VENTURA COUNTY

PUBLIC HEALTH
A Department of Ventura County Health Care Agency

VENTURA
COUNTY

Community Health
ASSESSMENT

*Health
Matters
in
Ventura
County*

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Director's Note

Ventura County Public Health is committed to supporting environments that protect and promote the health and well-being of everyone in our county.

We recognize that Ventura County can only thrive when everyone in our community is given the opportunity to live a long, healthy life regardless of his or her background. To achieve health equity, we must—as providers, community organizations, and policymakers —work to address social determinants such as income, education, employment, and access to health care that negatively impact specific populations' health outcomes.

The following community health assessment (CHA) enables us to address these barriers to health in a measured and informed manner, identifying priority health issues, and providing information necessary for all levels of stakeholders to work in a coordinated, collaborative effort. The CHA guides us toward our vision of becoming the healthiest county in the nation, and aligns directly with our core values of collaboration, accountability, and performance excellence as indicated in the VCPH Strategic Plan (2015-2020).

I invite everyone, from individual resident to established health organization, to explore the information featured in the CHA, noticing areas of disparity in our community's health. Although the leading causes of disease and death are often related to behaviors such as lack of physical activity, poor nutrition and substance use, the conditions of the physical environment where people live, learn, work, and play have a significant role in overall health and well-being.

The most recent national health rankings show Ventura County as 10th out of 57 counties in California for health outcomes. There is still much work to be done to improve overall health and well-being. Thank you for investing in the community of Ventura County with us, as we work together to become the healthiest county in the nation by 2030.

Rigoberto Vargas, MPH
Director, Ventura County Public Health

Executive Summary

To thrive, everyone in our community needs to be given the opportunity to live a long, healthy life, regardless of his or her background or socioeconomic status.

VCPH utilized the Association for Community Health Improvement Assessment toolkit to help drive this assessment and ensure community engagement throughout the process. As a result, 15 priority health issues were identified and will be used for the framework of the community health improvement plan. The conditions of the physical environment where people live, learn, work and play present a wide range of health risks and outcomes. VCPH has established clear priorities based on the results of this community health assessment to improve health outcomes for the residents of Ventura County. In collaboration with community stakeholders and residents, VCPH hopes to realize its vision of becoming the healthiest county in the nation by 2030.

Creating Healthy Communities

PRIORITY 1: *Increase Early Learning and Educational Attainment*

Educational attainment is one of the key indicators of the health status of a community. Individuals that do not finish high school have less social mobility, which is associated with negative health outcomes.

PRIORITY 2: *Reduce the Percentage of Population Growing up in Poverty*

Children growing up in poverty have less access to quality healthcare, quality childcare, superior schools, and safe neighborhoods. Policies that provide more access to these protective factors can make a positive impact on achievement, behavior, and health across the lifespan.

PRIORITY 3: *Increase Affordable Housing in Clean, Safe Communities*

Ventura County residents believe that a clean environment, low crime/safe neighborhoods, and affordable housing are necessary to build healthy communities.

Healthy Beginnings: Laying the Foundation for a Healthy Life

PRIORITY 4: *Improve Maternal Health Prior to Pregnancy*

Access to services to prepare and plan for pregnancy helps women to improve health outcomes for themselves and their babies.

PRIORITY 5: *Improve Childhood Physical and Mental Wellness*

Supporting positive physical and mental health for young people is one critical element to help prepare them to live healthy lives.

PRIORITY 6: *Reduce Childhood Trauma*

Reducing adverse childhood experiences will decrease a person's risk for adverse health outcomes later in life.

Living Well: Helping People Achieve Optimal Health

PRIORITY 7: *Improve Adult Physical Health*

Being overweight or obese increases the risk of many health conditions and contribute to some of the leading causes of preventable death.

PRIORITY 8: *Reduce Adult Substance Use*

Substance abuse was identified by Ventura County residents as the most important risky behavior affecting the health of the community.

PRIORITY 9: *Improve Adult Mental Health*

Positive mental health allows individuals to realize their potential, cope with stress, work productively, and make meaningful contributions to their community.

Older Adults and Aging: Maintaining Dignity and Independence

PRIORITY 10: *Improve Cancer Screening Rates*

Early detection and treatment and reducing lifestyle risks will decrease cancer rates and improve overall health for Ventura County residents.

PRIORITY 11: *Improve Health and Wellness for the Medicare Population*

Aging adults living alone may lack social support, have inadequate assistance in emergency situations, and are risk for institutionalization or losing their independent lifestyle.

PRIORITY 12: *Decrease Hospitalization During the End of Life*

End of life is one of the most difficult stages of life and needs attention to improve the care and experience of individuals who are dying.

Redesigning the Health System: Efficient, Safe, and Patient-Centered Care

PRIORITY 13: *Increase the Percentage of Residents with Access to Health Insurance*

Despite the Affordable Care Act (ACA), access to health care services continues to be a function of residents' economic means, age, and citizenship status.

PRIORITY 14: *Increase Access to Primary Care*
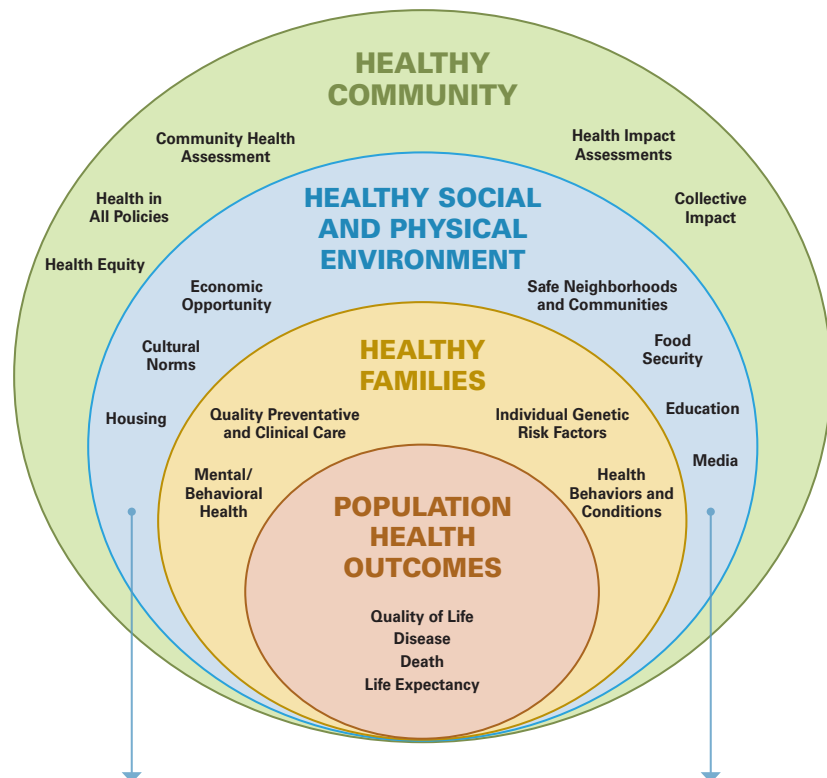
Ventura County residents are more likely to receive routine health checkups and screening if they have a consistent primary care provider, which can improve health outcomes.

PRIORITY 15: *Reduce Preventable Hospitalizations*

Hospitalizations could have been prevented if Ventura County residents received optimal care in the ambulatory or outpatient care environment.

The Ideal Healthy Community

The World Health Organization defines health as "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity." Ventura County Public Health (VCPH) utilizes this same definition of health and has worked to further define the ideal *Healthy Community*.

HEALTHY COMMUNITY

Community Health Assessment
Health Impact Assessments
Health in All Policies
Collective Impact
Health Equity

HEALTHY SOCIAL AND PHYSICAL ENVIRONMENT

Economic Opportunity
Safe Neighborhoods and Communities
Cultural Norms
Food Security
Housing
Education
Media

HEALTHY FAMILIES

Quality Preventative and Clinical Care
Individual Genetic Risk Factors
Mental/ Behavioral Health
Health Behaviors and Conditions

POPULATION HEALTH OUTCOMES

Quality of Life
Disease
Death
Life Expectancy

Public Health's Role in Addressing Social Determinants:

- Data collection, monitoring and surveillance
- Population-based interventions to address health factors
- Community engagement and capacity building
- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change

A Healthy Community provides for a quality and sustainable environment, adequate levels of economic and social development, health and social equity, social relationships that are supportive and respectful, and meets the basic needs of everyone across the lifespan.

*VCPH believes that a **Healthy Community** provides for a quality and sustainable environment, adequate levels of economic and social development, health and social equity, social relationships that are supportive and respectful and meets the basic needs of all, across the lifespan. VCPH believes to improve population health outcomes, we need to shift the focus from addressing health factors to addressing the social and environmental determinants of health. The VCPH model for a **Healthy Community** helps to define those social determinants as well as public health actions that can be taken to begin to address them.*

POPULATION HEALTH OUTCOMES – VCPH monitors population health outcomes such as quality of life, disease incidence and prevalence, life expectancy, and death to assess the health of families in Ventura County.

HEALTHY FAMILIES – VCPH believes that families need access to quality preventive and clinical care, including mental and behavioral health services. The health of a family is affected by individual/genetic risk factors as well as health behaviors and conditions, nevertheless VCPH realizes that healthy social and physical environment play a greater role for a family in achieving overall health.

HEALTHY SOCIAL AND PHYSICAL ENVIRONMENT – Healthy housing can support occupants throughout their life stages, promote health and safety, and support mental and emotional health. Cultural norms can influence beliefs about health care, behaviors that contribute to food choices, attitudes regarding mental health and values concerning social status. Living in poverty and being unemployed are associated with poor physical and mental health outcomes across all races and ethnicities. Neighborhood characteristics have significant impact on health outcomes because they influence an individual's ability to adopt behaviors that promote health. People in low income neighborhoods often have less access to affordable, healthy food options, and have more access to cheap fast-food outlets. People with higher levels of educational attainment consistently experience lower risks for a wide array of illnesses and increased life expectancy. Exposure to media, especially among youth, may affect health behaviors such as substance use, sexual activity, and eating habits. VCPH wants to address these social determinants of health by utilizing data to inform policy, engaging community residents and partner organizations, building capacity, and creating organizational environments that enable change to achieve a healthy community.

HEALTHY COMMUNITY – Per the Centers for Disease Control and Prevention (CDC), health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." VCPH is committed to conducting periodic community health assessments and utilizing the Health in All Policies (HiAP) framework to improve the accountability of decision-makers to recognize the health impacts at all levels of policy-making. VCPH will collaborate more with existing stakeholders and engage non-traditional stakeholders because it is only through collective impact that we can begin to make changes necessary to improve the health and well-being of residents and make Ventura County a **Healthy Community**.

Health Assessment Planning Process

VCPH wants Ventura County to become the healthiest county in the nation by 2030. Per the County Health Rankings, in 2017, Ventura County ranked 10th out of 57 counties in California for health outcomes and 11th for health factors. There is still much work to be done to improve overall health and well-being.

VCPH published its last community health assessment (CHA) in November 2013 and reflected that community engagement was not the primary focus of the previous assessment. Therefore, VCPH utilized the Association for Community Health Improvement (ACHI) Assessment toolkit (Association for Community Health Improvement, 2012) to help drive the assessment because community engagement was woven throughout the process. The nine steps of the assessment process are briefly described below.

Step 1: Reflect and Strategize

In April 2016, VCPH established a Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Core Support Team made up of representatives from VCPH, Ventura County Human Services Agency, the Ventura County Community Health Center Board, and Ventura County Behavioral Health. The CHA/CHIP Core Support Team began their first meeting by reviewing version 1.5 of the Public Health Accreditation Board (PHAB) standards 1.1 and 5.2, which outline the requirements for developing the CHA and the CHIP. In addition to the PHAB standards, the team also cross-referenced the necessary components for the Community Health Needs Assessments for charitable hospitals. There are four 501c3 hospital systems that serve residents of Ventura County, and the team believed engaging them in the development of the VCPH CHA would help to streamline resources, select priority health issues, and hopefully lead to the production of a single health assessment. In the future, the health assessment could be used as a template by all hospital systems.

The CHA/CHIP core support team agreed the community needed to be surveyed (English and Spanish), presentations of preliminary data from the CHA should be conducted with as many stakeholder groups as possible, and key informant interviews would be completed to help to identify resources within the community and improvement strategies to address the priority health issues identified. The Team met monthly to bring the plan developed in April 2016 to fruition.

Step 2: Identify and Engage Stakeholders

The CHA/CHIP Core Support Team identified more than 30 different coalitions and stakeholder groups to invite to become part of the CHA process; of those 17 received a formal presentation and the opportunity to provide feedback for the CHA.

1 **Child Development Resources and Early Head Start** – Collaborates with families to deliver programs that focus on early childhood development.

2 **Partnership for Safe Families** – Coalition designated as Child Abuse Prevention Council for Ventura County.

3 **Partnership for a Healthy Ventura County** – Coalition that supports healthy eating and active living initiatives throughout Ventura County.

4 **Community Transformation Leadership Team** – Coalition of community leaders supporting policy, systems, and environmental change to improve health. This coalition was established during the previous community health assessment process.

5 **Ventura County Oral Health Collaborative** – Community leaders focused on improving oral health for all children in Ventura County.

6 **Ventura County Networking Collaborative/St. John's Dignity Health** – Provides a forum for community benefit organizations to learn more about the resources available within the community.

7 **Moorpark College Child Development Program** – Students in this program learn to enhance the cognitive, social, emotional, and physical development of children.

8 **Breastfeeding Coalition of Ventura County** – Coalition comprised of health care providers, community leaders, policy makers, and parents, as well as public and private organizations with the common goal of promoting and supporting breastfeeding as the culture norm in Ventura County.

9 **Neighborhoods for Learning (NfL) – Directors' Meeting** – Resource hubs supporting children prenatal through age five and their families.

10 **Ventura NfL Advisory Board** – Board of community members interested benefiting children prenatal through age five and their families in the City of Ventura.

11 **Local Planning Council** – Actively plans for quality child care based upon the needs of children, families, and early care and education professionals.

12 **Ventura County Nurses Health Services Standards and Practices Committee** – Group of school nurse representatives and others, including VCPH, focused on issues relative to providing consistent, high quality student health services.

13 **Ventura County Area Agency on Aging Advisory Council** – Community-based body of advocates for persons aged 60 and over.

14 **El Rio/Del Norte Municipal Advisory Council** – Community members from El Rio/Del Norte that have an interest in increasing safety and opportunities for recreational activities in their area.

15 **St. John's Community Benefit Committee** – Hospital staff and community members that work to ensure the community benefit funds from St. John's are allocated per community health needs.

16 **Ventura County Resource Management Agency Planners** – County planners that meet monthly who are interested in implementing Health in All Policies in their work.

17 **Ventura County Community Health Center Board** – Guides the Health Care Agency in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Ventura County.

During each of these meetings, the survey was provided in paper and electronic format in both English and Spanish. Participants were asked to share the survey with their co-workers, friends, and family to increase distribution.

Where you live has an impact on your overall health. The County of Ventura began the initial phase of a General Plan update in June 2016; the issues that will be addressed in the 2020 update will inevitably play a role in community health. The Team partnered with the Resource Management Agency to gather feedback from residents at the 10 General Plan town hall meetings held throughout the county in July and August of 2016.

Child Development Resources distributed the surveys with the preschool orientations packets (distribution of over 600 parents) for the 2016-17 school year. This survey was also made available on the Health Matters in Ventura County website.

In addition, a quarterly meeting with the 501c3 hospital systems was established in May 2016 to share information about the assessment process and review their community health needs assessments and implementation plans.

Step 3: Define the Community

The entire County of Ventura is considered the community for this assessment. However, available data is presented by zip code or city to help identify disparities by geographic area. Identifying health disparities and inequities by age, gender, education level, income level, and race/ethnicity was also a priority for this assessment.

Step 4: Collect and Analyze Data

VCPH has over 180 health indicators available online through the Health Matters in Ventura County website; therefore, the CHA/CHIP Core Support Team did not want to simply publish the data in a format that is already available to the public. The Team decided to utilize the framework developed by the Let's Get Healthy California (LGHC) Task Force as a starting point for how to pres-

ent the data collected as part of the assessment. Like VCPH's aspirations of becoming the healthiest county in the nation, the LGHC Task Force was committed to California becoming the healthiest state in the nation. In 2012, the Task Force developed a report that provides a framework for assessing Californians' health across the lifespan. This framework includes six goals: healthy beginnings, living well, end-of-life, redesigning the health care delivery system, creating healthy communities and neighborhoods, and lowering the cost of care. Importantly, the report made clear that eliminating health disparities is an over-arching goal. The Task Force emphasized that improvements in health would not be possible without viewing changes through a health equity lens (Let's Get Healthy California Task Force, 2016).

In addition to Let's Get Healthy California, VCPH also reviewed the National Prevention Strategy, Healthy People 2020, and the County Health Rankings and Roadmaps to select the health indicators included within this assessment. This assessment has five sections: creating healthy communities, healthy beginnings, living well, end-of-life, and re designing the health care delivery system.

Primary Data Collection

VCPH collected 960 surveys in both English and Spanish to help select the priority health issues presented in this document; the survey analysis can be found in the Community Input Survey section. Key informant interviews were also conducted with 21 stakeholders. Key informants were selected based upon their expertise in a health topic area and were asked to

speak to populations experiencing disparities as witnessed in their work, identify policies, systems, and environmental changes that could help to address these disparities, and provide examples of community resources and assets that could be mobilized.

