



Community Assessment Project

SANTA CRUZ COUNTY

SUMMARY REPORT 2008



CAP Special Report on Health Care Solutions in Santa Cruz County

Santa Cruz County has a built-in argument in favor of the health of its residents: It's not likely that individuals and families choose to live here because they like to stay indoors.

With bountiful options for outdoor activities—surfing, swimming, hiking, bicycling, running and more—it's safe to say that there's a health-conscious base population living locally.

Unfortunately, health-consciousness does not always mean that the health care needs of the population are met with ease. While we may have a more active community, Santa Cruz County still has health challenges.

There's a lack of primary care physicians, and issues with low Medicare reimbursement rates. We host a high number of uninsured adults, as well as a childhood obesity rate that hovers above state and national averages. More than half our population haven't made their end-of-life wishes known.

It is the way the health care community has banded together to help solve these problems at the local level, however, that makes Santa Cruz County unique.

Thanks to the spirit of collaboration, a network of safety-net clinics catch those individuals who can't pay for health care or don't have a medical home. The Healthy Kids program has ensured that 98 percent of our children have health insurance—even if their parents don't—by helping to pioneer a groundbreaking program designed to show those at the state and national levels that it could be done.

Because more than 150 businesses and community members took a stand for healthy lifestyles, the Go for Health! collaborative is making positive changes in the landscapes of our neighborhoods.

There is more health information technology available in our area because the Santa Cruz County system of clinics chose to be early adopters of local electronic medical records systems, volunteering to work out the kinks so that others would have an easier time upgrading their technology.

So while the picture of health care in Santa Cruz County may not be perfect, the collaborative spirit that is engrained in our community is what keeps us going. We can be sure that our friends and neighbors will get a helping hand when they need one because our health care leaders have chosen cooperation over contention. We are proud to be part of Santa Cruz County's bootstrap approach to reforming health care at the local level.

— CAP Editorial Board

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to learn more about the Community Assessment Project, its goals and the progress Santa Cruz County residents have made so far.

Community Assessment Project

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Working together is key to bridge health gap between north, south county

While Santa Cruz County as a whole is above average healthwise, when compared to the state and nation, there are increasing disparities between the wellness of residents in north vs. south county.

In the county as a whole, residents have greater access to health care now than in the last 10 years (91 percent in 2007). More people have health insurance now than ever before (88.8 percent)—in fact, the Latino population with health insurance has grown remarkably, from 59.3 percent in 2000 to 78 percent in 2007. Enrollment in the Healthy Families low-cost insurance program also skyrocketed, increasing by 105.7 percent from 2001 to 2008.

Childhood overweight and obesity continues to be an issue, but the incidence of type II diabetes has gone from 86.8 percent in 2003 to 69.2 percent in 2005.

In general, most locals consider their physical and mental health to be “excellent” or “very good.”

“We’re starting out with a really healthy population,” said Mary Lou Goeke, executive director of the United Way of Santa Cruz County. “People are taking care of their own health, and that’s a good beginning.”

A few miles south on Highway 1, however, there’s a different story.

Pajaro Valley residents are more likely to have diabetes (8.2 percent do, compared to 3.6 percent in the rest of the county); be obese (22

percent vs. 12 percent); and are less physically active than the balance of the county.

There’s a far higher percentage of uninsured individuals (31 percent of survey respondents, compared to 8 percent in the rest of the county), and more Pajaro Valley residents are unable to receive health care (15 percent vs. 6 percent).

The solution, according to the Pajaro Valley Community Health Trust, is increasing partnerships and collaborations in the area to provide a larger safety net of health and education services to this population in need.

Fortunately, experts agree that such safety nets are already a bright spot in Santa Cruz County’s health care system.

“There’s a great deal of partnership towards solutions,” said Alan McKay, executive director of Central Coast Alliance for Health. “The spirit of cooperation and effort to improve the health care community is something really valuable and unique about Santa Cruz County.”

Continuing that collaboration is high on everyone’s priority list, said Rama Khalsa, director of health services for Santa Cruz County.

“There’s a lot of interest here in owning and working on health issues,” she said. “We’re a very proactive community. We don’t sit around and wait for others to come up with a solution—we take it on ourselves.”



Collaboration



Jose Chibras, MD, chief medical officer of Salud Para la Gente, examines a patient.

