	Total Population Age 20+	This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Physical Inactivity (Youth)	Percent Physically Inactive	Student Population Tested	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram physical fitness test. Aerobic capacity is determined by VO2max, a measure of the maximum rate that oxygen can be taken up and utilized by the body during exercise. VO2max rates are estimated through a one mile run, a 20m PACER, or a walk test. The VO2max Healthy Fitness Zone threshold is 41.2-44.3 for boys and 40.2-38.6 for girls, depending on age. As age increases the VO2max threshold increases for boys, and decreases for girls. This indicator is relevant because a lack of physical fitness in children may lead to significant health issues, such as obesity, diabetes, and poor cardiovascular health.	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	School District	California Only
Pneumonia Vaccinations (Age 65+)	Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)	Total Population Age 65+	This indicator reports the percentage of adults age 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Poor Dental Health	Percent Adults with Poor Dental Health	Total Population(Age 18+)	This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	County	U.S.
Poor General Health	Percent Adults with Poor or Fair Health (Age-Adjusted)	Total Population Age 18+	This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,Health Indicators Warehouse. 2006-12.	County	U.S.
Population Age 0-4	Percent Population Age 0-4	Total Population	This indicator reports the percentage of the population age 0-4 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from other age groups.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 18-24	Percent Population Age 18-24	Total Population	This indicator reports the percentage of the population age 18-24 in the designated geographic area.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Population Age 25-34	Percent Population Age 25-34	Total Population	This indicator reports the percentage of the population age 25-34 in the designated geographic area.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 35-44	Percent Population Age 35-44	Total Population	This indicator reports the percentage of the population age 35-44 in the designated geographic area.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 45-54	Percent Population Age 45-54	Total Population	This indicator reports the percentage of the population age 45-54 in the designated geographic area.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 5-17	Percent Population Age 5-17	Total Population	This indicator reports the percentage of the population age 5-17 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 55-64	Percent Population Age 55-64	Total Population	This indicator reports the percentage of the population age 55-64 in the designated geographic area.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population Age 65+	Percent Population Age 65+	Total Population	This indicator reports the percentage of the population age 65 and older in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Population in Limited English Households	Percent Linguistically Isolated Population	Total Population Age 5+	This indicator reports the percentage of the population aged 5 and older living in Limited English speaking households. A "Limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." This indicator is significant as it identifies households and populations that may need English-language assistance.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population with Any Disability	Percent Population with a Disability	Total Population (For Whom Disability Status Is Determined)	This indicator reports the percentage of the total civilian non-institutionalized population with a disability. A person is considered to have a disability if they have specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Population with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency	Total Population	This indicator reports the percentage of the population age 5 and older that speaks a language other than English at home and speaks English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.
Poverty - Children Below 100% FPL	Percent Population Under Age 18 in Poverty	Total Population	This indicator reports the percentage of children age 0-17 living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Poverty - Population Below 100% FPL	Percent Population in Poverty	Total Population	Poverty is considered a key driver of health status. This indicator reports the percentage of the population living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.
Poverty - Population Below 200% FPL	Percent Population with Income at or Below 200% FPL	Total Population	This indicator reports the percentage of the population living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	US Census Bureau, American Community Survey. 2010-14.	Tract	U.S.
Preventable Hospital Events	Age-Adjusted Discharge Rate (Per 10,000 Pop.)		This indicator reports the patient discharge rate (per 10,000 total population) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Soft Drink Expenditures	Soda Expenditures, Percentage of Total Food-At-Home Expenditures		This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.	Nielsen,Nielsen SiteReports. 2014.	Tract	U.S.
STD - Chlamydia	Chlamydia Infection Rate (Per 100,000 Pop.)	Total Population	This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.	US Department of Health & Human Services,Health Indicators Warehouse. Centers for Disease Control and Prevention,National Center for HIV/AIDS,Viral Hepatitis,STD,and TB Prevention. 2014.	County	U.S.
STD - HIV Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)		This indicator reports the patient discharge rate (per 10,000 total population) for HIV-related complications. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.	California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
STD - HIV Prevalence	Population with HIV / AIDS, Rate (Per 100,000 Pop.)	Total Population	This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.	US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013.	County	U.S.
STD - No HIV Screening	Percent Adults Never Screened for HIV / AIDS	Survey Population (Smokers Age 18+)	This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	County	U.S.
Teen Births (Under Age 20)	Teen Birth Rate (Per 1,000 Female Pop. Under Age 20)	Female Population Under Age 20	This indicator reports the rate of total births to women under the age of 20 per 1,000 females under age 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.	California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.	ZIP Code	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Tobacco Expenditures	Cigarette Expenditures, Percentage of Total Household Expenditures		This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.	Nielsen,Nielsen SiteReports. 2014.	Tract	U.S.
Tobacco Usage	Percent Population Smoking Cigarettes(Age-Adjusted)	Total Population Age 18+	This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.	Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,Health Indicators Warehouse. 2006-12.	County	U.S.
Total Population	Population Density (Per Square Mile)	Total Population	This indicator reports total population and the population density. Population density is defined as the number of persons per square mile.	US Census Bureau,American Community Survey. 2010-14.	Tract	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Transit - Public Transit within 0.5 Miles	Percentage of Population within Half Mile of Public Transit	Total Population	This indicator measures the proportion of the population living within 0.5 miles of a GTFS or fixed-guide way transit stop. Transit data is available from over 200 transit agencies across the United States, as well as all existing fixed-guide way transit service in the U.S. This includes rail, streetcars, ferries, trolleys, and some bus rapid transit systems. This indicator is relevant because it is a measure of access to public transportation, which can positively impact community safety and social capital, improve ability to access timely healthcare and employment, and reduce air pollution in communities vulnerable to the health impacts of climate change.	Environmental Protection Agency,EPA Smart Location Database. 2011.	Tract	U.S.
Transit - Road Network Density	Total Road Network Density (Road Miles per Acre)	Total Area (Acres)	This indicator reports total road network density in terms of road miles per square mile. This indicator is relevant because traffic density and motor vehicle use contribute to increased vehicle emissions and environmental pollutants associated with climate change. This indicator is also related to the likely presence or absence of tree canopy coverage, which is an indicator of community resilience and adaptation to the health impacts of climate change.	Environmental Protection Agency,EPA Smart Location Database. 2011.	Tract	U.S.
Transit - Walkability	Percent Population Living in Car Dependent (Almost Exclusively) Cities		This indicator is relevant because an environment with safe walking routes and nearby amenities encourages physical activity and other healthy behaviors and decreases dependence on motor vehicle transportation.	Walk,Score®,2012.	City	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Violence - All Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)	Total Population	This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.	County	U.S.
Violence - Assault (Crime)	Assault Rate (Per 100,000 Pop.)	Total Population	This indicator reports the rate of assault (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including rate of assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.	County	U.S.
Violence - Rape (Crime)	Rape Rate (Per 100,000 Pop.)	Total Population	This indicator reports the rate of rape (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.	County	U.S.

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Violence - Robbery (Crime)	Robbery Rate (Per 100,000 Pop.)	Total Population	This indicator reports the rate of robbery (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.	County	U.S.
Violence - School Expulsions	Expulsion Rate	Total Student Enrollment	This indicator reports the rate of expulsions per 100 enrolled students. Data is acquired for the 2013-14 school year from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma.	California, Department of Education.,	Tract	California Only

Indicator Name	Indicator Variable	Population Denominator	Description	Data Source	Source Geography	Data Area
Violence - School Suspensions	Suspension Rate	Total Student Enrollment	This indicator reports the rate of suspensions per 100 enrolled students. Data is acquired for the 2013-14 school year from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma.	California, Department of Education.	Tract	California Only
Walking/Biking/Skating to School	Percentage Walking/Skating/Biking to School	Estimated Total Population Age 5-17	This indicator reports the percentage of children and teens who reported that they walked, biked, or skated to school in the past week (at the time of the interview). This indicator is relevant because an active commute to school is associated with improvements in physical activity levels and obesity prevention among youth. Active transportation is also a climate change mitigation strategy.	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	County (Grouping)	California Only

## APPENDIX 4: FURTHER EXPLANATION OF 2016 SANTA BARBARA COUNTY BRFSS METHODOLOGY

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The Community Health Needs Assessment (CHNA) included primary data collection by telephone survey. This section provides further explanation of the methods used for data collection through the phone survey.

The data collection protocols and questionnaire content for the CHNA were informed by the Center for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS), the largest continuously conducted health risk behavior survey in the world. The BRFSS survey is carried out independently by all 50 states and four territories, providing the only nation-wide health-risk data in the country.

The BRFSS surveys measure the prevalence of health-related risk behaviors, chronic health conditions, and use of preventive services. The results of the BRFSS are used to plan, implement, and evaluate health programs, as well as to better identify high-risk segments of the population for targeted education, outreach, and other types of health promotion and disease prevention programs.

The Santa Barbara CHNA content and methodology are based on CDC's BRFSS and focused on the health of residents in Santa Barbara County, California.

The Santa Barbara CHNA included many of the BRFSS 2016 core questions, select optional modules, and other questions identified from leading national and state surveys, including the American Community Survey, the National Health Interview Survey, and the California Health Interview Survey. These data provide county-level information about the prevalence of specific risk behaviors as well as knowledge of both health behaviors and health indicators. In addition, we referenced these data sources as well as the Neighborhood Walkability Score Survey, National Health and Nutrition Examination Survey, Health Leads Social Needs Screening Tool, and Cleveland, OH BRFSS to incorporate a section on social determinants of health.

The CHNA was conducted in two data collection waves over a nine-week period between June 2016 and August 2016. Data collection was conducted via landline telephones with randomly selected adults in randomly selected, telephone-equipped Santa Barbara County households. In addition, data were collected from a random sample of Santa Barbara County adults on their cell phones.

Cottage Health provided a draft questionnaire for the survey effort in April 2016, to which ICF survey methodologists contributed their expert perspective, based on the targeted goals of the CHNA. All questionnaire content was finalized in May. Once a final English questionnaire was determined, the questionnaire was also assembled in Spanish, which included using existing translations of BRFSS core questions and translating any new questions. The questionnaire was then programmed in both English and Spanish. The computer-assisted telephone interviewing (CATI) data collection effort began on June 27, 2016.

### PROJECT SUMMARY

- 2 waves of data collection:
  - Wave 1: June 27–July 27, 2016
  - Wave 2: July 28–August 29, 2016
- Average Survey Length: 26 minutes
- Completed Interviews: 2,459

- Landline: 1,370 interviews
- Cell Phone: 1,089 interviews

## Sample Design

The target population for the 2016 Santa Barbara County BRFSS was adults living in Santa Barbara County, California.<sup>134</sup> To reach the target population, an overlapping dual frame landline and cellular random digit dial (RDD) sample design was implemented. The dual-frame covers households with at least one landline telephone or at least one cell phone. Adults living in phoneless households, estimated to be 2.6% for Santa Barbara County,<sup>135</sup> were not covered by the dual-frame sample. Homeless residents of Santa Barbara County are eligible for selection if they have a Santa Barbara cell phone number.

We oversampled targeted geographic areas, defined by ZIP code, with a high percentage of the population below the poverty line. We used ZIP code as the geographic level of stratification. ZIP codes present geographic areas that are small enough to identify clustered populations. In addition, they are the smallest level of geography that can be used to stratify the cell phone sample. Finally, respondents are familiar with ZIP code geography and most likely are able to accurately report the ZIP code where they live for geographic classification.

The sample drawn was stratified into three groups: (1) ZIP codes where 20% or more of the population is below 100% of the federal poverty level; (2) ZIP codes where 20% or more of the population is below 185% of the federal poverty level; and (3) all other ZIP codes. Table 21 includes the Santa Barbara zip code stratification. The data is based on data from the 2010-2014 American Community Survey.

**Table 21. Santa Barbara Zip Code Stratification**

Zip Code	City	% Population Below 100% of Federal Poverty Level	% Population Below 185% of Federal Poverty Level	Stratum % of Population
93254	New Cuyama	34.10%	65.30%	34.60%
93458	Santa Maria	25.20%	59.30%	
93252	Maricopa	33.00%	51.70%	
93434	Guadalupe	20.70%	51.10%	
93117	Goleta	30.70%	43.40%	
93101	Santa Barbara	20.10%	41.80%	
93454	Santa Maria	18.50%	43.80%	38.50%
93436	Lompoc	18.40%	38.40%	
93103	Santa Barbara	16.20%	36.00%	
93429	Casmalia	0.00%	35.10%	
93437	Lompoc	8.80%	34.00%	

<sup>134</sup> This population excludes adults: (1) in penal, mental, or other institutions or (2) living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents).

<sup>135</sup> Based on the 2010–2014 American Community Survey:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_YR\\_DP04&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_YR_DP04&prodType=table)

93440	Los Alamos	13.10%	33.40%	
93427	Buellton	10.40%	25.90%	
93013	Carpinteria	7.80%	23.80%	
93463	Solvang	13.40%	23.20%	
93110	Santa Barbara	9.00%	22.80%	
93441	Los Olivos	13.60%	20.10%	
93455	Santa Maria	6.90%	18.20%	
93105	Santa Barbara	8.50%	17.70%	
93109	Santa Barbara	10.30%	17.50%	
93108	Santa Barbara	6.70%	14.00%	26.90%
93111	Santa Barbara	4.20%	13.70%	
93460	Santa Ynez	5.30%	11.50%	
93067	Summerland	5.50%	9.70%	

### Landline Sample

The landline sample was a list-assisted sample stratified by ZIP code based socioeconomic regions. The list-assisted landline RDD frame was defined as the set of telephone exchanges servicing households in the county of Santa Barbara. Exchanges where at least 37% of the directory listed households are geographically located in Santa Barbara were included in the frame. Exchanges where less than 37% of the directory listed households are in Santa Barbara (meaning 63% were outside the county) were discarded.

After identifying the telephone exchanges, all possible telephone numbers were then divided into blocks (or banks) of 100 numbers.<sup>136</sup> As per the BRFSS protocol, zero-blocks, or 100 blocks without any residential assignments, were excluded from the sampling frame. The remaining 100-blocks, those with at least one residential assignment (or 1+ blocks), were assigned to one of three strata based on the ZIP code. 1,000-blocks of telephone numbers were associated with ZIP codes by tallying the number of geocoded landline households in each ZIP code. The 1,000-block was assigned to the ZIP code with the most number of geocoded telephones.

All possible telephone numbers, both listed and unlisted, in 1+ blocks were eligible for selection through RDD with equal probability within the assigned stratum. Figure 1 provides an overview of the landline sampling stratification.

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<sup>136</sup> A hundred block is a set of 100 telephone numbers with the same area code, prefix, and first two digits of the suffix. A 1+block is a 100 block with at least one telephone number that is assigned to a residence. A 0-block is a 100 block with no residential assignments.

**Figure 1: Landline Stratification**

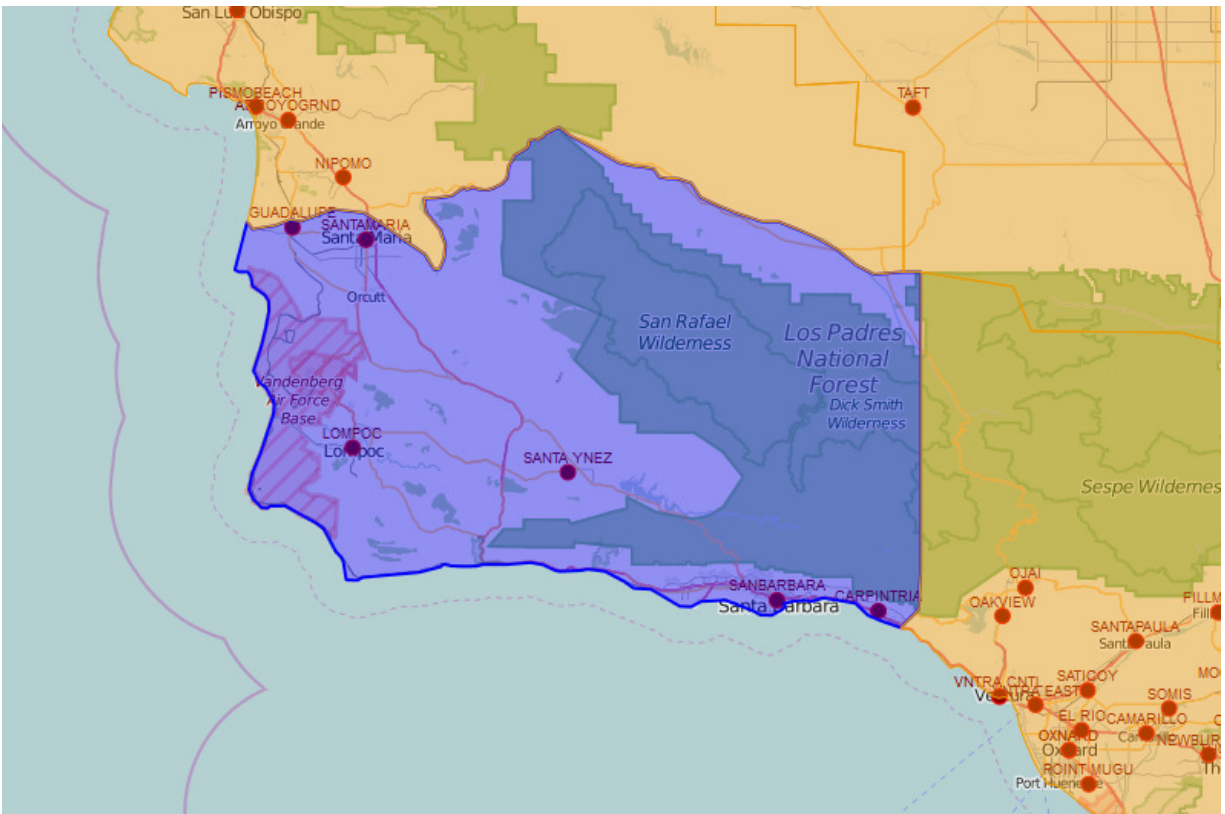
	Landline Frame	Sample
Total	7,174,250	
ZIP codes where 20% or more of the population is below 100% of the federal poverty level	112,500	60,360
ZIP codes where 20% or more of the population is below 185% of the federal poverty level	128,000	21,300
All other ZIP codes	152,600	8,820

The landline sample for the 2016 Santa Barbara County BRFSS was generated by ICF using Marketing Systems Group (MSG) Genesys software.

**Cell Phone Sample**

The cell phone sample was based on telephone 1,000-blocks associated with rate centers located in Santa Barbara County. The location of the rate center is a rough indicator for the location of survey respondents. To determine the rate centers, shown as orange dots in the figure below, we created a map of Santa Barbara and overlaid the location of the local cellular rate centers (Figure 2.)

**Figure 2. Rate Centers in Santa Barbara County, California**



We implemented a double sampling for stratification methodology to assign cell phone numbers to the same socioeconomic strata implemented in the landline sample, and to improve the incidence of locating Santa Barbara residents. The stratification was based on matching the cell phone numbers to a database of billing ZIP codes. The results of the matching identified telephone numbers that matched to a Santa Barbara ZIP

code (“match-in”), matched to a non-Santa Barbara ZIP code (“match-out”), or did not have a matching record in the database (“unmatched”). The two-phase sampling was as follows:

- Phase 1. Select a stratified RDD sample of cell phone numbers. Screen the sample using MSG’s CellWINS activity flag and remove inactive phone numbers from the sample. Match the sample to determine match status. Assign the “match-in” cell numbers to the appropriate ZIP code stratum, and assign the unmatched numbers to a fourth stratum. Eliminate the “match-out” numbers from the sample.
- Phase 2. Select a disproportionate sample based on match status by oversampling match-in cases and under-sampling unmatched and match-out cases. The match-out cases in the low density stratum were excluded from the sample.

Fifty-nine percent of the sample matched to a ZIP code. Of the matches, 68% matched to a ZIP code in Santa Barbara County. Sixty-four percent of the unmatched cell phone sample was flagged as active with CellWINS. Eighty-four percent of the sample matching to a Santa Barbara ZIP Code was flagged as active.

The sample was framed and selected using Marketing Systems Group’s VirtualGenesys. Marketing Systems Group conducted the ZIP code matching.

### Augmenting the Cell Sample

In addition, we selected a sample of cell phone numbers originating from a rate center outside Santa Barbara, but that had a billing ZIP code inside Santa Barbara. This sample was selected from Survey Sampling International (SSI), and is known as SmartCell®. This new, innovative sampling design uses a solid link between cell phone number and billing ZIP code, allowing us to bring in a representative cell sample of persons who have moved into Santa Barbara County, but still retain a cell phone number from a non-local (to Santa Barbara) area code. For example, our sample draw included six phone numbers with an origin city of Washington, DC (area code), but for which we identified a billing address in Santa Barbara County.

In addition, to optimize outcome of the first attempt on a sampled record, the sample draw included an ethnicity variable. For records for which the ethnicity was identified as Hispanic, we assigned a bilingual interviewer to the first attempt to dial that record.

**Figure 3: Two-Phase Sampling Results**

Stratum	Frame size	ZIP Code Match Result	Presumed Working	Total Dialed
Santa Barbara Rate Centers	582,000	71,626	52,884	27,570
ZIP codes where 20% or more of the population is below the poverty level		10,380	8,731	8,640
ZIP codes where 20% or more of the population is below the poverty level		14,577	12,335	6,240
All other Santa Barbara ZIP codes		10,789	9,009	4,620
Unmatched		35,880	22,809	8,070
Outside Santa Barbara Rate Centers	34,368	5,000	N/A	5,000

## Screening

The Santa Barbara CHNA cell phone survey had the following eligibility requirements. Respondents were (1) adults aged 18 or older and (2) residents of Santa Barbara as defined by county of residence.

## Questionnaire Content

### Questionnaire Outline

The Santa Barbara CHNA questionnaire was composed of a mixture of BRFSS core questions and optional questions from the CDC-BRFSS question suite, as well as Cottage Health-added questions that captured the social determinants of health.

Each question was selected based upon the defined goals of the CHNA. The survey content was divided into the following 22 sections.

1. Health Status
2. Healthy Days: Health-Related Quality of Life
3. Health Care Access
4. Health Literacy
5. Demographics
6. Seatbelt Use
7. Exercise and Sleep Habits
8. Chronic Health Conditions
9. Immunization
10. Oral Health
11. Tobacco and E-Cigarette Use
12. Alcohol and Drug Use
13. Falls
14. Colorectal Cancer Screening
15. Breast and Cervical Cancer Screening
16. Prostate Cancer Screening
17. Random Child Selection
18. Children's Access to Health Care
19. Housing and Neighborhood Characteristics
20. Food Security and Availability
21. Social Connections
22. Financial Resource Strain

The full Santa Barbara CHNA questionnaire can be found in Appendix 6. A full inventory of each survey question, as well as the question's source, is in Appendix 5.

### Interviewer Training

Prior to data collection, interviewers received extensive training specific to the Santa Barbara CHNA. The training, in conjunction with ICF's quality assurance measures (discussed in the next section), assured consistent, high-quality interviewing during data collection.

ICF's initial training session for the Santa Barbara CHNA focused on the following topics:

- Background, Purpose, and Scope of the Santa Barbara CHNA: the use of data and importance of conducting high-quality interviews
- Sample Overview: a review of landline and cell phone targets by stratum, how the sample was drawn, and dialing protocols
- Response Rates: methods to increase response rates, such as leaving messages on answering machines, privacy manager options, scheduling call-backs, and the survey verification telephone IVR (interactive voice response) line
- Survey Methodology: interview mode, approximate survey length, proxy interviews (not permitted), language of interviewing, definition of a complete, and incentives (not offered for the Santa Barbara CHNA)
- Survey Protocols: dates of fielding, day-part attempts, respondent selection and eligibility requirements, reselection, and refusal protocols
- Overview of the Questionnaire: a review of sections, specific questions, questions with special vocabulary, different response categories and types of questions used, and a glossary of terms
- Review of Interviewer Frequently Asked Questions (FAQs): a review of the at-a-glance FAQ sheet created for interviewers' reference
- Telephone Interviewing Techniques: a refresher of interview techniques, addressing refusals, dealing with problem situations, and probing and clarifying

Each Santa Barbara CHNA interviewer received 2.5 hours of training, prior to starting work on the project. The training time (discussed above) was divided as follows.