Secondary Data Collection

This assessment includes secondary data from several sources including the American Community Survey, the California Health Interview Survey, the California Healthy Kids Survey, the California Office of Statewide Health Planning and Development, the California Department of Education, etc. The secondary sources are referenced throughout the document.

Step 5: Select Priority Community Health Issues

The following data sources were analyzed and cross-referenced to select the 15 priority health issues included within the community health assessment:

1 Community Input Survey Results
2 Ventura County Strategic Plan 2020 Progress Tracker which includes 15 priority health indicators being tracked as part of the strategic plan implementation.
3 Healthy People 2020
4 Let's Get Healthy California
5 Ventura County Life Expectancy Analysis
6 Ventura County Mortality and Years of Life Lost (Premature Death) Analysis
7 Healthy Communities Institute Data Scoring Tool Results
8 Healthy Communities Institute SocioNeeds Index Results

Step 6: Document and Communicate Results

As discussed previously, the CHA/CHIP Core Support Team met monthly to discuss and analyze the data to be included within the health assessment. In addition, a draft of the health assessment was distributed by e-mail to all organizations that received a formal presentation as part of the CHA process. The draft was also made available for comment on the Health Matters in Ventura County website for a two-week period prior to final publication.

Step 7: Plan Improvement Strategies

The 15 priority health issues included in this assessment will serve as the framework for the VCPH community health improvement plan (CHIP). The recommendations from key informants included in this community health assessment will be reviewed and considered for inclusion as an improvement strategy within the CHIP. VCPH will work with the organizations and coalitions included in the CHA process to develop strategies that focus on improving community health. VCPH will review the priority health issues and implementation plans for the 501c3 hospitals in Ventura County to align improvement strategies where possible.

Step 8: Implement Improvement Plan

The VCPH community health improvement plan (CHIP) will be published in 2017 and follow a three-year planning cycle through the end of 2019. The three-year planning cycle will allow for the alignment with the community health needs assessment and implementation planning cycle for the 501c3 hospitals in hopes of producing a single, comprehensive assessment and CHIP by the end of 2020.

Step 9: Evaluate Progress

Data included within the health assessment as well as the improvement strategies included within the VCPH Community Health Improvement Plan (CHIP) will be evaluated on a yearly basis. Tracking of health indicators and updates on progress made will be made available on the Health Matters in Ventura County website.

Community Resources to Address Priority Health Issues

VCPH has recently partnered with 211 Ventura County to connect residents to health information, social services, and referrals through their comprehensive resource database. The community resources are searchable by topic area such as housing, food, income and expenses, transportation, education or by target population such a children and family, youth, and seniors. Therefore, VCPH has made a direct link to all of the resources available through 211 Ventura County on the Health Matters in Ventura County website through the resource library instead of publishing a list of resources that becomes outdated. The resource library will be seamlessly updated as 211 Ventura County updates their database.

Health Assessment Planning Process

Community Health Center Designation

Ventura County's designation as a Community Health Center (CHC) (section 330[e]) grantee under the Health Resources and Services Administration (HRSA) grant is critical to the provision of high quality health care for the community. Nineteen clinics in the County health care system are operated through the HRSA grant program. These clinics are known as Federally Qualified Health Centers (FQHCs). FQHCs are considered "safety net" providers and the main purpose of the FQHC program is to enhance the provision of primary care services in underserved urban and rural communities. Established by the Board of Supervisors in June 2015, the CHC Board is a mandatory condition of the HRSA grant. The CHC Board guides the Health Care Agency in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Ventura County. The community needs assessment process is crucial to this mission. There are 19 HRSA requirements that dictate the activities of the CHC Board including conducting an annual community needs assessment. Therefore, the CHC Board Administrator was a member of the CHA/CHIP Core Support Team and involved in both the data collection, review, and selection of the priority health issues.

National Prevention Strategy

The National Prevention Strategy (NPS), released June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

Healthy People 2020

Healthy People 2020 (HP2020) creates a strategic framework that unites health promotion and disease prevention issues under a single umbrella. It provides us with the opportunity to engage a wide variety of stakeholders to achieve the objectives set forth and guides national research, program planning and policy adoption to promote health and prevent disease.

Most importantly, this framework requires tracking of data-driven outcomes to monitor progress and focus our interventions. The fundamental goal of HP 2020 is that we have a society in which all people live long, healthy lives. To achieve this goal, the County must think about how the social environment, physical environment, biology and genetics, access to health services and individual behavior all play a role in population-based health outcomes. Within this assessment, VCPH is striving to identify population health disparities categorized by race/ethnicity, socioeconomic status, gender, age, disability status, sexual orientation and geographic location.

County Health Rankings and Roadmaps

The Population Health Institute from the University of Wisconsin has developed county health rankings by state, including California (University of Wisconsin Population Health Institute, 2012, 2013, 2014, 2015, 2016, and 2017). These rankings are broken down into two categories: health factors and health outcomes. Health factors (i.e. educational attainment and access to care) and health outcomes (i.e. disease and death) help to measure the current health status of a population.

Community Input Survey

Since one of the most valuable ways to learn about the health of a community is through the community's stakeholders, including residents, VCPH prioritized local participation for this community health assessment and improvement planning cycle.

A sample community health survey from the National Association of County and City Health Officials (NACCHO) was adapted for this process. The survey included 14 questions, six related to community and personal health and eight demographic questions. The full survey can be found here.

A total of 960 respondents completed the survey from June – December of 2016. Of those respondents, 66.3% (N = 636) completed the survey in English and 33.7% (N=324) completed the survey in Spanish. The average age of the respondents was 39 years old (N = 862), but the range was 9-85 years old. Figure 1 shows the distribution of the age of respondents in 10 year increments; a majority (63.2%) of the respondents were between the ages of 20-39 years. Respondents were more likely to be female than male (82.8% female versus 17.2% male), married or co-habitating (58.7%), and of Hispanic/Latino ethnicity (63.6%). Figure 2 below shows the breakdown of respondents by ethnic group with which they identify most. Figure 3 shows most respondents that completed the survey in English were college graduates (56.8%) while most of the respondents that completed in Spanish had a high school education or less (91.1%). Surveys were collected from residents in every zip code in Ventura County, but most (56.2%) of the respondents were from Oxnard and Santa Paula (93030, 93033, 93035, 93036, and 93060).

Age Distribution of Survey Respondents (N=862)
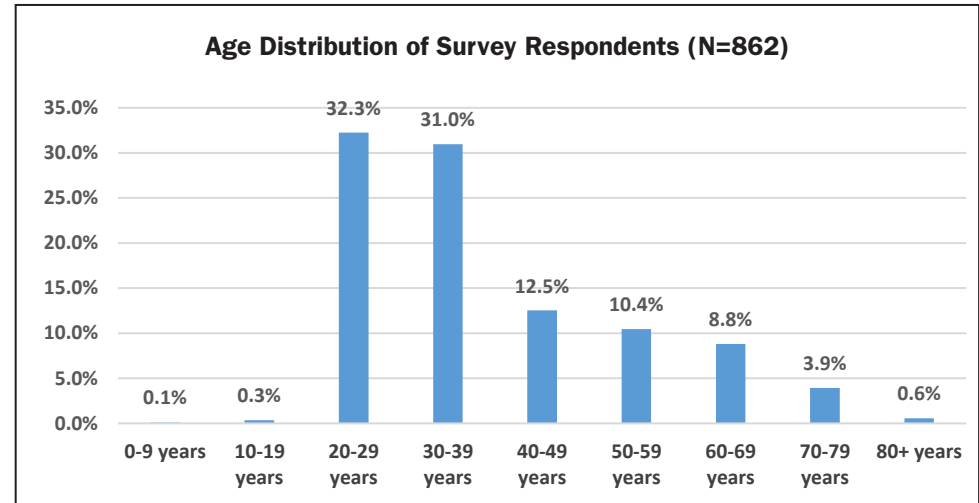
Figure 1 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Ethnic Group of Survey Respondents (N=884)
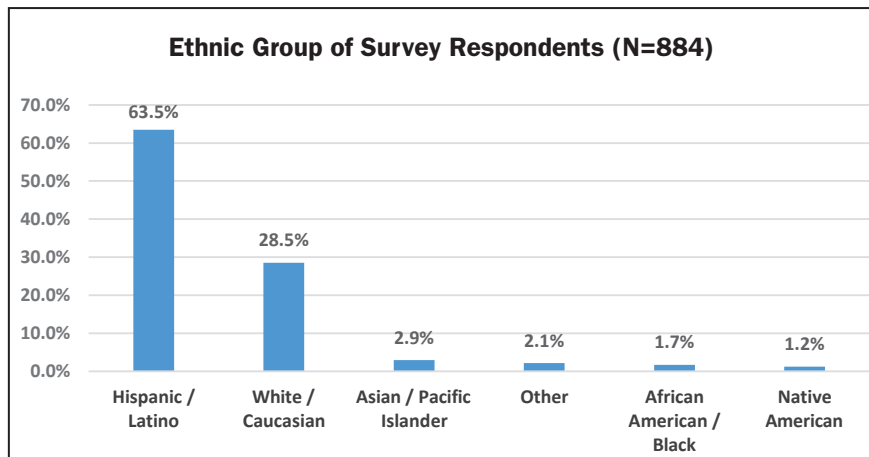
Figure 2 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Educational Attainment of Survey Respondents (N=876)
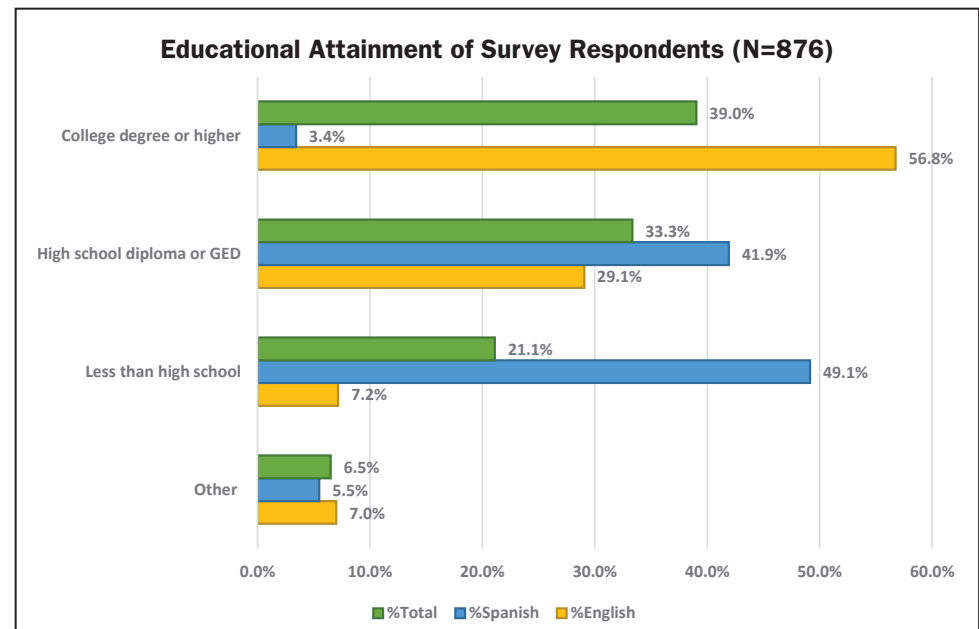
Figure 3 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Community Input Survey
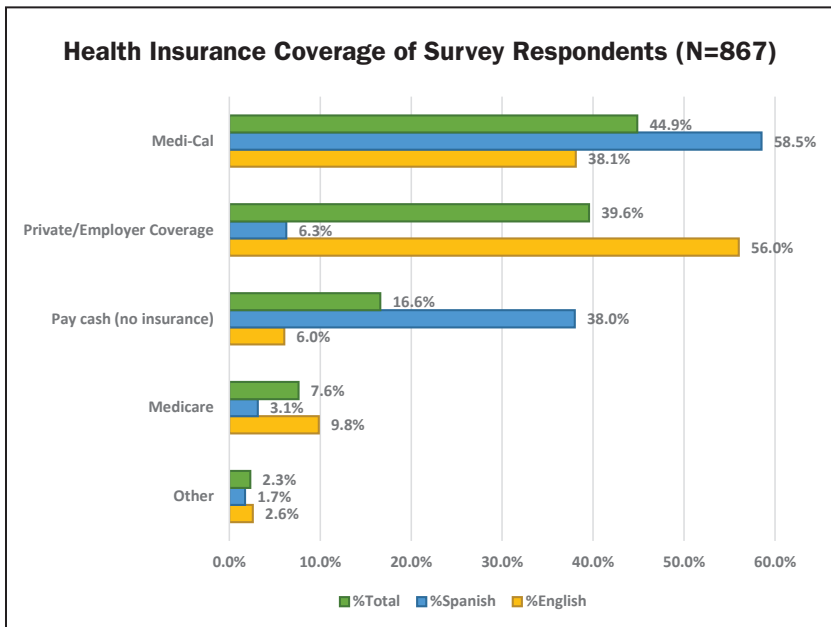
Figure 4 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Most survey respondents rated Ventura County as a "somewhat healthy" or "healthy" community (82.6%), and rated their personal health as "somewhat healthy" or "healthy" (77.8%). The data collected from the following questions was cross-referenced with the primary and secondary data collected to determine the priority health issues for Ventura County residents.

- **What do you think makes a "Healthy Community?"** (Choose the three options that most improve the quality of life in a community.)

- **What do you think are the three most important "health problems" in our community?** (Those problems which have the greatest impact on overall community health.)

- **What do you think are the three most important "risky behaviors" in our community?** (Those behaviors which have the greatest impact on overall community health.)

Figure 5 below shows the top five responses for what makes a healthy community. Access to health care was the number one response for all respondents, but the top five varied based on language preference.

Rank	Overall	English	Spanish
1	Access to health care	Access to health care	Access to health care
2	Clean Environment	Healthy Behaviors and Lifestyles	Clean Environment
3	Good Schools	Low crime/safe neighborhoods	Good Schools
4	Healthy Behaviors and Lifestyles	Clean Environment	Affordable Housing
5	Low crime/safe neighborhoods	Good Schools	Low crime/safe neighborhoods

Figure 5 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Figure 6 below shows the top five responses for the most important health problems within the community. Cancer followed by diabetes ranked one and two for all respondents, but the top five varied based on language preference.

Rank	Overall	English	Spanish
1	Cancer	Cancer	Cancer
2	Diabetes	Diabetes	Diabetes
3	Child abuse/neglect	Mental health problems	Child abuse neglect
4	Mental health problems	Child abuse/neglect	Domestic Violence
5	Lack of good paying jobs	Lack of good paying jobs	Lack of good paying jobs

Figure 6 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Figure 7 below shows the top five responses for the most important risky behaviors. Drug abuse and alcohol abuse ranked one and two overall. Dropping out of school showed up in the top five for those who completed the survey in English rather than racism.

Rank	Overall	English	Spanish
1	Drug abuse	Drug abuse	Alcohol abuse
2	Alcohol abuse	Alcohol abuse	Drug abuse
3	Being overweight/obese	Being overweight/obese	Being overweight/obese
4	Poor Eating Habits	Poor Eating Habits	Racism
5	Racism	Dropping Out of School	Poor Eating Habits

Figure 7 – Source: Community Health Assessment Survey, Ventura County Public Health, 2016.

Life Expectancy in Ventura County: 2012 – 2014

Life expectancy is a measure of population's longevity and overall health.

Americans born today can expect to live 78.8 years (Kochanek, Murphy, Xu, & Tejada-Vera, 2016); Ventura County residents born today can expect to live 82.0 years, 3.2 years longer than the United States average. Females in Ventura County can expect to live an average of 4.2 years longer than their male counterparts (84.0 years versus 79.8 years). Asians (Non-Hispanic) living in Ventura County enjoy the longest life expectancy of any race/ethnic group, followed by Hispanics, Whites (Non-Hispanic), and then African Americans/Blacks (Non-Hispanic) (see Figure 8); this disparity in life expectancy by race/ethnic group is consistent with national life expectancy trends. Better mortality outcomes in the Hispanic population, as compared to Whites (Non-Hispanic) and African Americans/Blacks (Non-Hispanic), have been attributed to the healthy migrant effect which hypothesizes that Hispanics who immigrate can do so because of their better health. Culturally, the Hispanic family structure, lifestyle behaviors and social support networks may be considered a protective factor against the effects of low socioeconomic status in this population (Kochanek, Murphy, Xu, & Tejada-Vera, 2016).