Taking care of our own

Santa Cruz County pulls together to help those in need find and receive health care

The economics of health care is supply and demand.

With a limited supply—thanks in part to the shortage of primary care physicians locally (see page 6)—demand (and therefore cost) goes up. And when that happens, “Everybody suffers,” said Larry DeGhetaldi, MD, president of the Santa Cruz division of Palo Alto Medical Foundation.

It’s possible, however, that in Santa Cruz County, everybody suffers a little bit less, thanks to the spirit of cooperation and collaboration of its residents and health care professionals.

“Private physicians in Santa Cruz do care for Medicare and MediCal patients, but the primary strategy is a safety-net clinic structure for meeting

the needs of the under- and un-insured patients,” said Dr. DeGhetaldi. “That’s why Santa Cruz—which in many ways shouldn’t be doing so well—is doing OK.”

One bright spot of the public/private collaborative spirit of Santa Cruz County is the Health Improvement Partnership and its Healthy Kids program. While many adults may find it difficult to find health insurance, 98 percent of children ages 0-18 are covered, either by private insurance, MediCal, Healthy Families, or Healthy Kids. With every donation the Healthy Kids program receives (it costs about \$1,020 to provide a child with health insurance for one year), that percentage grows.

Healthy Kids relies on grants

and local donations, including support from local hospitals, the County Board of Supervisors and First 5. With the current State budget crisis, those private donations count for much, much more.

“Fundraising is one of our top priorities,” said Leslie Conner, program director for Healthy Kids, and director of program and policy for the Health Improvement Partnership. “But the community has been receptive since we’ve been able to show that Healthy Kids improves access to essential preventive services and supports a more cost-effective system of care.”

“The costs of health care are high, and since the government is not paying its share, there’s cost-shifting,” he said.

Essentially, those with insurance are helping to close the gap caused by those without. Toward that end, the Health Improvement Partnership prioritized increasing access as a primary community health goal for 2010. Coverage programs like Healthy Kids, strengthening the safety-net system and ensuring adequate primary care access for all residents are key strategies.

That’s the essence of Santa Cruz County, said Dr. DeGhetaldi.

“Being small enough to retain a sense of community is helping us,” he said. “We believe in local care, delivered locally, to be as innovative as you can to foster that community sense of taking care of its own.”



Help Wanted: Primary Care Physicians

High cost of living, low reimbursements drive new doctors away from Santa Cruz County

There are not enough primary care physicians in Santa Cruz County, creating a ripple effect that has made waves through the entire health care system.

Santa Cruz County, with a population of more than 260,000, is short about 30 primary care physicians. To be even more specific, said Nanette Mickiewicz, MD, president of Dominican Hospital, the shortage particularly applies to Medicare patients.

Santa Cruz County has long been designated a “rural” reimbursement area for Medicare despite its close proximity to “urban” areas like Santa Clara County. This “Locality 99” status means that physicians in Santa Cruz County receive less money from Medicare than physicians in Santa Clara County.

Combine that with the high cost of living locally and often staggering student loan balances, and it’s no wonder that physicians choose to start their medical career elsewhere. They just can’t afford to come to Santa Cruz County.

The effects of a physician shortage are often first seen in physician offices, where patients must wait longer to see their doctor; and may choose simply to work with specialists, said Dr. Mickiewicz.

“That’s a potentially dangerous situation, because no one is really keeping track of the information from all of the specialists,” she said. “Finally, patients start using the Emergency Department or urgent care, where follow-up is fragmented with no primary doctor to refer back to.

“It’s not a very stable situation, long-term.”

Michael McGannon, MD, has seen first-hand the effects of the physician shortage. As an emergency department physician and vice-chairman of the department of emer-

gency medicine at Watsonville Hospital, he’s noticed a rise in the number of patients filling the ED’s waiting area.

What’s most startling, though, is why they’re there, he said. Many are using the Emergency Department as a last-resort home for primary care because the safety-net clinics—those designed to handle the under- or un-insured patient—are full to capacity with an unusually high number of Medicare patients who can’t find a medical “home.”

“When we’re seeing patients for primary-care issues, it slows everything down,” said Dr. McGannon. “It ties up all the beds, and fills our waiting rooms.”

As the safety-net clinics (places like Salud Para la Gente, Santa Cruz Women’s Health Center, Planned Parenthood and the county-run clinics) fill with Medicare patients who find it difficult to see a primary care physician, they’re also scrambling to fill future needs as well.