1. A 75-minute classroom training session conducted by the Santa Barbara CHNA project management team, during which the core training curriculum was presented orally, as well as in a comprehensive, written CHNA Training Guide.
2. Up to 1 hour for a self-paced review of the programmed instrument, during which the interviewer obtained greater familiarity with the questionnaire content and a better understanding of the overall flow of the CATI survey.
3. Approximately 45 minutes of training role plays, during which the interviewer (trainee) played the role of interviewer alongside a mock respondent, typically another trainee or a call center supervisor.

Once an interviewer completed all training, they were certified to start interviewing for the Santa Barbara CHNA. Routine interviewer performance and monitoring is described in the next section below.

## Quality Assurance Protocol and Interviewer Monitoring

ICF conducted many routine quality control activities each month to ensure that Santa Barbara CHNA data collected was of the highest quality. In addition to existing quality assurance activities, we took the following steps to further improve the quality of the data we collect.

### Quality Control Procedures During Survey Setup

ICF programmed the Santa Barbara CHNA questionnaire using Survox's Web-based software package, which is designed specifically for programming and managing CATI studies. The Survox CATI platform is a powerful survey management system, which includes the following capabilities:

- Call management
- Quota controls
- In-bound calling capabilities
- Data back-up

- Monitoring
- Incidence tracking

Upon completion of the draft programmed instrument, ICF project managers rigorously tested the survey. Testing included:

- Developing scenarios to test all possible paths through the questionnaire
- Checking frequencies of randomly generated data
- Verifying frequencies of the data after completing a one-day “soft start”
- Creating an automatic skip-check program (to check live data for errors), written by a staff member other than the CATI programmer, which ran nightly throughout the entire data collection period
- Repeating the above tests/quality assurance measures when the survey was altered during the fielding process

### Data Collection and Quality Monitoring Reports

To track quality assurance indicators, ICF generated reports that read the survey data file, generating summary statistics on the following:

- Interviewer efficiencies (completes per hour, on both individual interviewer and project levels)
- All call dispositions
- Sample status (number of attempts, percent complete, and refusal rates)

These reports were reviewed by the project manager on a daily basis. This enabled the management team to quickly detect and resolve any problems. Checks were performed on open-ended responses to determine the accuracy of data entry by interviewers.

### Interviewer Monitoring & Quality Assurance

ICF’s CATI operations center includes a dedicated Quality Assurance (QA) department. The QA department consists of highly experienced callers trained to coach others in interviewing technique. The QA department monitored and/or validated **at least 10% of interviews** by unobtrusively tapping into an interviewer’s phone line, and using the CATI system’s monitoring function to observe the interview in progress. Neither the interviewer nor the respondent was aware that the QA staff was monitoring the call. Interviewers were scored on several measures of interview performance designed to reinforce proper interviewer protocol: introducing the survey, asking questions, repeating questions when necessary, probing, providing feedback, maintaining a proper pace, and the overall clarity of the interviewer’s voice and presentation. QA personnel also monitored calls made between completed interviews to verify that interviewers coded dispositions properly, left useful messages for the next interviewer, and made every attempt to complete an interview on every contact.

### Data Collection Protocol

#### Interviewing Protocol

The Santa Barbara CHNA was a computer-assisted telephone interview, following all BRFS calling protocols. This included a minimum of 15 call attempts for landline sample records and a 7 call attempt protocol for cell sample records.

## Landline Sample

The 15-attempt landline protocol was executed over three day-parts: weekdays, weekday evenings, and weekends, along with a set of anytime attempts.

- Monday–Friday: 9:00 a.m.–5:00 p.m.: 3 attempts
- Monday–Friday: 5:00 p.m.–9:00 p.m.: 3 attempts
- Saturday (10:00 a.m.–9:00 p.m.) & Sunday (10:00 a.m.–9:00 p.m.): 3 attempts
- Remaining 6 attempts at most productive time

## Cell Sample

The 7-attempt cell protocol was executed over the following day-parts:

- Monday–Friday: 9:00 a.m.–5:00 p.m.: 2 attempts
- Monday–Friday: 5:00 p.m.–9:00 p.m.: 2 attempts
- Saturdays & Sundays (10:00 a.m.–9:00 p.m.): 3 attempts
- All times shown are respondent local time (Pacific Time).

Each sample record was required to receive a final outcome, or disposition for the survey. This final disposition was attained when:

- The respondent completed the interview, or
- The telephone number was found to be invalid, or
- The record reached the maximum number of required attempts per CDC BRFSS protocols (as outlined above), or
- The respondent gave a final refusal.

The average interview length was 26.2 minutes for landline interviews and 26.6 minutes for cell phone interviews. respondent

## Contacting Respondents

The following protocols were followed when contacting households and potential respondents:

**Treatment of No Answers.** If a call to a sampled telephone number was not answered, the number was repeatedly called at different times, during daytime and evening hours, on different days of the week, in a pattern designed to maximize the likelihood of contact with a minimum number of calls. At least 15 contact attempts, over a 30-day period, were made to reach a sampled number. Once any contact was made at a residence, as many calls as necessary were made to reach the selected adult (within the permitted wave of data collection). For cell phone, the treatment of no answers was the same as that for landline, but was limited to seven call attempts.

**Rings per Attempt.** The telephone rang a minimum of five times on each attempt made on a record.

**Busy Lines.** Traditionally, a busy signal indicates a respondent may shortly be available to take a call. Therefore, busy lines were called back at least twice at 10-minute intervals. If the line was still busy after the third attempt, the number was assigned a “busy” disposition and called during the next shift.

**Landline Respondent Selection.** Once a household was contacted, an adult was selected for participation in the study. No interview was conducted if:

The adult:

- Was unavailable during the 30-day survey period, or
- Was unable or unwilling to participate, or
- Did not speak English or Spanish well enough to be interviewed.

Or, a randomly sampled number yielded:

- A business
- An institution/group quarters
- A (a cell phone) number belonging to a minor, teen or child
- Any other strictly non-residential space

**Language of Interviewing.** Interviewing for the Santa Barbara CHNA was conducted in English and Spanish.

**Handling Refusals.** Protocol for the Santa Barbara CHNA followed the landline refusal protocol developed for CDC BRFSS, which requires two refusals by a selected respondent to terminate the record from calling.

- **Landline.** Once a household or selected respondent initially refused participation, specially trained conversion interviewers contacted them, at least three days later, to encourage participation in the survey. For the landline survey, an interview was obtained for 3.7% of the records that previously had received a refusal disposition.
- **Cell.** Cell phone records required two refusals from the adult household member. Upon receiving a first refusal, the record was flagged for the refusal conversion interviewing team. Contact was attempted with the respondent a second time, and if a second refusal was received, the record was dispositioned as a final refusal. For the cell survey, an interview was obtained for 1.8% of the records that previously had received a refusal disposition.

**Answering Machine:** Answering machine, or voicemail messages, were left on the first, fourth, and ninth attempts. The standardized voicemail message left for a potential survey respondent was:

- “Hello, I’m calling on behalf of Cottage Health to ask your opinions on the current health and wellness needs in our community. Please call us, toll-free, at (805) 342-9242. We would be glad to answer any questions you may have or to set up an appointment to complete the survey. The number again is (805) 342-9242. Thank you.”
- **CallerID and IVR:** An IVR line was maintained and staffed by ICF interviewers during the course of the study. This included a specific-toll free information line, (844) 212-7823, to which respondents were directed to call back. This line was staffed with trained Santa Barbara CHNA interviewers who were available to answer respondent’s questions. Cottage Health provided ICF with a local, Santa Barbara-based telephone number that was displayed by ICF on each outbound call placed; the local telephone number was (805) 324-9242. If the local 805-number was dialed back by a survey respondent, they were connected to our Santa Barbara CHNA IVR line, as described above.

## Weighting Methodology

### Overview of Weights

Following collection of all survey data, the final dataset was weighted; the weighting process was intended to account for the population of actual Santa Barbara CHNA survey respondents relative to the Santa Barbara County population.

Survey weights were computed to correct for disproportionate sampling probabilities introduced by the sampling design, including unequal probabilities due to the dual-frame sample, and to correct for differences

in demographic characteristics of the sample versus the population, reducing the risk of nonresponse and coverage biases in substantive estimates that might be associated with those demographics. The weighted dataset includes a weight value (FINAL\_WT) that weights the sample to the total population of Santa Barbara adults (18 years of age and older).

We calculated the weights in three steps: (1) calculating cell and landline design weights, (2) combining the cell phone and landline samples, and (3) performing population calibration (i.e., post stratification and raking).

### Step 1. Calculating Cell and Landline Design Weights

The first stage in the weighting involved creating sampling weights that corrected for disproportionate probabilities of selection, *design weights*. The design weight for a sampling unit is the inverse of the probability that the particular unit is drawn into the sample.

#### Selection of the Telephone Number.

The landline phone sample was selected by drawing  $n_L$  landline phone numbers from  $N_L$  numbers on the frame for each of the three strata. The sample selection probability for stratum  $s$  was calculated as  $Pr(L) = (n_L/N_L)$  and the base weight as the inverse of the probability of selection,  $W1 = 1/Pr(L)$ . The calculations are shown in Figure 3.

**Figure 3: Base Weights for the Landline Sample**

	Landline frame $N_L$	Sample	Selection probability $Pr(L)$	Base weight $W1$
Total	7,174,250			
ZIP codes where 20% or more of the population is below 100% of the federal poverty level	112,500	60,360	0.5365	1.86
ZIP codes where 20% or more of the population is below 185% of the federal poverty level	128,000	21,300	0.1665	6.01
All other ZIP codes	152,600	8,820	0.0578	17.30

The cell phone sample was selected in two phases (double sampling for stratification). The first phase sample was a selection of  $n_C^*$  cell phone numbers from  $N_C$  numbers on the frame. The  $n_C^*$  numbers were matched to a database to check for phone activity and to obtain the ZIP code associated with the cell phone number; 61% matched to a ZIP code. The numbers were then classified into the same ZIP code strata used in the landline stratification, plus a fourth stratum for numbers that could not successfully be matched to a ZIP code. In the second phase of sampling, the numbers that matched to a ZIP code where at least 20% of the population was below either 100% or 185% of the federal poverty level were oversampled relative to both the unmatched numbers and the numbers that matched to ZIP codes in the other ZIP code strata. Numbers that were identified as inactive or matched to a non-Santa Barbara ZIP code were excluded. The two-phase sample selection probability for matching stratum  $s$  was calculated as  $Pr(C) = (n_C^*/N_C) \times (n_{Cs}/n_{Cs}^*)$  and the base weight as the inverse of the probability of selection,  $W1 = 1/Pr(C)$ .

Additionally, a sample was drawn from a frame of cell phone numbers associated with rate centers outside of Santa Barbara, but that had billing ZIP codes inside Santa Barbara.

**Figure 4: Base Weights for the Cell Phone Sample**

Stratum	Frame size	Phase 1 sample	Phase 2 sample	Selection probability	Base weight
Santa Barbara Rate Centers	NC	nC *	nC	Pr(C)	W1
	582000	71,626	27,570		
ZIP codes where 20% or more of the population is below 100% of the federal poverty level		10,380	8,640	0.1501	6.66
ZIP codes where 20% or more of the population is below 185% of the federal poverty level		14,577	6,240	0.0768	13.03
All other Santa Barbara ZIP codes		10,789	4,620	0.0778	12.85
Unmatched		35,880	8,070	0.0537	18.63
Non-Santa Barbara Rate Centers	34,368	5,000	5,000	0.1455	6.87

### Selection of a Household Member

For the landline sample, one member (18+ adult) from each household was randomly selected to take the survey. To account for the within-household selection probability, we multiplied the weight by the number of eligible adults in the household (A). The number of adults was capped at three to reduce weight variability. There is no within-household selection for the cell phone.

### Step 2. Combining the Cell Phone and Landline Samples

The sample design was a fully overlapping landline and cell phone dual frame, meaning those who had a landline and cell phone were eligible to be selected via either sample. To account for the overlap of dual-users selected in the cell sample and the dual-users selected in the landline sample, we used a composite weight.

Data collection initially omitted a question to determine landline ownership from the cell survey. A recontact study successfully collected this information for 779 of 1,089 cell phone respondents. Phone status for the remaining 310 respondents was imputed using hot-deck imputation sorted by income, housing tenure (rent or own), and age. Logistic regression was used to determine the variables for the imputation. These variables were significant predictors of cell-only status.

First, the design weighted landline sample was calibrated to match the design weighted cell phone sample. Then the two samples were averaged based on a composite weight designed to optimize the variances of weighted estimates. The composite weight was a ratio of the effective sample sizes,  $c = \text{neff1} / (\text{neff1} + \text{neff2})$ ,

where  $\text{neff} = n/\text{deff}$  was the effective sample size;  $\text{deff} = n \times \sum w_i^2 / [\sum w_i]^2$  was a measure of variability of respondent level weights ( $w_i$ ), and  $n$  was the sample size for the survey. The landline design weight was multiplied by  $c$ , where  $0 < c < 1$ , and the cell phone design weight by  $1 - c$ . Before averaging the landline and cell samples, we adjusted each individually to match the estimated number of cell-only and landline population based on the estimated cell-only percentage (38.8%) from Marketing Systems Group (MSG). The MSG cell-only estimate was calculated by subtracting the estimated landline households from the estimated telephone households.

**Figure 5: Distribution of Landline and Cell Users**

	Sample Size		MSG Population Estimate <sup>137</sup>
	Landline	Cell Phone	
Cell-only	NA	770	45.7%
Landline	1,370	319	54.3%

### 3. Population Calibration

As the final weighting step, we post-stratified the combined sample into demographic categories and ratio adjusted the weights so that the final weighted sample matched the population with respect to those demographic characteristics. We used a raking algorithm that iteratively calibrated the weighted sample to the population on these dimensions:

1. Age (18–24; 25–34; 35–44; 45–54; 55–64; 65–74; 75+), by gender
2. Race/ethnicity (Hispanic; non-Hispanic white; non-Hispanic black; non-Hispanic Asian, non-Hispanic other/multi)
3. Housing tenure (own or rent)
4. Gender, by race/ethnicity
5. Educational attainment (less than high school; high school graduation; some college; Bachelor’s degree)
6. Gender by marital status (married; widowed, divorced or separated; never married)
7. Age (18–34; 35–54; 55+), by race/ethnicity

The population controls were based on data from the 2014 American Community Survey (ACS) Summary File as well as Summary File 2 from the 2000 and 2010 Census. The population totals represented the adult household population living in Santa Barbara.

#### Weight Trimming

After each iteration of the raking, the weights were evaluated for trimming. The purpose of trimming is to reduce the total mean square error of weighted survey estimates. One source of error is the variance of estimates associated with the variability of the weight values. Weight trimming was conducted after each iteration of the weighting based on the individual and global cap value algorithm as presented by Izrael.<sup>138</sup> This method decreases high weight values by not allowing an individual’s weight value to exceed thresholds based on the individual’s weight and the average of the sample weights.

#### Imputation

For item nonresponse on weighting variables, we imputed race/ethnicity based on the modal race/ethnicity category for the reported ZIP code. We imputed missing age based on the average age in a gender by race/ethnicity category. Missing values for tenure, educational attainment, and marital status were imputed using hot-deck imputation.

<sup>137</sup> Blumberg, S. J., Ganesh, N., Luke, J. V., & Gonzales, G. (2013). Wireless substitution: State-level estimates from the National Health Interview Survey, 2012. National health statistics reports No. 70. Hyattsville, MD: National Center for Health Statistics.

<sup>138</sup> Izrael, D., Battaglia, M. P., & Frankel, M. R. (2009). *Extreme survey weight adjustment as a component of sample balancing (aka raking)*. Paper 247-2009 in Proceedings from the Thirty-Fourth Annual SAS Users Group International Conference, Washington, DC.

## Response Rates

Response rates provide a measure of interviewing success; ICF applied the response rate formulas used by CDC for the 2016 landline BRFSS studies. Response rates are presented in Figure 6 below.

*Figure 6: Landline and Cell Phone Response Rates*

Response Rate	Combined	Landline	Cell
Resolution Rate	57.51%	73.30%	15.21%
Cooperation Rate	72.88%	68.43%	79.37%
Screening Completion Rate	24.42%	53.44%	14.47%
AAPOR RR4*	41.92%	50.16%	12.07%
Interview Completion Rate	74.70%	71.32%	79.43%
Refusal (rate #2)	14.20%	20.17%	3.13%

\*American Association of Public Opinion research, Response Rate 4

The disposition codes are categorized according to the groupings shown above, to produce rates of resolution, cooperation, refusal and response. In accordance for survey research standards, the proportions of people (records) who might have been eligible for interview, but who were not able to be interviewed, were accounted for in the formulae for eligibility factor, defined as E.

## APPENDIX 5: 2016 SANTA BARBARA COUNTY BRFSS QUESTIONS AND SOURCES

Question Number	Question Text	Source
<b>Health Status</b>		
1.1	Would you say that in general your health is excellent, very good, good, fair, or poor?	BRFSS 16 Core: Health Status Module
1.2	Are you deaf or do you have <b>serious difficulty</b> hearing?	BRFSS 16 Core: Demographics Module
1.3	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BRFSS 16 Core: Demographics Module
1.4	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	BRFSS 16 Core: Demographics Module
1.5	Do you have serious difficulty walking or climbing stairs?	BRFSS 16 Core: Demographics Module
1.6	Do you have difficulty dressing or bathing?	BRFSS 16 Core: Demographics Module
1.7	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	BRFSS 16 Core: Demographics Module
<b>Healthy Days – Health-Related Quality of Life</b>		
2.1	Now thinking about your <b>physical health</b> , which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	BRFSS 16 Core: Healthy Days – Health-Related Quality of Life Module
2.2	Now thinking about your <b>mental health</b> , which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	BRFSS 16 Core: Healthy Days – Health-Related Quality of Life Module
2.3	During the past 30 days, for about how many days did poor <b>physical or mental health</b> keep you from doing your usual activities, such as self-care, work, or recreation?	BRFSS 16 Core: Healthy Days – Health-Related Quality of Life Module
<b>Health Care Access</b>		
3.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?	BRFSS 16 Core: Health Care Access Module
3.2	It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?	National Beneficiary Survey, Round 4

Question Number	Question Text	Source
3.3	What is the <u>primary</u> source of your health care coverage? 1 A plan purchased through an employer or union (includes plans purchased through another person's employer) 2 A plan that you or another family member buys on your own 3 Medicare 4 Cen-Cal or other state program 5 TRICARE (formerly CHAMPUS), VA, or Military 6 Alaska Native, Indian Health Service, Tribal Health Services 7 Some other source	BRFSS Health Care Access Module
3.4	About how long has it been since you last visited a doctor for a routine checkup? 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago	BRFSS 16 Core: Health Care Access Module
3.5	Do you have <u>one person</u> you think of as your personal doctor or health care provider?	BRFSS 16 Core: Health Care Access Module
3.6	Is there <u>one place</u> that you PRIMARILY go to when you are sick or need advice about your health?	National Health Interview Survey 2013
3.7	What kind of place do you go to most often? 1 Clinic or health center 2 Doctor's office or HMO 3 Hospital emergency room 4 Hospital outpatient department 5 Some other place	National Health Interview Survey 2013
3.8	Is this other place best described as a... 1. Chiropractor 2. Acupuncturist 3. Osteopath 4. Curandero 5. Native American Healer 6. Naturopath 7. Herbalist or herbal medicine provider 8. Something else	Adapted from: Hsiao, An-Fu, et al. 2006. "Variation in Complementary and Alternative Medicine (CAM) Use Across Racial/Ethnic Groups and the Development of Ethnic-Specific Measures of CAM Use." <i>The Journal of Alternative and Complementary Medicine</i> 12(3): 281-290.