Life Expectancy by Race/Ethnicity for Ventura County, 2012-2014

Male
- White (NH): 79.1
- Hispanic (Any Race): 81.0
- Black (NH): 77.5
- Asian (NH): 90.3

Female
- White (NH): 83.3
- Hispanic (Any Race): 85.6
- Black (NH): 79.1
- Asian (NH): 95.9

Overall
- White (NH): 81.2
- Hispanic (Any Race): 83.4
- Black (NH): 78.1
- Asian (NH): 93.5

Figure 8 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Life Expectancy by Zip Code, 2012-2014

- 91361 - Thousand Oaks/Westlake: 88.7
- 93012 - Camarillo: 85.1
- 91377 - Oak Park: 84.5
- 91362 - Thousand Oaks/Westlake: 84.4
- 91320 - Thousand Oaks/Newbury Park: 84.1
- 93066 - Somis: 83.7
- 91360 - Thousand Oaks: 83.0
- 93021 - Moorpark: 82.9
- 93035 - Oxnard: 82.8
- 93010 - Camarillo: 82.3
- 93036 - Oxnard: 82.2
- 93015 - Fillmore: 82.2
- 93063 - Simi Valley (Santa Susana): 82.2
- Ventura County: 82.0
- 93023 - Ojai: 81.6
- 93033 - Oxnard: 81.5
- 93065 - Simi Valley: 81.3
- 93041 - Port Hueneme: 81.0
- 93003 - Ventura: 81.0
- 93004 - Ventura: 80.3
- 93030 - Oxnard: 80.2
- 93060 - Santa Paula: 80.1
- 93001 - Ventura: 79.0
- 93022 - Oak View: 76.4

Figure 9 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Disparities in life expectancy also exist by geographic area. Figure 9 shows that place matters when it comes to better health and mortality outcomes. Residents in the Thousand Oaks/Westlake (91361) had the highest life expectancy in the county of 88.7 years (90.1 years for females and 87.2 years for males). Residents of Oak View (93022) had the lowest life expectancy in the county of 76.4 years (79.0 years for females and 74.0 years for males). This is a twelve-year difference in life expectancy between these two zip codes. In the United States, lower income is associated with lower life expectancy; there is a 14.6-year difference in the life expectancy between the richest 1% and the poorest 1% of Americans; even among the poorest individuals, there are geographic differences in life expectancy (Chetty R, 2016). For example, poor individuals from different zip codes may have different life expectancy depending on the prevalence of smoking or other high-risk behaviors. There were ten zip codes in Ventura County that had a lower life expectancy than the overall county average. In general, zip codes with residents that benefit from higher socioeconomic status have a higher life expectancy than those residents with lower socioeconomic status.

Mortality and Years of Life Lost:
Premature Death, 2012 – 2014

Mortality trends help to drive public health priorities.

The 10 leading causes of death in Ventura County from 2012-2014 were cancer, coronary heart disease, stroke, Alzheimer's disease, chronic lower respiratory disease, accidents, diabetes, drug-induced deaths, suicides, and chronic liver disease and cirrhosis. Figure 10 compares the leading causes of death in Ventura County to those in California and in the United States. Cancer is the leading cause of death in both Ventura County and California, but heart disease is the leading cause of death in the United States. Per the National Center for Health Statistics, deaths due to heart disease have been declining since 1985, while deaths due to cancer have been on the rise; cancer is already the leading cause of death in 22 states in America including California. As the population is living longer, more people will be diagnosed with cancer; this is driving some of the shift in the mortality statistics.

In Ventura County, Alzheimer's Disease is the 4th leading cause of death, but is the 5th and 6th leading cause of death in California and the United States, respectively. Deaths due to influenza and pneumonia do not make the top 10 in Ventura County, however drug-induced deaths and suicide rank higher in Ventura County than in California and the United States. Alternately, chronic lower respiratory disease is the 5th leading cause of death in Ventura County, but is the 3rd and 4th leading cause of death in the United States and California, respectively.

Because the leading causes of death do not change significantly from year to year, they are not as helpful in shaping emerging public health policy. Although the leading causes of death are often related to behaviors such as lack of physical activity, poor nutrition, and tobacco and/or alcohol use, the social determinants of health such as income, education, and access to affordable and safe housing play a huge role in health and wellness and should be considered when implementing public health policy to address mortality trends (Sillies, 2009).

Therefore, VCPH decided to take another approach to analyzing the mortality data by looking at years of life lost (YLL). Leading causes of deaths tend to show how the aging population is dying while YLL analysis shows how young people are dying, which moves the focus upstream in terms of prevention. The World Health Organization (WHO) has calculated a standard expected YLL that changes based upon the age at a person's death (Department of Health Statistics and Information Systems, 2013). For example, if someone died within the first year of life, their YLL would be 91.94 years. However, if someone made it to 92 years, then their

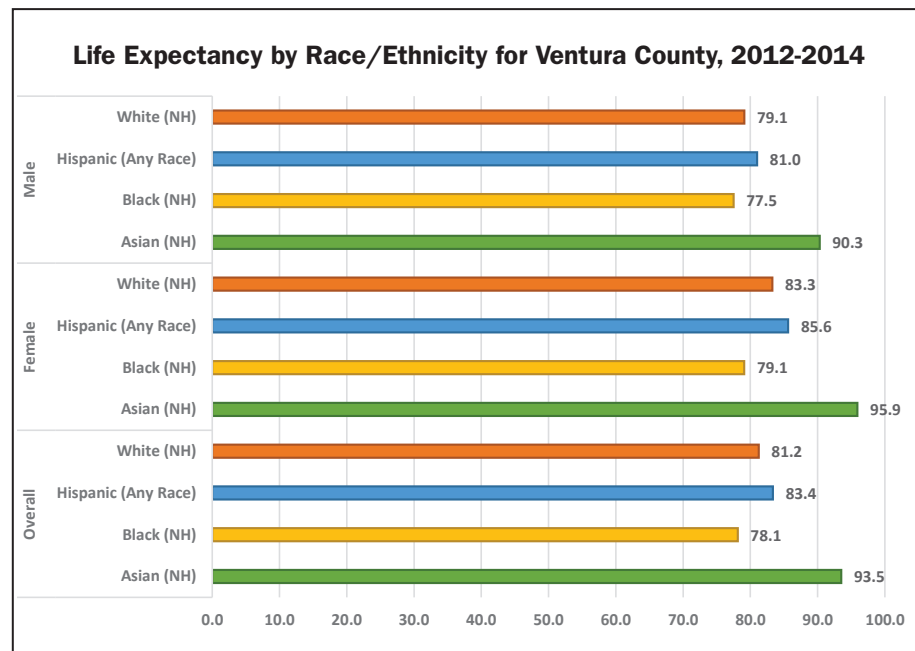| Leading Causes of Death, 2012-2014 (VC and CA) and 2014 (US)			
Rank	Ventura County	California	United States
1	All Cancers	All Cancers	Diseases of the Heart
2	Coronary Heart Disease	Coronary Heart Disease	All Cancers
3	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (Stroke)	Chronic Lower Respiratory Disease
4	Alzheimer's Disease	Chronic Lower Respiratory Disease	Accidents (Unintentional Injuries)
5	Chronic Lower Respiratory Disease	Alzheimer's Disease	Cerebrovascular Disease (Stroke)
6	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Alzheimer's Disease
7	Diabetes	Diabetes	Diabetes
8	Drug-Induced Deaths	Influenza-Pneumonia	Influenza-Pneumonia
9	Suicide	Chronic Liver Disease and Cirrhosis	Kidney Disease
10	Chronic Liver Disease and Cirrhosis	Drug-Induced Deaths	Suicide

Figure 10 – Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (20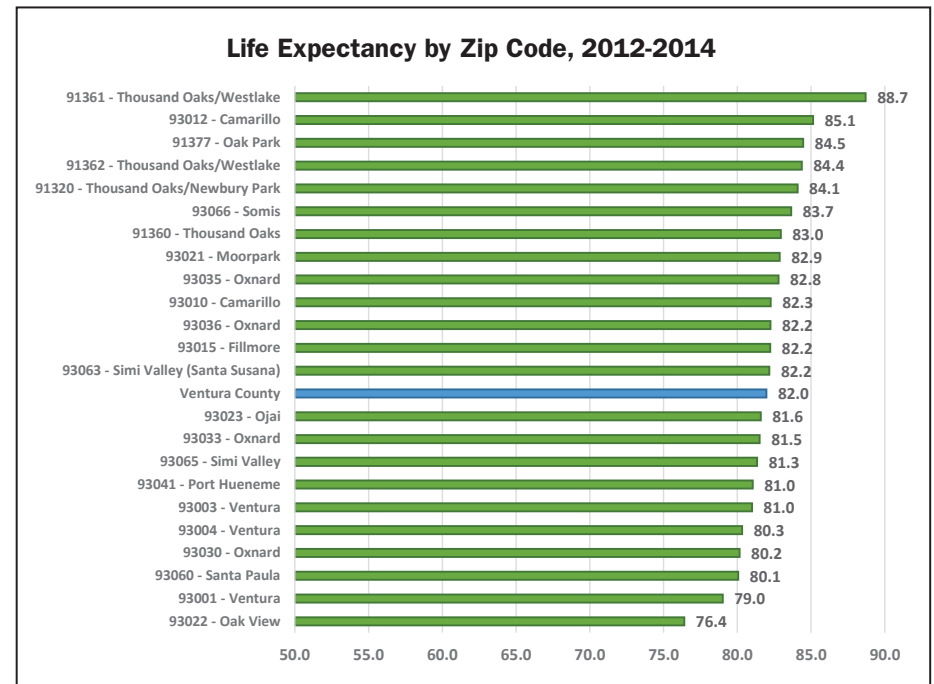13), analysis by Ventura County Public Health, February 2017 for Ventura County. County Health Status Profiles (deaths 2012-2014 for California). National Vital Statistics Reports, Deaths: Final Data for 2014, United States.

YLL would be 6.55 years. The WHO standard expected YLL assumes the first person could have lived to be 91.94 years old, and the second could have lived to be 98.55 years (since he or she was already 92).

There were 15,743 deaths in Ventura County from 2012-2014, and each death was assigned a YLL based upon age at death. This data was used to calculate the age-adjusted YLL rate per 100,000 population per year, YLL per year, and average YLL per death for Ventura County residents. A premature death occurs when someone does not reach their achievable life expectancy; there were 105,166 years of life lost due to premature death per year from 2012-2014 in Ventura County (59,306 YLL for males and 45,860 YLL for females). The age-adjusted YLL rate per 100,000 population per year was 12,092 for all causes of death (14,818 for males and 9,684 for females). On average, there were 20 years of life lost per death from 2012-2014 among Ventura County residents (22.7 years for males and 17.4 years for females).

Premature Death, 2012 – 2014

Age-Adjusted Years of Life Lost
Rate per 100,000 population per year, 2012-2014

Cause	Rate
All Cancers (1)	3125.4
Coronary Heart Disease (2)	1239.1
Accidents (Unintentional Injuries) (6)	1167.3
Drug-Induced Deaths (8)	660.6
Cerebrovascular Disease (Stroke) (3)	546.6
Suicide (9)	479.9
Chronic Lower Respiratory Disease (5)	474.9
Alzheimer's Disease (4)	344.7
Chronic Liver Disease and Cirrhosis (10)	329.8
Diabetes (7)	327.6

(x-axis: 0.0 – 3500.0)

Leading Causes of Premature Death, 2012-2014

Rank	Ventura County	Male	Female
1	All Cancers	All Cancers	All Cancers
2	Coronary Heart Disease	Coronary Heart Disease	Coronary Heart Disease
3	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries
4	Drug-Induced Deaths	Drug-Induced Deaths	Cerebrovascular Disease (Stroke)
5	Cerebrovascular Disease (Stroke)	Suicide	Drug-Induced Deaths
6	Suicide	Cerebrovascular Disease (Stroke)	Chronic Lower Respiratory Disease
7	Chronic Lower Respiratory Disease	**Firearm-Related Deaths**	Alzheimer's Disease
8	Alzheimer's Disease	Chronic Lower Respiratory Disease	Suicide
9	Chronic Liver Disease and Cirrhosis	**Motor Vehicle Traffic Crashes**	Diabetes
10	Diabetes	Chronic Liver Disease and Cirrhosis	Chronic Liver Disease and Cirrhosis

Figure 11 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Figure 12 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Figure 11 shows the leading causes of premature death in Ventura County based upon the age-adjusted YLL rate per 100,000 population per year. Cancer and coronary heart disease still have the top spots in terms of premature death because they accounted for 36.6% of all deaths from 2012-2014. Accidental deaths ranked 3rd for premature deaths, as compared to 6th in terms of leading causes death. Drug-induced deaths were the 4th leading cause of premature death, as compared to 8th in terms of leading causes death. Suicide was the 6th leading cause of premature death, as compared to 9th in terms of leading causes of death.

Figure 12 shows the leading causes of premature death for males and females based upon the age-adjusted YLL rate per 100,000 population per year from 2012-2014. The top 3 leading causes of premature death are the same for both males and females. For males, firearm-related deaths ranked 7th and resulted in an average of 44.7 years of life lost per death. Motor vehicle traffic crashes also ranked 9th for males and resulted in an average of 45.9 years of life lost per death. For females, the leading causes of premature death did not vary from the overall list other than the ranking order.

Premature Death, 2012 – 2014

Premature Deaths from Cancer

Cancer was the leading cause of both death and premature death in Ventura County from 2012-2014. Figure 13 shows the age-adjusted YLL rate per 100,000 population per year from all cancers combined. Males had a higher rate of premature death from cancer than females. African Americans/Blacks (Non-Hispanic) experienced the highest premature death rate of any race/ethnic group followed by Whites (Non-Hispanic), Hispanics, and then Asians (Non-Hispanic). On average, there were 21.9 years of life lost per death from cancer for all race/ethnic groups combined.

Figure 14 shows the age-adjusted YLL rate per 100,000 population per year by type of cancer. Lung cancer had the highest premature death rate and resulted in an average of 19.9 years of life lost per death. Breast cancer had the second highest premature death rate and resulted in an average of 24.5 years of life lost per death.

Figure 15 shows the average years of life lost per death by gender and race/ethnicity for all cancers, lung cancer, and breast cancer. Hispanics had the highest average years of life lost for all cancers (26.0 years) and breast cancer (31.8 years). African Americans/Blacks (Non-Hispanic) had the highest average years of life lost for lung cancer (28.5 years).

All Cancers - Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

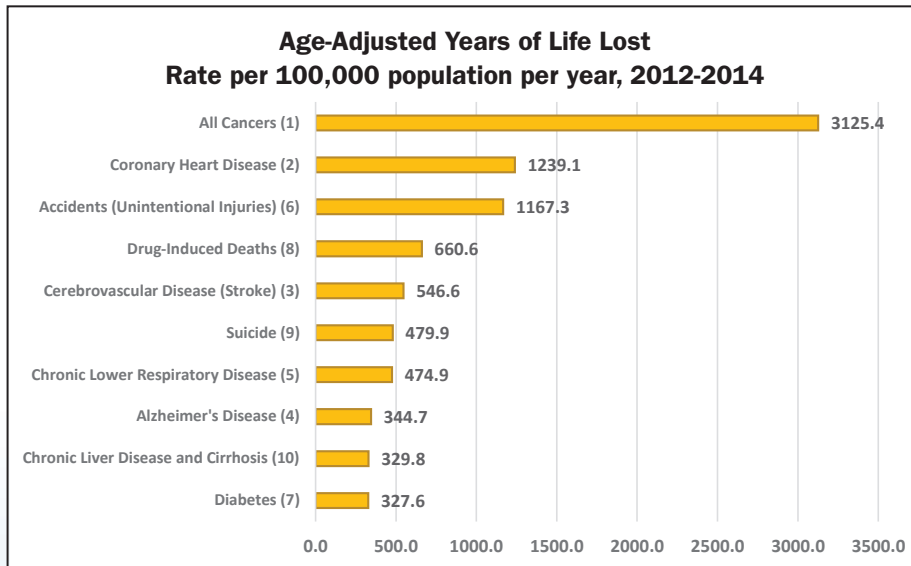| Group	Rate
Ventura County	3125.4
Male	3420.5
Female	2927.0
Hisp/Lat	2652.8
Asian	1243.6
AfAm/Black	4310.1
White	3345.7

Figure 13 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

Cancer Type	Rate
Lung Cancer	533.0
Female Breast Cancer	501.7
Colorectal Cancer	291.7
Prostate Cancer	261.6
Pancreatic Cancer	221.8
Ovarian Cancer	183.1
Liver Cancer	156.3
Brain Cancer	138.7
Kidney Cancer	82.8

Figure 14 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Average Years of Life Lost Per Death, 2012-2014

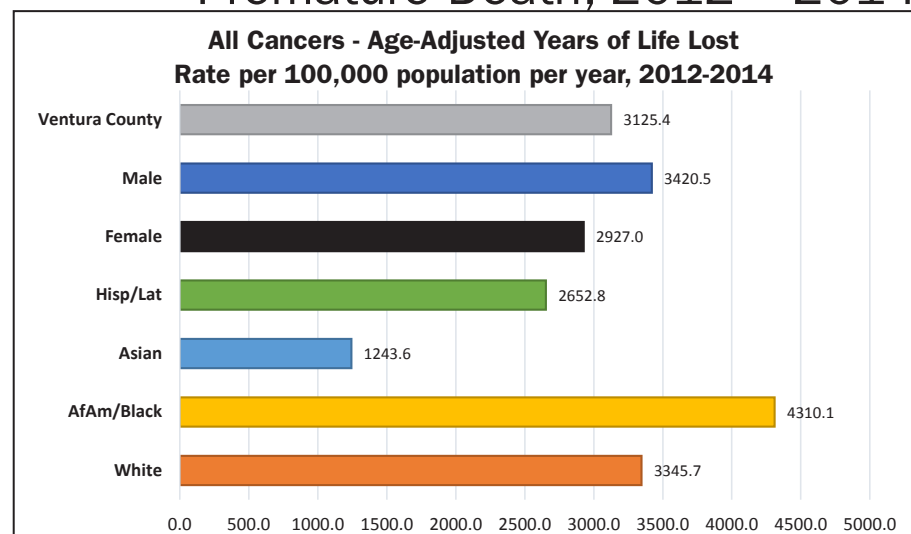| Group	Breast Cancer	Lung Cancer	All Cancers
Ventura County	24.5	19.9	21.9
Male	0.0	20.4	21.8
Female	24.5	19.4	22.0
Hisp/Lat	31.8	18.9	26.0
Asian	17.5	18.5	21.5
AfAm/Black	25.7	28.5	25.8
White	23.1	19.8	20.7

Figure 15 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.