Dorian Seamster of the Health Improvement Partnership of Santa Cruz County is currently conducting a capacity assessment of the safety-net clinics of what is needed where in the county, health care-wise.

Despite the physician shortage, more individuals than ever—91 percent—report that they have a regular source of health care, according to CAP data. That, said Ms. Seamster, is a result of the spirit of collaboration among health care providers in Santa Cruz County.

“There’s an unusual degree of collaboration here,” she said. “In other areas, the hospitals, providers and clinics see these kinds of problems as being someone else’s responsibility. Here, all those providers work together to make the system better for everyone.”



Are small businesses stretched too thin?

The cost of providing insurance for employees is high when you're a little guy

While the majority of individuals and families with health insurance get coverage from their employers, it's becoming increasingly difficult for small businesses to provide costly health benefits.

The rising cost of policies mean that small businesses—who often don't have the financial resources of large corporations, and who can't buy policies in bulk at a reduced rate—pay more to insure their employees.

The financial aspect, however, is often just the beginning of insurance headaches for small businesses owners, said Bill Tyssling, executive director of the Santa Cruz Chamber of Commerce.

"If you're looking for employment with the added security of benefits, you're going to be looking at public employers and large businesses," he said. "There's a fair number of people who choose, say, a public-entity position because of the health security that it offers. That pretty clearly puts small businesses at a competitive disadvantage right out of the box."

Employees themselves often don't consider the cost of a health care plan when calculating their salaries. Insurance benefits can add a significant amount on top of basic wages, said Mr. Tyssling.

For example, a worker who earns \$10 an hour earns about \$1,800 gross income

each month. A health insurance policy could add another \$1,100 in employer-paid costs for that worker. While the employee is taking home \$1,800, the employer is actually paying \$2,900 for his or her services.

Often, small businesses provide these benefits out of a feeling of responsibility to their staff. Bookshop Santa Cruz, for instance, has a health care plan available to qualifying members of its staff.

"Ours is a family business, and we feel that our employees are part of our family," said Casey Coonerty Protti, owner/manager. "We want them to be able to do what's best for their families."

2

REDUCING CHILDHOOD OBESITY

Healthy living by the numbers

When it comes
to raising healthy
children, just think
“52-10.”

5 Eat at least five fruits
and vegetables each day

2 Limit television and
computer time (not related to
school) to two hours or less
a day

1 Get one hour or more
of physical activity every day

0 Drink less sugar. Try
water and low-fat milk in-
stead of soda and drinks with
lots of sugar.

It will take a village

Families and the community at large are responsible for finding solutions for childhood obesity

The fact that the nation, state, county and even our cities are gripped in an epidemic of child obesity/overweight won't take any community member by surprise.

Accepting the facts—that Santa Cruz county ranks 48 out of 66 California counties and health jurisdictions for overweight children under age 5—begs one simple question:

Who has the responsibility to turn this statistic around?

According to local experts, we all do. It's the community as a whole that shapes the opportunities that families have to eat right and exercise.

“It's the environment we live in that dictates how healthy we are—and how healthy we're not,” said Shebreh Kalantari, director of Go for Health!, a collaborative in Santa Cruz County designed to increase children's healthy eating and physical activity opportunities. “The environment includes the infrastructure—our roads and parks—the school systems, the places we shop for our food and the places we go to eat. It includes our healthcare and the availability of health care.

“If our environment isn't conducive to making healthy choices, we're not going to make them.”

Individual families, however, are the ones who ultimately decide what their children will eat, said Salem Magarian, MD.

“The parents, or caregivers, control what food comes into the house,” he said. “They control the choices, and they're the ones who have to work at not giving in to commercial pressures, or pressure from the kids.”

Conventional wisdom is right on, said Dr. Magarian. Focus meals around vegetables, whole fruits and whole grains, and eliminate sodas—even diet—and sugary fruit juices.

Desserts, candy and fast foods should be considered rare treats, not thought of as food.