Question Number	Question Text	Source
3.9	Please describe the place where YOU primarily go when you are sick or need health advice.	Created for CHNA
3.10	During the past 12 months, did you delay or not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional?	California Health Interview Survey 2013
3.11	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	BRFSS 16 Core: Health Care Access Module
3.12	During the past 12 months, did you ever skip medications to save money?	Health Leads Social Needs Screening Tool
3.13 series	Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?	BRFSS Health Care Access Module
3.14	For what other reason did you delay getting needed medical care in the last 12 months?	BRFSS 16 Core: Health Care Access Module
3.15	During the past 12 months, how many times have you gone to a hospital emergency room about your own health?	National Health Interview Survey 2016
3.16	You just said that you have gone to a hospital emergency room about your own health [FILL VALUE FROM 3.15] times in the last 12 months. Is this correct?	Created for CHNA
3.17	Thinking about your <b>most recent</b> emergency room visit, did you go to the emergency room either at night or on the weekend?	National Health Interview Survey 2016
3.18	Did <b>this</b> emergency room visit result in a hospital admission?	National Health Interview Survey 2016
3.19 series	Tell me which of these apply to your last emergency room visit?	National Health Interview Survey 2016
<b>Health Literacy</b>		
4.1	How often do you have someone (like a family member, friend, hospital/clinic worker or caregiver) help you read or understand health-related materials? 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time	Chew, et al. 2008 [modified] Available: <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/</a>

Question Number	Question Text	Source
4.2	How often do you have problems learning about health-related conditions because of difficulty understanding written information? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	Chew, et al. 2008 [modified] Available: <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/</a>
<b>Demographics</b>		
5.1	Are you ... Male/Female	BRFSS 16 Core: Demographics Module
5.2	What is your age?	BRFSS 16 Core: Demographics Module
5.3	Are you Hispanic, Latino/a, or Spanish origin?	BRFSS 16 Core: Demographics Module
5.3.1	Are you (Hispanicity subgroup)?	BRFSS 16 Core: Demographics Module
5.4	Which one or more of the following would you say is your race?	BRFSS 16 Core: Demographics Module
5.5	Which one of these groups would you say best represents your race?	BRFSS 16 Core: Demographics Module
5.6	Are you... 1. Married 2. Divorced 3. Widowed 4. Separated 5. Never married 6. A member of an unmarried couple	BRFSS 16 Core: Demographics Module
5.7	What is the highest grade or year of school you completed? 1. Never attended school or only attended kindergarten 2. Grades 1 through 8 (Elementary) 3. Grades 9 through 11 (Some high school) 4. Grade 12 or GED (High school graduate) 5. College 1 year to 3 years (Some college or technical school) 6. College 4 years or more (College graduate)	BRFSS 16 Core: Demographics Module
5.8	What is the ZIP code where you currently live?	BRFSS 16 Core: Demographics Module

Question Number	Question Text	Source
5.8B	In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your ZIP code.	Created for CHNA
5.9	Please name the two cross-streets of this intersection. What is the name of the first street?	BRFSS Washington
5.10	What is the name of the second street?	BRFSS Washington
5.11	The streets I recorded for the closest intersection are: [insert 5.9B street name] and [insert 5.10B street name]. Is this correct?	BRFSS Washington
5.12	Are you currently...? 1. Employed for wages 2. Self-employed 3. Out of work for 1 year or more 4. Out of work for less than 1 year 5. A Homemaker 6. A Student 7. Retired 8. Unable to work	BRFSS 16 Core: Demographics Module
5.13	Is your main job year-round or seasonal?	Created for CHNA
5.13a	Do problems getting child care make it difficult for you to work or study?	Health Leads Social Needs Screening Tool
5.14	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	BRFSS 16 Core: Demographics Module
5.15	How many children less than 18 years of age live in your household?	BRFSS 16 Core: Demographics Module
5.16	Is your annual household income from all sources	BRFSS 16 Core: Demographics Module
5.17	About how much do you weigh without shoes?	BRFSS 16 Core: Demographics Module
5.18	About how tall are you without shoes?	BRFSS 16 Core: Demographics Module
5.19	To your knowledge, are you now pregnant?	BRFSS 16 Core: Demographics Module

Question Number	Question Text	Source
<b>Seatbelt Use</b>		
6.1	How often do you use seat belts when you drive or ride in a car? 1. Always 2. Nearly always 3. Sometimes 4. Seldom 5. Never	BRFSS 16 Core: Seatbelt Use Module
<b>Exercise and Sleep Habits</b>		
7.1	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	BRFSS 16 Core: Exercise Module
7.2	On average, how many hours of sleep do you get in a 24-hour period?	BRFSS 16 Core: Inadequate Sleep Module
<b>Chronic Health Conditions</b>		
8.1	(Ever told) you that you had a heart attack also called a myocardial infarction?	BRFSS 16 Core: Chronic Health Conditions Module
8.2	(Ever told) you had angina or coronary heart disease?	BRFSS 16 Core: Chronic Health Conditions Module
8.3	(Ever told) you had a stroke?	BRFSS 16 Core: Chronic Health Conditions Module
8.4	(Ever told) you had asthma?	BRFSS 16 Core: Chronic Health Conditions Module
8.5	Do you still have asthma?	BRFSS 16 Core: Chronic Health Conditions Module
8.6	(Ever told) you had skin cancer?	BRFSS 16 Core: Chronic Health Conditions Module
8.7	(Ever told) you had any type of cancer?	BRFSS 16 Core: Chronic Health Conditions Module
8.8	(Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?	BRFSS 16 Core: Chronic Health Conditions Module
8.9	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	BRFSS 16 Core: Chronic Health Conditions Module
8.10	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	BRFSS 16 Core: Chronic Health Conditions Module
8.11	(Ever told) you have kidney disease?	BRFSS 16 Core: Chronic Health Conditions Module
8.12	(Ever told) you have diabetes?	BRFSS 16 Core: Chronic Health Conditions Module
8.13	How old were you when you were told you have diabetes?	BRFSS 16 Core: Chronic Health Conditions Module

Question Number	Question Text	Source
<b>Immunization</b>		
9.1	During the past 12 months, have you had either a flu shot - or a flu vaccine that was sprayed in your nose?	BRFSS 16 Core: Immunization Module
9.2	Have you ever had a pneumonia shot?	BRFSS 16 Core: Immunization Module
<b>Oral Health</b>		
10.1	How long has it been since you last visited a dentist or a dental clinic for any reason? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 5 years (2 years but less than 5 years ago) 4. 5 or more years ago	BRFSS 16 Core: Oral Health Module
10.2	How many of your permanent teeth have been removed because of tooth decay or gum disease? 1. 1 to 5 2. 6 or more but not all 3. All 4. None	BRFSS 16 Core: Oral Health Module
<b>Tobacco and E-Cigarette Use</b>		
11.1	Have you smoked at least 100 <b>cigarettes</b> in your entire life?	BRFSS 16 Core: Tobacco Use Module
11.2	Do you now smoke cigarettes every day, some days, or not at all?	BRFSS 16 Core: Tobacco Use Module
11.3	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	BRFSS 16 Core: Tobacco Use Module

Question Number	Question Text	Source
11.4	How long has it been since you last smoked a cigarette, even one or two puffs?  <ol style="list-style-type: none"> <li>1. Within the past month (less than 1 month ago)</li> <li>2. Within the past 3 months (1 month but less than 3 months ago)</li> <li>3. Within the past 6 months (3 months but less than 6 months ago)</li> <li>4. Within the past year (6 months but less than 1 year ago)</li> <li>5. Within the past 5 years (1 year but less than 5 years ago)</li> <li>6. Within the past 10 years (5 years but less than 10 years ago)</li> <li>7. 10 years or more</li> <li>8. Never smoked regularly</li> </ol>	BRFSS 16 Core: Tobacco Use Module
11.5	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	BRFSS 16 Core: Tobacco Use Module
11.6	Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?	BRFSS 16 Core: E-Cigarettes Module
11.7	Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?	BRFSS 16 Core: E-Cigarettes Module
<b>Alcohol Consumption and Drug Use</b>		
12.1	During the past 30 days, how many <b>days per week <u>or</u> per month</b> did you have at least one drink of any alcoholic beverage – such as beer, wine, a malt beverage or liquor?	BRFSS 16 Core: Alcohol Consumption Module
12.2	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	BRFSS 16 Core: Alcohol Consumption Module
12.3	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI - FILL X: Let X = 5 for Men, X = 4 for Women] or more drinks on an occasion?	BRFSS 16 Core: Alcohol Consumption Module
12.4	During the past 30 days, what is the largest number of drinks you had on any occasion?	BRFSS 16 Core: Alcohol Consumption Module
12.5	During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?	BRFSS 16 Core: Drinking and Driving Module

Question Number	Question Text	Source
12.6	In the last 12 months, have you taken any prescription pain relievers or tranquilizers including (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was <u>NOT</u> prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?	BRFSS Connecticut
12.7	From whom did you obtain the prescription pain medication? 1. 1 From a friend or relative 2. 2 From an acquaintance 3. 3 From a street dealer or other person I did not know 4. 4 Online 5. 5 Somewhere else	BRFSS Connecticut
12.8	Within the last 12 months, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?	BRFSS Connecticut
12.9	Within the last 12 months, have you used heroin?	BRFSS Connecticut
<b>Falls</b>		
13.1	In the past 12 months, how many times have you fallen?	BRFSS 16 Core: Falls Module
13.1A	Did your most recent fall (from Q13.1) cause an injury?	BRFSS 16 Core: Falls Module
13.2	How many of these falls caused an injury?	BRFSS 16 Core: Falls Module
<b>Colorectal Cancer Screening</b>		
14.1	Have you ever had either of these exams?	BRFSS 16 Core: Colorectal Cancer Screening Module
14.2	Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	BRFSS 16 Core: Colorectal Cancer Screening Module
14.3	How long has it been since you had your last sigmoidoscopy or colonoscopy? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. Within the past 10 years (5 years but less than 10 years ago) 6. 10 or more years ago	BRFSS 16 Core: Colorectal Cancer Screening Module
14.4	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BRFSS 16 Core: Colorectal Cancer Screening Module

Question Number	Question Text	Source
<b>Breast and Cervical Cancer Screening</b>		
15.1	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
15.2	How long has it been since you had your last mammogram? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
15.3	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
15.4	How long has it been since you had your last Pap test? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
15.5	Have you ever had an HPV test?	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
15.6	How long has it been since you had your last HPV test? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 16 Core: Breast and Cervical Cancer Screening Module
<b>Prostate Cancer Screening</b>		
16.1	Have you EVER HAD a PSA test?	BRFSS 16 Core: Prostate Cancer Screening Module

Question Number	Question Text	Source
16.2	How long has it been since you had your last PSA test? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 16 Core: Prostate Cancer Screening Module
<b>Random Child Selection</b>		
17.1	What is the birth month and year of the X-th child?	BRFSS 16 Core: Random Child Screening Module
17.2	Is the child a boy or a girl?	BRFSS 16 Core: Random Child Screening Module
17.3	Is the child Hispanic, Latino/a, or Spanish origin?	BRFSS 16 Core: Random Child Screening Module
17.4	Are they?.... (obtain targeted race)	BRFSS 16 Core: Random Child Screening Module
17.5	Which one or more of the following would you say is the race of the child?	BRFSS 16 Core: Random Child Screening Module
17.6	Which one of these groups would you say best represents the child's race?	BRFSS 16 Core: Random Child Screening Module
17.7	How are you related to the child?	BRFSS 16 Core: Random Child Screening Module
17.8	About how much does this child weigh without shoes?	BRFSS 16 Core: Random Child Screening Module
17.8B	How confident are you in this answer (about your child's weight)?	Created for CHNA
17.9	About how tall is this child without shoes?	
17.9B	How confident are you in this answer (about your child's height)?	Created for CHNA
<b>Children's Access to Health Care</b>		
18.1	Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service	Adapted from: BRFSS 16 Core: Health Care Access Module

Question Number	Question Text	Source
18.2	What is the <u>primary</u> source of health care coverage for this child? <ol style="list-style-type: none"> <li>1. A plan purchased through an employer or union (includes plans purchased through another person's employer)</li> <li>2. A plan that you or another family member buys on your own</li> <li>3. Medicare</li> <li>4. Cen-Cal or other state program</li> <li>5. TRICARE (formerly CHAMPUS), VA, or Military</li> <li>6. Alaska Native, Indian Health Service, Tribal Health Services</li> <li>7. Some other source</li> <li>8. NONE / NO COVERAGE</li> </ol>	Adapted from: BRFSS 16 Core: Health Care Access Module
18.3	Does this child have <u>one person</u> you think of as their personal doctor or health care provider?	Adapted from: BRFSS 16 Core: Health Care Access Module
18.4	Is there one place that you <b>PRIMARILY</b> take this child to when he/she is sick or you need advice about his/her health?	Adapted from: BRFSS 16 Core: Health Care Access Module
18.6	What kind of place do you take [him/her] to most often...? <ol style="list-style-type: none"> <li>1. 1 Clinic or health center</li> <li>2. 2 Doctor's office or HMO</li> <li>3. 3 Hospital emergency room</li> <li>4. 4 Hospital outpatient department</li> <li>5. Some other place</li> </ol>	Adapted from: BRFSS 16 Core: Health Care Access Module
18.7	Is this place best described as... <ol style="list-style-type: none"> <li>1. Chiropractic therapist</li> <li>2. Acupuncturist</li> <li>3. Osteopath</li> <li>4. Curandero (PRONOUNCED: Q-end-day-row)</li> <li>5. Native American Healer</li> <li>6. Herbal medicine provider</li> <li>7. Something else?</li> </ol>	Adapted from: Hsiao, An-Fu, et al. 2006. "Variation in Complementary and Alternative Medicine (CAM) Use Across Racial/Ethnic Groups and the Development of Ethnic-Specific Measures of CAM Use." <i>The Journal of Alternative and Complementary Medicine</i> 12(3): 281-290.
18.8	Please describe the place where you primarily go when this child is sick or you need health advice for him/her.	Created for BRFSS Santa Barbara

Question Number	Question Text	Source
18.9	During the past 12 months, did you delay or not get any other medical care you felt that this child needed— such as seeing a doctor, a specialist, or other health professional?	Adapted from: California Health Interview Survey 2013
18.10	Was there a time in the past 12 months when this child needed to see a doctor but could not because of cost?	Adapted from: BRFSS 16 Core: Health Care Access Module
18.11 Series	Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months?	Adapted from: BRFSS Health Care Access Module
18.12A	(Ever told you) that this child had Attention-Deficit/Hyperactivity Disorder (ADHD)?	Adapted from: Soni, Anita. 2014. "Statistical Brief #434: The Five Most Costly Children's Conditions, 2011: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0-17." <i>Medical Expenditure Panel Survey</i> . Published by: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. Available: <a href="https://meps.ahrq.gov/data_files/publications/st434/stat434.shtml">https://meps.ahrq.gov/data_files/publications/st434/stat434.shtml</a>
18.12B	(Ever told you) that this child had autism spectrum disorder (ASD)?	Adapted from: Soni, Anita. 2014. "Statistical Brief #434: The Five Most Costly Children's Conditions, 2011: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0-17." <i>Medical Expenditure Panel Survey</i> . Published by: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. Available: <a href="https://meps.ahrq.gov/data_files/publications/st434/stat434.shtml">https://meps.ahrq.gov/data_files/publications/st434/stat434.shtml</a>
18.12C	(Ever told you) that this child had asthma?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module
18.12D	Does this child still have asthma?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module
18.12E	(Ever told you) that this child had any types of cancer?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module
18.12F	(Ever told you) that this child had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module

Question Number	Question Text	Source
18.13F	(Ever told you) that this child had diabetes?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module
18.13G	How old was the child when [he/she] was diagnosed with diabetes?	Adapted from: BRFSS 16 Core: Chronic Health Conditions Module
18.14	(Ever told you) that this child is obese?	Created for BRFSS Santa Barbara
18.15	How long has it been since this child last visited a dentist or a dental clinic for any reason? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 5 years (2 years but less than 5 years ago) 4. 5 or more years ago	Adapted from: BRFSS 16 Core: Oral Health
<b>Housing and Neighborhood Characteristics</b>		
19.1	Have you ever had times in your life when you considered yourself homeless? 1. More than once 2. Once 3. Never	National Alcohol Survey 2012
19.1B	Do you currently consider yourself homeless?	Created for BRFSS Santa Barbara
19.3	How many people are living at your address in total?	American Community Survey 2016
19.4	Which best describes this building? 1. A mobile home 2. A one-family house detached from any other house 3. A one-family house attached to one or more houses 4. A building with 2 or more apartments 5. Something else	American Community Survey 2016 [Adapted]
19.5	Is this house, apartment, or mobile home...?	American Community Survey 2016
19.6	What best describes the sidewalks in your neighborhood? 1. <u>There are no sidewalks</u> 2. <u>There are sidewalks on some streets</u> 3. <u>There are sidewalks on almost all streets</u>	Neighborhood Walkability Score Survey, 2005
19.7	Is there effective street lighting in your neighborhood?	Created for BRFSS Santa Barbara

Question Number	Question Text	Source
19.8	How often do you feel safe in your neighborhood...? 1. All of the time 2. Most of the time 3. Some of the time 4. None of the time	California Health Interview Survey, 2016
<b>Food Security and Availability</b>		
20.1	In a typical month, where do you get <b>most</b> of your food? 1. Grocery store (such as Ralph's, Bon's, or Smart & Final) 2. Some other type of store 3. food pantry; 4. Somewhere else	BRFSS Cleveland
20.2	How satisfied are you with the <b>availability</b> of food in your neighborhood? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied	BRFSS Cleveland
20.3	How satisfied are you with the <b>overall quality</b> of food sold in your neighborhood? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied	BRFSS Cleveland
20.4	Overall, how satisfied are you with the <b>price</b> of food available in your neighborhood? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied	BRFSS Cleveland
20.5	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. 1. Often true 2. Sometimes true 3. Never true	California Health Interview Survey 2013

Question Number	Question Text	Source
20.6	In the last 12 months, did you ever eat <b>less</b> than you felt you should because there wasn't enough <b>money</b> for food?	California Health Interview Survey 2013
20.7	Over the last 12 months, how often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months? 1. almost every month 2. some months, but not every month 3. only in 1 or 2 months	California Health Interview Survey 2013
<b>Social Connections</b>		
21.1	In a typical month, how many times do you talk on the telephone with family, friends, or neighbors? 1. Never 2. Once a week 3. More than once but less than five times a week 4. Five times a week or more	National Health and Nutrition Examination Survey, 1997 [Adapted]
21.2	In a typical month, how often do you get together with friends or relatives? 1. Never 2. Once a week 3. More than once but less than five times a week 4. Five times a week or more	National Health and Nutrition Examination Survey, 1997 [Adapted]
21.3	In a typical month, about how often do you visit with any of your other neighbors, either in their homes or in your own? 1. Never 2. Once a week 3. More than once but less than five times a week 4. Five times a week or more	National Health and Nutrition Examination Survey, 1997 [Adapted]
<b>Financial Resource Strain</b>		
22.1	Are you worried that in the next 2 months, you may not have stable housing?	Health Leads Social Needs Screening Tool
22.2	In the last 12 months, has your utility company shut off your service for not paying your bills?	Health Leads Social Needs Screening Tool

## APPENDIX 6: CHNA DATA COLLECTION TOOLS AND INSTRUMENTS

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**Full 2016 Santa Barbara County BRFSS Questionnaire in English and Spanish**

# **Cottage Health's Community Health Needs Assessment Questionnaire**

June 2016

**Prepared by:**  
ICF International



# Interviewer's Script

**Answering Machine message text** [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]: Hello, I'm calling on behalf of Cottage Health to ask your opinions on the current health and wellness needs in our community. Please call us, at 805-324-9242. and we'd be glad to answer any questions you may have or to set-up an appointment to complete the survey. The number again is 805-324-9242. Thank you.

Hola, estoy llamando en nombre de Cottage Health para preguntarle su opinión sobre las necesidades actuales de salud y bienestar en nuestra comunidad. Por favor, llámenos al 805-324-9242 y tendremos el placer de responder cualquier pregunta que pudiera tener o fijar una cita para completar la encuesta. El número de nuevo es 805-324-9242. Gracias.

**Privacy Manager Message** [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN A PRIVACY MANAGER]: "(NAME), calling on behalf of Cottage Health "llamando en nombre de Cottage Health"

**//ASK ALL//**

## INTRO1

Hello, I'm calling on behalf of Cottage Health to ask your opinions on the current health and wellness needs in our community. The survey results will help guide our community health work.

Hola, estoy llamando en nombre de Cottage Health para preguntarle su opinión sobre las necesidades actuales de salud y bienestar en nuestra comunidad. Los resultados del estudio ayudarán a guiar las tareas de salud en nuestra comunidad.

Your phone number was selected randomly, and our call may be recorded for quality assurance. Individual names will not appear on the survey data.

Su número de teléfono fue elegido al azar y nuestra llamada podría ser grabada para asegurar la calidad. Los nombres individuales no aparecerán en los datos de la encuesta.

INTERVIEW NOTE – IF NECESSARY, STATE: Our three hospitals — Santa Barbara, Goleta Valley, and Santa Ynez Valley Cottage hospitals — are conducting this survey to better serve the health needs of our patients and community.

INTERVIEWER NOTE – IF NECESSARY, STATE: Nuestros tres hospitales de Cottage, Santa Bárbara, Goleta Valley y Santa Ynez Valley, realizan esta encuesta para atender mejor las necesidades de salud de nuestros pacientes y comunidad.

INTERVIEWER NOTE – IF NECESSARY, STATE: Conduct of this survey is required by the California Office of Statewide Health Planning and Development, and the Internal Revenue Service (IRS).

INTERVIEWER NOTE – IF NECESSARY, STATE: La realización de esta encuesta es un requisito de la Oficina de Planificación y Desarrollo de Salud de Todo el Estado de California y el Servicio de Rentas Internas (IRS por sus siglas en inglés).

- 1 CONTINUE
- 2 TERMINATION SCREEN
- 14 CONTINUE IN SPANISH

**//IF SAMPTYPE = 2**

**SAFE** Is this a safe time to talk with you?

¿Este es un tiempo para hablar con usted?

- 1 YES [Go to COUNTY]
- 2 NO [TERMINATE]
- 3 RESPONDENT SAYS THEY DO NOT LIVE IN SANTA BARBARA [Go to COUNTY]
- 4 TERMINATION SCREEN
- 14 CONTINUE IN SPANISH

## HELLO

Hello, I'm calling on behalf of Cottage Health to ask your opinions on the current health and wellness needs in our community. The survey results will help guide our community health work.

Hola, estoy llamando en nombre de Cottage Health para preguntarle su opinión sobre las necesidades actuales de salud y bienestar en nuestra comunidad. Los resultados del estudio ayudarán a guiar las tareas de salud en nuestra comunidad.

Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices. This call may be monitored and recorded for quality control. When we called previously the computer randomly selected the <SEL1> 18 years of age or older to be interviewed. May I please speak to him/her?

Su número de teléfono fue seleccionado al azar, y me gustaría hacerle algunas preguntas sobre la salud y sus comportamientos relacionados con la salud. Se podrá monitorear esta llamada para asegurar la calidad.. Cuando llamamos previamente el equipo seleccionado al azar el SEL 18 años de edad o mas para ser entrevistados. Podría hablar con el/ella?

01 TRANSFER TO RESPONDENT [GO TO NEWADULT]

05 SELECTED ON THE LINE

07 TERMINATION SCREEN

14 CONTINUE IN SPANISH

## //ASK ALL//

**COUNTY** I have just a few questions to find out if you are eligible for the study. Any information you give me will be confidential.

Tengo algunas preguntas para determinar si usted cumple los requisitos del estudio. La información que nos brinda será confidencial.

Do you currently live within Santa Barbara County?

¿Vive actualmente en el Condado de Santa Bárbara?

1 WITHIN SANTA BARBARA COUNTY

2 OUTSIDE OF SANTA BARBARA COUNTY//TERM

3 DON'T KNOW / NO RESPONSE [GO TO COUNTYFU]

**//ASK IF COUNTY=03**

**COUNTYFU**

In order to continue, I have to find out if you currently live in Santa Barbara County. Rest assured that all information you give me will be confidential.

Para poder continuar, debo saber si actualmente vive en el Condado de Santa Bárbara. Quédese tranquilo que toda la información que comparte conmigo será confidencial.

- 1 WITHIN SANTA BARBARA COUNTY
- 2 OUTSIDE OF SANTA BARBARA COUNTY //TERM
- 3 DON'T KNOW / NO RESPONSE //TERM

**//ASK IF COUNTY = 02 (OR) COUNTYFU = 02 or 03.**

**TERM2** "Thank you very much, but we are only interviewing Santa Barbara County residents." Muchas gracias, pero solamente estamos entrevistando a residentes de Santa Barbara.

- 1 Continue

**//ASSIGNDISPO=26**

**//ASK IF SAMPTYPE = 2**

**CELLPH** Is this a cell phone?

¿Hablo con un teléfono celular?

**[Read only if necessary:** By cell phone we mean a telephone that is mobile and usable outside of your neighborhood.]

**[Read only if necessary:** Por teléfono celular, queremos decir un teléfono móvil que pueda usarse fuera de su vecindario.]

- 1 YES **GO TO CAADULT**
- 2 NO **GO TO CELLFON**

**CATINOTE:**

- **IF SAMPTYPE = 2 AND CELLPH = 1, CONTINUE WITH CADULT; OR IF SAMPTYPE = 2 AND CELLPH =2, CONTINUE WITH CELLFON**
- **Else go to Adult Random Selection (ADULTS)**

**//ASK IF CELLPH = 2**

**CELLFON Thank you very much, but we are only interviewing cell telephones at this time. STOP  
//ASIGN DISPO 25//.**

Muchas gracias, pero en este momento solo estamos entrevistando a través de teléfonos celulares

**//ASK IF SAMPTYPE=2 (CELL PHONE)//**

**CADULT** Are you 18 years of age or older?

¿Tiene usted 18 años de edad o más?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES, RESPONDENT IS MALE
- 2 YES, RESPONDENT IS FEMALE
- 3 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

If "No", thank you very much, but we are only interested in interviewing persons aged 18 or older at this time. STOP

Muchísimas gracias, pero en este momento solo estamos entrevistando a personas de 18 años o más

**//ASK IF CADULT=97,99//**

**TERM5** Thank you very much for your time. 01 CONTINUE, **//TERM DISP = 30//**

Muchas gracias por su tiempo.

**//ASK IF CADULT=3//**

**CADULT2** Is there an adult that also uses this cell phone?

Hay algun adulto que tambien utilice este telefono celular?

- 1 YES **[GO TO CADULT3]**
- 2 NO **[GO TO TERM6]**

**//ASK IF CADULT2=2// (no adult uses cell phone)**

**TERM6** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Muchísimas gracias, pero en este momento solo estamos entrevistando a personas de 18 años o más

01 CONTINUE **// TERM DISP = 30//**

**//ASK IF CADULT2=1//**

**CADULT3**

May I speak with him or her?

Podria hablar con el/ella?