Premature Death, 2012 – 2014

Premature Deaths from Coronary Heart Disease

Coronary heart disease (CHD) was the second leading cause of both death and premature death in Ventura County from 2012-2014. Figure 16 shows the age-adjusted YLL rate per 100,000 population per year from CHD. Males had a higher rate of premature death from CHD than females. African Americans/Blacks (Non-Hispanic) experienced the highest premature death rate of any race/ethnic group followed Whites (Non-Hispanic), Hispanics, and then Asians (Non-Hispanic). Figure 17 shows that males lost an average of 17.5 years due to CHD compared to 11.8 years for females. Hispanics had the highest average years of life lost per

Coronary Heart Disease - Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

Ventura County	1239.1
Male	1791.1
Female	784.0
Hisp/Lat	968.4
Asian	368.4
AfAm/Black	2305.3
White	1347.2

Figure 16

Coronary Heart Disease - Average Years of Life Lost Per Death, 2012-2014

Ventura County	14.9
Male	17.5
Female	11.8
Hisp/Lat	19.3
Asian	11.9
AfAm/Black	18.2
White	14.1

Figure 17

death from CHD (19.3 years) followed African Americans/Blacks (Non-Hispanic) (18.2 years), Whites (Non-Hispanic) (14.1 years), and then Asians (Non-Hispanic) (11.9 years). On average, there were 14.9 years of life lost per death from CHD.

Premature Deaths from Accidents (Unintentional Injuries)

Deaths due to accidents (unintentional injuries) were the 3rd leading cause of premature death, up from 6th as a leading cause of death. Figure 18 shows that males were more likely than females to die a premature death due to an accident (unintentional injury); Figure 19 shows that males lost an average of 42.2

Accidents (Unintentional Injuries) - Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

Ventura County	1167.3
Male	1660.3
Female	671.2
Hisp/Lat	968.5
White	1508.2

Figure 18

Accidents (Unintentional Injuries) - Average Years of Life Lost Per Death, 2012-2014

Ventura County	39.0
Male	42.2
Female	33.0
Hisp/Lat	46.5
White	36.2

Figure 19
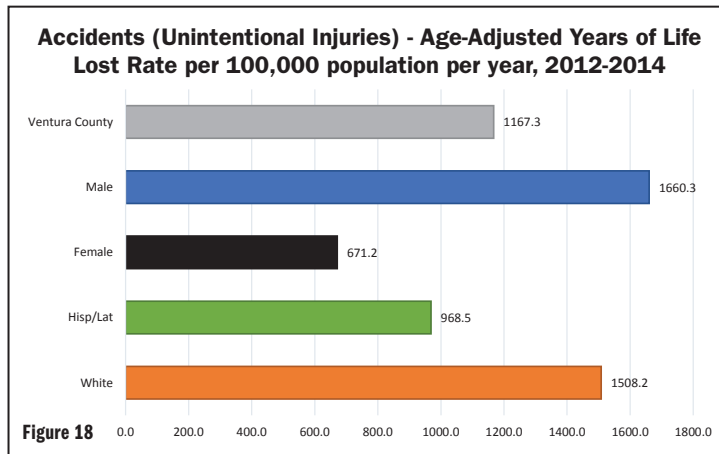
years per death while females lost an average of 33.0 years per death. Whites (Non-Hispanics) were more likely than Hispanics to die a premature death due to an accident (unintentional injury); however, Hispanics lost an average of 46.5 years per accidental death compared to 36.2 years for Whites (Non-Hispanic).
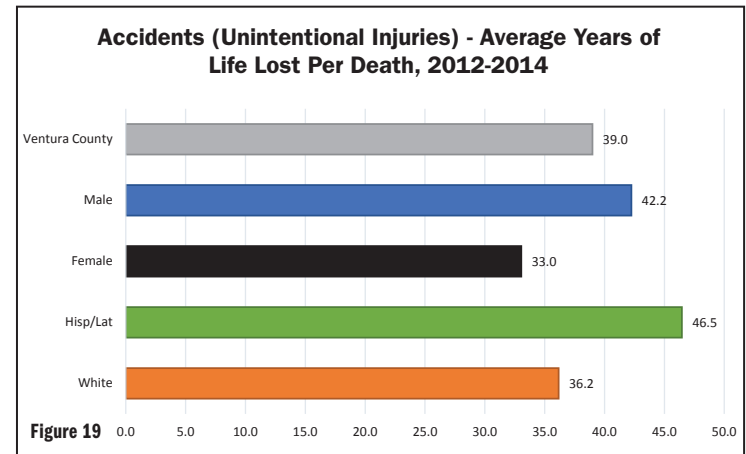
Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.
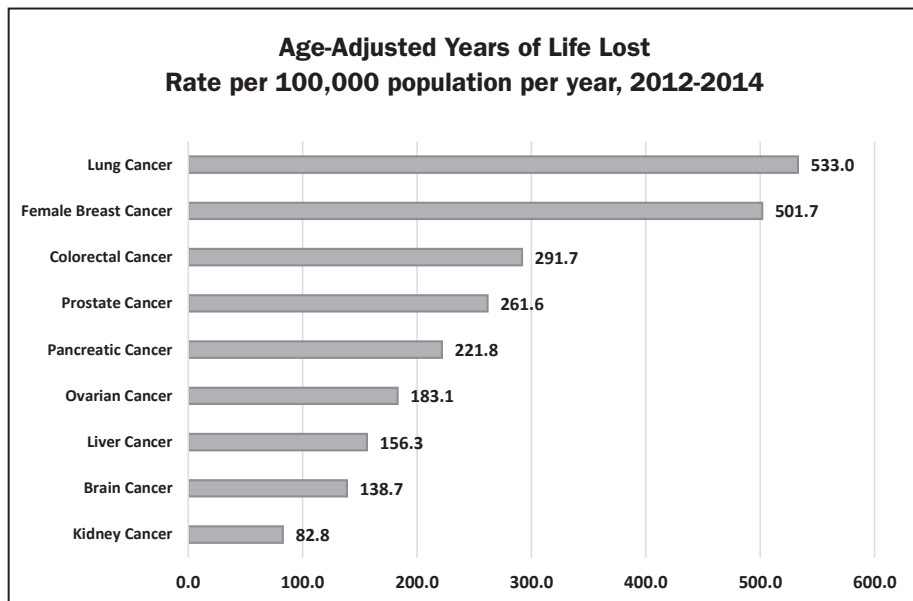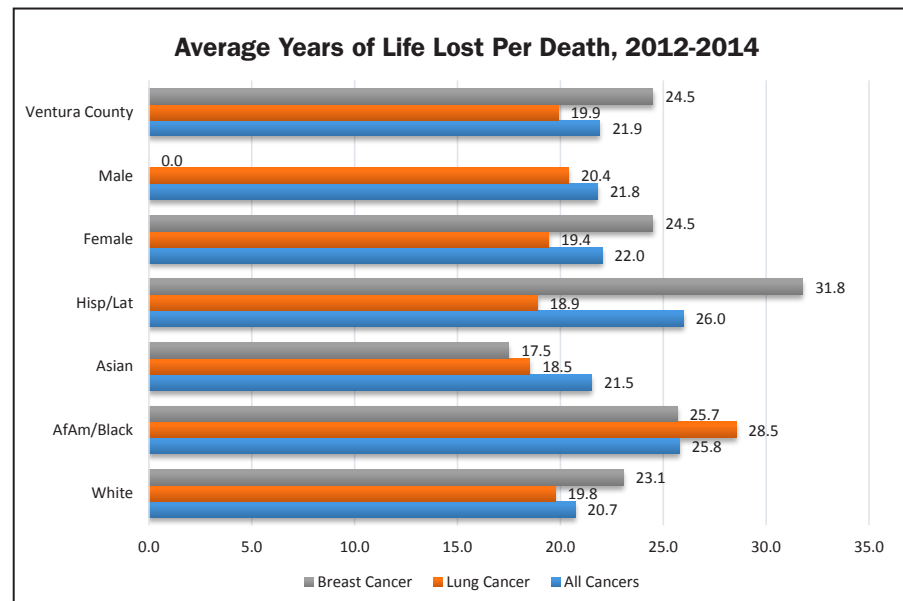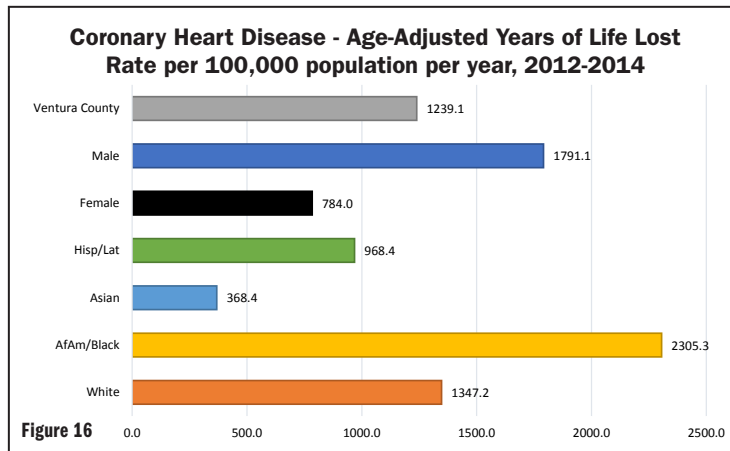
Drug-Induced Premature Deaths

Drug-induced deaths were the 4th leading cause of premature death, up from 8th as a leading cause of death. Figure 20 shows that males were more likely than females to die a premature death due to drug exposure; Figure 21 shows that males lost an average of 49.1 years per death while females lost an average of 42.8 years per death. Whites (Non-Hispanics) were more likely than Hispanics to die a premature death due to drug exposure; however, Hispanics lost an average of 50.3 years per drug-induced death compared to 45.5 years for Whites (Non-Hispanic)

Drug-Induced Deaths - Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

Ventura County	660.6
Male	833.3
Female	479.5
Hisp/Lat	439.9
White	953.1

Figure 20

Drug-Induced Deaths - Average Years of Life Lost Per Death, 2012-2014

Ventura County	46.5
Male	49.1
Female	42.8
Hisp/Lat	50.3
White	45.5

Figure 21

Premature Deaths due to Suicide

Suicide was the 6th leading cause of premature death, up from 9th as a leading cause of death. Figure 22 shows that males were more likely than females to die a premature death due to suicide; Figure 23 shows that males lost an average of 41.2 years per death while females lost an average of 44.3 years per death. Whites (Non-Hispanics) were more likely than Hispanics to die a premature death due to suicide; however, Hispanics lost an average of 54.3 years per death due to suicide compared to 38.7 years for Whites (Non-Hispanic).
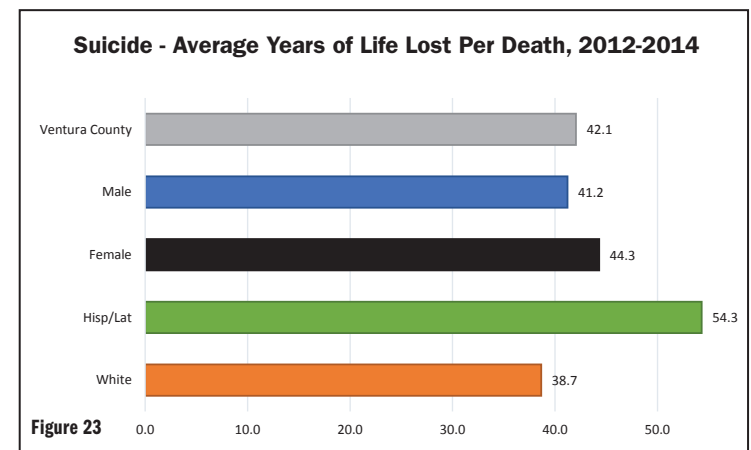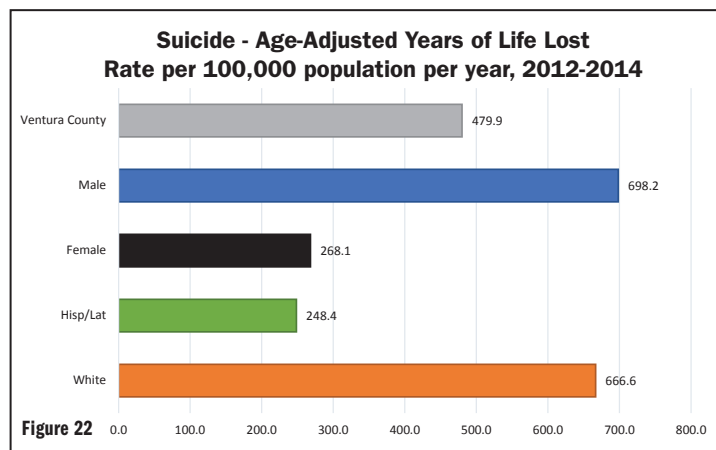
Suicide - Age-Adjusted Years of Life Lost Rate per 100,000 population per year, 2012-2014

Ventura County	479.9
Male	698.2
Female	268.1
Hisp/Lat	248.4
White	666.6

Figure 22

Suicide - Average Years of Life Lost Per Death, 2012-2014

Ventura County	42.1
Male	41.2
Female	44.3
Hisp/Lat	54.3
White	38.7

Figure 23

Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017.
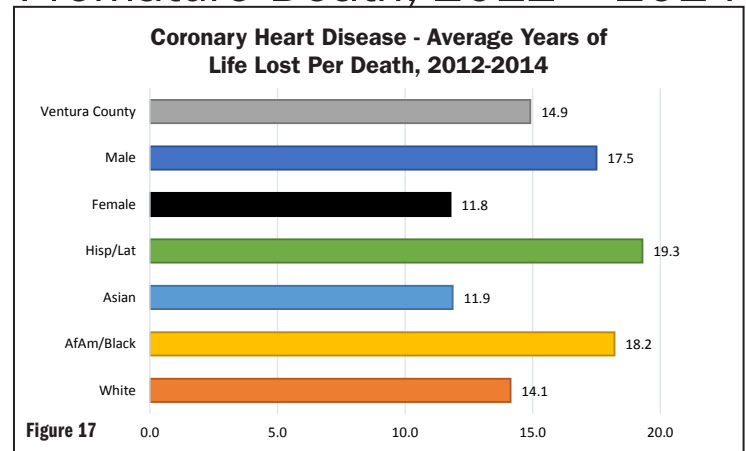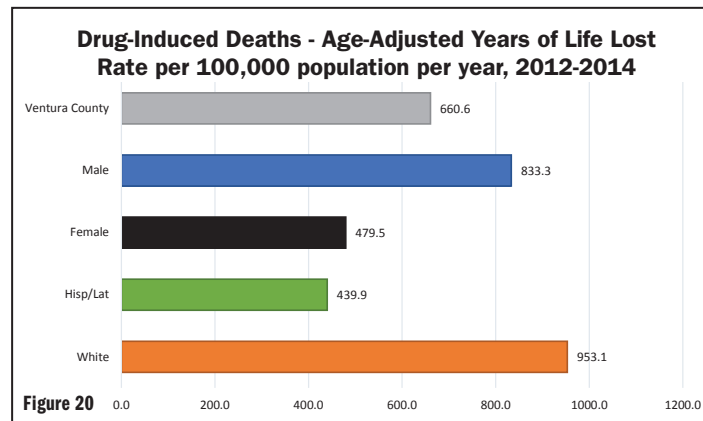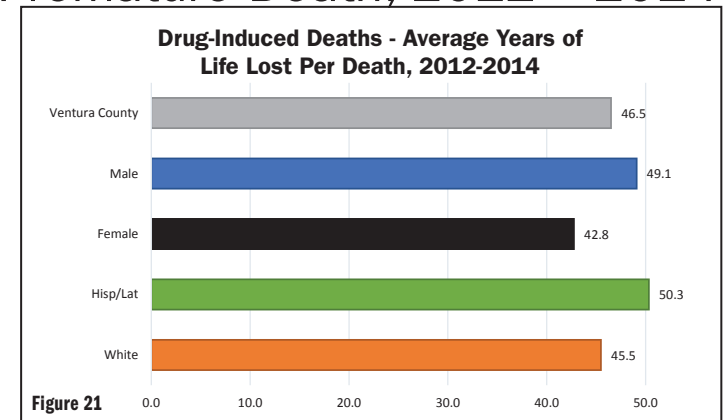
Average Years of Life Lost per Premature Death

Figure 24 shows the top ten causes of premature death in terms of the average years of life lost per death in Ventura County. Homicide has the highest average years of life lost per death at 56.7 years, which increases to 59.7 years for Hispanics. Drug-induced deaths have the second highest average years of life lost per death at 46.5 years, followed by motor-vehicle crashes at 45.2 years, firearm-related deaths at 44.7 years, suicide at 42.1 years, and accidents (unintentional injuries) at 39.0 years.