But it's up to the community to provide venues for families to purchase healthier fare, and to provide safe and well-designed areas for exercise, said Ms. Kalantari. Jovenes SANOS, a youth group affiliated with Go for Health!, is currently working to change the environment in Watsonville for the better. Their efforts include:

- Increasing the number of bike lanes and widening sidewalks in the city limits to facilitate walking;
- Limiting the number of fast-food chains that are near parks and schools;
- Working with schools to serve healthier foods in classrooms and cafeterias while increasing opportunities for physical activities during and after school;
- Working with local markets to increase the availability of fruits and vegetables while removing junk food and candy from racks near checkout registers.

“The community is ahead of the medical world on the subject of obesity,” said Dr. Magarian. “It's a social/lifestyle problem at heart, and that's where it will be solved.”





Members of the "Go for Health" collaborative—including teen members of Jovenos SANOS—hold a staff meeting outdoors in Watsonville.

The changes

When the Go for Health! collaborative spent nine months in 2003-2004 examining the issue of children's health in Santa Cruz County, it came up with 24 different ways to improve things. They include:

- Increase knowledge of the importance of healthy eating and physical activity
- Increase the breastfeeding rate locally
- Encourage parents to participate in regular physical activity with their children
- Increase nutrition education in the curriculum of local schools
- Provide more healthy food options in schools
- Provide at least 30 minutes of physical education programs daily in all schools
- Make neighborhoods safer for recreation and physical activities
- Provide more opportunities for physical activity for all types of young people
- Increase the number of girls playing organized team sports
- Increase the number of community-based organizations that integrate healthy eating and physical activity into their services and programs
- Encourage employers to promote healthy eating and regular physical activity among employees
- Work with school boards, city councils and the Board of Supervisors to adopt policies that promote healthy eating and regular physical activity
- Encourage children and families to walk or bike regularly
- Increase the number of food stores that provide nutrition education
- Increase the number of corporations that market food responsibly
- Provide more access to fresh local produce
- Encourage local fast food restaurants to offer and promote healthy choices.

For a complete list of Go for Health's recommendations, visit www.unitedwaysc.org.

'Go'-ing for it

'Go for Health!' collaborative brings 150 members together for children's health

Early in the new millennium, childhood overweight and obesity was a growing problem in Santa Cruz County, in nearly every sense of the word.

Noting a disturbing trend in the expanding waistlines of local children, community members and medical professionals formed agencies designed to address the problem. As time went on, the number of those agencies grew—but so did the population of overweight, inactive children.

In August 2003, the United Way of Santa Cruz County, the Children's Network, the Children's Food and Fitness Coalition and the Pajaro Valley Community Health Trust came together to start a collaborative, Go for Health!. More than 150 members—funders, businesses, students, parents, elected officials and health and nutrition professionals—spent nine months examining the issue of children's health in Santa Cruz County.

They came up with 24 ways to increase healthy eating and physical activity opportunities for kids all over the county, and have spent the past five years working to make sure they happen.

Today, Go for Health! focuses on community and social changes that benefit healthful eating and physical activities.

SEE GO FOR HEALTH! ON PAGE 13

An advance directive is vital...but so is talking about end-of-life issues with friends, family

Along the spectrum of conversations that no one likes to have, the end-of-life discussion ranks pretty high.

According to the California Healthcare Foundation, more than 80 percent of individuals statewide say their loved ones know exactly, or have a good idea, of what their wishes would be if they were in a persistent coma. However, only 51 percent say they've talked about their preferences—with 37 percent admitting that those conversations have been casual asides.

In Santa Cruz County, 44 percent of respondents to the Community Assessment Project (CAP) survey indicated that they have their end-of-life wishes for medical treatment in a written document. That's close to the CAP goal (50 percent of Santa Cruz County residents over the age of 60 will receive education and information regarding end of life choices and opportunities, thus empowering them to make self-determined decisions regarding health care by 2010) but only half the story, according to local experts.

"More important than the piece of paper are the conversations," said Julie Boudreau, co-coordinator of the local Make Your Wishes Known Initiative. "The paper is important, and facilitates the process, but we're more likely to see a patient's desired outcomes when he or she has the conversation with their physician and loved ones.

"That's a tall order in a society that shuns conversations about death."

But since the human race has an undeniable 100 percent mortality rate—and because accidents happen—these conversations at an early age are vital, agree

Help is out there

Group available for help with advance care planning

In May 2000, a group of community members banded together to promote an upcoming PBS special: "On Our Own Terms: Moyers on Dying," in an effort to break down the national taboo on discussing death.