- 1 SWITCHING TO RESPONDENT
- 2 RESPONDENT NOT AVAILABLE/CALLBACK

**/if CADULT3=1 GO TO INTRO1/**

**/if CADULT3=2 autocode 105, callback/**

**//ASK IF SAMPTYPE = 1**

**Adult Random Selection**

**ADULT**

I need to randomly select one adult who lives in your household to be interviewed.

To ensure the accuracy of the study, it is important that individuals selected participate in the survey. This will help us understand the health practices of Santa Barbara County residents.

How many members of your household, including yourself, are 18 years of age or older?

[If needed say: For this study, households are first randomly selected in the area, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent all Santa Barbara County residents.

¿Cuántos miembros de su familia, incluyéndose a usted, tienen 18 años o más?

[If needed say: Para este estudio, primero se seleccionan al azar los hogares particulares en el área y luego se selecciona a un adulto en cada hogar para entrevistarlo. Para que el estudio sea lo más preciso posible, es importante que los individuos seleccionados participen. Esto asegurará que los resultados representen a todos los residentes de Santa Barbara.]

Number of adults [RANGE 0-18]

**//if ADULTS = 0 //**

**XX3 I'm sorry we are only interviewing adult residents who are 18 years of age or older.**

**Thank you." //IF ADULTS=0, ASSIGN DISPO 32//**

Muchisimas gracias pero solo estamos entrevistando adultos de 18 anos o mas.

1. Continue

**//ask if ADULTS = 1//**

**ONEADULT** Are you the adult?

¿Es usted el adulto?

- 1 YES, RESPONDENT IS MALE
- 2 YES, RESPONDENT IS FEMALE
- 3 NO

**If "yes,"**

Then you are the person I need to speak with.

**//ifONEADULT=03//**

**ASKGENDR** Is the adult a man or a woman?

El adulto es un hombre o mujer?

- 21 MALE
- 22 FEMALE

**//ifONEADULT=03//**

**GETADULT** May I speak with [fill in (him/her) from previous question]?

Podria hablar con el/ella? [fill in (him/her) from previous question]?

- 1 Yes, Adult coming to the phone.[GO TO NEWADULT]
- 2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

**//ASK IF ADULTS>1//**

**MEN** How many of these adults are men?

\_\_\_ Number of men [RANGE 0-18]

**CATI NOTE: CATI program to subtract number of men from number of adults provided**

**//ASK IF ADULTS>1//**

**WOMEN** ... So the number of women in the household is <FILL>.

O sea, el número de mujeres en su familia es

**CATI NOTE: FILL NUMBER THAT IS THE DIFFERENCE OF TOTAL ADULTS – MEN**

Is that correct?

Es correct?

- 1 Yes
- 2 No (GO BACK TO ADULTS)

**//ASK IF ADULTS > 1 and samptype = 1//**

**NBIRTH**      **Among the adults in your household may I please speak with the adult with the next birthday?**

Entre los adultos de su familia, ¿puedo hablar con el adulto con el próximo cumpleaños?

INTERVIEWER NOTE: IF RESPONDENT NOT AVAILABLE/REFUSE – CLICK SUSPEND

- 1 YES, ON THE LINE (GO TO GENDER)
- 2 YES, ADULT COMING TO THE PHONE (GO TO GENDER)
- 3 NO, NOT HERE (GO TO TERM SCREEN)

**//ASK IF NBIRTH = 1, 2**

**GENDER**

INTERVIEWER NOTE: READ IF NECESSARY.

Is the adult a man or a woman?

El adulto es un hombre o mujer?

- 21 MALE
- 22 FEMALE

CATI NOTE: If NBIRTH = 01, go to YOURTHE1. If NBIRTH = 02, go to NEWADULT.

**To the correct respondent -**

**//. NBIRTH = 2 OR GETADULT = 1.**

**NEWADULT**

HELLO. I'm calling on behalf of Cottage Health to ask your opinions on the current health and wellness needs in our community. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Estoy llamando en nombre de Cottage Health para preguntarle su opinión sobre las necesidades actuales de salud y bienestar en nuestra comunidad. Su número de teléfono fue seleccionado al azar para ser encuestado, por lo que desearía hacerle algunas preguntas sobre la salud y sus hábitos relacionados con la salud.

01 CONTINUE

**//ASK ALL//**

**YOURTHE1**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential. This call may be monitored and recorded for quality control. If you have any questions about the survey, I will provide a telephone number for you to call to get more information.

No le preguntaré su apellido, dirección ni ninguna otra información personal que pudiera llegar a identificarle. Si hay alguna pregunta que no desee contestar, no tiene que hacerlo. También puede terminar esta encuesta en cualquier momento. Cualquier información dada por usted será considerada confidencial. Si tiene preguntas acerca de esta encuesta, le daré un número de teléfono al que puede llamar para obtener más información. **Se podrá monitorear esta llamada para asegurar la calidad.**

[If needed: **If you have any questions about this study, you can call the study director, SCOTT HEEMANN. His toll-free number is 1-844-212-7823.**

[IF needed: Si tiene alguna pregunta acerca de este estudio, puede llamar al director del estudio, Scott Heemann. Su número de teléfono es 1-844-2127823.

1 PERSONINTERESTED,CONTINUE

2 GO BACK (GO TO ADULTS)

WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR'S PASSWORD TO CONTINUE

CATI NOTE: Hide response option 2 and do not display Warning message if Samptype=2.

//ASK ALL

## Section 1: Health Status

---

//ASK ALL//

1.1 Would you say that in general your health is...

**Please Read:**

- 1 Excellent
- 2 Verygood
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

¿Diría usted que su estado de salud general es...?:

(90)

**Por favor léale:**

- 1 Excelente
- 2 Muybueno
- 3 Bueno
- 4 Regular

o

- 5 Malo

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL//**

**1.2** These next questions are about your general health status. We need to ask these questions of everyone.

Las preguntas siguientes son sobre su salud en general. Necesitamos hacerles estas preguntas a todos.

Are you deaf or do you have **serious difficulty** hearing?

¿Es sordo o tiene **gran dificultad** para oír?

INTERVIEWER NOTE: Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

INTERVIEWER NOTE: Algunas personas que son sordas o tienen serias dificultades para escuchar pueden o no usar equipos para comunicarse por teléfono.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**//ASK ALL//**

**1.3** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

¿Es ciego o tiene gran dificultad para ver, aun cuando usa lentes?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**//ASK ALL//**

**1.4** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Debido a una condición física, mental o emocional, ¿tiene gran dificultad para concentrarse, recordar o tomar decisiones?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**//ASK ALL//**

**1.5** Do you have serious difficulty walking or climbing stairs?

¿Tiene gran dificultad para caminar o subir las escaleras?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL//**

**1.6** Do you have difficulty dressing or bathing?

¿Tiene dificultad para vestirse o bañarse?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL//**

**1.7** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Debido a una condición física, mental o emocional, ¿tiene dificultad para hacer diligencias solo, como ir al consultorio del médico o ir de compras?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

## Section 2: Healthy Days — Health-Related Quality of Life

---

**//ASK ALL//**

- 2.1** Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Respecto a su salud física —que incluye enfermedades físicas y lesiones—en los últimos 30 días, ¿por cuántos días su salud física no fue buena?

CATI NOTE: Acceptable values in range: 1 – 30, inclusive.

\_\_ Number of days

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

**//ASK ALL//**

- 2.2** Now thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Ahora piense en su salud mental —que incluye estrés, depresión y problemas emocionales—. En los últimos 30 días, ¿por cuántos días su salud mental no fue buena?

CATI NOTE: Acceptable values in range: 1 – 30, inclusive.

\_\_ Number of days

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

**//ASK IF 2.1 OR 2.2 NE 8, 7, 9**

- 2.3** During the past 30 days, for about how many days did poor **physical** or **mental health** keep you from doing your usual activities, such as self-care, work, or recreation?

En los últimos 30 días, ¿por cuántos días la mala salud física o mental le impidieron realizar sus actividades habituales, como cuidados personales, trabajo o actividades recreativas?

CATI NOTE: Acceptable values in range: 1 – 30, inclusive.

\_\_ Number of days

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

//ASK ALL

## Section 3: Health Care Access

---

//ASK ALL

Now I'm going to ask you some questions about your health insurance and where you get your medical care.

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

¿Tiene algún tipo de cobertura de atención de la salud, incluyendo seguro de salud, planes prepagos tales como organizaciones de atención administrada o planes del gobierno tales como Medicare o Medi-Cal o Indian Health Services?

READ IF NECESSARY –

NOTE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

NOTE: Medicare es una cobertura de seguro de salud provista nacionalmente a ciertas personas discapacitadas menores de 65 años, incluyendo beneficiarios del Seguro de Discapacidad del Seguro Social que han recibido beneficios durante más de 24 meses.

NOTE: Cen-Cal is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities in California.

Cen-Cal es un programa de asistencia médica del estado que atiende a personas de bajo ingreso y a quienes reciben beneficios del Ingreso del Seguro Social con discapacidades en California.

NOTE: Prepaid plans, such as HMOs and others, are health insurance plans between an insurer and a subscriber whereby a specified set of health benefits is provided in return for a periodic premium. It is the most common health insurance coverage through your employer.

Los planes prepagos, tales como organizaciones de mantenimiento de la salud (HMO) y otras, son planes de seguro de salud entre un asegurador y un suscriptor en los que se proveen una cantidad especificada de beneficios de salud a cambio del pago periódico de una prima. Es la cobertura del seguro de salud más común provista por su empleador.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 3.1 = 2**

**3.2** It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

Parece que no tiene ninguna cobertura del seguro de salud para ayudar a pagar por servicios como hospitales, médicos y otros profesionales de la salud. ¿Es eso correcto?

- 1 YES [GO TO 3.4]
- 2 NO [GO BACK TO 3.1]
- 7 DON'T KNOW / NOT SURE [GO TO 3.4]
- 9 REFUSED [GO TO 3.4]

**//ASK IF 3.1 = 1**

**3.3** What is the primary source of your health care coverage? Is it...

¿Cuál es la fuente primaria de su cobertura de atención de la salud? Es...

**Please Read:**

- 1 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Cen-Cal or other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services

**Or**

- 7 Some other source
- 8 NONE (NO COVERAGE)

**Do not read:**

- 98 DON'T KNOW / NOT SURE  
99 REFUSED

- 1 Un plan comprado a través de un empleador o sindicato (incluye planes comprados a través del empleador de otra persona)
- 2 Un plan que usted u otro miembro de la familia compra por su cuenta
- 3 Medicare
- 4 Cen-Cal u otro programa del estado
- 5 TRICARE (antiguamente CHAMPUS), Administración de Veteranos (VA), o el Ejército
- 6 Nativo de Alaska, Indian Health Service, Triable Health Services

**O**

- 7 Otra Fuente
- 8 NINGUNA

**DO NOT READ**

- 77 No sabe/No está seguro  
99 Se niega a contestar

**//ASK ALL**

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

¿Cuánto tiempo ha pasado desde la última vez que visitó a un médico para hacerse un reconocimiento de rutina? Un reconocimiento de rutina es un examen físico general, no un examen por una lesión, enfermedad o condición específica

**Please Read:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 8 NEVER VISITED A DOCTOR
- 9 REFUSED
- 1 En el último año (hace menos de 12 meses)
- 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
- 3 En los últimos 5 años (hace más de 2 años, pero menos de 5)
- 4 Hace 5 años o más

**DO NOT READ**

- 7 No sabe/No está seguro
- 8 Nunca
- 9 Se niega a contestar

**//ASK ALL**

**3.5** Do you have **one person** you think of as your personal doctor or health care provider?

¿Tiene una persona a la que considera su médico personal o proveedor de atención de la salud?

PROBE: If "No", ask:

Is there **more than one**, or is there **no person** who you think of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused
- 1 Sí, solo una
- 2 Más de una
- 3 No
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL**

**3.6** Is there **one place** that you PRIMARILY go to when you are sick or need advice about your health?

¿Hay algún lugar al que visita PRIMARIAMENTE cuando se siente enfermo o necesita consejos sobre su salud?

INTERVIEWER NOTE: If R says there is more than one, repeat question.

PROBE: We mean **one place** that you usually go to when you are sick or need advice on health.

Queremos decir el lugar que visita normalmente cuando se siente enfermo o necesita consejos sobre su salud.

- 1 YES [GO TO 3.7]
- 2 THERE IS NO ONE PLACE [SKIP TO 3.10]
- 7 DON'T KNOW / NOT SURE [SKIP TO 3.10]
- 9 REFUSED [SKIP TO 3.10]

**//ASK IF 3.6=1**

**3.7** What kind of place do you go to most often?...

¿Qué clase de lugar visita con más frecuencia...?

**Please Read:**

- 1 Clinic or health center [SKIP TO 3.10]
- 2 Doctor's office or HMO [SKIP TO 3.10]
- 3 Hospital emergency room [SKIP TO 3.10]
- 4 Hospital outpatient department [SKIP TO 3.10]
- 5 Some other place [GO TO 3.8]

**Do not Read:**

- 6 DOESN'T GO TO ONE PLACE MOST OFTEN [SKIP TO 3.10]
- 7 DON'T KNOW / NOT SURE [SKIP TO 3.10]
- 9 REFUSED [SKIP TO 3.10]

- 1 Clínica o centro de salud [PASAR A 3.10]
- 2 Consultorio del médico o HMO [PASAR A 3.10]
- 3 Sala de emergencia del hospital [PASAR A 3.10]
- 4. Curandero (NOTA: Cu-ran-de-ro) [PASAR A 3.10]
- 5. Curandero americano nativo [PASAR A 3.10]

**DO NOT READ**

- 6 NO VISITA UN SOLO LUGAR CON MAYOR FRECUENCIA [PASAR A 3.10]
- 7 NO SABE/NO ESTÁ SEGURO [PASAR A 3.10]
- 9 REHUSÓ [PASAR A 3.10]

**//ASK IF 3.7=5**

**3.8** Is this other place best described as a....

Es el otro lugar mejor descripto como un...

1. Chiropractor [SKIP TO 3.10]
2. Acupuncturist [SKIP TO 3.10]
3. Osteopath [SKIP TO 3.10]
4. Curandero (NOTE: Q-end-day-row) [SKIP TO 3.10]
5. Native American Healer [SKIP TO 3.10]
6. Naturopath [SKIP TO 3.10]
7. Herbalist or herbal medicine provider [SKIP TO 3.10]
8. Something else [GO TO 3.9]

1. Quiropráctico [PASAR A 3.10]
2. Acupunturista [PASAR A 3.10]
3. Osteópata [PASAR A 3.10]
4. Curandero (NOTA: Cu-ran-de-ro) [PASAR A 3.10]
5. Curandero 20ative20no 20ative [PASAR A 3.10]
6. Médico naturista [PASAR A 3.10]
7. Herborista o proveedor de medicina herbal [PASAR A 3.10]
8. Otra cosa [PASAR A 3.9]

**//ASK IF 3.7=5 AND 3.8=8.**

**3.9** Please describe the place where YOU primarily go when you are sick or need health advice.

Por favor, describa el lugar que USTED visita primariamente cuando está enfermo o necesita consejos sobre su salud.

PROBE: Your best description is fine.

PROBE: Su mejor descripción es suficiente.

NOTE: Record verbatim as much information as possible.

NOTE: Anotar textualmente la mayor cantidad de información posible.

---

**//ASK ALL**

**3.10** During the past 12 months, did you delay or not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional?

Durante los últimos 12 meses, ¿retrasó o no recibió atención médica que pensó necesitaba, como consultar a un médico, un especialista u otro profesional de la salud?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 3.10=1**

**3.11** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

¿Hubo alguna oportunidad en los últimos 12 meses cuando necesitó consultar a un médico pero no pudo debido al costo?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

**3.12** During the past 12 months, did you ever skip medications to save money?

Durante los últimos 12 meses, ¿dejó de tomar medicamentos para ahorrar dinero?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF**  
**3.10=1/**

**3.13** Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Please respond yes or no. //CHECK MOD4\_3

Además del costo, hay muchas otras razones por las que las personas retrasan obtener la atención médica que necesitan. ¿Ha retrasado obtener la atención médica que necesita por cualquiera de las siguientes razones en los últimos 12 meses? Por favor, responda sí o no.

**Please Read:**

Have you delayed getting needed medical care

because.... Ha retrasado obtener la atención médica QUE necesita

porque...

**3.13A.** You couldn't get through on the telephone. No se pudo comunicar por teléfono.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**3.13B** You couldn't get an appointment soon enough. No pudo conseguir una cita lo suficientemente rápido.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**3.13C** Once you got there, you had to wait too long to see the doctor. Una vez que llegó, tuvo que esperar demasiado tiempo para ver al médico.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 8 REFUSED

**3.13D** The (clinic/doctor's office) wasn't open when you got there.

La clínica o consultorio del médico no estaba abierta cuando usted llegó allí.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**3.13E** You didn't have transportation.

No tenía medio de transporte.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**3.13F** You don't feel safe getting medical attention.

No se siente seguro al recibir atención médica.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**3.13G** Some other reason

Alguna otra razón

- 1 YES [GO TO 3.14]
- 2 NO [SKIP TO 3.15]
- 7 DON'T KNOW / NOT SURE [SKIP TO 3.15]
- 9 REFUSED [SKIP TO 3.15]

**//ASK IF 3.13G=1**

**3.14** For what other reason did you delay getting needed medical care in the last 12 months?

¿Por qué otra razón retrasó obtener la atención médica necesaria en los últimos 12 meses?

PROBE: Your best description is fine.

PROBE: Su mejor descripción es suficiente.

INTERVIEWER NOTE: Record verbatim as much information as possible.

INTERVIEWER NOTE: Anotar textualmente la mayor cantidad de información posible.

**//ASK ALL**

**3.15** During the past 12 months, how many times have you gone to a hospital emergency room about your own health?

Durante los últimos 12 meses, ¿cuántas veces ha visitado la sala de emergencia del hospital por su propia salud?

INTERVIEWER NOTE: This includes emergency room visits that resulted in a hospital admission.

INTERVIEWER NOTE: Esto incluye visitas a la sala de emergencia que resultaron en el ingreso al hospital.

Record Number:

97 DON'T KNOW / NOT SURE

99 REFUSED

CATI NOTE: Acceptable values in range: 0 – 30, inclusive.

**//ASK IF 3.15 VALUE >= 10**

**3.16** You just said that you have gone to a hospital emergency room about your own health [FILL VALUE FROM 3.15] times in the last 12 months. Is this correct?

Acaba de decir que visitó la sala de emergencia por su propia salud [LLENAR CON EL VALOR DE 3.15] veces en los últimos 12 meses. ¿Es esto correcto?

- 1 YES [GO TO 3.17]
- 2 NO [GO BACK TO 3.15]
- 7 DON'T KNOW / NOT SURE [GO TO 3.17]
- 9 REFUSED [GO TO 3.17]

**//ASK IF 3.15 VALUE > 0.**

**3.17** Thinking about your **most recent** emergency room visit, did you go to the emergency room either at night or on the weekend?

Pensando sobre la visita más reciente a la sala de emergencia, ¿fue a la sala de emergencia a la noche o durante el fin de semana?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 3.15 VALUE > 0.**

**3.18** Did **this** emergency room visit result in a hospital admission?

¿Resultó esta visita a la sala de emergencia en el ingreso al hospital?

INTERVIEWER NOTE: This question pertains to the **most recent** emergency room visit.

INTERVIEWER NOTE: Esta pregunta se refiere a la visita más reciente a la sala de emergencia.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**//ASK IF 3.15 VALUE > 0.**

**3.19** Tell me which of these apply to your last emergency room visit? Please respond with Yes or No.

Dígame cuáles de las siguientes frases se aplican a su última visita a la sala de emergencia. Por favor, responda sí o no.

Question Number	Question Stem	YES	NO	DON'T KNOW	REFUSED
3.19A	You didn't have another place to go No tenía otro lugar al que recurrir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19B	Your doctor's office or clinic was not open El consultorio o clínica de su médico no estaba abierta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19C	Your health provider advised you to go Su proveedor médico le sugirió que vaya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19D	The problem was too serious for the doctor's office or clinic El problema era demasiado serio para el consultorio o clínica del médico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19E	Only a hospital could help you Solamente un hospital podía ayudarlo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19F	the emergency room is your closest provider La sala de emergencia es su proveedor más cercano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19G	you get most of your care at the emergency room Usted recibe la mayor parte de su atención en la sala de emergencia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19H	you arrived by ambulance or other emergency vehicle Llegó por ambulancia u otro vehículo de emergencia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

//ASK ALL

## Section 4. Health Literacy

---

//ASK ALL

INTRO4 Now I'd like to ask you a few questions about your comfort and ability to understand health related materials that your doctor or medical provider may give you. Ahora me gustaría hacerle algunas preguntas sobre su comodidad y habilidad para entender materiales relacionados con la salud que su médico o proveedor médico podría entregarle.

1 CONTINUE

//ASK IF INTRO4=01

**4.1** How often do you have someone (like a family member, friend, hospital/clinic worker or caregiver) help you read or understand health-related materials?

¿Cada cuánto alguna persona (como un miembro de su familia, amigo, empleado de una clínica/hospital, o persona que lo cuida) le ayuda a leer o entender los materiales relacionados con la salud?

**Please Read:**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

**Do Not Read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Todo el tiempo
- 2 La mayor parte del tiempo
- 3 Algunas veces
- 4 Pocas veces
- 5 Nunca

**Do Not Read**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO4=01**

**4.2** How often do you have problems learning about health-related conditions because of difficulty understanding written information?

¿Cada cuánto tiene problemas para aprender sobre condiciones relacionadas con la salud debido a la dificultad en entender la información escrita?

**Please Read:**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

**Do Not Read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Todo el tiempo
- 2 La mayor parte del tiempo
- 3 Algunas veces
- 4 Pocas veces
- 5 Nunca

**Do Not Read**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

//ASK ALL

## Section 5: Demographics

---

Now I'm going to ask you a few questions about yourself.

//ASK ALL

5.1 Are you ...

Es usted...

1 Male

2 Female

**CATI NOTE: Add logic check to validate that gender reported in s5q1 matches that provided in Intro in CAADULT (or) ONEADULT (or) ASKGENDER.**

**CATI NOTE: Gender reported in s5q1 should be retained and is then used to inform Ask statements for subsequent sections in the survey.**

If genders do not match, ask:

**INTERVIEWER: Are you sure the respondent is (fill from s5q1)? It was indicated earlier that the respondent was (fill with opposite sex from that in s5q1).**

//ASK ALL

5.2 What is your age?

¿Qué edad tiene?

\_\_ Enter Age (in years)

CATI NOTE: Acceptable range, 18 – 99 inclusive.

7 DON'T KNOW / NOT SURE

9 REFUSED

//ASK ALL

5.3 Are you Hispanic, Latino/a, or Spanish origin?

¿Es usted latino o hispano, o de origen español?

1 Yes

2 No [SKIP TO 5.4]

7 DON'T KNOW / NOT SURE [SKIP TO 5.4]

9 REFUSED [SKIP TO 5.4]

**//ASK IF 5.3=1.**

**5.3.1** Are you...

Es el.....

INTERVIEWER NOTE: Select all that apply.

**Please Read:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 1 Mexicano, méxicoamericano, chicano
  - 2 Puertorriqueño
  - 3 Cubano
  - 4 De otro origen latino o hispano, o español

**No le lea:**

- 5 No
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL**

**5.4** Which one or more of the following would you say is your race?

¿A cuál o cuáles de los siguientes grupos raciales diría usted que pertenece?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected, please read and code subcategories underneath major heading.