These causes of death are preventable; this is how the younger population is dying in Ventura County. Although access to health care may play a role in a small proportion of these deaths in terms of access to behavioral health services for those addicted to substances or suffering from mental health issues, in large part, these deaths are related to conditions influenced by the social determinants of health such as safe neighborhoods, educational opportunities, poverty status, and the built environment. To create a healthy Ventura County, it is imperative to expand the public health focus upstream in terms of prevention to include an emphasis on addressing social determinants and creating healthy communities.

Average Years Life Lost Per Death, 2012-2014

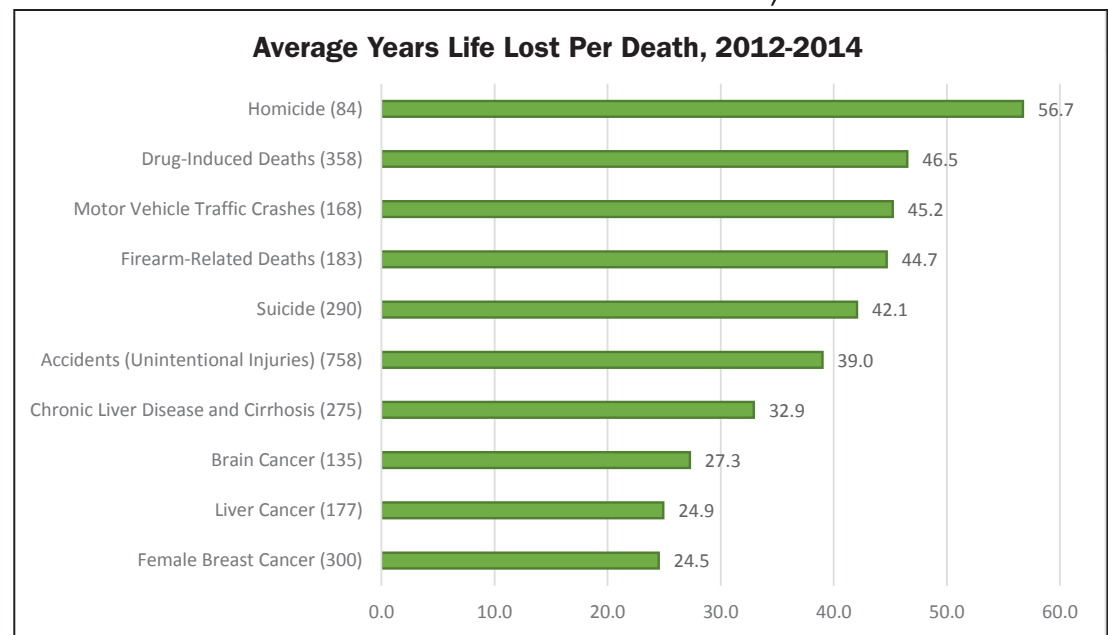| Cause of Death	Years
Homicide (84)	56.7
Drug-Induced Deaths (358)	46.5
Motor Vehicle Traffic Crashes (168)	45.2
Firearm-Related Deaths (183)	44.7
Suicide (290)	42.1
Accidents (Unintentional Injuries) (758)	39.0
Chronic Liver Disease and Cirrhosis (275)	32.9
Brain Cancer (135)	27.3
Liver Cancer (177)	24.9
Female Breast Cancer (300)	24.5

FIGURE 24 - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017. The number by the cause of death refers to the number of deaths that occurred from 2012-2014.
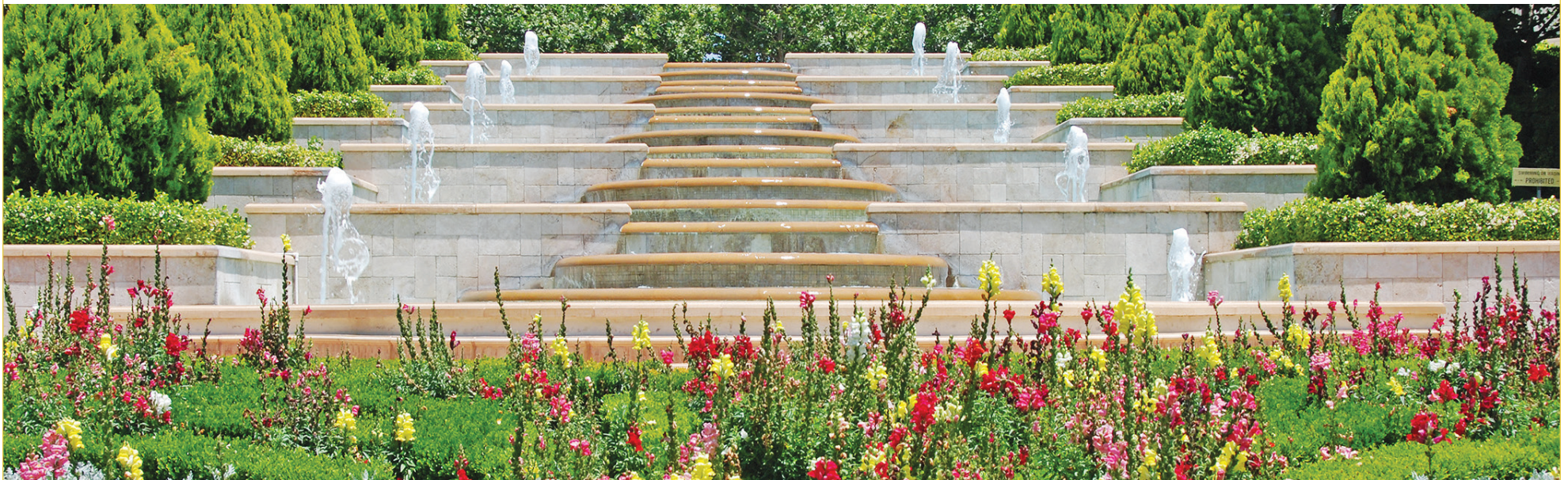
Data Prioritization Tool

The Healthy Communities Institute has developed a data scoring tool that allows communities to compare their health indicator data to that of other communities, Healthy People 2020 (HP2020), and analyze the trend for an indicator over time.

This information can be used as part of the selection process to determine priority health issues (Healthy Communities Institute, 2016). There are 134 different health related indicators available on the Health Matters in Ventura County website that were included in this analysis. The county value for an indicator was compared to the California value, the national value, and target values. Target values include the nation-wide HP2020 goals as well as locally set goals such as those set forth in the VCPH Strategic Plan. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

All 134 indicators available for analysis were run through the data scoring tool. The partial results of this analysis are provided in figure 25, which shows the top 15 health indicators where Ventura County is performing poorly as compared to state and national values, national (HP2020) and local targets, and trends over time; rank 1 received the highest score. These indicators can be condensed into the following priority health issues:

1 Access to care, including preconception/interconception care for women of child-bearing age, behavioral health and substance abuse services, and communicable disease control

2 Creating affordable, healthy communities that are also walkable

3 Conditions affecting the older adult population

Rank	Indicator	Most Recent Value	Healthy People 2020 Target
1	Workers who Walk to Work	1.9%	3.1%
2	Asthma: Medicare Population	5.6%	N/A
3	Infant Mortality Rate (per 1,000 births)	6.1	6
4	Atrial Fibrillation: Medicare Population	8.1%	N/A
5	Renters Spending 30% or More of Household Income on Rent	58.7%	N/A
6	Non-Physician Primary Care Provider Rate (per 100,000)	30	N/A
7	Liquor Store Density (per 100,000)	15.2	N/A
8	Osteoporosis: Medicare Population	6.9%	N/A
9	Tuberculosis Incidence Rate (per 100,000)	6	1
10	Adults Needing and Receiving Behavioral Health Care Services	61.6%	N/A
11	People Delayed or had Difficulty Obtaining Care	15.4%	4.2%
12	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	29.2%	N/A
13	Stroke: Medicare Population	3.9%	N/A
14	Hyperlipidemia: Medicare Population	45.4%	N/A
15	Age-Adjusted Death Rate due to Drug Use (per 100,000)	14	11.3

Figure 25 - Source: Healthy Communities Institute, Data Scoring Tool, 2016.

Creating Healthy Communities

VCPH realizes that health happens in communities; where children, families, and the elderly live, learn, and play. As shown previously through the life expectancy analysis, there is a strong connection between where one lives and his or her life expectancy.

The Health in All Policies approach is designed to facilitate the creation of social, economic, and physical environments that support health and wellness. The results of the CHA survey show that Ventura County residents believe that low crime/safe neighborhoods, a clean environment, good schools, affordable housing, healthy behaviors and lifestyles, and access to health care are what makes a community healthy. Safe neighborhoods that are free of crime help to create opportunities for healthy eating and active living; creating these opportunities in all neighborhoods will help to reduce health disparities within Ventura County. Public health policy promotes communities designed to support health and safety, such as places to play and be active, access to affordable healthy foods, and streetscapes designed to prevent injury. Health also requires that all environments, including homes, schools, communities and worksites, have clean air and water and are free from toxins and physical hazards. A healthy environment gives people the opportunity to make healthy choices and decrease their risk for heart disease, cancer, obesity, diabetes, respiratory diseases such as asthma, and injuries. This section focuses on the social determinants of health as well as the built environment.

Social Determinants and the Built Environment

Socioeconomic status (SES) of communities has significant impact on the overall health of people in those communities. Reducing socioeconomic disparities requires major changes which are often structural and complicated in their political dimensions. Reducing SES related disparities in health will require policy initiatives which should address the components of socioeconomic status - such as income, education, and occupation - as well as the pathway by which these conditions affect the health of the community (Nancy E. Adler and Katherine Newman, 2002).

Poor health may in turn decrease an individual's capacity to work, thus reducing their ability to improve their SES (American Psychological Association 2012). The following list of pertinent literature outlines how the social determinants, such as low SES, can affect the physical and mental health of individuals across the lifespan:

- Individuals with lower SES in childhood were at elevated risk of premature death, regardless of their SES during adulthood (John-Henderson, 2016).

- Lower household income was associated with several lifetime mental disorders and suicide attempts, and a reduction in household income was associated with increased risk for incident mental disorders (Sareen J, 2011).

- Socioeconomic factors such as work, home, and neighborhood environments influenced sleep which has been shown to cause short-term, adverse health effects (Braveman, 2014).

- Poor childhood health contributed to lower SES in adulthood. Subsequently, low SES among parents contributed to poor childhood health outcomes in the next generation (Perreira, 2011).

- Within families, economic hardship could lead to marital distress and disrupted parenting that may increase mental health problems among children, such as depression, substance abuse and behavior problems (Conger, 2010).

- Children from low-SES households and communities developed academic skills more slowly compared to children from higher SES groups (Morgan, 2009).

- Access to health insurance and preventive services were part of the reason for socioeconomic health disparities (Riley, 2012).

- Individuals with low SES often experienced barriers to obtaining health services, including lack of or limited access to mental health care, child care, and transportation (Syed, 2017).

- Education had a positive and statistically significant impact on the health of individuals (Sillies, 2009).

- Child pedestrian collisions were nine times more likely to occur in low income neighborhoods compared to high income neighborhoods (Chakravarthy, 2010).
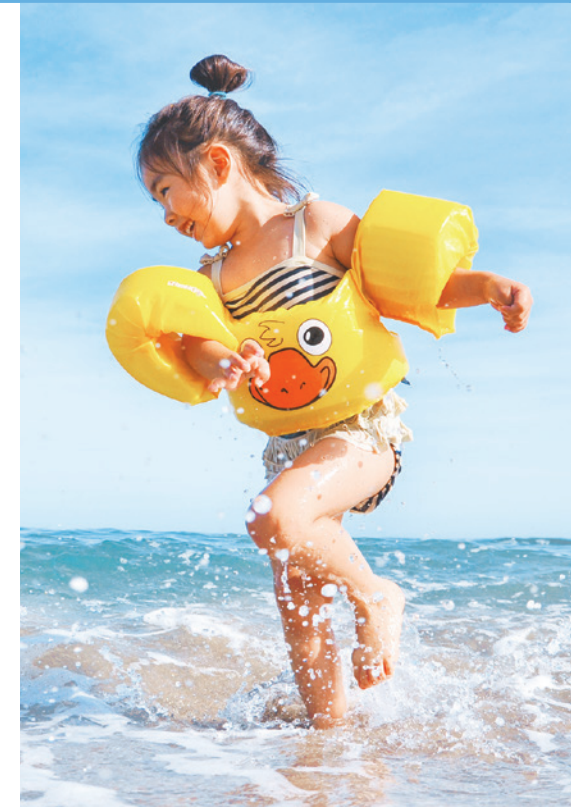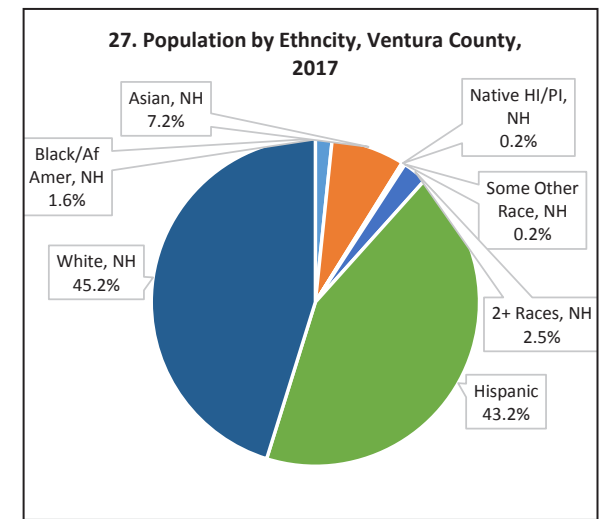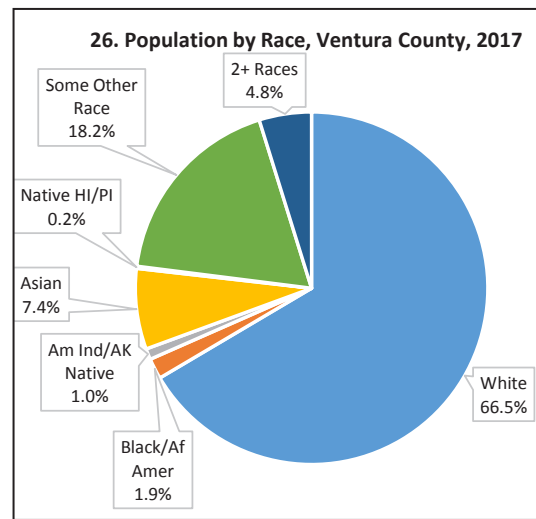
Demographic Data

Race, Ethnicity, and Households

In 2017, there were 860,013 residents living in Ventura County in 278,687 households. Figure 26 shows the racial breakdown of the county. The information was based on racial categorization per the U.S. Census, which asks a person to define both their race and ethnicity. Whites made up the largest racial group in the county at 66.5%, which includes the Hispanic ethnicity. If a person defines themselves as Non-Hispanic, their race was reported as their ethnicity. In 2017, Hispanics made up 43.0% of the population (see figure 27). The California Department of Finance estimates that Hispanics will comprise 48.7% and Whites (Non-Hispanic) will comprise 36.6% of the population in Ventura County by the year 2060; this shift in population demographics is being driven by a higher fertility rate in Hispanics as compared to Whites (Non-Hispanic) (California Department of Public Health, 2017).

As the demographics of the population change over time, so do the health needs of the population. Figure 28 provides this same data for all Ventura County zip codes.

Figures 26, 27 & 28: Nielsen Claritas population estimates, 2017. Data available at www.healthmattersinvc.org. NH refers to Non-Hispanic in figure 27.