After the special aired, the group—officially dubbed the End of Life Coalition—chose to continue their work educating and promoting discussions about end-of-life issues in Santa Cruz County.

Since then, the End of Life Coalition has trained volunteers to lead presentations on advance care planning and help others complete Advance Directives. These efforts have become the group's primary focus, with members responding to individual needs as well holding workshops at local churches, mobile home parks, workplaces, libraries, and service clubs.



Julie Boudreau, co-coordinator of the local Make Your Wishes Known initiative, goes over an advance directive with a community member.

In 2006, the End of Life Coalition, Hospice of Santa Cruz County and the Health Improvement Partnership joined forces to create the Make Your Wishes Known Initiative, which promotes advanced care planning in the community.

At www.makeyourwishesknown.org, advice to those filling out advance directives and free, downloadable advance directive forms are available in English and Spanish. To order forms by mail or to schedule a workshop for your group or work place, call 831 469 6222.

Making your wishes known



END OF LIFE
CHOICES

local experts. An advance directive or living will provides excellent direction for doctors and family members, but does little good locked in a safe-deposit box or tucked in a filing cabinet.

There are legal frameworks around the “what if” of sudden incapacitation, but in reality, physicians are more likely to listen to the most assertive family member first ... and seek documentation later.

“In emergencies, while caring for the patient, physicians are not usually looking for paperwork,” said Ann Pomper, director of Hospice of Santa Cruz County. “Whoever is visible and articulate is often the individual who gets listened to.”

concerns, think about social and spiritual ones, like if it’s vital to be able to take care of unfinished business with family and friends or having the ability to make peace with God.

And, said Ms. Boudreau, once you’ve made these decisions, filled out an advance directive and discussed your wishes with friends and loved ones; revisit the subject annually.

“A lot of times, when we’re healthy and haven’t had much experience with death, we’ll make conclusive statements about our end-of-life wishes,” she said. “As your life or your health status changes, your wishes might change.”

Do you know the meaning to these common terms?

Advance Directive

A legal document that allows you to record your wishes concerning medical treatments at the end of life. California’s advance directive allows individuals to name a health care agent who will act on their behalf, to relate specific instructions for prolonging life, and to relay wishes regarding organ donations.

Living Will

The portion of an advance directive that provides instruction for medical treatments at the end of life.

Medical Power of Attorney

The portion of an advance directive that allows an individual to choose someone to act on their behalf as a health care agent, and make medical decisions once the individual is

unable to do so. Also known as Durable Power of Attorney for Healthcare

Hospice

Care provided by a team of specially trained professionals who provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments. The goal of hospice care is to improve the quality of a patient’s life by offering comfort and dignity and tailoring the care to the needs of the patient and family.

Palliative Care

Specializes in the relief of pain, symptoms and stress of serious illnesses. It can be provided at any time during an individual’s illness.

Do-Not-Resuscitate Order (DNR)

A medical order stating that there should be no attempt to restart a failed heartbeat or apply CPR (cardiopulmonary resuscitation) to restore breathing. Without such an order, emergency medical staff are legally required to perform CPR.

Physician Orders for Life Sustaining Treatment (POLST)

A medical order form used to write orders indicating life-sustaining treatment wishes for seriously ill patients. Designed to be recognized as a set of medical orders, included in a patient’s clinical record.

Local advance care planning resources

Make Your Wishes Known Initiative

Information on advance directives, critical conversations and caregiving at end of life.

www.makeyourwishesknown.org

Caring Connections

Information on end-of-life issues. Downloadable advance directives by state.

www.caringinfo.org

Hospice of Santa Cruz County

Information on end-of-life care and resources

www.hospicesantacruz.org

California Hospice & Palliative Care Association

Advocates for those facing life-threatening illness by promoting availability and access to quality

www.calhospice.org

Once you’ve filled out an advance directive or living will, select a health care agent you trust to speak for you if you’re unable to speak for yourself, said Ms. Pomper. Then sit down with that individual and start a conversation.

“These are hard questions to grapple with,” she said. “It requires that we reflect on our values and what matters most to us. We move from what are other people going to have to make decisions about, to what do I want from the end of my life. We have to think about the end, about saying goodbye to loved ones, and that’s hard. But avoiding the conversations can, in the end, be much harder on those we love, who may be left to guess.”