**Please Read:**

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

77 Don't know / Not sure

99 Refused

**10 Blanco**

**20 Negro o afroamericano**

**30 Indoamericano o nativo de Alaska**

**40 Asiático**

- 41 Indoasiático
- 42 Chino
- 43 Filipino
- 44 Japonés
- 45 Coreano
- 46 Vietnamita
- 47 Otro origen asiático

**50 Isleño del Pacífico**

- 51 Nativo de Hawái
- 52 Guameño o chamorro
- 53 Samoano
- 54 Otro isleño del Pacífico

**No le lea:**

- 60 Otro
- 77 No sabe/No está seguro
- 99 Se niega a contestar

**//ASK IF 5.4 = ONE OR MORE VALUES, ELSE GO TO 5.6.**

**5.5** Which one of these groups would you say best represents your race?

¿Cuál de los siguientes grupos diría usted que es el más representativo de su raza?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategory underneath major heading.

**Please Read:**

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 OTHER

77 DON'T KNOW / NOT SURE

99 REFUSED

**10 Blanco**

**20 Negro o afroamericano**

**30 Indoamericano o nativo de Alaska**

**40 Asiático**

- 41 Indoasiático
- 42 Chino
- 43 Filipino
- 44 Japonés
- 45 Coreano
- 46 Vietnamita
- 47 Otro origen asiático

**50 Isleño del Pacífico**

- 51 Nativo de Hawái
- 52 Guameño o chamorro
- 53 Samoano
- 54 Otro isleño del Pacífico

**No le lea:**

- 60 Otro
- 88 No indica otras opciones
- 77 No sabe/No está seguro
- 99 Se niega a contestar

**//ASK ALL**

**5.6** Are you...?

Es Usted...?

**Please Read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 7 DON'T KNOW / NOT SURE

- 9 REFUSED

- 1 Casado
- 2 Divorciado
- 3 Viudo
- 4 Separado
- 5 Nunca estuvo casado

**o**

- 6 Vive en pareja sin estar casado

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL**

**5.7** What is the highest grade or year of school you completed?

¿Cuál es el grado escolar o nivel de educación más alto que ha completado?

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 Refused
- 1 Nunca fue a la escuela o solamente fue al kínder
- 2 1.º a 8.º grado (escuela primaria)
- 3 9.º a 11.º grado (algunos estudios secundarios)
- 4 12.º grado o diploma GED (graduado de escuela secundaria superior)
- 5 1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica)
- 6 4 años o más de universidad (graduado de estudios universitarios)

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL**

**5.8** What is the ZIP Code where you currently live?

¿Cuál es el código postal de donde vive en estos momentos?

- ZIP Code
- 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

CATI NOTE: Insert soft error to check that zip code entered is in the universe of Santa Barbara County zip codes: 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93199, 93252, 93254, 93427, 93429, 93434, 93436, 93437, 93438, 93440, 93441, 93454, 93455, 93456, 93457, 93458, 93460, 93463, 93464.

If in range, Continue.

If not in range, display “the zip code entered is not located in Santa Barbara County. Please check your entry. On second entry, if the zip code is still out of range (not in SB County), allow user to continue.

**//ASK IF 5.8 = 7 or 9.**

**5.8B** In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your zip code.

Para poder ayudarnos a entender completamente la salud de los residentes en cada comunidad en el Condado de Santa Bárbara, sería útil obtener su código postal.

- ZIP Code
- 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

CATI NOTE: Insert soft error to check that zip code entered is in the universe of Santa

Barbara County zip codes: 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93199, 93252, 93254, 93427, 93429, 93434, 93436, 93437, 93438, 93440, 93441, 93454, 93455, 93456, 93457, 93458, 93460, 93463, 93464.

If in range, Continue. If not in range, display “the zip code entered is not located in Santa Barbara County. Please check your entry. On second entry, if the zip code is still out of range (not in SB County), allow user to continue.

**//ASK ALL**

**5.9** In order to help us learn more about environmental factors in your area, we'd like to know, what is the nearest intersection to your home or the place where you live?

Para poder aprender mas acerca de factores ambientales en su area, quisiera saber cual es las intersection de calles mas cercana a su casa.

This information will only be used to group your responses with others from your neighborhood.

Esta información nunca será divulgada o analizada individualmente y será utilizada para agrupar sus respuestas con las de otras personas que viven cerca de usted.

Please name the two cross-streets of this intersection. What is the name of the first street?

Por favor indique los nombres de las dos calles de esta intersección. ¿Cuál es el nombre de la calle primera?

INTERVIEWER NOTE: Seek and confirm whether street address is RD, ST, AVE, ETC.

- 1 GAVRESPONSE
- 7 DON'T KNOW / NOT SURE [SKIP TO 5.12]
- 9 REFUSED [SKIP TO 5.12]

**//ASK IF 5.9=1**

**5.9B**

INTERVIEWER NOTE: Seek and confirm whether street address is RD, ST, AVE, ETC.

Record first street:

**//ASK IF 5.9=1.**

**5.10** What is the name of the second street?

¿Cuál es el nombre de la calle segunda?

INTERVIEWER NOTE: Seek and confirm whether street address is RD, ST, AVE, ETC.

- 1 Gave Response
- 7 DON'T KNOW / NOT SURE [SKIP TO 5.12]
- 9 REFUSED [SKIP TO 5.12]

**//ASK IF 5.10=1**

**5.10B**

INTERVIEWER NOTE: Seek and confirm whether street address is RD, ST, AVE, ETC.

Record second street: \_\_\_\_\_

**//ASK IF 5.9=1 AND 5.10=1.**

**5.11** The streets I recorded for the closest intersection are: [insert 5.9B street name] and [insert 5.10B street name]. Is this correct?

Las calles que grabé para la intersección más cerca son: [insert s5q9b] y/e [insert s5q10b] ¿Es esto correcto?

INTERVIEWER NOTE: Seek and confirm whether street address is RD, ST, AVE, ETC.

- 1 Yes, both correct
- 2 No, both incorrect [go back to 5.9 and 5.10]
- 3 No, first street incorrect [go back to 5.9 and 5.10]
- 4 No, second street incorrect [go back to 5.9 and 5.10]

**//ASK ALL**

**5.12** Are you currently...?

¿Es usted actualmente...?

PROBE: Please think about your main job.

PROBE: Por favor, piense en su trabajo principal

INTERVIEWER NOTE: If more than one, select the category which best describes you.

**Please Read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**Or**

- 8 Unable to work

**Do not read:**

- 9 REFUSED
- 1 Empleado asalariado
- 2 Trabajador independiente
- 3 Desempleado por 1 año o más
- 4 Desempleado por menos de 1 año
- 5 Mujer u hombre que se ocupa de las tareas de la casa
- 6 Estudiante
- 7 Jubilado

**o**

- 8 No puede trabajar

**No le lea:**

- 9 Se niega a contestar

**//ASK IF 5.12=1,2**

**5.13** Is your main job year-round or seasonal?

Es su trabajo principal durante todo el año o por temporada?

PROBE: Seasonal employees are hired to work by employers that need extra help during a particular season, but not year round.

PROBE: Los empleados por temporada son contratados para trabajar por empleadores que necesitan ayuda adicional durante una temporada en particular, no durante todo el año.

- 1 Year round
- 2 Seasonal
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 todo el año
- 2 temporada
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 5.12 NE 7, 8, 9.**

**5.13a** Do problems getting child care make it difficult for you to work or study?

¿Hacen problemas, como conseguir que alguien cuide a sus niños, que sea difícil para usted estudiar o trabajar?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

**5.14** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos, ya sea en el servicio militar regular, en la Guardia Nacional o en una unidad de reserva militar?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

**El servicio activo no incluye el entrenamiento en la Reserva ni en la Guardia Nacional, pero SÍ incluye las actividades de movilización, por ejemplo, para la Guerra del Golfo Pérsico.**

1 YE  
S

2 NO

**Do not read:**

7 DON'T KNOW / NOT SURE

9 REFUSED

**//ASK ALL**

**5.15** How many children less than 18 years of age live in your household?

¿Cuántos niños menores de 18 años viven en su hogar?

\_\_ Number of children

88 NONE

99 REFUSED

CATI NOTE: Acceptable values in range: 1 – 15, inclusive.

**//ASK ALL**

**5.16** Is your annual household income from all sources—

Tomando en cuenta todas sus fuentes de ingresos, los ingresos anuales de su hogar son:

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

**0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03**

(\$20,000 to less than \$25,000)

Menos de 25 000 dólares

(entre 20 000 y menos de 25 000 dólares)

**0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02**

(\$15,000 to less than \$20,000)

Menos de 20 000 dólares

(entre 15 000 y menos de 20 000 dólares)

**0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01**

(\$10,000 to less than \$15,000)

Menos de 15 000 dólares

(entre 10 000 y menos de 15 000 dólares)

**0 1 Less than \$10,000 If “no,” code 02**

Menos de 10 000 dólares

**0 5 Less than \$35,000 If “no,” ask 06**

(\$25,000 to less than \$35,000)

Menos de 35 000 dólares

**0 6 Less than \$50,000 If “no,” ask 07**

(\$35,000 to less than \$50,000)

Menos de 50 000 dólares

(entre 35 000 y menos de 50 000)

**0 7 Less than \$75,000 If “no,” code 08**

(\$50,000 to less than \$75,000)

Menos de 75 000 dólares

**0 8 \$75,000 or more**

75 000 dólares o más

**Do not read:**

77 DON'T KNOW / NOT SURE

99 REFUSED

**//ASK ALL**

**5.17** About how much do you weigh without shoes?

Aproximadamente, ¿cuánto pesa sin zapatos?

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column 178.

---- Weight

(pounds/kilograms)

7 7 7 7 DON'T KNOW / NOT SURE

9 9 9 9 REFUSED

**//ASK ALL**

**5.18** About how tall are you without shoes?

Aproximadamente, ¿cuánto mide sin zapatos?

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column 182.

-- / -- Height

(ft / inches/meters/centimeters)

7 7 / 7 7 DON'T KNOW / NOT SURE

9 9 / 9 9 REFUSED

**//ASK IF 5.1=2 AND 5.2 = 18-44.**

**5.19** To your knowledge, are you now pregnant?

Que usted sepa, ¿está embarazada?

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

//ASK ALL

## Section 6: Seatbelt Use

---

//ASK ALL

**6.1** How often do you use seat belts when you drive or ride in a car? Would you say—

¿Con qué frecuencia usa usted el cinturón de seguridad mientras maneja o viaja en un automóvil? Diría usted que...

**Please Read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**Por favor léale:**

- 1 Siempre
- 2 Casi siempre
- 3 Algunas veces
- 4 Rara vez
- 5 Nunca

**No le lea:**

- 7 No sabe/No está seguro
- 8 Nunca maneja ni viaja en automóvil
- 9 Se niega a contestar

**//ASK ALL**

## Section 7: Exercise and Sleep Habits and Chronic Health Conditions

---

**//ASK ALL//**

INTRO7 Now we will turn our attention to exercise, sleep habits, and any health conditions you may have.

Ahora prestaremos atención al ejercicio, hábitos de sueño y cualquier condición de salud que pudiera tener.

1 CONTINUE

**//ASK IF INTRO7=1.**

**7.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

En el mes pasado, sin contar su trabajo diario, ¿realizó alguna actividad física o algún tipo de ejercicio como correr, hacer ejercicios calisténicos, jugar al golf, realizar actividades de jardinería o caminar?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

**7.2** On average, how many hours of sleep do you get in a 24-hour period?

En promedio, ¿cuántas horas duerme en un periodo de 24 horas?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- \_\_ Number of hours [01-24]
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**//ASK ALL**

## Section 8. Chronic Health Conditions

---

**//ASK ALL//**

**INTRO8** Now, a few questions about chronic health conditions you may or may not have.

Ahora, algunas preguntas sobre las condiciones crónicas de salud que pudiera tener o no tener.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?  
For each, please respond with Yes or No

¿ALGUNA VEZ un médico, un enfermero u otro profesional de la salud le dijo que tenía alguna de las siguientes afecciones? Para cada una, responda "Sí", o "No".

1 CONTINUE

**//ASK IF INTRO8=1.**

**8.1** (Ever told) you that you had a heart attack also called a myocardial infarction?

¿(Alguna vez) le dijeron que tuvo un ataque cardiaco, también llamado infarto de miocardio?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.2** (Ever told) you had angina or coronary heart disease?

¿(Alguna vez) le dijeron que tenía angina de pecho o una cardiopatía coronaria?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.3** (Ever told) you had a stroke?

¿(Alguna vez) le dijeron que tuvo un accidente cerebrovascular?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.4** (Ever told) you had asthma?

¿(Alguna vez) le dijeron que tenía asma?

- 1 YES
- 2 NO [GO TO 8.6]
- 7 DON'T KNOW / NOT SURE [GO TO 8.6]
- 9 REFUSED [GO TO 8.6]

**//ASK IF 8.4=1.**

**8.5** Do you still have asthma?

¿Usted todavía tiene asma?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.6** (Ever told) you had skin cancer?

¿(Alguna vez) le dijeron que tenía cáncer de piel?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF INTRO8=1.**

**8.7** (Ever told) you had any type of cancer?

¿(Alguna vez) le dijeron que tenía otro tipo de cáncer?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.8** (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

¿(Alguna vez) le dijeron que tenía enfermedad pulmonar obstructiva crónica (epoc), enfisema o bronquitis crónica?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

¿(Alguna vez) le dijeron que tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)
- reumatismo, polimialgia reumática
- artrosis (no osteoporosis)
- tendinitis, bursitis, juanete, codo de tenista (epicondilitis)
- síndrome del túnel carpiano, síndrome del túnel tarsiano
- infección en las articulaciones, síndrome de Reiter
- espondilitis anquilosante; espondilosis
- síndrome del manguito rotador
- enfermedad del tejido conjuntivo, esclerodermia, polimiositis, síndrome de Raynaud
- vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nudosa)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

**//ASK IF INTRO8=1.**

**8.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

¿(Alguna vez) le dijeron que tenía un trastorno depresivo (como depresión, depresión grave, distimia o depresión leve)?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

¿(Alguna vez) le dijeron que tenía una enfermedad renal (de los riñones)? (NO incluya cálculos renales, infecciones de la vejiga ni incontinencia).

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

**INTERVIEWER NOTE: Incontinencia es no poder controlar el flujo de la orina.**

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO8=1.**

**8.12** (Ever told) you have diabetes?

¿(Alguna vez) le dijeron que tenía diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If “Yes” and respondent is female, ask: “¿Esto fue únicamente durante su embarazo?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy (Skip to 9.1)
- 3 No (Skip to 9.1)
- 4 No, pre-diabetes or borderline diabetes (Skip to 9.1)
- 7 Don't know / Not sure (Skip to 9.1)
- 9 Refused (Skip to 9.1)

CATI NOTE: Do not display response option 2 when respondent is Male.

**ASK IF 8.12= 1**

**8.13** How old were you when you were told you have diabetes?

¿A qué edad le dijeron que tenía diabetes?

CATI NOTE: Do not allow entry of an age of diagnosis that is greater than the respondent's current age.

\_\_ Code age in years **[97 = 97 and older]**

9 8 DON'T KNOW / NOT SURE

9 9 REFUSED

CATI NOTE: Age entered in 8.13 cannot be greater than current age.

**//ASK ALL**

## Section 9: Immunization

---

**//ASK ALL//**

**INTRO9** Now I will ask you questions about the flu vaccine.

Ahora, le haré preguntas sobre la vacuna contra la influenza o gripe.

1 CONTINUE

**//ASK IF INTRO9=1.**

**9.1** During the past 12 months, have you had either a flu shot - or a flu vaccine that was sprayed in your nose?

En los últimos 12 meses, ¿le pusieron una vacuna inyectable contra la influenza o una vacuna en atomizador en la nariz contra la influenza?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF INTRO9=1.**

**9.2** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

Por lo general, la vacuna contra la neumonía o vacuna antineumocócica se administra solamente una o dos veces en la vida de una persona y es distinta a la vacuna inyectable contra la influenza. ¿Alguna vez le han puesto una vacuna contra la neumonía?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

## Section 10: Oral Health

---

**//ASK ALL//**

**INTRO10** Now I have a few questions about your oral health.

Ahora tengo algunas preguntas sobre su salud oral

1 CONTINUE

**//ASK IF INTRO10=1.**

**10.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

¿Cuándo fue la última vez que visitó a un dentista o que fue a una clínica dental por algún motivo? Incluya visitas a especialistas dentales, como por ejemplo los ortodoncistas.

**Read, if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused
- 1 En el último año (hace menos de 12 meses)
- 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
- 3 En los últimos 5 años (hace más de 2 años, pero menos de 5)
- 4 Hace 5 años o más

**No le lea:**

- 7 No sabe/No está seguro
- 8 Nunca
- 9 Se niega a contestar

**//ASK IF INTRO10=1.**

**10.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

¿Cuántos dientes permanentes le han sacado por problemas de caries o de encías? Incluya los dientes que haya perdido debido a una infección, pero no los que haya perdido por otros motivos, como una lesión o trabajo de ortodoncia.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

NOTE: Si le extrajeron las muelas del juicio por problemas de caries o de encías, debe incluirlas en la cantidad de dientes perdidos.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused
- 1 1 a 5
- 2 6 o más, pero no todos
- 3 Todos
- 8 Ninguno
- 7 No sabe/No está seguro
- 9 Se niega a contestar

//ASK ALL

## Section 11: Tobacco and E-Cigarette Use

---

//ASK ALL

**INTRO11** I'm going to ask you a few questions about your tobacco and alcohol use.

Le voy a hacer algunas preguntas sobre su uso de tabaco y alcohol.

01 CONTINUE

//ASK IF INTRO11=1.

**11.1** Have you smoked at least 100 **cigarettes** in your entire life?

¿Ha fumado al menos 100 cigarrillos en toda su vida?

**INTERVIEWER NOTE:** For cigarettes, do NOT include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

**INTERVIEWER NOTE:** “En cigarrillos, no incluya cigarrillos electrónicos (e-cigarrillos o e-cigarettes, NJOY, Bluetip), cigarrillos herbales, cigarros, puros, puritos, pipas, *bidis*, *kreteks*, pipas de agua (narguiles) ni marihuana”.

**INTERVIEWER NOTE:** Please include cigarettes and other tobacco smoked for ceremonial or cultural reasons.

**INTERVIEWER NOTE:** Por favor, incluya cigarrillos y otros tipos de tabaco que fuma por razones ceremoniales o culturales.

1 YE  
S

2 NO [GO TO 11.5]

7 DON'T KNOW / NOT SURE [GO TO 11.5]

9 REFUSED [GO TO 11.5]

**//ASK IF 11.1=1**

**11.2** Do you now smoke cigarettes every day, some days, or not at all?

¿Fuma cigarrillos todos los días, algunos días o no fuma para nada?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to 11.4]**
- 7 Don't know / Not sure **[Go to 11.5]**
- 9 Refused **[Go to 11.5]**
- 1 Todos los días
- 2 Algunos días
- 3 No fuma para nada [Go to 11.4]
- 7 No sabe/No está seguro [Go to 11.5]
- 9 Se niega a contestar [Go to 11.5]

**//ASK IF 11.2=1 or 2**

**11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?

- 1 YES **[Go to 11.5]**
- 2 NO **[Go to 11.5]**
- 7 DON'T KNOW / NOT SURE **[Go to 11.5]**
- 9 REFUSED **[Go to 11.5]**

//ASK IF 11.2= 1, 2, 3

11.4 How long has it been since you last smoked a cigarette, even one or two puffs?

¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque haya sido una o dos pitadas (caladas)?

- 1 Within the past month (less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago)
- 6 Within the past 10 years (5 years but less than 10 years ago)
- 7 10 years or more
- 8 Never smoked regularly

7 7 DON'T KNOW / NOT SURE

9 9 REFUSED

- 10 1 En el último mes (hace menos de 1 mes)
- 0 2 En los últimos 3 meses (hace más de 1 mes, pero menos de 3)
- 0 3 En los últimos 6 meses (hace más de 3 meses, pero menos de 6)
- 0 4 En los últimos 5 años (hace más de 1 año, pero menos de 5)
- 0 6 En los últimos 10 años (hace más de 5 años, pero menos de 10)
- 0 7 10 años o más
- 0 8 Nunca ha fumado de manera regular
- 7 7 No sabe/No está seguro
- 9 9 Se niega a contestar

**//ASK IF INTRO11=1.**

**11.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

¿En la actualidad usa tabaco para mascar, rapé o *snus* todos los días, algunos días o para nada?

**Snus (rhymes with 'goose')**

***Snus* (rima con 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

NOTE: El *snus* (nombre en sueco del rapé) es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.

1 Every day

2 Some days

3 Not at all

**Do not read:**

7 DON'T KNOW / NOT SURE

9 REFUSED

1 Todos los días

2 Algunos días

3 Para nada

**No le lea:**

7 No sabe/No está seguro

9 Se niega a contestar

**//ASK IF INTRO11=1.**

**11.6** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

¿Alguna vez ha usado un cigarrillo electrónico u otro producto de “vapor” electrónico, aun cuando lo haya hecho una sola vez en toda su vida)?

**INTERVIEWER NOTE: Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE: Read if necessary:** Los cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) y otros productos de “vapor” electrónicos incluyen pipas de agua (narguiles) electrónicas (*e-hookahs*), plumas de vapor, cigarros electrónicos (e-cigarros o *e-cigars*) entre otros. Estos productos funcionan con batería y, por lo general, contienen nicotina y sabores como de frutas, menta o dulces.

- 1 YE  
S
- 2 NO [GO TO 12.1]
- 7 DON'T KNOW / NOT SURE [GO TO 12.1]
- 9 REFUSED [GO TO 12.1]

**//ASK IF 11.6=1**

**11.7** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

¿En la actualidad usa cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) u otros productos de “vapor” electrónico todos los días, algunos días o para nada?

**INTERVIEWER NOTE: Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE: Read if necessary:** Los cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) y otros productos de “vapor” electrónicos incluyen pipas de agua (narguiles) electrónicas (*e-hookahs*), plumas de vapor, cigarros electrónicos (e-cigarros o *e-cigars*) entre otros. Estos productos funcionan con batería y, por lo general, contienen nicotina y sabores como de frutas, menta o dulces.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused
- 1 Todos los días
- 2 Algunos días
- 3 Para nada
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL//**

## Section 12: Alcohol Consumption and Drug Use

---

**//ASK ALL//**

**12.1** During the past 30 days, how many **days per week** or **per month** did you have at least one drink of any alcoholic beverage – such as beer, wine, a malt beverage or liquor?

Durante los últimos 30 días, ¿cuántos días por semana o por mes tomó por lo menos un trago de cualquier bebida alcohólica, como una cerveza, vino, bebida con malta o licor?

- 1 \_\_ Days per week
- 2 \_\_ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to Intro12B]**
- 7 7 7 Don't know / Not sure **[Go to Intro12B]**
- 9 9 9 Refused **[Go to 13.1]**

**//ASK IF 12.1=100-299/**

**12.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Una bebida es equivalente a una cerveza de 12 onzas, un vaso de vino de 5 onzas o una bebida con una medida de licor. Durante los últimos 30 días, en los días que bebió, ¿cuántas bebidas bebió como promedio?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

- \_\_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

**//ASK IF 12.1=100-299/**

**12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI - FILL X: Let X = 5 for Men, X = 4 for Women] or more drinks on an occasion?

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó X [CATI – LLENAR X=5 para hombres, X=4 para mujeres] o más bebidas en una ocasión?

\_\_ Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

**//ASK IF 12.1=100-299/**

**12.4** During the past 30 days, what is the largest number of drinks you had on any occasion?

Durante los últimos 30 días, ¿cuál es la cantidad más alta de bebidas que tomó en cualquier ocasión?

\_\_ Number of drinks

7 7 Don't know / Not sure

9 9 Refused

**CATI note: If 12.1 = 888 (No drinks in the past 30 days); go to Intro12B**

**//ASK IF 12.1=100-299/**

**12.5** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

Durante los últimos 30 días, ¿cuántas veces manejó cuando quizás había bebido demasiado?