26. Population by Race, Ventura County, 2017

- 2+ Races 4.8%
- Some Other Race 18.2%
- Native HI/PI 0.2%
- Asian 7.4%
- Am Ind/AK Native 1.0%
- Black/Af Amer 1.9%
- White 66.5%

27. Population by Ethncity, Ventura County, 2017

- Asian, NH 7.2%
- Black/Af Amer, NH 1.6%
- White, NH 45.2%
- Native HI/PI, NH 0.2%
- Some Other Race, NH 0.2%
- 2+ Races, NH 2.5%
- Hispanic 43.2%

28. Population, Household, and Race/Ethnicity Breakdown by Zip Code, 2017

Geo Area	City	Population	# of Households	White	Black/Af Amer	Am Ind/AK Native	Asian	Native HI/PI	Some Other Race	2+ Races	% Hispanic
Ventura County	**Ventura County**	860,013	278,637	66.5%	1.9%	1.0%	7.4%	0.2%	18.2%	4.8%	43.0%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	15,645	72.6%	1.5%	0.6%	12.9%	0.1%	7.5%	4.9%	18.4%
Zip Code: 91360	Thousand Oaks	42,823	15,115	79.2%	1.5%	0.5%	6.9%	0.2%	7.6%	4.1%	22.5%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	8,652	83.9%	1.3%	0.2%	7.3%	0.2%	3.1%	4.0%	9.4%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	14,080	79.5%	1.7%	0.3%	9.4%	0.1%	5.3%	3.7%	16.8%
Zip Code: 91377	Oak Park	14,385	5,337	80.3%	1.3%	0.3%	13.2%	0.1%	1.5%	3.5%	6.6%
Zip Code: 93001	Ventura	33,518	13,275	71.4%	1.5%	1.4%	2.1%	0.2%	17.8%	5.6%	41.8%
Zip Code: 93003	Ventura	52,031	19,840	75.5%	1.8%	1.2%	4.3%	0.3%	11.2%	5.7%	32.6%
Zip Code: 93004	Ventura	30,322	10,945	73.1%	1.9%	1.3%	4.4%	0.1%	13.8%	5.4%	35.5%
Zip Code: 93010	Camarillo	44,822	16,502	72.4%	2.3%	0.9%	7.9%	0.2%	10.9%	5.4%	30.2%
Zip Code: 93012	Camarillo	37,661	13,843	72.0%	1.9%	0.5%	13.7%	0.2%	6.4%	5.4%	21.1%
Zip Code: 93015	Fillmore	18,786	5,276	55.9%	0.6%	1.3%	1.1%	0.1%	35.1%	5.9%	77.2%
Zip Code: 93021	Moorpark	38,019	11,532	74.4%	1.6%	0.9%	6.9%	0.2%	11.0%	5.1%	33.2%
Zip Code: 93022	Oak View/Ojai Valley	5,475	2,052	77.9%	0.3%	1.6%	1.8%	0.1%	14.1%	4.2%	29.6%
Zip Code: 93023	Ojai	21,075	8,597	84.1%	0.7%	0.9%	2.1%	0.0%	9.1%	3.1%	21.5%
Zip Code: 93030	Oxnard	62,848	15,396	47.6%	3.2%	1.7%	8.2%	0.4%	34.2%	4.7%	77.0%
Zip Code: 93033	Oxnard	84,306	17,492	43.7%	2.0%	1.8%	6.7%	0.3%	41.6%	3.9%	85.3%
Zip Code: 93035	Oxnard	28,950	10,389	62.4%	2.9%	0.9%	6.5%	0.3%	21.4%	5.6%	47.9%
Zip Code: 93036	Oxnard	46,673	13,037	50.0%	2.7%	1.5%	7.0%	0.2%	33.4%	5.1%	71.5%
Zip Code: 93040	Piru	1,906	467	46.2%	1.3%	1.9%	0.5%	0.0%	45.3%	4.8%	89.1%
Zip Code: 93041	Port Hueneme	24,473	7,854	55.9%	4.6%	1.3%	5.2%	0.6%	26.6%	5.9%	56.0%
Zip Code: 93060	Santa Paula	34,691	9,919	65.1%	0.7%	1.6%	0.8%	0.1%	28.2%	3.5%	78.7%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	19,434	73.4%	1.5%	0.6%	11.4%	0.2%	7.9%	5.0%	24.1%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	24,377	69.9%	1.6%	0.7%	9.7%	0.2%	12.7%	5.3%	28.0%
Zip Code: 93066	Somis	3,449	1,131	78.0%	0.6%	1.1%	2.6%	0.3%	15.0%	2.4%	40.9%

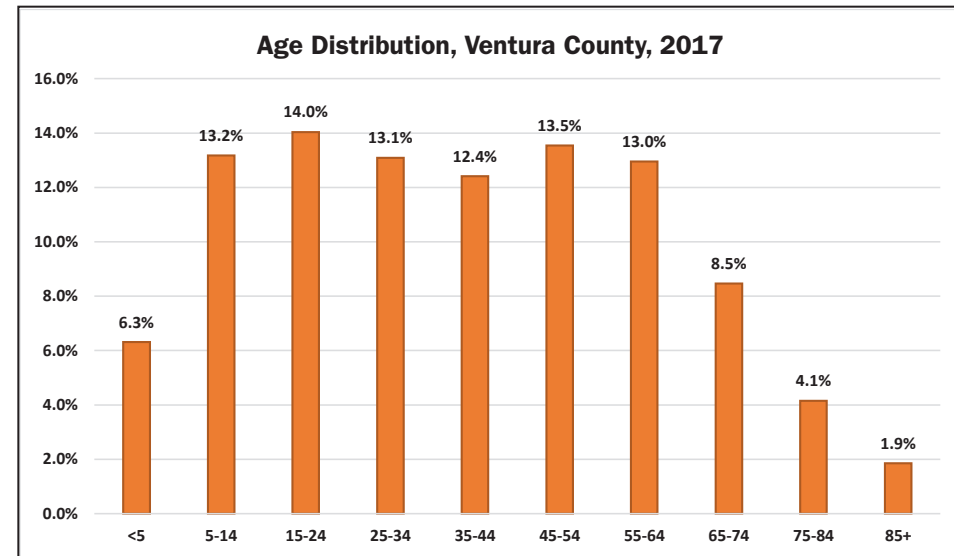## Age Distribution for Ventura County

Distribution of age impacts the healthcare needs of a population. Economic means, work status, and entitlement program eligibility are based on age which can affect an individual's ability to access preventive health care services. Figure 29 shows the age distribution for Ventura County residents by 10-year age group. Children under 18 years make up 23.7% of the population, and children less than 5 years make up 6.3% of the population. Residents 65+ years account for 14.5% of the total population, but the California Department of Finance estimates that this age group will account for 23.7% of the population by 2060.

Figure 30 shows that zip codes within Fillmore, Oxnard, Port Hueneme, and Santa Paula have a higher percentage of children under 5 years and children under 18 years as compared to other zip codes within the county. The U.S. Census shows that nationally most cities with a higher percentage of Hispanics also have a higher percentage of children less than 5 years of age; this is consistent in Ventura County as well. The percent of residents 65+ years varies significantly by zip code. More than 25% of the population is 65+ in Thousand Oaks/Westlake Village (91361) compared to 8.7% in Oxnard (93033).

In general, zip codes with a higher percentage of children under 5 years have a lower percentage of the population that is 65+ years. Young children and the aging population require special attention to their health care needs; this issue becomes even more critical when considering the economic status of these vulnerable populations.

Figure 29 (top right): Nielsen Claritas population estimates, 2017.
Figure 30 (right): Nielsen Claritas population estimates, 2017. Data available at www.healthmattersinvc.org

Age Distribution, Ventura County, 2017

Age Group	Percent
<5	6.3%
5-14	13.2%
15-24	14.0%
25-34	13.1%
35-44	12.4%
45-54	13.5%
55-64	13.0%
65-74	8.5%
75-84	4.1%
85+	1.9%

Age Distribution for Ventura County by Zip Code, 2017

Geo Area	City	Population	Under 18 yrs.	65+ yrs.	<5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Ventura County	Ventura County	860,013	23.7%	14.5%	6.3%	13.2%	14.3%	13.1%	12.4%	13.5%	13.0%	8.5%	4.1%	1.9%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	23.3%	15.0%	5.5%	13.3%	15.4%	10.2%	11.3%	16.2%	14.3%	9.3%	4.2%	1.5%
Zip Code: 91360	Thousand Oaks	42,823	18.9%	19.7%	4.6%	10.4%	11.9%	11.5%	10.3%	14.0%	14.2%	10.0%	6.2%	3.5%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	16.8%	25.7%	3.9%	9.4%	13.8%	9.3%	9.0%	13.8%	17.1%	14.4%	7.8%	3.6%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	20.0%	17.5%	4.7%	11.1%	15.9%	10.4%	10.3%	15.7%	16.6%	10.8%	4.7%	1.9%
Zip Code: 91377	Oak Park	14,385	19.6%	13.3%	4.2%	10.6%	11.2%	10.2%	9.8%	18.0%	18.0%	9.3%	3.0%	1.0%
Zip Code: 93001	Ventura	33,518	21.5%	14.7%	5.8%	12.2%	12.6%	13.7%	14.4%	14.1%	13.9%	9.1%	4.1%	1.5%
Zip Code: 93003	Ventura	52,031	20.2%	17.3%	5.2%	11.4%	13.9%	13.3%	12.8%	13.5%	14.0%	9.1%	5.1%	3.1%
Zip Code: 93004	Ventura	30,322	21.6%	16.8%	5.4%	11.9%	13.1%	12.1%	11.6%	14.2%	14.1%	9.6%	4.8%	2.4%
Zip Code: 93010	Camarillo	44,822	20.7%	19.5%	5.8%	11.4%	14.3%	12.4%	11.3%	12.9%	14.2%	10.8%	5.8%	2.8%
Zip Code: 93012	Camarillo	37,661	20.9%	20.3%	5.3%	11.7%	14.8%	10.3%	11.0%	13.4%	13.7%	9.9%	6.3%	4.1%
Zip Code: 93015	Fillmore	18,786	28.7%	12.2%	7.9%	16.1%	15.1%	13.3%	13.2%	12.2%	10.4%	7.1%	3.6%	1.5%
Zip Code: 93021	Moorpark	38,019	24.2%	11.1%	6.2%	13.3%	12.4%	13.6%	11.8%	14.5%	14.3%	7.6%	2.6%	0.9%
Zip Code: 93022	Oak View/Ojai Valley	5,475	19.7%	17.7%	4.8%	11.1%	12.0%	11.7%	10.8%	14.0%	17.6%	11.1%	4.7%	1.9%
Zip Code: 93023	Ojai	21,075	17.9%	22.8%	4.4%	10.0%	15.2%	10.2%	9.4%	13.4%	18.0%	13.1%	6.4%	3.2%
Zip Code: 93030	Oxnard	62,848	29.2%	9.3%	8.3%	16.1%	15.6%	15.4%	14.1%	12.1%	9.5%	5.6%	2.6%	1.2%
Zip Code: 93033	Oxnard	84,306	30.8%	8.7%	9.2%	16.8%	10.9%	16.1%	14.1%	11.1%	8.5%	5.2%	2.6%	0.9%
Zip Code: 93035	Oxnard	28,950	21.3%	16.7%	5.8%	12.1%	14.8%	13.6%	13.1%	13.2%	14.5%	10.5%	4.6%	1.6%
Zip Code: 93036	Oxnard	46,673	28.3%	9.4%	8.1%	15.6%	16.9%	16.2%	14.0%	12.2%	9.8%	5.7%	2.7%	1.0%
Zip Code: 93040	Piru	1,906	31.4%	8.6%	8.8%	17.4%	14.4%	14.7%	12.9%	12.1%	8.7%	6.0%	2.2%	0.4%
Zip Code: 93041	Port Hueneme	24,473	27.3%	12.2%	8.4%	15.0%	15.2%	15.8%	14.1%	10.4%	9.8%	6.7%	3.8%	1.7%
Zip Code: 93060	Santa Paula	34,691	28.1%	12.2%	8.0%	15.6%	13.5%	14.2%	13.0%	11.7%	10.2%	7.1%	3.7%	1.5%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	21.8%	14.8%	5.4%	12.3%	13.6%	12.0%	12.6%	15.1%	14.3%	9.2%	4.1%	1.6%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	22.7%	13.2%	5.7%	12.8%	13.6%	12.9%	12.9%	15.2%	13.8%	8.1%	3.8%	1.3%
Zip Code: 93066	Somis	3,449	19.4%	20.2%	5.1%	10.4%	14.0%	12.6%	9.4%	13.3%	15.5%	12.3%	5.7%	2.1%

Creating Healthy Communities

Foreign-born Residents and Language Spoken at Home

Per the American Community Survey (2011-2015), 22.8% of the population in Ventura County were foreign-born. Oxnard has the highest percentage of residents that were foreign-born at 36.7%, but Fillmore, Port Hueneme, and Santa Paula all have more than 20% of the population that were foreign-born. Of those residents who were foreign-born in Ventura County, 45.5% are naturalized citizens. The foreign-born population was more likely to be living in linguistic isolation by language spoken at home than the native population. Figure 31 shows that 38.5% of the population of Ventura County speaks a language other than English at home; Spanish was the most common language other than English with 30.4% of the population speaking only Spanish at home. Figure 32 shows that more than half of residents from Oxnard (93030, 93033, and 93036), Fillmore (93015), and Santa Paula (93060) speak only Spanish at home. Of those residents that speak a language other than English at home, 41.9% speak English less than "very well"; residents 65+ years are more likely than other age groups to speak English less than "very well." This shows that a significant portion of the population may require language interpretation services when seeking assistance for their healthcare needs.

Language Spoken at Home by Residents 5+ Years, Ventura County, 2017

- Speak Other Lang at Home 0.7%
- Speak Indo-European Lang at Home 2.8%
- Speak Asian/PI Lang at Home 4.5%
- Speak Only English at Home 61.5%
- Speak Spanish at Home 30.4%

Figures 31 & 32:
Nielsen Claritas population estimates, 2017. Data available at www.healthmatters invc.org
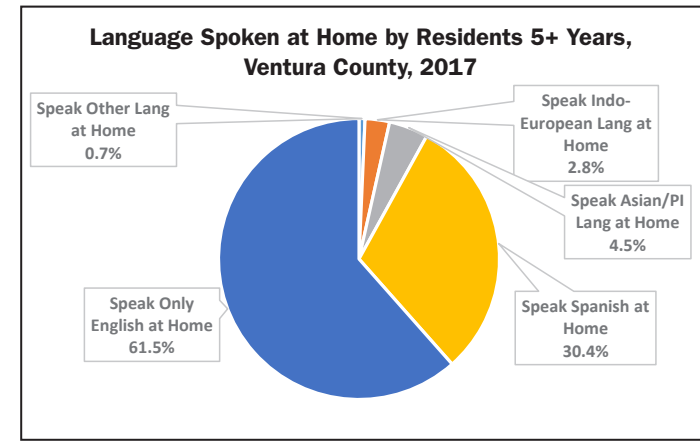
Language Spoken at Home Ventura County by Zip Code, 2017							
Geo Area	City	Population	Only English	Only Spanish	Only Asian/PI Lang	Only Indo-European Lang	Speak Another Lang
Ventura County	Ventura County	860,013	61.5%	30.4%	4.5%	2.8%	0.7%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	75.3%	12.6%	6.6%	5.1%	0.4%
Zip Code: 91360	Thousand Oaks	42,823	72.8%	16.5%	4.8%	5.0%	0.9%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	85.8%	5.2%	3.9%	4.0%	1.1%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	79.5%	8.4%	6.0%	5.0%	1.1%
Zip Code: 91377	Oak Park	14,385	78.0%	4.5%	9.8%	4.6%	3.2%
Zip Code: 93001	Ventura	33,518	64.7%	31.0%	1.5%	2.4%	0.4%
Zip Code: 93003	Ventura	52,031	75.0%	18.1%	3.0%	3.1%	0.9%
Zip Code: 93004	Ventura	30,322	77.5%	17.3%	2.0%	2.3%	1.1%
Zip Code: 93010	Camarillo	44,822	75.2%	17.7%	4.4%	2.6%	0.1%
Zip Code: 93012	Camarillo	37,661	81.2%	9.1%	5.9%	2.9%	0.8%
Zip Code: 93015	Fillmore	18,786	40.5%	58.6%	0.1%	0.3%	0.6%
Zip Code: 93021	Moorpark	38,019	72.1%	19.9%	3.2%	3.7%	1.2%
Zip Code: 93022	Oak View/Ojai Valley	5,475	84.8%	12.7%	0.4%	2.2%	0.0%
Zip Code: 93023	Ojai	21,075	82.9%	13.2%	0.4%	3.3%	0.3%
Zip Code: 93030	Oxnard	62,848	28.3%	66.4%	4.5%	0.6%	0.3%
Zip Code: 93033	Oxnard	84,306	20.5%	71.8%	6.6%	0.4%	0.8%
Zip Code: 93035	Oxnard	28,950	63.2%	29.6%	4.5%	2.6%	0.2%
Zip Code: 93036	Oxnard	46,673	38.3%	55.2%	5.2%	0.8%	0.6%
Zip Code: 93040	Piru	1,906	26.5%	72.8%	0.0%	0.8%	0.0%
Zip Code: 93041	Port Hueneme	24,473	50.9%	41.1%	5.8%	1.8%	0.4%
Zip Code: 93060	Santa Paula	34,691	41.5%	56.8%	0.5%	1.2%	0.0%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	75.2%	13.1%	5.9%	4.9%	1.0%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	73.4%	16.7%	5.2%	4.2%	0.5%
Zip Code: 93066	Somis	3,449	59.4%	35.9%	2.9%	1.8%	0.1%

Creating Healthy Communities

SocioNeeds Index

All communities can be described by various social and economic factors that are well known to be strong determinants of health outcomes, as discussed previously. The SocioNeeds Index takes these factors (income, poverty, unemployment, occupation, education, and language) and generates an index value for each zip code and county in the United States. Those geographic areas with the highest values (from 0-100) are estimated to have the highest socioeconomic need which can be correlated with preventable hospitalizations and premature death (Healthy Communities Institute, 2017).

Figure 33 shows that Oxnard (93030 and 93033), Santa Paula (93060), Fillmore (93015), and Port Hueneme (93041) are the areas within the county that have the highest socioeconomic needs. In general, those areas of the county with higher socioeconomic needs also have a lower life expectancy than the overall life expectancy of 82.0 for Ventura County residents. Conversely, those areas with lower socioeconomic needs such as Oak Park (93777) and Thousand Oaks/Westlake (91361 and 91362) have a higher life expectancy than 82.0 years.