The questions individuals should ask deal not only with live-saving issues such as a Do Not Resuscitate Order (DNR)—a popular catchphrase on television shows like “ER” and “Grey’s Anatomy”—but deeper, more complicated issues. After considering medical

The concepts of making arrangements for the end of one’s life might seem daunting at first, but it can be liberating for an individual and their family and friends, said Ms. Pomper. As director of Hospice of Santa Cruz County, and as an individual who has dealt with the death of a close loved one, she is no stranger to initiating these difficult conversations.

“As a result, I don’t live in the world of not knowing that I am mortal,” she said. That awareness is a gift. It’s important for our families to know that they supported our wishes. Supporting end-of-life wishes is a loving act.”



Family Practitioner Joann E. Moschella, DO, examines a patient at the Watsonville Health Center, which has switched from paper to electronic medical records.

Health information goes high-tech

County Clinics use electronic medical records to store, manage and share patient information

Michele Violich, MD, has four stacks of paper on her desk—but it's rare that one of those in-boxes holds a patient's chart.

These days, all patient information at the Watsonville Health Center (where Dr. Violich is medical director) is stored in an electronic medical record (EMR) system that is light-years ahead of its hard-copy counterpart, she said.

"The electronic medical record improves quality of care by helping all of the clinic staff do the best they can do," said Dr. Violich. "Things run more smoothly, we communicate better, we never have lost charts and the information we need is always at our fingertips."

Up until 2006, the Watsonville Health Center (and most other health care facilities in Santa Cruz County) kept track of vital patient information the old-fashioned way: on paper. Each patient's visit was meticulously documented with pen and ink, stored in a file, and kept in the office.

One patient could have his or her own file at any county clinic, hospital or physician's office—not just in Santa Cruz, but all over the world. To keep all those files up-to-date, patients and health care professionals would have to contact other offices and have information sent over by fax, courier or mail ... and then enter that information in the paper chart.

Now, patient information is entered into a computer with a few

clicks of a mouse. At the Watsonville Health Center, examination rooms are equipped with adjustable computer stations, easily maneuvered for physician ease and patient viewing.

"The EMR is an amazing tool," said Joann E. Moschella, DO, a family practitioner at the Watsonville Health Center. "It's complex in the sense that it has the capacity to store enormous amounts of information ... which is fantastic to access in just a few clicks. There's no more wasted energy looking for information from incomplete or lost paper charts."

Since the electronic medical records system was installed in the Watsonville Health Center on May 23, 2006, Dr. Violich and her colleagues have been fine-tuning it to meet the needs of clinic physicians and patients.

Early on, the team recognized the need for the clinics (all three county health clinics utilize the same electronic medical record system, and can access the same information) to connect with local laboratory and radiology services. Interfaces (connecting roads on the Information Superhighway) were built, and now results from certain facilities are automatically incorporated into patient records.

Those facilities that aren't connected to the system are responsible for filling the in-boxes on Dr. Violich's desk. Information and test results from outside the Watsonville Health Center's system must be obtained the old-fashioned way, reviewed and then scanned into the



Michelle Violich, MD, medical director of Watsonville Health Center, uses electronic medical records to store patient information.

Experts looking at ways to link different EMR systems

For health care organizations everywhere, utilizing electronic medical records (EMRs) is just the beginning.

The next step is for all the individual EMR programs to transfer information from one provider and/or organization to another.

“Different health care facilities may all be on different EMR systems, but at some point, we’re going to have to connect them,” said Eleanor Littman, RN, executive director of the Health Improvement Partnership of Santa Cruz County. “We don’t want to replace paper silos with electronic silos.”

The groundwork for inter-organization communication has already been laid. The Santa Cruz County Clinics, like the Watsonville Health Center, are part of a bigger network of community health centers called OCHIN (Our

Community Health Information Network), which connects EMRs across the West Coast. Catholic Healthcare West, which owns Dominican Hospital, utilizes an electronic medical record system across its network of care, as do health care organizations like Sutter and Kaiser.

Currently, said Ms. Littman, efforts are underway to connect different EMR programs from the same and different vendors. Many health care providers locally can also access a clinical messaging system that can send secure patient information electronically from one provider to another.

“We’re trying to use what we already have in place,” said Ms. Littman. “Right now, our desires are ahead of the technology—but we’re catching up.”

electronic record.