\_\_ Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

**//ASK ALL**

**INTRO12B** This next health topic is about the use of prescription pain relievers and drugs. Please keep in mind that you can ask me to skip any question you do not want to answer.

El próximo tema de salud tiene que ver con el uso de analgésicos y medicamentos para aliviar el dolor. Por favor, tenga en cuenta que me puede pedir que saltee alguna pregunta que no quiere responder.

1 CONTINUE

**//ASK IF INTRO12B=1.**

**12.6** In the last 12 months, have you taken any prescription pain relievers or tranquilizers including (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

En los últimos 12 meses, ¿ha tomado algún analgésico para aliviar el dolor o tranquilizantes recetados incluyendo (Codeína, morfina, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) cuando NO fue recetado por su médico, dentista, enfermera practicante u otro profesional médico?

INTERVIEWER NOTE: We only want to know about prescription medication NOT medication that is available over the counter.

INTERVIEWER NOTE: NOTA AL ENTREVISTADOR: Solamente queremos saber sobre medicamentos recetados NO medicamentos de venta libre.

INTERVIEW NOTE: This question refers to the last time you used prescription pain medication not available over the counter and not prescribed specifically to you.

INTERVIEW NOTE: Esta pregunta se refiere a la última vez que usó medicamentos recetados para el dolor que no son de venta libre y no son recetados específicamente para usted.

1 YES

2 NO [GO TO 12.9]

7 DON'T KNOW / NOT SURE [GO TO 12.9]

9 REFUSED [GO TO 12.9]

**//ASK IF 12.6=1.**

**12.7** From whom did you obtain the prescription pain medication?

¿De quién obtuvo el medicamento recetado para el dolor?

INTERVIEW NOTE: This question refers to the **last time you used** prescription pain medication not available over the counter and not prescribed specifically to you.

INTERVIEW NOTE: Esta pregunta se refiere a la última vez que usó medicamentos recetados para el dolor que no son de venta libre y no son recetados específicamente para usted.

**READ RESPONSES ALOUD IF NECESSARY:**

1 From a friend or relative

2 From an acquaintance

3 From a street dealer or other person I did not know

4 Online

5 Somewhere else

**Do Not Read:**

7 DON'T KNOW / NOT SURE

9 REFUSED

1 De un amigo o pariente

2 De una persona conocida

3 De un vendedor callejero u otra persona a la que no conocía

4 En línea

5 Otro lugar

Do Not Read

7 DON'T KNOW / NOT SURE

9 REFUSED

**//ASK IF 12.6=1.**

**12.8** Within the last 12 months, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?

En los últimos 12 meses, ¿ha viajado localmente o fuera del estado a más de un proveedor de atención de la salud por la razón principal de obtener medicamentos para el dolor o tranquilizantes recetados como codeína, morfina, Lortab, Vicodin, Tylenol #3, Percocet, u OxyContin?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO12B=1.**

**12.9** Within the last 12 months, have you used heroin?

En los últimos 12 meses, ¿ha usado heroína?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK S13 IF 5.2 >=45**

## Section 13: Falls

---

**//ASK ALL SCREENED**

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

Las preguntas siguientes se refieren a cualquier caída que haya tenido recientemente. Por caída, nos referimos a cualquier incidente en el cual de manera no intencional una persona queda tendida en el suelo o en un nivel más bajo.

**13.1** In the past 12 months, how many times have you fallen?

En los últimos 12 meses, ¿cuántas veces se ha caído?

\_\_ Number of times [**76 = 76 or more**]

8 8 NONE [**Go to next section**]

7 7 DON'T KNOW / NOT SURE [**Go to next section**]

9 9 REFUSED [**Go to next section**]

**//ASK IF 13.1=1-76.**

13.1A Did your most recent fall (from Q13.1) cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor?

¿Le causó su caída más reciente (de la P. 13.1) una lesión? Con lesión, quiero decir que la caída le obligó a limitar sus actividades regulares durante por lo menos un día o visitar a un médico.

1 YES

2 NO

CATI NOTE: If 13.1a = 1, go to start of S14. If 13.1>=2, go to 13.2

//ASK IF 13.1>=2.

13.2

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

¿Cuántas de estas caídas le causaron alguna lesión? Por lesión, nos referimos a una caída que le haya limitado sus actividades normales al menos por un día o que le haya obligado a ver a un médico.

\_\_ Number of falls **[76 = 76 or more]**

8 8 NONE

7 7 Don't know / Not sure

9 9 Refused

CATI range for 13.2 = 1-76.

**//ASK S14 IF 5.2 >=50.**

## Section 14: Colorectal Cancer Screening

---

**//ASK ALL SCREENED**

The next questions are about colorectal cancer screening.

Las siguientes preguntas son sobre las pruebas de detección del cáncer colorrectal.

**14.1** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

La sigmoidoscopia y la colonoscopia son exámenes en los que se inserta un tubo en el recto para visualizar el colon a fin de detectar signos de cáncer u otros problemas de salud. ¿Alguna vez se ha hecho alguno de estos exámenes?

- 1 YES
- 2 NO **[Go to 14.4]**
- 7 DON'T KNOW / NOT SURE **[Go to next section]**
- 9 REFUSED **[Go to next section]**

**//ASK IF 14.1=1.**

**14.2** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.

A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

En la SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para detectar posibles problemas. La COLONOSCOPIA es un examen similar, pero se utiliza un tubo más largo y generalmente se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya acompañado de alguien que pueda llevarlo a la casa después del procedimiento. ¿El examen MÁS RECIENTE que se hizo fue una sigmoidoscopia o una colonoscopia?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 Sigmoidoscopia
- 2 Colonoscopia
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK IF 14.1=1**

**14.3** How long has it been since you had your last {FILL WITH RESPONSE PROVIDED IN 14.2}?

¿Cuándo fue la última vez que se hizo una sigmoidoscopia o una colonoscopia?

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 En el último año (hace menos de 12 meses)
- 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
- 3 En los últimos 3 años (hace más de 2 años, pero menos de 3)
- 4 En los últimos 5 años (hace más de 3 años, pero menos de 5)
- 5 En los últimos 10 años (hace más de 5 años, pero menos de 10)
- 6 Hace 10 años o más

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**14.4** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

La prueba de sangre en las heces se puede hacer en casa con un kit especial para detectar la presencia de sangre en las heces. ¿Alguna vez se ha hecho esta prueba con un kit en casa?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK S15 IF 5.1 = 2 (FEMALE).**

## Section 15: Breast and Cervical Cancer Screening

---

**//ASK ALL SCREENED**

The next questions are about breast and cervical cancer.

Las siguientes preguntas se refieren al cáncer de mama y al cáncer del cuello uterino.

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

La mamografía es una radiografía que se hace a cada uno de los senos para detectar la presencia de un posible cáncer de mama. ¿Alguna vez se ha hecho una mamografía?

- 1 YES
- 2 NO [Go to Q15.3]
- 7 DON'T KNOW / NOT SURE [Go to Q15.3]
- 9 REFUSED [Go to Q15.3]

**//ASK IF 15.1=1**

**15.2** How long has it been since you had your last mammogram?

¿Cuándo fue la última vez que se hizo una mamografía?

- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 1 En el último año (hace menos de 12 meses)
  - 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
  - 3 En los últimos 3 años (hace más de 2 años, pero menos de 3)
  - 4 En los últimos 5 años (hace más de 3 años, pero menos de 5)
  - 5 Hace 5 años o más
  - 8 No sabe/No está segura
  - 9 Se niega a contestar

**//ASK ALL SCREENED**

**15.3** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

El Papanicoláu o "Pap" es una prueba para detectar cáncer de cuello uterino. ¿Alguna vez se ha hecho una prueba de Papanicoláu?

- 1 YES
- 2 NO **[Go to Q15.5]**
- 7 DON'T KNOW / NOT SURE **[Go to Q15.5]**
- 9 REFUSED **[Go to Q15.5]**

**//ASK ALL SCREENED**

**15.4** How long has it been since you had your last Pap test?

¿Cuándo fue la última vez que le hicieron un Papanicoláu?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL SCREENED**

Now, I would like to ask you about the Human Papillomavirus (**Pap·uh·loh·muh virus**) or HPV test.

Ahora, quisiera hacerle preguntas sobre la prueba del virus del papiloma humano o VPH.

**15.5** An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

A veces se hace una prueba del VPH junto con la de Papanicoláu que se hace para detectar el cáncer de cuello uterino.

¿Alguna vez le han hecho la prueba del VPH?

- 1 YES
- 2 NO **[Go to NEXT SECTION]**
- 7 DON'T KNOW / NOT SURE **[Go to NEXT SECTION]**
- 9 REFUSED **[Go to NEXT SECTION]**

**//ASK IF 15.5=1.**

**15.6** How long has it been since you had your last HPV test?

¿Cuándo fue la última vez que le hicieron una prueba del virus del papiloma humano?

- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 
- 1 En el último año (hace menos de 12 meses)
  - 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
  - 3 En los últimos 3 años (hace más de 2 años, pero menos de 3)
  - 4 En los últimos 5 años (hace más de 3 años, pero menos de 5)
  - 5 Hace 5 años o más
  - 7 No sabe/No está segura
  - 9 Se niega a contestar

**//ASK IF 5.1 = 1 (MALE) AND 5.2 >=40.**

## Section 16: Prostate Cancer Screening

---

**//ASK ALL SCREENED**

Now, I will ask you some questions about prostate cancer screening.

Ahora le haré algunas preguntas sobre las pruebas de detección del cáncer de próstata.

**16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you EVER HAD a PSA test?

La prueba del antígeno prostático específico, también llamada prueba del PSA (por sus siglas en inglés), es un análisis de sangre que se les hace a los hombres para detectar el cáncer de próstata. ¿alguna vez has tenido APSA prueba?

- 1 YES
- 2 NO [**Skip to next section**]
- 7 DON'T KNOW / NOT SURE [**Skip to next section**]
- 9 REFUSED [**Skip to next section**]

**//ASK IF 16.1 = 1.**

**16.2** How long has it been since you had your last PSA test?

¿Cuándo fue la última vez que se hizo la prueba del PSA?

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

7 DON'T KNOW/NOT SURE

9 REFUSED

1 En el último año (hace menos de 12 meses)

2 En los últimos 2 años (hace más de 1 año, pero menos de 2)

3 En los últimos 3 años (hace más de 2 años, pero menos de 3)

4 En los últimos 5 años (hace más de 3 años, pero menos de 5)

5 Hace 5 años o más

**No le lea:**

7 No sabe/No está seguro

9 Se niega a contestar

**//ASK IF 5.15 > 0. ELSE, GO TO START OF S.19.**

## Section 17: Random Child Selection

---

### **INTRO17      CATI NOTE – Display statement if 5.15 = 1:**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to 17.1]**

“Usted mencionó anteriormente que en su casa había un niño de 17 años o menos. Quisiera hacerle algunas preguntas sobre ese niño”.

**-OR-**

### **CATI NOTE – Display statement if 5.15 > 1 AND NE 88 or 99:**

Previously, you indicated there were **[fill from 5.15]** children age 17 or younger in your household. Think about those **[fill from 5.15]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

“Usted mencionó anteriormente que en su casa había **[cantidad]** niños de 17 años o menos. Piense en esos **[cantidad]** niños en orden de nacimiento, de mayor a menor. El niño mayor es el primero en nacer y el menor es el último. Incluya también a los niños que tengan la misma fecha de nacimiento, como los mellizos o gemelos, de acuerdo al orden de nacimiento”.

### **CATI: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI fill]** child in your household. All the following questions about children will be about the “Xth” **[CATI fill]** child.

Me gustaría hacerle algunas preguntas adicionales sobre uno de los niños en particular. El niño al que me referiré es el “X.” **[CATI: Por favor indique el número correspondiente]** de los niños que viven en su casa. Todas las preguntas que le haré a continuación se referirán al “X.” niño **[CATI: por favor llene los espacios]**.

### **//ASK ALL SCREENED**

#### **17.1      What is the birth month and year of the “Xth” child?**

¿En qué mes y año nació el “X.” niño?

\_\_ / \_\_\_\_ Code month and year

7 7 / 7 7 7 7 Don’t know / Not sure

9 9 / 9 9 9 9 Refused

**CATI INSTRUCTION:** Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

**CATI NOTE:** Disallow entry of a date of birth that is greater than the current date.

**//ASK ALL SCREENED**

**17.2** Is the child a boy or a girl?

¿El niño en cuestión, es niño o niña?

- 1 BOY
- 2 GIRL
- 9 REFUSED
- 1 Niño
- 2 Niña
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**17.3** Is the child Hispanic, Latino/a, or Spanish origin?

¿Es el niño hispano, latino o de origen español?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 17.3=1.**

**17.4** Are they...

**Es?**

INTERVIEWER NOTE: Select all that apply.

**Please Read:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 1 Mexicano, méxicoamericano, chicano
  - 2 Puertorriqueño
  - 3 Cubano
  - 4 De otro origen latino o hispano, o español

**No le lea:**

- 5 No
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**17.5** Which one or more of the following would you say is the race of the child?

¿Cuál o cuáles de los siguientes diría usted que es el grupo racial del niño?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

**Please Read:**

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 OTHER

77 DON'T KNOW / NOT SURE

99 REFUSED

**CATI NOTE: If more than one response to 17.5, continue. Else, go to 17.7**

**10 Blanco**

**20 Negro o afroamericano**

**30 Indoamericano o nativo de Alaska**

**40 Asiático**

- 41 Indoasiático
- 42 Chino
- 43 Filipino
- 44 Japonés
- 45 Coreano
- 46 Vietnamita
- 47 Otro origen asiático

**50 Isleño del Pacífico**

- 51 Nativo de Hawái
- 52 Guameño o chamorro
- 53 Samoano
- 54 Otro isleño del Pacífico

**No le lea:**

- 60 Otro
- 77 No sabe/No está seguro
- 99 Se niega a contestar

**//ASK IF 17.5 =>1 response selection**

**17.6** Which one of these groups would you say best represents the child's race?

¿Cuál de los siguientes grupos diría usted que es el más representativo de la raza del niño?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 OTHER

77 DON'T KNOW / NOT SURE

99 REFUSED

**10 Blanco**

**20 Negro o afroamericano**

**30 Indoamericano o nativo de Alaska**

**40 Asiático**

41 Indoasiático

42 Chino

- 43 Filipino
- 44 Japonés
- 45 Coreano
- 46 Vietnamita
- 47 Otro origen asiático

**50 Isleño del Pacífico**

- 51 Nativo de Hawái
- 52 Guameño o chamorro
- 53 Samoano
- 54 Otro isleño del Pacífico

**No le lea:**

- 60 Otro
- 77 No sabe/No está seguro
- 99 Se niega a contestar

**//ASK ALL SCREENED**

17.7 How are you related to the child?

**Please Read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

¿Qué relación tiene usted con el niño?

**Por favor léale:**

- 1 Padre o madre (incluya padre o madre biológicos, padrastro o madrastra, o padre o madre adoptivos)

- 2 Abuelo o abuela
- 3 Tutor legal o padre sustituto (foster parent)
- 4 Hermano o hermana (incluya hermanos biológicos, hermanastros o hermanos adoptivos)
- 5 Otro familiar
- 6 No tiene ninguna relación

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**17.8** About how much does this child weigh without shoes?

¿Cuánto pesa este niño sin zapatos?

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column XXX.

PROBE: Your best estimate is fine.

PROBE: Su mejor cálculo es suficiente.

\_\_\_\_ Weight

*(pounds/kilograms)*

7 7 7 7 DON'T KNOW / NOT SURE

9 9 9 9 REFUSED

**//ASK IF 17.8 NE 7777 or 9999.**

**17.8B** How confident are you in this answer?

¿Cuánta confianza le tiene a esta respuesta?

- 1 Very confident
- 2 Somewhat confident
- 3 A little confident
- 4 Not at all confident
- 1 Mucha confianza
- 2 Algo de confianza
- 3 Poca confianza
- 4 Nada de confianza

**No le lea:**

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**17.9** About how tall is this child without shoes?

¿Cómo es de alto este niño sin zapatos?

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column 182.

PROBE: Your best estimate is fine.

PROBE: Su mejor cálculo es suficiente.

\_\_ / \_\_ Height

*(Ft/ inches/meters/centimeters)*

7 7 / 7 7 DON'T KNOW / NOT SURE

9 9 / 9 9 REFUSED

**//ASK IF 17.8 NE 7777 or 9999.**

**17.9B** How confident are you in this answer?

¿Cuánta confianza le tiene a esta respuesta?

- 1 Very confident
- 2 Somewhat confident
- 3 A little confident
- 4 Not at all confident

**//ASK IF 5.15 > 0, ABOUT SAME X-TH CHILD.**

## Section 18: Children's Access to Health Care

---

**//ASK ALL SCREENED**

Now I'm going to ask you some questions about your health insurance and where you get your medical care.

Ahora le voy a hacer algunas preguntas sobre su seguro de salud y dónde recibe su atención médica.

**18.1** Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

¿Tiene este niño algún tipo de cobertura de atención de la salud, incluyendo seguro de salud, planes prepagos tales como organizaciones de atención administrada o planes del gobierno tales como Medicare o Medi-Cal o Indian Health Services?

PROBE: Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

PROBE: Medicare es una cobertura de seguro de salud provista nacionalmente a ciertas personas discapacitadas menores de 65 años, incluyendo beneficiarios del Seguro de Discapacidad del Seguro Social que han recibido beneficios durante más de 24 meses.

PROBE: Cen-Cal is a state medical assistance program that serves low-income people and Social Security Income recipients with disabilities in California.

PROBE: Cen-Cal es un programa de asistencia médica del estado que atiende a personas de bajo ingreso y a quienes reciben beneficios del Ingreso del Seguro Social con discapacidades en California.

PROBE: Prepaid plans, such as HMOs and others, are health insurance plans between an insurer and a subscriber whereby a specified set of health benefits is provided in return for a periodic premium. It is the most common health insurance coverage through your employer.

PROBE: Los planes prepagos, tales como organizaciones de mantenimiento de la salud (HMO) y otras, son planes de seguro de salud entre un asegurador y un suscriptor en los que se proveen una cantidad especificada de beneficios de salud a cambio del pago periódico de una prima. Es la cobertura del seguro de salud más común provista por su empleador.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 18.1 = 1.**

**18.2** What is the primary source of health care coverage for this child? Is it...

¿Cuál es la principal seguro de cobertura médica para este niño? Es...

**Please Read:**

- 1 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Cen-Cal or other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services

Or

- 7 Some other source
- 8 NONE / NO COVERAGE

**Do not read:**

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

- 1 Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)
- 2 Un plan que usted u otro miembro de su familia paga por su cuenta
- 3 Medicare
- 4 Cen-Cal u otro programa estatal
- 5 TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas
- 6 Servicios para los nativos de Alaska, Servicio de Salud de Poblaciones Indígenas (Indian Health Service), servicios de salud tribales

u

- 7 Otro seguro
- 8 Ninguno (no tiene seguro de salud)

**No le lea:**

- 98 No sabe/No está seguro
- 99 Se niega a contestar

**//ASK ALL SCREENED**

**18.3** Does this child have **one person** you think of as their personal doctor or health care provider?

¿Hay alguna persona a la que usted considere su médico de cabecera o proveedor de atención médica personal?

If “No,” ask: “Is there more than one, or is there no person who you think of as this child’s personal doctor or health care provider?”

If “No” ask: “¿Hay más de una o no hay ninguna persona a la que considere su médico de cabecera o proveedor de atención médica personal?”.

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 Sí, solo una
- 2 Más de una
- 3 No
- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK ALL SCREENED**

**18.4** Is there one place that you **PRIMARYLY** take this child to when he/she is sick or you need advice about his/her health?

¿Hay un lugar al que **PRINCIPALMENTE** lleva a este niño cuando él o ella se enferman o necesita consejos sobre su salud?

INTERVIEWER NOTE: If R says there is more than one, repeat question.

PROBE: We mean one place that you usually go to when this child is sick or you need advice on [his/her] health.

PROBE: Queremos decir el lugar que visita normalmente cuando este niño se siente enfermo o necesita consejos sobre la salud de él o ella.

- 1 Yes
- 2 There is NO place (Skip to 18.9)
- 7 DON'T KNOW / NOT SURE (Skip to 18.9)
- 9 REFUSED (Skip to 18.9)

18.5 (question ID omitted from sequence)

**//ASK IF 18.4=1.**

**18.6** What kind of place do you take [him/her] to most often...?

¿A qué clase de lugar lo lleva con más frecuencia...?

**Please Read:**

- 1 Clinic or health center (Skip to 18.9)
- 2 Doctor's office or HMO (Skip to 18.9)
- 3 Hospital emergency room (Skip to 18.9)
- 4 Hospital outpatient department (Skip to 18.9)

Or

- 5 Some other place

**Do not Read:**

- 6 Child does not go to one place most often (Skip to 18.9)
- 7 DON'T KNOW / NOT SURE (Skip to 18.9)
- 9 REFUSED (Skip to 18.9)

- 1 Clínica o centro de salud
- 2 Consultorio del médico u organización de atención administrada
- 3 Sala de emergencia del hospital
- 4 Departamento de pacientes externos del hospital

O

- 5 Algún otro lugar

DO NOT READ

- 7 No sabe/No está seguro
- 9 Se niega a contestar

**//ASK IF 18.6=5.**

**18.7** Is this place best described as a:

Es este lugar mejor descrito como un...

- 1 Chiropractic therapist (Skip to 18.9)
  - 2 Acupuncturist (Skip to 18.9)
  - 3 Osteopath (Skip to 18.9)
  - 4 Curandero (PRONOUNCED: Q-end-day-row) (Skip to 18.9)
  - 5 Native American Healer (Skip to 18.9)
  - 6 Herbal medicine provider (Skip to 18.9)
  - 7 Something else?
- 1 Quiropráctico
  - 2 Acupunturista
  - 3 Osteópata
  - 4 Curandero (SE PRONUNCIA: cu-ran-de-ro)
  - 5 Curandero indo-americano
  - 6 Proveedor de medicina con hierbas
  - 7 Otra cosa

**//ASK IF 18.6=5 AND 18.7 = 7.**

**18.8** Please describe the place where you primarily go when this child is sick or you need health advice for him/her.

Por favor describa el lugar al que principalmente va cuando este niño está enfermo o necesita consejos sobre la salud de él o ella.

PROBE: Your best description is fine.

PROBE: Su mejor descripción es suficiente

NOTE: Record verbatim as much information as possible.

---

**//ASK ALL SCREENED**

**18.9** During the past 12 months, did you delay or not get any other medical care you felt that this child needed— such as seeing a doctor, a specialist, or other health professional?

Durante los últimos 12 meses, ¿retrasó o no recibió otra atención médica que pensó que este niño necesitaba, como consultar a un médico, un especialista u otro profesional de la salud?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 18.9=1.**

**18.10** Was there a time in the past 12 months when this child needed to see a doctor but could not because of cost?

¿Hubo alguna oportunidad en los últimos 12 meses cuando este niño necesitó consultar a un médico pero no pudo debido al costo?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF 18.9=1.**

**18.11** Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting this child needed medical care for any of the following reasons in the past 12 months? Please respond Yes or No.

Aparte del costo, hay otras razones por las cuales las personas tardan en obtener la atención médica que necesitan.

¿Se ha tardado en obtener la atención médica que necesita por alguna de las siguientes razones en los últimos 12 meses? Seleccione la razón más importante.

**Please Read:**

Was medical care delayed for this child because...

Se retrasó la atención médica de este niño porque...

**18.11A** You couldn't get through on the telephone.

No logró que pasara la llamada.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**18.11B** You couldn't get an appointment soon enough.