PRIORITY 1:
Increase Early Learning and Educational Attainment

Educational attainment is one of the key indicators of the health status of a community; individuals that do not finish high school have less social mobility, or less opportunity to significantly increase their income, which is associated with negative health outcomes (Sillies, 2009). Overall, Ventura County residents surveyed as part of this assessment felt that good schools were a top priority when it came to what makes a healthy community. High school graduation is another population health indicators being tracked as part of the VCPH Strategic plan for 2015-2020. While Ventura County is meeting the Healthy People 2020 target of 82.4% of students graduating within four years of their first enrollment in 9th grade, the Ventura County 2020 target of 86.6% is not being met. From 2014-2015, 84.5% of residents graduated within four years of their first enrollment in 9th grade. Figure 34 shows that there is a disparity by race/ethnicity for graduation rates within Ventura County; 91.2% of Whites (Non-Hispanic) graduate within 4 years of beginning 9th grade compared to 77.9% of Hispanics.

Zip Code	City	Index	Rank	Life Expectancy
93033	Oxnard	95.2	5	81.5
93060	Santa Paula	89.3	5	80.1
93015	Fillmore	88.6	5	82.2
93030	Oxnard	87.6	5	80.2
93041	Port Hueneme	82.1	5	81.0
93036	Oxnard	71.3	4	82.2
93001	Ventura	60.1	4	79.0
93022	Oak View/Ojai Valley	40.4	3	76.4
93035	Oxnard	32.2	3	82.8
93023	Ojai	29.8	3	81.6
93004	Ventura	29.4	3	80.3
93003	Ventura	27.4	3	81.0
93066	Somis	20.9	2	83.7
93063	Simi Valley, Santa Susana	18.3	2	82.2
91360	Thousand Oaks	14.2	2	83.0
93010	Camarillo	14.2	2	82.3
93065	Simi Valley, Santa Susana	10.7	1	81.3
93021	Moorpark	9.7	1	82.9
91362	Thousand Oaks/Westlake Village	6.3	1	84.4
93012	Camarillo	5.8	1	85.1
91320	Thousand Oaks/Newbury Park	5.5	1	84.1
91361	Thousand Oaks/Westlake Village	5.3	1	88.7
91377	Oak Park	2.1	1	84.5

Figure 33 - Source: Healthy Communities Institute, SocioNeeds Index, 2017.

High School Graduation by Race/Ethnicity, Ventura County, 2014-15

Overall 84.5% | White, NH 91.2% | Hispanic 77.9% | Black/Af Amer, NH 84.4% | Asian, NH 94.5% | Native HI/PI, NH 81.1% | 2+ Races, NH 90.7%
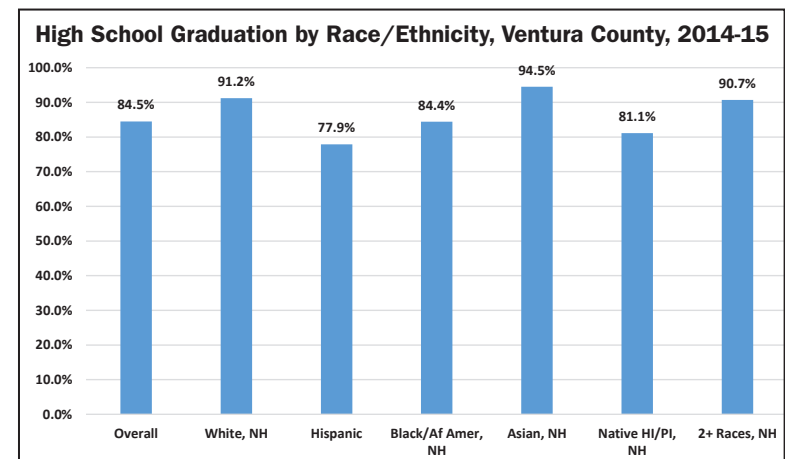
Figure 34 - Source: California Department of Education, 2014-15. Data available at www.healthmattersinvc.org

Creating Healthy Communities

Figure 35 shows that disparities exist by both race/ethnicity and geographic area (by school district) for high school dropout rates in Ventura County. Overall, the high school dropout rate was 8.3% in Ventura County from 2014-2015; however, the dropout rate for Whites (Non-Hispanic) was 5.3% compared to 11.2% for Hispanics. Oak Park Unified had the lowest overall dropout rate of any school district of 1.4%, while Oxnard Union High had the highest rate of 9.4%. Simi Valley Unified had the highest Hispanic dropout rate of 15.0%, and Ojai Unified had the highest White (Non-Hispanic) dropout rate of 10.3%.

Better education contributes to higher income, more skills, knowledge, resources to protect health, and lower rates of unhealthy behavior. Therefore, it is imperative to ensure that every Ventura County resident, regardless of their race/ethnicity, income level or school district, graduate from high school.

Figure 36 shows the percent of residents 25+ years that have both a high school diploma or higher and a bachelor's degree or higher. Overall, 83.1% of county residents 25+ years had at least a high school diploma, but cities such as Oxnard, Fillmore, Santa Paula, and Port Hueneme continue to have the lowest high school graduation rates. As shown previously in figure 32, these cities also had the highest percentage of residents that speak only Spanish within the home; language barriers may be contributing to lower graduation rates in these areas. All other cities within the county exceed the average of 83.1% of residents graduating from
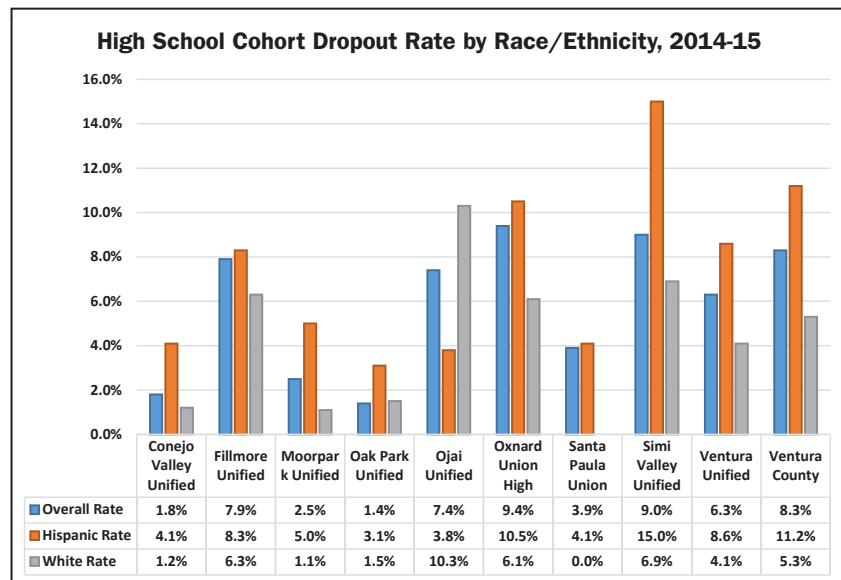
High School Cohort Dropout Rate by Race/Ethnicity, 2014-15

	Conejo Valley Unified	Fillmore Unified	Moorpark Unified	Oak Park Unified	Ojai Unified	Oxnard Union High	Santa Paula Union	Simi Valley Unified	Ventura Unified	Ventura County
Overall Rate	1.8%	7.9%	2.5%	1.4%	7.4%	9.4%	3.9%	9.0%	6.3%	8.3%
Hispanic Rate	4.1%	8.3%	5.0%	3.1%	3.8%	10.5%	4.1%	15.0%	8.6%	11.2%
White Rate	1.2%	6.3%	1.1%	1.5%	10.3%	6.1%	0.0%	6.9%	4.1%	5.3%

Figure 35 - Source: California Longitudinal Pupil Achievement Data System (CALPADS), 2014-2015.

Educational Attainment for Residents 25+ Years, 2015

High School Graduate or Higher / Bachelor's degree or higher:

- Camarillo: 92.2% / 40.9%
- Fillmore: 64.2% / 10.3%
- Moorpark: 87.6% / 37.9%
- Ojai: 90.9% / 45.8%
- Oxnard: 65.6% / 16.2%
- Port Hueneme: 79.6% / 17.8%
- Santa Paula: 64.3% / 14.0%
- Simi Valley: 90.5% / 32.3%
- Thousand Oaks: 92.4% / 48.8%
- Ventura: 89.1% / 32.9%
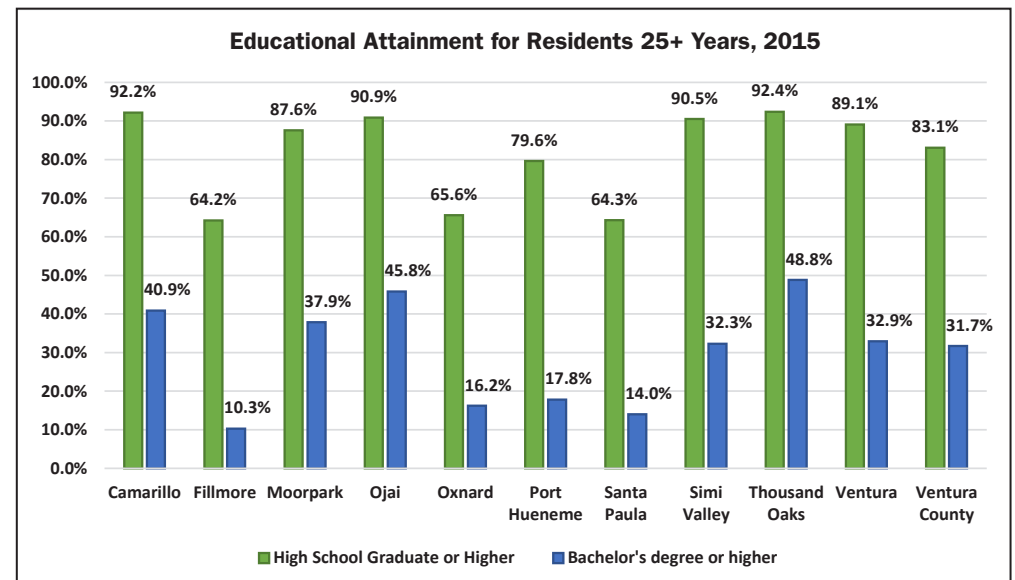- Ventura County: 83.1% / 31.7%

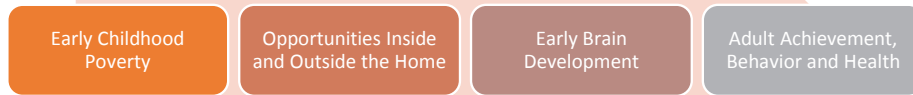**Figure 36 - Source: American Community Survey, 2011-2015.**

Creating Healthy Communities

high school. In Ventura County, 31.7% of residents have a bachelor's degree or higher, but the percent ranges from 10.3% in Fillmore to 48.8% in Thousand Oaks. For more information on educational attainment by zip code, please visit the Health Matters in Ventura County website.

Recommendations for Priority 1 from key informants:
- Implementation of a universal Kindergarten Readiness Assessment.
- Utilize funding through the Local Control Accountability Plan (LCAP) to address the needs of English language learners. This could include after-school programs, tutoring, outreach coordinators, counselors, or reduced class sizes.
- Some parents lack the ability, time, or knowledge to assist their children with their homework. Parent engagement is a requirement for the school districts but varies from district to district; standardization of parent engagement for all school districts may increase student success.
- Increase access to services on school sites, such as healthcare, behavioral health, etc., so that students do not have to miss school to attend appointments.
- Provide supportive programs to monolingual parents to enhance parenting skills and engagement, such as, English as second language learning centers, conferences to help parents how to get involved with children, and support of English Learners Advisory Committee (ELAC) among others.

PRIORITY 2:
Reduce the Percentage of Population Growing up in Poverty

Early Childhood Poverty → Opportunities Inside and Outside the Home → Early Brain Development → Adult Achievement, Behavior and Health

The earliest years in life are the most critical in determining future earnings. Low income can create constant stress in the home environment to which children are exposed. This exposure to constant stress can cause changes in the function of the brain which may contribute to cognitive and behavioral problems that affect achievement in both childhood and adulthood (Duncan G. M.-D., 2014).

For children in families earning less than the equivalent of $25K in 2005, a $3,000 increase in household income during the first five years of a child's life translated into 19 percent higher earnings as an adult, and almost a month's more working hours annually (Duncan G. M.-D., 2014). The effects lasted at least until age 37, and are independent of other factors that are typically associated with low income like education or poor health.

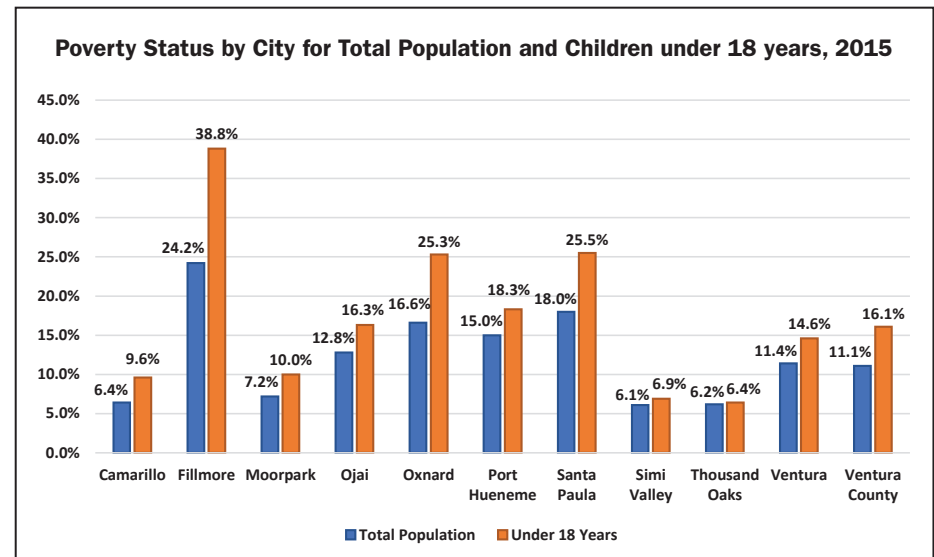**Poverty Status by City for Total Population and Children under 18 years, 2015**

Figure 37 - Source: American Community Survey, 2011-2015.

This does not mean the only path to better health is a higher income or that all children living in poverty will be less successful as adults, but it does mean that policies that provide access to healthcare, quality childcare, superior schools and safe neighborhoods can have a positive impact on achievement, behavior, and health across the lifespan.

In 2017, the federal poverty guideline was $24,600 for a family of four, adding $4,180 for each additional person in the household (U.S. Department of Health and Human Services, 2017). United Way of California estimated that an income of at least $58,518 was required to meet the basic needs (housing, food, transportation, health care, taxes, and child care) for a family of four, with two adults and two children, in Ventura County (United Way of California, 2015); this is more than two times the federal poverty level for a family of four. This $58,518 threshold is referred to as the Real Cost Measure (RCM).

Children living below poverty is one of the health indicators being tracked as part of the VCPH Strategic Plan; the Ventura County 2020 (VC2020) target is to reduce the percent of children living in poverty to 15.2%. Figure 37 shows the percent of the total population and children under 18 years living in poverty per the federal poverty guidelines. Overall, 11.1% of the total population of Ventura County was living in poverty, and 16.1% of children were living in poverty (above the VC2020 target). The level of poverty among children was higher than the general population in each city. The cities of Fillmore, Oxnard, Port Hueneme, and Santa Paula have the highest level of poverty among children and the general population. The United Way estimates

that 25% of households in Ventura County are living below the RCM, but 45% of households with children under 6 years are living below the RCM. A significant portion of Ventura County's children are growing up in poverty during the most critical time for brain development.

Figure 38 shows the poverty status per federal guidelines for all families, married couple families with children, and single-parent females with children. In Ventura County, single-parent females were four times more likely to be living in poverty than married couple families (29.8% versus 6.9%) with children under 18 years. Fillmore, Santa Paula, and Oxnard had the highest percentage of families living in poverty. Fillmore, Ojai, and Santa Paula had the highest percentage of single-parent females living in poverty. The United Way estimates that 20% of married couple households and 60% of single-parent female households are living below the RCM. For more information on families and children living in poverty by zip code, please visit the Health Matters in Ventura County website.