In reviewing an electronic medical record, physicians can actually get a better picture of health than before, said Dr. Violich. Data can be sorted in many ways, allowing a physician to see when a patient was seen for a particular complaint; how blood pressure or weight have increased or decreased over a series of visits; and to compare lab results over a period of time. The electronic record also facilitates keeping patients up to date on preventative tests as well as allowing clinic staff to identify which patients need to return to clinic for health maintenance.

“Physicians have more information about their patients, and better access to that information,” she said. “The possibilities are mind-boggling.”

» GO FOR HEALTH! CONTINUED FROM PAGE 9

“What we focus on is system change and policy change,” said Shebreh Kalantari, director. “It’s one thing to tell a child or parent to eat fresh fruit and vegetables, but it’s another to make systemic changes that are longer term. We don’t focus on the individual, we focus on the system as a whole.”

Go for Health! has worked with school districts to create and enforce federally mandated school wellness policies, which provide structure for nutrition, physical activity and wellness education.

The group has also offered its support and suggestions to local city planning commissions to include language on nutrition and physical activity in the general plans. Watsonville’s current general plan incorporates several Go for Health! recommendations.

There’s even a group of high-school aged youths, Jovenes SANOS, who advocate for positive changes in the availability of opportunities for

healthy eating and physical activity in Watsonville.

“I’m most proud of these kids—it’s incredible that they have the drive to work with city councils and planning groups to make these changes,” said Ms. Kalantari. “It’s amazing that they’ve chosen to mobilize and do this. It’s very inspiring.”

Another initiative on the horizon for Go for Health! is the “Golden Carrot” award, designed to recognize local restaurants doing their part in providing healthful dining options

Results say that the four-year-old program is beginning to catch on locally. Since 2003, the percentage of overweight children ages 5 to 20 is down from 24 percent to 22.3 in 2006.

The more community members who get involved in initiatives like Go for Health!, the more those numbers will drop, said Ms. Kalantari.

Community health clinics are vital to the health of all

Our current health care system faces extremely difficult challenges, as physician reimbursement is curtailed yearly and private-practice physicians struggle in Santa Cruz County to meet the needs of patients.

Salud Para La Gente is committed to all Santa Cruz County residents. Last year Salud had over 100,000 medical, dental and Elderday visits at seven sites throughout the county. With unemployment on the rise and the gloomy state of our economy, more individuals are without adequate insurance. We expect our numbers of patient visits to exceed 115,000 this year.

The health of our community is directly related to the overall well-being of its residents, and the future success of our children. Primary, preventive medical care directly benefits society. Childhood immunizations can help families avoid potential crippling and devastating diseases. Health care status could dramatically improve, with total health care costs to society decreasing, if there is a focus on obesity prevention, smoking prevention/cessation, diabetes and hypertension screening, prevention and education.

My vision for Santa Cruz County is to embrace additional Community Health Clinics to fulfill the unmet comprehensive primary healthcare needs of our residents, including medical, dental, pre-natal, Ob/Gyn, vision, Elderday and health education.

Through out the United States, community health clinics provide approximately one in seven residents with health care. Community support of additional resources, both in locations and services, is the solution to strengthening the infrastructure of the Santa Cruz County health care system.



JOSÉ A. CHIBRÁS, MD
CHIEF MEDICAL OFFICER
SALUD PARA LA GENTE

Coordinated health care effort needed to improve future

Although the future may look bleak to some, a Medical Dark Age is not inevitable. When we are faced with a seemingly insurmountable challenge, we must rekindle our American spirit, roll up our sleeves, and get to work improving our future.

Due to the growing number of uninsured people, hospitals and physicians find themselves struggling to just survive. We must find a way to provide reasonable and necessary medical care to all. The providers of healthcare must have the wisdom and compassion to define the scope of these services and how to provide them. We all must have the conviction to find a way to finance this system.

To paraphrase Dr. Martin Luther King Jr.: In my vision, all people, regardless of their socioeconomic status, will have access to reasonable and necessary healthcare.

In my vision, every child will have the opportunity to reach their fullest potential without being impeded by a treatable illness. In my vision, the healthcare provided will be top quality, effective, and coordinated. In my vision, the payers of healthcare will be less focused on profits and will concentrate more on improving the health of patients, which may save money in the long run.

In my vision, everyone will improve their lifestyles, emphasizing a healthy diet and exercise.