No pudo conseguir una cita pronto.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**18.11C** Once you got there, you had to wait too long to see the doctor.

Cuando llegó, tuvo que esperar demasiado para ver al médico.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**18.11D** The (clinic/doctor's) office wasn't open when you got there.

El consultorio clínico o del médico no estaba abierto cuando llegó.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**18.11E** You didn't have transportation.

No tenía transporte.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**18.11F** You don't feel safe getting medical attention for this child.

No se siente seguro al recibir atención médica para este niño.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

**//ASK ALL SCREENED**

**18.12** Now, a few questions about chronic health conditions this child may or may not have. Has a doctor, nurse, or other health professional EVER said that this child had any of the following?

For each, tell me Yes or No.

Ahora, algunas preguntas sobre las condiciones crónicas de salud que este niño pudiera tener o no tener. ¿Le ha dicho un médico, enfermera u otro profesional de la salud ALGUNA VEZ que este niño sufría de alguno de los siguientes? Por cada una, dígame Sí o No.

**//ASK ALL SCREENED**

**18.12A** (Ever told you) that this child had Attention-Deficit/Hyperactivity Disorder (ADHD)?

¿(Le dijo alguien) que este niño tenía el trastorno de hiperactividad/deficiencia de atención (ADHD por sus siglas en inglés)?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.12B** (Ever told you) that this child had autism spectrum disorder (ASD)?

¿(Le dijo alguien) ¿que este niño tenía un trastorno del espectro del autismo (ASD por sus siglas en inglés)?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.12C** (Ever told you) that this child had asthma?

¿(Le dijo alguien) ¿que este niño tiene asma?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK IF 18.12C = 1.**

**18.12D** Does this child still have asthma?

¿que todavía tiene asma este niño?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.12E** (Ever told you) that this child had any types of cancer?

¿(Le dijo alguien) ¿que este niño tiene algún tipo de cáncer?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.12F** (Ever told you) that this child had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

¿(Le dijo alguien) ¿que este niño sufre de un trastorno depresivo, que incluye a la depresión, depresión mayor, distimia o depresión menor?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.12**(Ever told you) that this child had diabetes?

¿(Le dijo alguien) ¿que este niño tiene diabetes?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK IF 18.12G = 1.**

**18.13**How old was the child when [he/she] was diagnosed with diabetes?

¿qué edad tenía el niño cuando él o ella fueron diagnosticados con la diabetes?

\_\_ Code age in years

- 97 Don't know
- 99 Refused

CATI NOTE: Age entered must be less than or equal to current age of child.

**//ASK ALL SCREENED**

**18.14** (Ever told you) that this child is obese?

¿(Le dijo alguien) ¿que este niño es obeso?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL SCREENED**

**18.15** How long has it been since this child last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

¿Cuánto tiempo ha pasado desde que este niño visitó por última vez a un dentista o clínica dental por cualquier razón?

Incluya visitas a especialistas dentales, como especialistas en ortodoncia.

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED
- 1 En el último año (hace menos de 12 meses)
- 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
- 3 En los últimos 5 años (hace más de 2 años, pero menos de 5)
- 4 Hace 5 años o más

**DO NOT READ**

- 7 No sabe/No está seguro
- 8 Nunca
- 9 Se niega a contestar

//ASK ALL

## Section 19: Housing and Neighborhood Characteristics

---

//ASK ALL

**INTRO19** Now we would like to talk about housing and your neighborhood. These questions help us better understand your day-to-day experiences.

Ahora me gustaría conversar sobre la vivienda y su vecindario. Estas preguntas nos ayudarán a entender mejor sus experiencias diarias.

1 CONTINUE

//ASK IF INTRO19=1.

**19.1** Have you ever had times in your life when you considered yourself homeless?

¿Ha habido momentos en su vida cuando se consideró desamparado o sin vivienda?

IF NECESSARY, READ: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle?

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

**Please Read:**

- 1 More than once
- 2 Once
- 3 Never

**Do not read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Mas de una vez
- 2 Una vez
- 3 Nunca

Do not read

- 7 NO SABE/NO ESTA SECURO
- 9 REHUSO

**//ASK IF 19.1 = 1 or 2**

**19.1B** Do you currently consider yourself homeless?

¿Se considera actualmente desamparado o sin vivienda?

- 1 Yes [GO TO NEXT SECTION]
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**19.2** (question ID omitted from sequence)

**//ASK IF INTRO19=1.**

**19.3** How many people are living at your address in total?

¿Cuántas personas viven en su dirección en total?

PROBE: Include everyone who is living or staying here for more than 2 months AND include anyone staying here who does not have another place to stay even if they have been here for 2 months or less.

PRBOE: Incluya a todos los que viven o permanecen aquí durante más de 2 meses E incluya a todos los que están aquí y no tienen otro lugar donde estar incluso si han estado aquí durante 2 meses o menos.

- \_\_\_ People
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

CATI NOTE: Acceptable range is 1 through 20, inclusive.

**//ASK IF INTRO19=1.**

**19.4** Which best describes this building?

¿Qué palabra describe mejor este edificio?

**Please Read:**

- 1 A mobile home
- 2 A one-family house detached from any other house
- 3 A one-family house attached to one or more houses
- 4 A building with 2 or more apartments
- 5 Something else

**Do not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Casa rodante
- 2 Una casa para una familia desconectada de cualquier otra casa
- 3 Una casa para una familia conectada a una o más casas
- 4 Un edificio con 2 o más apartamentos
- 5 Otra cosa

**Do not read:**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

//ASK IF 19.4 = 1, 2, 3, 4, 5

19.5 Do you own or rent your home?

¿Usted renta, o es dueño de la casa donde vive?

**Please Read:**

- 1 OWN
- 1 RENT
- 2 OTHER

**Do not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 ES DUENO
- 3 ALQUILA
- 4 OTRA

**Do not read:**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO19=1.**

**19.6** Continuing to think about the neighborhood around your home, what best describes the sidewalks in your neighborhood? Would you say that...

Pensando sobre el vecindario que lo rodea, ¿qué describe mejor las veredas de su vecindario? Diría que hay veredas...

**Please Read:**

- 5 There are no sidewalks
- 3 There are sidewalks on some streets

OR

- 1 There are sidewalks on almost all streets

**Do Not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 5 No hay veredas
- 3 Hay veredas en algunas calles
- 0
- 1 Hay veredas en casi todas las calles

Do not read:

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO19=1.**

**19.7** Is there effective street lighting in your neighborhood?

¿Hay luces eficaces en las calles de su vecindario?

PROBE: By street lighting, we mean any lights installed and maintained by the county or other municipality. Do not include porch lights or lights from buildings or homes.

PROBE: PREGUNTE: Por luces en la calle, queremos decir luces instaladas y mantenidas por el condado u otra municipalidad. No incluye luces en vestíbulos o luces de edificios o viviendas.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF INTRO19=1.**

**19.8** How often do you feel safe in your neighborhood...?

¿Cada cuánto se siente seguro en su vecindario...?

**Please Read:**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time

**Do not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Todo el tiempo
- 2 La mayor parte del tiempo
- 3 Algunas veces
- 4 Nunca

Do not read:7 NO SABE / NO ESTÁ SEGURO

- 9 REHUSÓ

//ASK ALL

## Section 20: Food Security and Availability

---

//ASK ALL

**INTRO20** These next questions are about where you get your food and the availability of food in your neighborhood.

Las siguientes preguntas son sobre dónde obtiene sus alimentos y la disponibilidad de alimentos en su vecindario.

1 CONTINUE

**//ASK IF INTRO20=1.**

**20.1** In a typical month, where do you get **most** of your food? At a....

En un mes típico, ¿dónde obtiene la mayor parte de sus alimentos? En una?

INTERVIEWER NOTE: Some other type of store may include a corner store, convenience store, restaurant or carry-out.

INTERVIEWER NOTE: Algún otro tipo de tienda podría incluir una tienda en la esquina, tienda de artículos rápidos, restaurante o comidas para llevar.

**Please Read:**

2 Grocery store (such as Ralph's, Bon's, or Smart & Final)

1 Some other type of store

6 A food pantry;

Or

8 Somewhere else

**Do not Read:**

7 DON'T KNOW / NOT SURE

9 REFUSED

**Please Read:**

2 Supermercado (como Ralph's, Bon's o Smart & Final)

1 Algún otro tipo de tienda

6 Una despensa de alimentos;O

8 Otro lugar

Do not read:

7 NO SABE / NO ESTÁ SEGURO

9 REHUSÓ

**//ASK IF INTRO20=1.**

**20.2** How satisfied are you with the **availability** of food in your neighborhood?

¿Cómo está de satisfecho con la disponibilidad de alimentos en su vecindario?

**Please Read:**

- 1 Verrysatisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

**Do not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Muysatisfecho
- 2 Un poco satisfecho
- 3 Un poco insatisfecho
- 4 Muyinsatisfecho

**Do not read:**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

//ASK IF INTRO20=1.

20.3 How satisfied are you with the overall quality of food sold in your neighborhood?

¿Cómo está de satisfecho con la calidad general de los alimentos que se venden en su vecindario?

**Please Read:**

- 1 Verrysatisfied
- 2 Somewhatsatisfied
- 3 Somewhatdissatisfied
- 4 Verydissatisfied

**Do not Read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Muysatisfecho
- 2 Un poco satisfecho
- 3 Un poco insatisfecho
- 4 Muyinsatisfecho

**Do not read:**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO20=1.**

**20.4** Overall, how satisfied are you with the **price** of food available in your neighborhood?

¿Cómo está de satisfecho con los precios de los alimentos en su vecindario?

- 1 Verysatisfied
- 2 Somewhatsatisfied
- 3 Somewhatdissatisfied
- 4 Verydissatisfied
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Please Read:**

- 1 Muysatisfecho
- 2 Un poco satisfecho
- 3 Un poco insatisfecho
- 4 Muyinsatisfecho

**Do not read:**

- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO20=1.**

**20.5** These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Las siguientes preguntas son sobre los alimentos consumidos en su familia en los últimos 12 meses y si pudo pagar los alimentos.

For this next question, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

Para la pregunta que sigue, por favor dígame si la frase describe algo que fue verdad a menudo, fue verdad algunas veces o que nunca fue verdad para usted y su familia en los últimos 12 meses.

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

"Los alimentos que {yo/nosotros} compramos no alcanzaron y {yo/nosotros} no teníamos dinero para comprar más.

(Was that often true, sometimes true, or never true for you and your household in the last 12 months?)

(¿Fue verdad a menudo, verdad algunas veces o nunca fue verdad para usted y su familia en los últimos 12 meses?)

- 1 OFTENTRUE
- 2 SOMETIMESTRUE
- 3 NEVERTRUE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 VERDAD A MENUDO
- 2 VERDAD ALGUNAS VECES
- 3 NUNCA FUE VERDAD
- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO20=1.**

**20.6** In the last 12 months, did you ever eat **less** than you felt you should because there wasn't enough **money** for food?

En los últimos 12 meses, ¿comió alguna vez menos de lo que pensaba porque no había suficiente dinero para alimentos?

- 1 YES
- 2 NO [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**//ASK IF 20.6=1.**

**20.7** Over the last 12 months, how often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

En los últimos 12 meses, ¿cada cuánto ocurrió esto – casi todos los meses, algunos meses pero no todos o solamente en uno o dos meses?

- 1 ALMOST EVERY MONTH
- 2 SOME MONTHS, BUT NOT EVERY MONTH
- 3 ONLY IN 1 OR 2 MONTHS
- 7 REFUSED / DON'T KNOW
- 9 NOT SURE
- 1 CASI TODOS LOS MESES
- 2 ALGUNOS MESES, PERO NO TODOS
- 3 SOLAMENTE EN UNO O DOS MESES
- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

//ASK ALL.

## Section 21: Social Connections

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//ASK ALL.

**INTRO21** The interview is nearly complete. A few questions about your social network, including people in your family or community that you might interact with.

La entrevista está casi terminada. Unas pocas preguntas sobre su red social, incluyendo personas en su familia o comunidad con las que interactúa.

1 CONTINUE

//ASK IF INTRO21=1.

**21.1** In a typical month, how many times do you talk on the telephone with family, friends, or neighbors?

En un mes típico, ¿cuántas veces habla por teléfono con familiares, amigos o vecinos?

- 1 Never
  - 2 Once a week
  - 3 More than once but less than five times a week
  - 4 Five times a week or more
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 
- 1 Nunca
  - 2 Una vez por semana
  - 3 Mas de una vez pero menos de cinco veces por semana
  - 4 Cinco veces por semana or mas
  - 7 NO SABE / NO ESTÁ SEGURO
  - 9 REHUSÓ

**//ASK IF INTRO21=1.**

**21.2** In a typical month, how often do you get together with friends or relatives?

En un mes típico, ¿cada cuánto se reúne con amigos o parientes?

**PROBE:** By get together, I mean things like going out together or visiting in each other's homes

**PROBE:** Por reunirse, quiero decir cosas como salir juntos o visitar la casa del otro

- 1 Never
- 2 Once a week
- 3 More than once but less than five times a week
- 4 Five times a week or more
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 Nunca
- 2 Una vez por semana
- 3 Mas de una vez pero menos de cinco veces por semana
- 4 Cinco veces por semana or mas
- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK IF INTRO21=1.**

**21.3** In a typical month, about how often do you visit with any of your other neighbors, either in their homes or in your own?

En un mes típico, ¿cada cuánto visita a algunos de los otros vecinos, en su casa o en la suya?

- 1 Never
- 2 Once a week
- 3 More than once but less than five times a week
- 4 Five times a week or more
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
- 1 Nunca
- 2 Una vez por semana
- 3 Mas de una vez pero menos de cinco veces por semana
- 4 Cinco veces por semana or mas
- 7 NO SABE / NO ESTÁ SEGURO
- 9 REHUSÓ

**//ASK ALL**

## Section 22: Financial Resource Strain

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**//ASK ALL**

**22.1** My final two questions ask about how worried you are right now about financial matters.

Mis dos preguntas finales tienen que ver con su preocupación sobre cuestiones financieras.

Are you worried that in the next 2 months, you may not have stable housing?

¿Le preocupa que en los próximos 2 meses podría no tener una vivienda estable?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

**22.2** In the last 12 months, has your utility company shut off your service for not paying your bills?

En los últimos 12 meses, ¿le ha cortado el servicio la compañía de servicios públicos por no pagar sus facturas?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK ALL**

### **CLOSING**

That was my last question. Thank you.

Everyone's answers will be combined to help develop health-related community programs in Santa Barbara County.. Thank you very much for your time and cooperation.

Esa fue mi última pregunta. Gracias.

Todas las respuestas se combinarán para ayudar a crear programas comunitarios relacionados con la salud en el Condado de Santa Bárbara. Muchas gracias por su tiempo y cooperación.

**IF NEEDED:** If you have any questions about this study, you can call the study coordinator, Scott Heemann, toll-free at 844-212-7823.

## Listening Tour Discussion Guides – Internal, External, and Site Visits

**COTTAGE HEALTH LISTENING TOUR 2016  
INTERNAL FOCUS GROUPS  
DISCUSSION GUIDE  
FINAL 6-9-2016**

**BACKGROUND**

At Cottage Health, we care about the health of our community, and we know that health starts long before someone arrives in the doctor's office or hospital. We believe that if we truly want to improve the health of all those who live in the Santa Barbara region, then we need to have a better understanding of the needs and strengths of not only the community as a whole, but also of the diverse groups or populations that comprise it. Different populations face different challenges to their health. By appreciating these differences, we can create customized approaches that respect the various needs of groups.

To this end, Cottage Health is embarking on a Population Health Listening Tour this summer to gain a deeper understanding of the health needs of our diverse population. Not only do we want to talk with organizations' leaders, providers and staff, but importantly we also need to hear from the community members they serve. So we're placing a special emphasis on learning directly from the people who live, learn, work and play in our region.

**GROUND RULES**

- **We want you to do the talking!** I'll setup the questions and conversations, but mostly I'll be listening to what you have to say. We want everyone to participate and share their thoughts. I may call on you if I haven't heard from you in a while.
- **There are no right or wrong answers.** Everyone's experiences and opinions are important. We want everyone to be respectful while others are talking, but please also speak up if you agree or disagree with something. We want to hear from everyone equally.
- **What is said here, stays here.** We are recording this session because we want to capture what everyone says, and while we have asked each of you to sign waivers giving us permission to use what you say in sharing what we've learned, it is our expectation that we won't identify anyone by name. You will remain anonymous. So please, respond candidly and honestly. And out of respect for your colleagues, please keep today's discussions closed to this room.

## **PART I – INTRODUCTIONS (10 minutes)**

We'll start by going around the room and I want everyone to:

1. Say your name and title;
2. Briefly describe what you do at Cottage Health; and
3. Share one thing that you like about living in Santa Barbara.

*[If Elizabeth or Monica is in the room, they should lead and set the example by saying something about the “health” of Santa Barbara.]*

## **PART II – ENGAGEMENT: BASIC HEALTH OF SANTA BARBARA (20 minutes)**

Now we're going to talk about the health of Santa Barbara and the populations you serve here at Cottage Health. Tell me about the people who are coming in and seeking care at Cottage Health. Are they coming in for wellness checks, medical issues, emergency visits? What are some of the barriers that these populations have to being healthy or seeking care for better health? Tell me about the issues that they are dealing with every day.

4. Describe the diversity of the patients you're seeing on any given day. Who are the people being served by Cottage Health and for what?
5. What are you seeing that may surprise others when it comes to the health of different populations?
6. What do you see as the primary barrier for a healthier Santa Barbara?
7. Talk about what you think happens when a patient leaves your facilities and how that impacts their ability to be on a path to better health?

## **PART III – EXPLORATORY: STORYTELLING (45 minutes)**

### Cottage Health's Populations:

Now let's talk about some of the patients and different populations you serve.

8. Tell me a story about a patient you encountered that really stuck with you – that made you think differently about your role in their health, or that Cottage Health as a system can play in improving their health.

9. Can you give me an example of when Cottage Health really stepped up to deal with a health issue for a specific population?
10. What is one thing that Cottage Health needs to do better to make sure all of the populations that make up Santa Barbara have the opportunity to live healthier lives?

**External Organizations:**

There are lots of people in our community who want to help – who are helping the people who live in our community every day. Some of them are doing a really great job at addressing the health needs of Santa Barbara.

11. Who are these other organizations in Santa Barbara and what are they doing differently? Why is it so effective/helpful?

**For Physicians Group:**

12. We know that so much of health is happening before they even see you. For example, 80% of the factors that affect health, such as poverty, employment, transportation, housing, crime, lie outside the hospital's walls. What are the challenges you face in trying to help people when things beyond your control impact so much of their health?
13. What is the biggest barrier you see your patients face in achieving better health?
14. If you could wave a magic wand and do one thing to improve the health of any given Santa Barbara population, what would you do?

**For Community & Support Services Group:**

12. What does the majority of patients and families you interact with need when they come to Cottage Health? Why are they here?
13. Tell us about how complicated their needs are that go beyond their health?
14. If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Internal Medicine Residents Group:**

12. What is the biggest challenge you see in helping patients to improve their health?
13. What is the biggest barrier you see that patients face in achieving better health?
14. If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Nursing Group:**

12. What are some of the unmet needs that you see your patients dealing with that impact their day-to-day health?
13. What is the biggest barrier your patients face in achieving better health?
14. If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Bedside Group:**

12. What do the majority of your cases look like?
13. What factors impact your patient's ability to get and stay healthy once they leave Cottage Health?
14. If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population what would you do?

**Population Health:**

When it comes to a patient's health, we know there are a lot of factors that are outside of your control. You can encourage a patient to eat healthy foods and get more physical activity, but you can't control whether or not they actually do. For example, if they live in a neighborhood where they don't have access to healthy foods or areas to walk around and be more active. This is what population health is trying to address – to limit or lessen the burden of those factors, so that you can better care for and help the patients you work with or provide services to.

15. So are there one or two things that you would like to see Population Health do? What can the Population Health team do or create that would make your job easier?

Summit (if time allows):

In January, Cottage Health will be holding the 1<sup>st</sup> Annual Population Health Summit. All of the organizations that work to address the social determinants of health in Santa Barbara will be invited to this two-day event, including Cottage Health staff. The key objective of this summit will be to rally all stakeholders behind a shared vision of population health for our community and to unite everyone to move forward together in improving the health of all who live in Santa Barbara.

16. If you attended this summit, what would you want to take away with you after the event?

**CONCLUSION**

It's time to wrap up but I appreciate everyone's candid sharing of stories today. It is extremely helpful as we move forward with our Listening Tour to better understand the health needs of our community. We will be sharing the results of our Listening Tour with staff and stakeholders later in the year once we complete the tour.

As a reminder, please be respectful to your colleagues and keep what was shared within this room. If you have additional things you want to share later today or in the coming weeks, you can email [listenpophealth@sbch.org](mailto:listenpophealth@sbch.org). You will not get a response. Thank you again.

**COTTAGE HEALTH LISTENING TOUR 2016  
EXTERNAL FOCUS GROUPS  
DISCUSSION GUIDE  
FINAL DRAFT 8-26-2016**

**BACKGROUND**

- For population health, 2016 is about understanding the health needs of the community, those who serve those needs, and the barriers we all face to a healthier life. This is an important opportunity for us to understand your perspective.
- We are collecting data in a variety of ways, including a major quantitative assessment of the health needs of community members.
- Today is a critical part of this process. After all our groups are conducted and all other data collected, we will bring it all together and try and make sense of it.
- As you'll notice we are recording our discussion today. This is for the purpose of sharing some of what we heard back to the community. If, after today, there is something that you do not wish to go on record as saying, please contact me directly and we can make those arrangements.
- Results of Listening Tour will be made available, and we will share these both within and outside the health system.
- Why we have an external facilitator – excited you are here, thank you for your time, really matters that we understand your perspective.
- Introduce Bob, GaleWill.

**GROUND RULES**

- **We want you to do the talking!** I'll setup the questions and conversations, but mostly I'll be listening to what you have to say. We want everyone to participate and share their thoughts. I may call on you if I haven't heard from you in a while.
- **There are no right or wrong answers.** Everyone's experiences and opinions are important. We want everyone to be respectful while others are talking, but please also speak up if you agree or disagree with something. We want to hear from everyone equally.
- **What you have to say is important for others to hear.** We are recording this session because we want to capture what everyone says and share some of your insights back to the community. We've asking each of you to sign waivers giving us permission to use what you say in sharing what we've learned. But obviously if you're not comfortable in signing we completely understand. Ultimately, we just want each of you to respond candidly and openly.

### **PART I – INTRODUCTIONS (10 minutes)**

We'll start by going around the room and I want everyone to:

- Say your name and organization.
- Briefly describe what you do and how it is a part of the Santa Barbara community.
- What do you think a healthy community looks like and what do you see as your part in creating that in your own organization?
- Share one observation that might surprise others to hear about the health of Santa Barbara.

### **PART II – ENGAGEMENT: BASIC HEALTH OF SANTA BARBARA (20 minutes)**

Now we're going to talk about the health of Santa Barbara and the populations you serve.

Tell us a little about the health of the people you work with; how much do you know about their health or the lives that they lead. Can you tell me about the issues that they are dealing with every day?

- Describe the diversity of the populations you see or serve on any given day. How healthy are they? Do they have any common or major health issues?
- What do you see as the primary barrier for a healthier Santa Barbara?
- How does the health of the populations you serve impact your organizational goals?

### **PART III – EXPLORATORY: STORYTELLING (45 minutes)**

Now let's talk about some of the different populations you serve.