In my vision, we, the providers of healthcare, will all work together to improve the health of our community rather than trying to protect our own share of the healthcare dollar.

If we aim for the stars, then it may seem easier to climb this mountain which is health care for all.



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BOB KENNEDY
SANTA CRUZ COUNTY HEALTH
SERVICES AGENCY

Professional systems, individuals must both take responsibility for health care

We spend over \$2 trillion on health care in the United States every year, more than any other nation. Yet we have some of the worst health outcomes of any industrialized nation and are ranked 30th among all nations. What will it take to make our nation the “healthiest nation in the world?”

First and foremost, we need universal health care coverage so that quality healthcare is a right. That is the critical first step, but will be insufficient to guarantee a fighting chance for lifelong health and a good quality life for all of us.

We know that over 70 percent of deaths are due to chronic disease and that over 70 percent of these diseases can be prevented or ameliorated by prevention efforts. Unless we refocus our efforts on a more proactive, prevention-focused approach, by 2025, nearly half of the US population—164 million—will have chronic disease and our children will have shorter life spans than we do. This is not the future we want, nor the legacy we wish for our children.

What we know works is a true integration of our public health system and our personal health care system to create an American Health System that makes strategic investments in evidence-based prevention programs. Clinical prevention programs must be in the office, but even more importantly, in the community. Engaging everyone where they live, work, go to school, and play is essential and that is the work of public health and its community-based partners. Look at the successes of tobacco prevention and control and apply those same diverse and comprehensive strategies to save billions in health care costs. We will end up the smartest, healthiest nation in the world, not just increasing the life span, but extending years of healthy life for all.



POKI STEWART NAMKUNG, MD
COUNTY HEALTH OFFICER
SANTA CRUZ COUNTY

A crazy idea...keep people healthy!

In Santa Cruz County we have a unique and wonderful model for health care in the future. It's called the Central Coast Alliance for Health and it is a public, non-profit health plan that currently serves 90,000 central coast residents.

The Alliance started in 1996 as a small locally operated managed health care program for Medi-Cal patients. It was born out of frustration with the existing Medi-Cal system for low income county residents which served neither the patients nor the medical providers. The patients had great difficulty even finding a doctor who would see them and the doctors that did so earned very little.

The Alliance showed the medical providers that they would be paid quickly and fairly. Gradually, a large network of primary care doctors, specialists, pharmacies and hospitals was created and now every Alliance member has a primary doctor to oversee their health. The Alliance now serves thousands of non-Medi-Cal members.

The Alliance emphasizes getting the right care at the right time, which improves both quality and efficiency. Patients are encouraged to get preventive care, and to work with their doctor to manage any chronic conditions, rather than wait for a crisis. Well baby care, vaccinations, annual physicals, and easy access to care have improved the health of the members and reduced the medical costs. Meanwhile, the Alliance's administrative cost is only 6 percent of its budget, far less than other health insurers.

The success of the Central Coast Alliance for Health is showing us how to provide health care in the future. There is a way to cover everyone, control costs, have a healthier population and satisfied health care professionals. We can do it.



ELLEN PIRIE
SECOND DISTRICT SUPERVISOR
SANTA CRUZ COUNTY



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RESOURCE CENTER
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- RAMA KHALSA**
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2008 Community Heroes

Each year, the CAP honors Community Heroes who have dedicated themselves to improving life in the community by working towards goals in areas that affect quality of life here. Heroes are nominated through a process coordinated through the Santa Cruz Sentinel.

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ROW 1 (L-R): DESIREE CUBERO; LARRY MARKEY; DANA COX; PABLO REGUERIN ROW 2 (L-R): HENRY CARTER; MARIA ALCANTAR; CARMEN PEREZ; SANDY LYDON ROW 3 (L-R): LYN HOOD; VERONICA CAMBEROS; RACHEL SPENCER; GINNY SOLARI MAZRY; FRANCESCA MORALES ROW 4 (L-R): ANN POMPER; KRISTI LOCATELLI; MARY SULLIVAN-WHITE; BERNIE CLUM, MD; TODD STOSUY; GARY GRIGGS; JULIE BOUDREAU NOT PICTURED: CURT GABRIELSON; ANTHONY MUSIELEWICZ, MD; MICHELE VIOLICH, MD; SALEM MAGARIAN, MD; MICAH POSNER; PEGGY DOWNES BASKIN