- Tell me a story about a person at your organization/business/in your community you encountered that really stuck with you – that made you think differently about your role (or your organization's role) in their health, or that the community can play in improving their health.
- Going a step further, what role do you feel you play in improving the health or supporting efforts to improve the health of the people you work with? Where does this fall in your list of priorities?
- Can you give me an example of when someone in this community really stepped up to deal with a health issue for a specific population (could be you, government, Cottage Health, etc.)?
- What is one thing that we as a community need to do better to make sure all of the populations that make up Santa Barbara have the opportunity to live healthier lives?

**For Education Group:**

- We know that so much of health is shaped by where people live, learn, work and play. For example, 80% of the factors that affect health, such as poverty, transportation, housing, crime, lie outside your walls. To what extent are you concerned about these things? What are the challenges you face in trying to help people when things beyond your control impact so much of their health?
- How is health important to your goals?
- What is the biggest barrier you see facing students/teachers/administrators/other staff in achieving better health?
- If you could wave a magic wand and do one thing to improve the health of any student population in Santa Barbara, what would you do?

**For Business Group:**

- We know that so much of health is shaped by where people live, learn, work and play. For example, 80% of the factors that affect health, such as poverty, employment, transportation, housing, crime, lie outside your walls. To what extent are you concerned about these things? What are the challenges you face in trying to help people when things beyond your control impact so much of their health?
- What do you think you are doing that improves the health of your employees? What do you wish you could be doing more of?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Government Group:**

- We know that so much of health is shaped by where people live, learn, work and play. For example, 80% of the factors that affect health, such as poverty, employment, transportation, housing, crime, lie outside a hospital's walls. To what extent are you concerned about these things? What are the challenges you face in trying to help people improve their health when it is so intersectional?
- What are some the health issues you feel Cottage Health is doing a great job of dealing with in Santa Barbara? Where could we be stronger?

- What are your key assets that help you achieve progress? What are you missing that could improve impact?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Clergy Group:**

- How do you see the relationship between spiritual health to mental health to physical health?
- What kinds of things have you tried to do to address the health of your followers?
- What is the biggest barrier you see people facing in achieving better health?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Cross-Sectional Santa Ynez Group:**

- How does health fit into your day-to-day work with the people you work with?
- What are some of the unmet needs that you see your people dealing with that impact their day-to-day health?
- How equipped do you feel you are to address some of these needs?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Influencers Santa Ynez Group:**

- We know that so much of health is shaped by where people live, learn, work and play. For example, 80% of the factors that affect health, such as poverty, employment, transportation, housing, crime, lie outside your walls. To what extent are you concerned about these things? What are the challenges you face in trying to help people when things beyond your control impact so much of their health?
- What are some of the unmet needs that you see your people dealing with that impact their day-to-day health?
- How equipped do you feel you are to address some of these needs?
- What are you doing that improves the health of your people? What do you wish you could be doing more of?

- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population, what would you do?

**For Cross-Sectional – Medical & Dental Group:**

- What do the majority of your cases look like?
- What factors impact your patient's ability to get and stay healthy once they leave your office?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population what would you do?

**For Cross-Sectional – SDOH Group:**

- We all know that so much of health is shaped by where people live, learn, work and play. For example, 80% of the factors that affect health, such as poverty, employment, transportation, housing, crime, lie outside a hospital's walls. To what extent are you concerned about these things? What are the challenges you face in trying to help people improve their health when it is so intersectional?
- How does health fit into your day-to-day work with the people you work with?
- What are some of the unmet needs that you see your people dealing with that impact their day-to-day health?
- How equipped do you feel you are to address some of these needs?
- If you could wave a magic wand and do one thing to improve the health of one Santa Barbara population what would you do?

**Summit (if time allows):**

On April 19-20, 2017 Cottage Health will be holding the 1<sup>st</sup> Annual Population Health Summit. All of the organizations that work to address the social determinants of health in Santa Barbara will be invited to this two-day event. The key objective of this summit will be to rally all stakeholders behind a shared vision of population health for our community and to unite everyone to move forward together in improving the health of all who live in Santa Barbara.

- If you attend this summit, what would you want to take away with you after the event?

### **CONCLUSION**

It's time to wrap up but I appreciate everyone's candid sharing of stories today. It is extremely helpful as we move forward with our Listening Tour to better understand the health needs of our community. We will be sharing the results of our Listening Tour with staff and stakeholders later in the year once we complete the tour. If you have additional thoughts you want to share with the Population Health team, you can email [listenpophealth@sbch.org](mailto:listenpophealth@sbch.org). Thank you again.

**COTTAGE HEALTH LISTENING TOUR 2016  
ORGANIZATIONAL SITE VISITS  
DISCUSSION GUIDE  
FINAL DRAFT 8-26-2016**

**BACKGROUND**

For Cottage Health, 2016 is about understanding the health needs of the community, those who serve those needs, and the barriers we all face to a healthier life. This is an important opportunity for us to understand your perspective.

- We are collecting data in a variety of ways, including a major quantitative assessment of the health needs of community members.
- Today is a critical part of this process. After all our focus groups are conducted and all other data collected, we will bring it all together and try and make sense of it.
- As you'll notice we are recording our discussion today. This is for the purpose of sharing some of what we hear back to you and the community.
- If, after today, there is something that you do not wish to go on record as saying, please contact me directly and we can make those arrangements. You can also email us with additional thoughts anytime at [listenpophealth@sbch.org](mailto:listenpophealth@sbch.org).
- Results of Listening Tour will be made available, will share both within and outside the health system.
- Introduce Bob, GaleWill.

**GROUND RULES (applicable for focus groups with direct populations only)**

- **We want you to do the talking!** I'll setup the questions and conversations, but mostly I'll be listening to what you have to say. We want everyone to participate and share their thoughts. I may call on you if I haven't heard from you in a while.
- **There are no right or wrong answers.** Everyone's experiences and opinions are important. We want everyone to be respectful while others are talking, but please also speak up if you agree or disagree with something. We want to hear from everyone equally.
- **What you have to say is important for others to hear.** We are recording this session because we want to capture what everyone says and share some of your insights back to the community. We've asking each of you to sign waivers giving us permission to use what you say in sharing what we've learned. We will never use names and everything will be anonymous and confidential. But obviously if you're not comfortable in signing we completely understand. Ultimately, we just want each of you to respond candidly and openly.

## **QUESTIONS FOR LEADERSHIP**

1. Can you tell us a little about the work you do here. Just a quick overview of the programs you offer, the people you serve and the benefits they see by coming here.
2. Tell us a little about the health of the people you work with; how much do you know about their health or the lives that they lead. Can you tell me about the issues that they are dealing with every day?
  - a. Describe the diversity of the populations you see or serve on any given day. How healthy are they? Do they have any common or major health issues?
  - b. What do you see as the primary barrier for a healthier Santa Barbara?
  - c. How does the health of the populations you serve impact your organizational goals?
3. Tell me a story about a person at your organization/business/in your community you encountered that really stuck with you – that made you think differently about your role (or your organization’s role) in their health, or that the community can play in improving their health.
4. Going a step further, what role do you feel you play in improving the health or supporting efforts to improve the health of the people you work with? How does this fit into your work?
5. We know that so much of health is shaped by where people live, learn, work and play. So much of health is shaped by things that happen outside of the doctor’s office – factors such as poverty, transportation, housing, crime, etc. To what extent are you concerned about these things? What are the challenges you face in trying to help people when things beyond your control impact so much of their health?
6. What are some of the unmet needs that you see with your clients? Girls? Youth? What are they dealing with that impact their day-to-day health?
7. How equipped do you feel you are to address some of these needs?
8. What are some of the health issues you feel Cottage Health is doing a great job of dealing with in Santa Barbara? Where could we be stronger?
9. Can you give me an example of when someone in this community really stepped up to deal with a health issue for a specific population (could be you, government, Cottage Health, etc.)?

10. What are your key assets that help you achieve progress? What are you missing that could improve impact?
11. What is one thing that we as a community need to do better to make sure all of the populations that make up Santa Barbara have the opportunity to live healthier lives?
12. [Mention Summit (if time allows):] On April 19-20, 2017 Cottage Health will be holding the 1<sup>st</sup> Annual Population Health Summit. All of the organizations that work to improve health in Santa Barbara will be invited to this two-day event. The key objective of this summit will be to rally all stakeholders behind a shared vision of population health for our community and to unite everyone to move forward together in improving the health of all who live in Santa Barbara. If you attend this summit, what would you want to take away with you after the event?

## **QUESTIONS FOR THEIR POPULATIONS**

### **PART I – INTRODUCTIONS (10 minutes)**

We'll start by going around the room and I want everyone to:

1. Say your name and how long you have lived in Santa Barbara.
2. Briefly describe what a typical day looks like for you.
3. Share one thing you enjoy about living in Santa Barbara.

### **PART II – ENGAGEMENT: BASIC HEALTH IN SANTA BARBARA (20 minutes)**

Now we're going to talk about health and what it means to be healthy. Tell us a little about your health and also about the issues you deal with every day.

4. As a community, do you think that Santa Barbara is an easy place to live and be healthy?
5. Why kinds of things make it easy to live a healthy life here?
6. What kinds of things make it harder to live healthy?
7. On a scale of 1 to 5 where 1 is very healthy and 5 is very unhealthy, how would you rank your health? Your child's health? Your family's health?
8. Are there things that keep you up at night as it relates to your health or the health of your family?
9. Where do you go to get information on health? Why?

10. Do you think your health is something that is largely under your own control or affected by outside forces in your neighborhood/community?
11. When I say Cottage Health, what do you think of?
12. Tell us about \_\_\_\_\_ (organization they are visiting)
13. What role does coming here play into your health?
14. Are there things they or other organizations do that help you get and stay healthy?
15. Are there things that you wish this organization or others including government/cottage health could do to help your health?
16. Why is your health important to you?

### **PART III – EXPLORATORY (30-40 minutes)**

#### **For Seniors (Community Action Commission):**

17. When it comes to everyday life – paying rent to keep a roof over your head, buying food, paying other bills, etc. – where does your health rank in terms of priorities?
18. What is the biggest barrier you face in achieving better health?
19. How is it being a senior living in Santa Barbara?
20. If you could wave a magic wand and do one thing to improve Santa Barbara, what would you do?

#### **For Head Start Parents:**

21. How does health fit into your day-to-day lives and families?
22. What kinds of things do you do to keep your children healthy? To keep yourselves healthy?
23. What is the biggest barrier you face in achieving better health?
24. What worries you most about your children's future? What about their health?
25. If you could wave a magic wand and do one thing to improve Santa Barbara, what would you do?

#### **For Girls Inc Parents:**

26. When it comes to things like housing, food, transportation, work – where does health rank in your priorities? How does health fit into your day-to-day lives and families?

27. What kinds of things do you do to keep your children healthy? To keep yourselves healthy?
28. What is the biggest barrier you face in achieving better health?
29. What worries you most about your children's future? What about their health?
30. Are there things that concern you about raising a girl in Santa Barbara?
31. How do you feel about the schools here and how they might deal with topics around health?
32. If you could wave a magic wand and do one thing to improve Santa Barbara, what would you do?

### **FINAL CLOSING REMARKS**

- From everyone at Cottage Health, we truly thank you for letting us come here today to talk with you and learn more about the health of our community.
- We have a big vision for population health and hearing your thoughts, stories and lessons is a critical part in helping us move it forward so that we can improve the health of those who live in Santa Barbara.
- We'll be sharing back with you what we heard and learned in the coming months as part of this process, so that you can benefit from it as well.
- And we hope you will be able to join us at our 1<sup>st</sup> Annual Population Health Summit which is set for April 19-20, 2017. We'll be sending out save the dates and registration information later this fall.
- So thank you again and if you think of anything else you want to share with us, please email us anytime at [listenpophealth@sbch.org](mailto:listenpophealth@sbch.org).

## Listening Tour Findings

## Population Health Listening Tour Findings

Below is a brief summary of key findings coming out of our Listening Tour. Upon finalization of these findings, video clips will be developed featuring key quotes from Listening Tour participants.

### 1) **There are many visions for a Healthy Santa Barbara.**

When asked what a “healthy community” looks like, the answers were warm, rich and aspirational – “a place where everyone can thrive,” “a county where everyone has access to good health,” “a community where everyone can joyfully live,” “a place where everyone has opportunity.” Yet at the same time, most were at a loss for how to achieve their vision.

### 2) **Impressive individual effort, but lacking coordinated impact.**

It was often said that Santa Barbara has an excellent infrastructure (including a robust social sector, well-resourced governments, giving individuals and a strong health care system) and should be well positioned to create a healthier community. In fact, several said, “if we can’t do it here, it can’t be done anywhere.” What became apparent is that while there is an army of caring individuals and numerous organizations that are doing inspiring and effective work, the infrastructure itself is not functioning at a high level. This is probably the result of a very crowded landscape, issues surrounding patient privacy, cumbersome rules, time focused on organizational sustainability vs. community impact. Organizations typically work independent of each other, sometimes competing for resources, but more often just unable to connect their work to that of others. There was an acknowledged need and explicit desire to find ways to work better together. To focus on how “their piece” fits better into the puzzle that is someone’s life and to create better “handoffs” from one organization to the next.

People already engaged on these issues want to get out in front of the problem, rather than dealing with the challenging aftermaths. Police raise their hands asking how can I help someone BEFORE I have to arrest them. Clergy open their doors “anytime” to have someone come and talk about “anything” that is impacting the health of their congregations. Like those working at Cottage Health, people are demoralized by the current band-aid system that they are frustrated to be a part of. The bottom line is that there seems to be significant enthusiasm and willingness to engage earlier on these issues and recognition that more effective collaboration is needed to bring about lasting changes.

### 3) **To see the whole picture of a person’s life, we need to connect all the dots.**

Whether talking to leaders of non-profits, government, education, clergy or people in the community, there was consistency in believing that many of the resources that people need exist within the community. However, too many are not able to access them. In other words, beyond developing new services, a short-term opportunity exists to connect people to available programs and resources. Examples include; a young girl who presents with major dental needs at an after-school program, and their staff is unsure of where to send her; families who are going to three different places to address their food needs instead of going

straight to the food bank for their monthly supply; or the Family Resource Center needing to call five different places every time they need to find an available bed for a client. Critically this isn't just a matter of education or distributing a list of available resources, but instead helping people navigate complex systems, following up on needed care and carefully vetting resources. The latter is important as bad experiences can compromise the reliability of the referral source.

**4) Affordable and healthy living starts with housing.**

In listening to the myriad of issues that need to be addressed to achieve a healthier Santa Barbara, the question of affordability came up repeatedly. It related to food costs, wages and most often, housing and its far-reaching impact. Housing, however, is not a monolithic issue, but one which impacts virtually every population living in Santa Barbara. This includes the sizable homeless population, lack of beds available to the mentally ill, multi-families living in single occupancy homes, limited facilities for growing elderly populations and the lack of affordable housing for people in general, including nurses, teachers, police, EMT, and firefighters who fill other crucial service needs for the population. Beyond the mere availability are related issues such as the lack of coordinated services in certain housing facilities and the added mental and physical strain of working multiple jobs or traveling far distances to work due to housing issues. One person even noted that the lack of housing results in high turnover in the social sector that results in gaps in care, follow-up and trust for those seeking help.

**5) Gaps in mental health services are everywhere.**

Another issue that came up consistently across groups was the lack of available mental health services. Again this was multi-faceted and impacted a wide variety of populations in diverse ways, including children, students, the elderly, homeless, immigrants and caregivers. The lack of clinicians often results in waits of up to six months, and the lack of beds means that people are often shipped down to Pasadena and other places (often being stranded there without transportation back to Santa Barbara). The lack of mental health care often puts in jeopardy other crucial benefits such as housing, which leads to another major issue that surfaced. Of note, Cottage's perceived role in creating this shortage came up several times.

**6) What is unseen and unsaid speaks volumes.**

How you see the problem determines how you create solutions. Yet what happens when a community doesn't openly see the same problems? At the same time, those not working on the frontlines seem oblivious to the underlying issues in Santa Barbara. One person described it as a "Post Card" fantasy not reflected by the real life experiences of most who live here. While some felt this was just the nature of segregated neighborhoods and communities, others felt that this was a deliberate goal of businesses and the affluent, who don't want tourism or their idyllic life disrupted by the realities of others. It remains unclear how intentional the creation of an invisible Santa Barbara has been, but seeing someone unlike you does not happen without effort. One well-meaning participant even suggested that some people just have the "gift of seeing other people's problems" that most people in Santa Barbara don't possess.

There were also several troubling comments involving race, ethnicity and gender. It was surprising how it consistently took each group a long while to mention specifically the issues facing Latinos and/or immigrants. In many cases, it needed prompting and when it was brought up, it was clear that it was not a topic people were comfortable discussing. Beyond this discomfort, others talked about explicit racism and gave very clear examples on how they were treated unjustly and felt unwelcome in their own community. This obviously heightens levels of distrust and willingness to seek help. Cottage Health was also called out for a lack of diversity in their hospitals and leadership. Lack of available resources for LGBTQ, including transgender care, was also raised.

**7) Supporting family dynamic can be a win/win.**

Many of the issues raised involved the interconnectedness of parents and their children and their attempts to make the other healthy and happy. Parents of young children lament their ability to create a healthy environment for their children (e.g., expensive food, inability to spend more time with them). Teenagers talk about trying to get their parents to take care of themselves better (e.g., mental health needs, eating healthy), and concern about the upcoming tsunami of caregiver needs with aging parents. There is such love and support between a parent and child, yet each is struggling to find ways to take care of the other. When a mother says that “she hopes to get a new job with better hours and wages” so both she and her daughter can get healthy together, it says it all. Tapping into this connection would seem to be a significant opportunity to address a multitude of health needs impacting families.

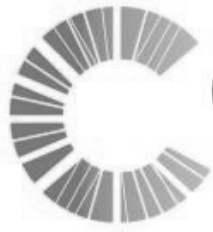
**8) Finding or creating safe and trusted spaces is critical.**

There appears to be significant segregation and limited social capital throughout Santa Barbara. Multiple reports cited the limited places where community members feel comfortable and safe enough to get care or information that could improve their circumstances and health. The places that did come up included certain non-profit organizations and definitely schools (although scheduling sometimes makes it difficult to access information or connect). There seems to be an opportunity for Cottage Health to either support or create more places and sources of trust in the community where people can turn for valuable health resources.

**9) There is an opportunity for Cottage Health to fill the breach.**

There’s a desire to solve problems collectively as a community, but there is a lack of a convener, connector and leader in this effort. There are “enormous human resources ready to do something,” but there is also a lack of collective vision, leadership, and coordination of services to implement solutions. No one organization will solve these complex social issues, and many cited the lack of a coordinated funding approach as a barrier to achieving real change. There seems to be an opening for Cottage Health to help initiate, support or even spearhead the process for getting there. This was either implicitly or explicitly communicated among non-profit leaders, business leaders and some in government.

## Listening Tour Follow-up Survey



# Cottage Health

## Listening Tour - Follow-up Survey

**Thank you for your willingness to complete this survey! Your input is a valuable part of the process in helping Cottage Health to better understand and identify the health needs and opportunities in Santa Barbara County.**

**We recognize that some of these questions may extend beyond your direct area of expertise. As you take the survey, please consider the interests and needs of all members of our community.**

**If you have any questions, please feel free to contact Monica Ray at [mray@sbch.org](mailto:mray@sbch.org) or 805-270-5631.**

1. Please rate the following health indicators based on need.

	No need exists in our community	Some need exists in our community	Significant need exists in our community
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate the following health indicators based on perceived urgency in the community.

	No urgency exists in our community	Some urgency exists in our community	Significant urgency exists in our community
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What are the three most urgent needs facing the community?

	Health Indicator
#1 - Most Urgent	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

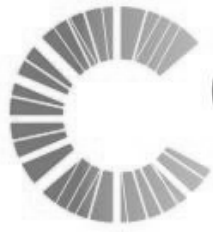
4. Please rate the following health indicators based on the extent to which community organizations in Santa Barbara County are collaborating effectively to address the issue.

*Collaboration is defined here as longer term interaction based on shared mission, goals, decision-making, and resources.*

	There is no effective collaboration of efforts around this issue	There is a little effective collaboration of efforts around this issue	There is a lot of effective collaboration of efforts around this issue
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please rate the following health indicators on the extent to which certain populations (e.g., racial/ethnic, low-income, or low education) are adversely affected.

	Does not affect certain populations disproportionately	Has a small impact on certain populations disproportionately	Greatly impacts certain populations disproportionately
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



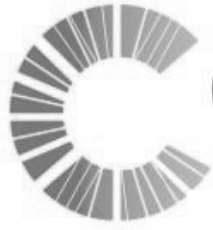
# Cottage Health

## Listening Tour - Follow-up Survey

### Available Community Resources

6. Please rate the extent to which resources exist in the community to address the health indicators.

	No community resources	Limited community resources	A lot of community resources
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Cottage Health

## Listening Tour - Follow-up Survey

### Available Community Resources

7. Please list the resources available in our community to address these health indicators (e.g., names of organizations, people, programs, or other resources).

Insurance Coverage

Access to Primary Care  
Provider

Cost of Care

Smoking Cigarettes

Alcohol Use

Obesity

Diabetes

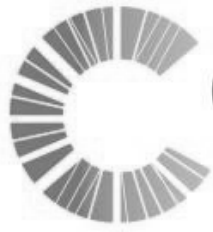
Physical Inactivity

Food Insecurity

Access to Dental Care

Mental Health

Housing Insecurity



# Cottage Health

## Listening Tour - Follow-up Survey

### Community Health Needs Assessment - 2013 Feedback

**Cottage Health completed the last Community Health Needs Assessment in 2013. The 2013 CHNA reports and implementation strategies for Santa Barbara Cottage Hospital, Goleta Valley Cottage Hospital, and Santa Ynez Valley Cottage Hospital can be found [here](#).**

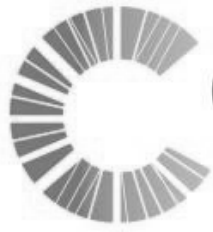
8. Have these reports and implementation strategies been helpful to you in the past three years?

Yes

No

Please elaborate.

9. What can Cottage Health do to make this information more useful to you and your organization in the future?



# Cottage Health

## Listening Tour - Follow-up Survey

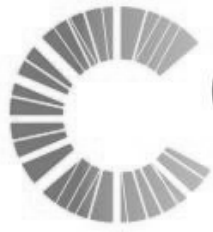
Please tell us about your organization.

10. Which best describes the type of organization you work for? (select one)

- Business/for-profit organization
- College or university
- Cottage Health
- Health care system, hospital, clinic, skilled nursing facility, treatment facility
- Health department
- Nonprofit or community-based organization
- Philanthropy
- School (pre-K-12)
- Tribe or tribal organization
- Other government agency
- Community resident or volunteer (no organizational affiliation)
- National association (e.g., American Heart Association, American Cancer Society, etc.)
- Other (please specify)

11. What sector best describes your organization? (select one)

- Alcohol/drug treatment
- Assault/abuse services
- Child care
- Community center
- Education
- Employment/workforce development
- Food systems/support (e.g., food banks)
- Health care
- Health promotion/health education
- Housing (e.g., low-income, long-term housing)
- Shelter (e.g., emergency, transitional)
- Law and justice
- Mental health
- Parks and recreation
- Physical fitness
- Senior services
- Social services
- Transportation
- N/A – no current affiliation
- Other (please specify)



# Cottage Health

## Listening Tour - Follow-up Survey

Please tell us more about yourself.

12. Did you or your organization participate in Cottage Health's recent Listening Tour? (select one)

- Yes, I attended the Listening Tour on behalf of my organization or department.
- Yes, another representative from my organization or department attended the Listening Tour.
- No, my organization or department did not participate in the Listening Tour.

13. Which of the following best describes where you live? (select one)

- North County
- Mid County
- South County
- Outside of Santa Barbara County
- Other (please specify)