Figure 39 shows the poverty status per federal guidelines for Hispanics and Whites (Non-Hispanic). In Ventura County, 6.3% of Whites (Non-Hispanic) were living in poverty compared to 17.5% of Hispanics. The United Way estimates that this disparity was even greater per the RCM; 47% of Hispanics were living below the RCM as compared to 15% of Whites (Non-Hispanic). In every city within Ventura County, there were a higher percentage of Hispanics living in poverty than Whites (Non-Hispanic). Fillmore, Ojai, Oxnard, and Santa Paula had the highest percentage of Hispanics living in poverty while Port Hueneme, Ojai, and Fillmore have the highest percentage of Whites (Non-Hispanic) living in poverty
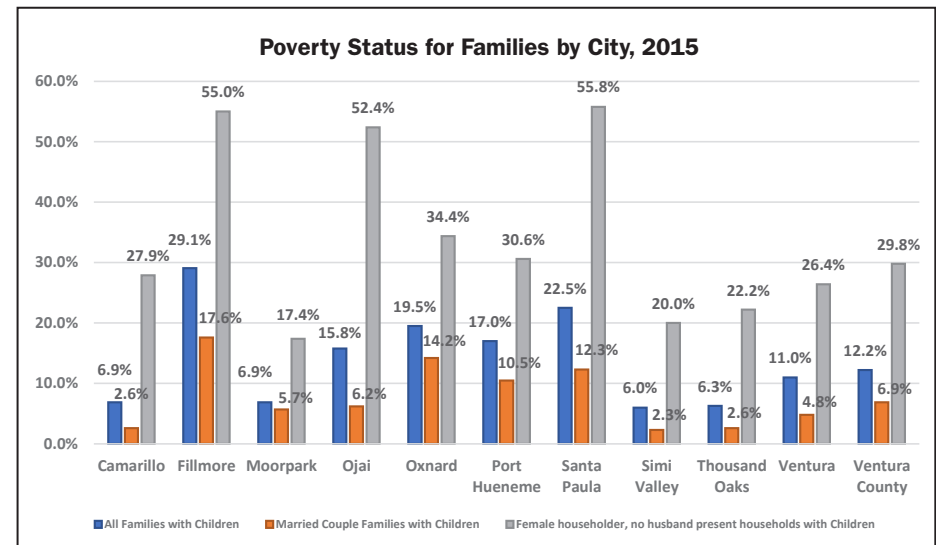

Poverty Status for Families by City, 2015

Figure 38 - Source: American Community Survey, 2011-2015

Figure 40 shows the percent of residents 25+ living in poverty by educational attainment. Those with less than a high school education are almost six times more likely to be living in poverty than individuals with a bachelor's degree in Ventura County. In every city in Ventura
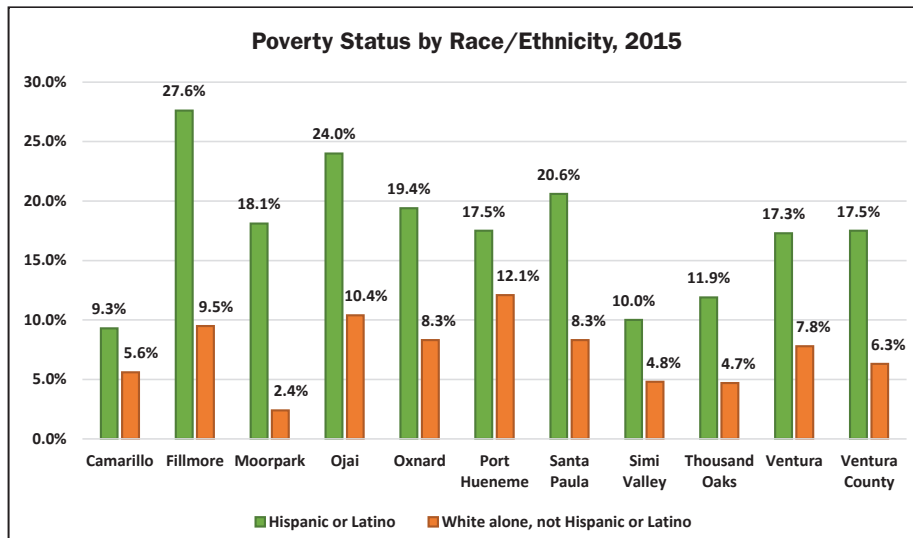

Poverty Status by Race/Ethnicity, 2015

Figure 39 - Source: American Community Survey, 2011-2015.

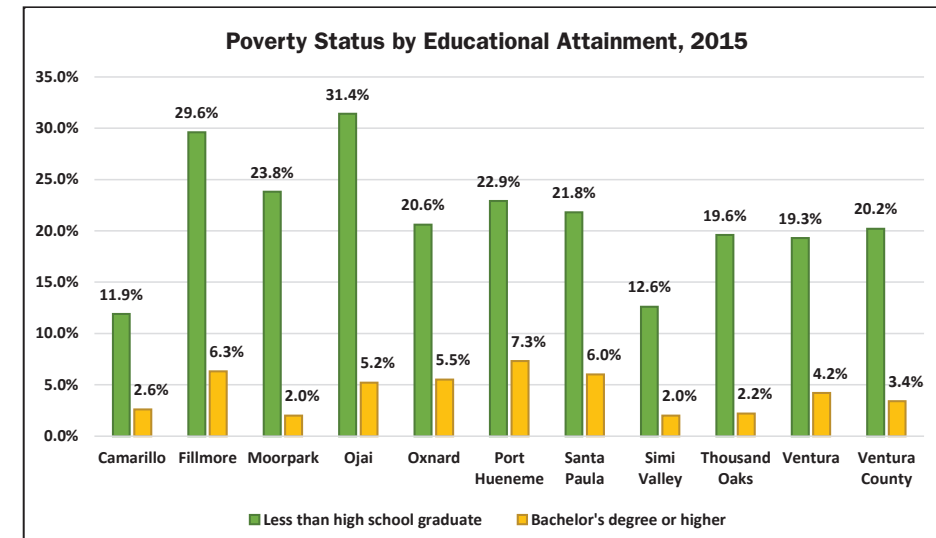**Poverty Status by Educational Attainment, 2015**

Figure 40 - Source: American Community Survey, 2011-2015.

Creating Healthy Communities

County, residents with less than a high school education are more likely to be living in poverty than residents with higher education. Poverty status was highly influenced by education level, and children living in poverty heard an average of 30 million less words by age three than their more affluent peers (University of Chicago, 2017). The vocabulary deficit was one of the big factors affecting the achievement gap; children that grew up in poverty were more likely to have an intellectual processing gap even before they were exposed to early education (University of Chicago, 2017).

Furthermore, early learning allows for the development of proficient reading skills for school aged children; a student who can't read on grade level by 3rd grade is four times less likely to graduate high school by age 19 than a child who does read proficiently by that time. If that child was living in poverty, he or she is 13 times less likely to graduate on time than his or her proficient, wealthier peer (Hernandez, 2011). Per the California Assessment of Student Performance and Progress, in 2015, only 36% of 3rd graders had reading skills at or above proficiency in Ventura County. This is one of the indicators being tracked by Let's Get Healthy California; the target is to reach 60% proficiency by 2022. In Ventura County, 3rd grade reading proficiency ranges from 15.0% of students in Hueneme, Ocean View, and Oxnard school districts to 76.0% in Oak Park Unified.

Recommendations for Priority 2 from key informants:

- Provide for low cost (even free), high quality childcare and educational opportunities for the 0-3 population at the parent's worksite. This will allow the child to be exposed to learning during the most critical years of development and enable the parent to provide for their family by going back to work.
- Implement county-wide family planning initiatives like One Key Question to ensure that more pregnancies are wanted, planned, and healthy as possible. This would allow all families, but especially low-income families, to be more financially prepared to bring a child into the world.
- Encourage families to read, sing, and talk to children from birth to facilitate the early development of communications skills tied to educational attainment.
- Increase access to libraries and library services with mobile libraries.

PRIORITY 3:
Increase Affordable Housing in Clean, Safe Communities

As shown by the results of the CHA survey, Ventura County residents believe that a clean environment, low crime/safe neighborhoods, and affordable housing are necessary to build healthy communities. Community members cannot thrive or enjoy good health unless they have safe, stable living conditions. Violence and fear of violence increase the risk of poor health outcomes and undermine community supports and conditions that would otherwise promote health and well-being (California Endowment, 2015).

Violent Crime and Neighborhood Safety

There were 84 deaths from homicides in Ventura County from 2012-2014; there was an average of 56.7 years of life lost per death from homicides. Violence impacts the health of individuals, families, and communities; safe communities that provide opportunities to be active and eat well support people in making healthy choices. Per the California Health Interview Survey in 2015, 91.0% of adult residents felt safe in their neighborhood all or most of the time in Ventura County. The Let's Get Healthy California target is for 98.0% of adult residents to feel safe in their neighborhood. White (Non-Hispanic) residents were more likely to feel safe than Hispanic residents (94.4% versus 85.1%). Younger adults were less likely to feel safe in their neighborhood as compared to older adults; 81.2% of 18-29-year-old adults reporting feeling safe compared to 95.7% of adults 50-59 years. Figure 41 shows the violent crime rate per 1,000 population in Ventura County. Violent crimes included homicide, forcible rape, robbery, and aggravated assault. Overall, the rate for Ventura County was 2.57, in 2015. Overall, Fillmore had the highest violent crime rate, but the cities of Oxnard, Port Hueneme, Santa Paula, and Ventura all had a rate higher than the county average. These cities also have a higher percentage of Hispanics and younger adults who are less likely to feel that their neighborhood is safe.
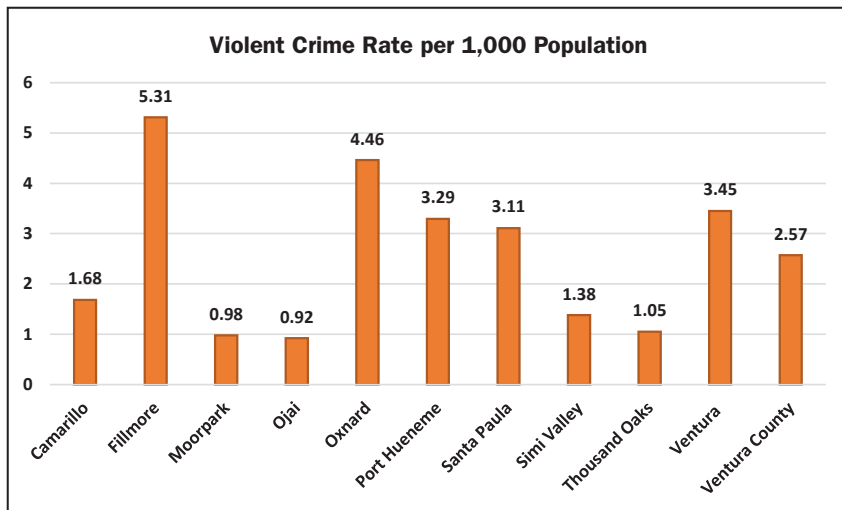
Figure 41 (above) – Source: Uniform Crime Report, Ventura County Sheriff's Crime Analysis Unit, 2015.
Figure 42 (right) – Source: American Community Survey, 2011-2015.

Safe neighborhoods and workplaces make communities healthier because residents are more likely to walk and bike to work and school to improve their fitness and overall health; part of building healthier communities is creating the infrastructure to support these positive habits (Peck, 2013). Let's Get Healthy California (LGHC2022) has the target of increasing the percentage of residents that walk to work to 5.6% by 2022; this indicator also ranked within the top 15 health indicators identified by the data scoring tool, which indicates that this is a priority concern in Ventura County. Per the American Community Survey (2011-2015), only 1.9% of residents walked to work. The only zip codes in Ventura County that were meeting the LGHC2022 target were in Port Hueneme, where residents may walk to work because they live in naval base housing or near the naval base. For more information on means of transportation to work by zip code, visit the Health Matters in Ventura County website.

Housing Status

Homeownership is associated with several social and economic issues, such as economic stability and quality of life. If an individual owns a home, they are more likely to enjoy a better quality of life simply because they can afford homeownership. The age distribution of a population has a significant relationship to the proportion of rented housing and homeownership. A higher proportion of homeownership is positively correlated with a safe and healthy living environment. This may be because homeowners are more concerned about the quality of the living environment and real estate value of their property. They tend to take better care of their property and take greater pride in having a safer and healthier environment.
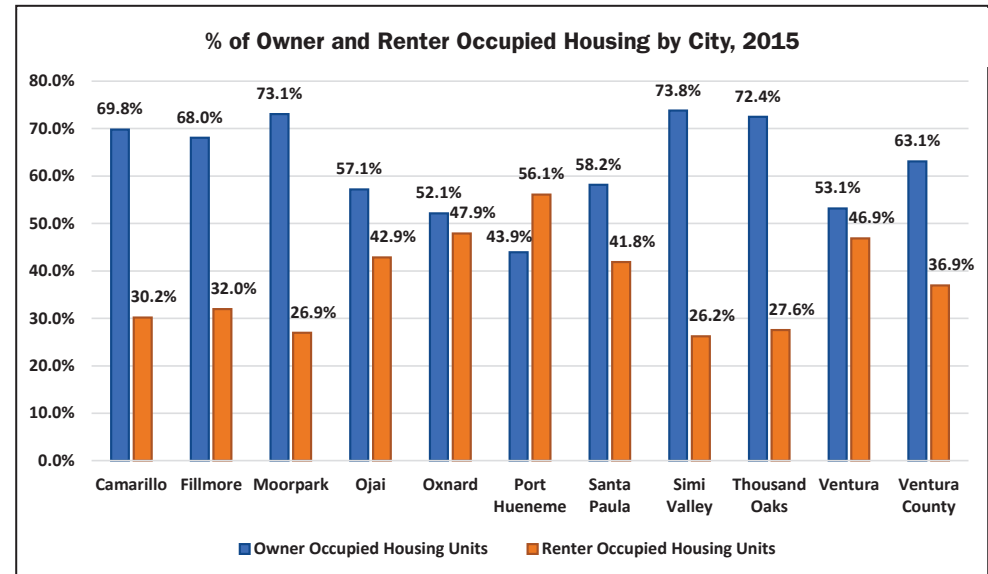
Figure 42 shows that the proportion of residents that own their own home varies by city in Ventura County. Overall, 63.1% of housing units are owner-occupied in Ventura County, but home ownership is more common in Moorpark, Simi Valley, and Thousand Oaks. There is more renter occupied housing in Oxnard, Port Hueneme, and Santa Paula. Per Nielsen Claritas estimates from 2017, the median owner-occupied housing value was $546,035; this ranged from $296,424 in Oxnard (93033) to $909,229 in Thousand Oaks/Westlake Village (91361). The median home value and the home ownership rate are higher in the more affluent areas of the county.

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as healthy food, transportation and medical bills. Moreover, high rent reduces the proportion of income a household can allocate to savings each month for those unexpected emergencies. Figure 43 shows that 56.4% of residents that rent spend 30% or more of their household income on housing. This ranges from 52.7% in Thousand Oaks to 72.2% in Fillmore. Fillmore, Ojai, Oxnard, and Santa Paula all had the highest percentage of residents spending 30% or more of their income on rent. This indicator also ranked within the top 15 health indicators identified by the data scoring tool, which indicates that this is a priority concern in Ventura County. For low-income renters, lack of affordable housing may make it more likely for them to become homeless if they cannot make ends meet. There were 1,271 adults and children who were homeless during the point-

% of Renters Spending 30% or Higher of Income on Rent by City, 2015

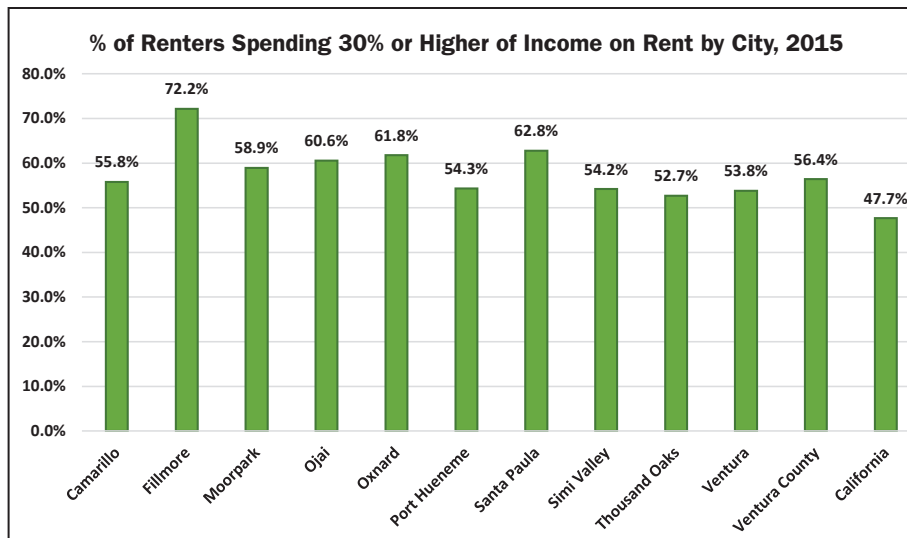| City	%
Camarillo	55.8%
Fillmore	72.2%
Moorpark	58.9%
Ojai	60.6%
Oxnard	61.8%
Port Hueneme	54.3%
Santa Paula	62.8%
Simi Valley	54.2%
Thousand Oaks	52.7%
Ventura	53.8%
Ventura County	56.4%
California	47.7%

Figure 43 - Source: American Community Survey, 2011-2015.

in-time count per the Ventura County 2016 Homeless Count and Subpopulation Survey. The cities of Oxnard and Ventura account for more than two-thirds (69.5%) of the homeless population (584 persons representing 45.9% and 300 persons representing 23.6%, respectively).

Recommendations for Priority 3 from key informants:

- Lack of affordable housing leaves community members living in conditions which are detrimental to their health. There is a need for creative housing solutions to provide safe, decent, affordable housing for working families, singles, and the most vulnerable populations that have mental and physical disabilities. Development of this type of housing may require land use policy changes that allow for the construction of "tiny homes" or those less than 150 square feet.

- Include the development of a year-round shelter that includes social services to help those in need.

- Most people do not live and work in the same community. Building a walkable community must not only include the infrastructure improvements, but the densification of employment that can support market rate housing nearby.

- Implement complete streets policies that include a transportation network for all modes of travel. The Ventura County Transportation Commission is working on a bicycle wayfinding project that will identify gaps in travel routes from city to city. Regional funding to address these gaps should become a priority
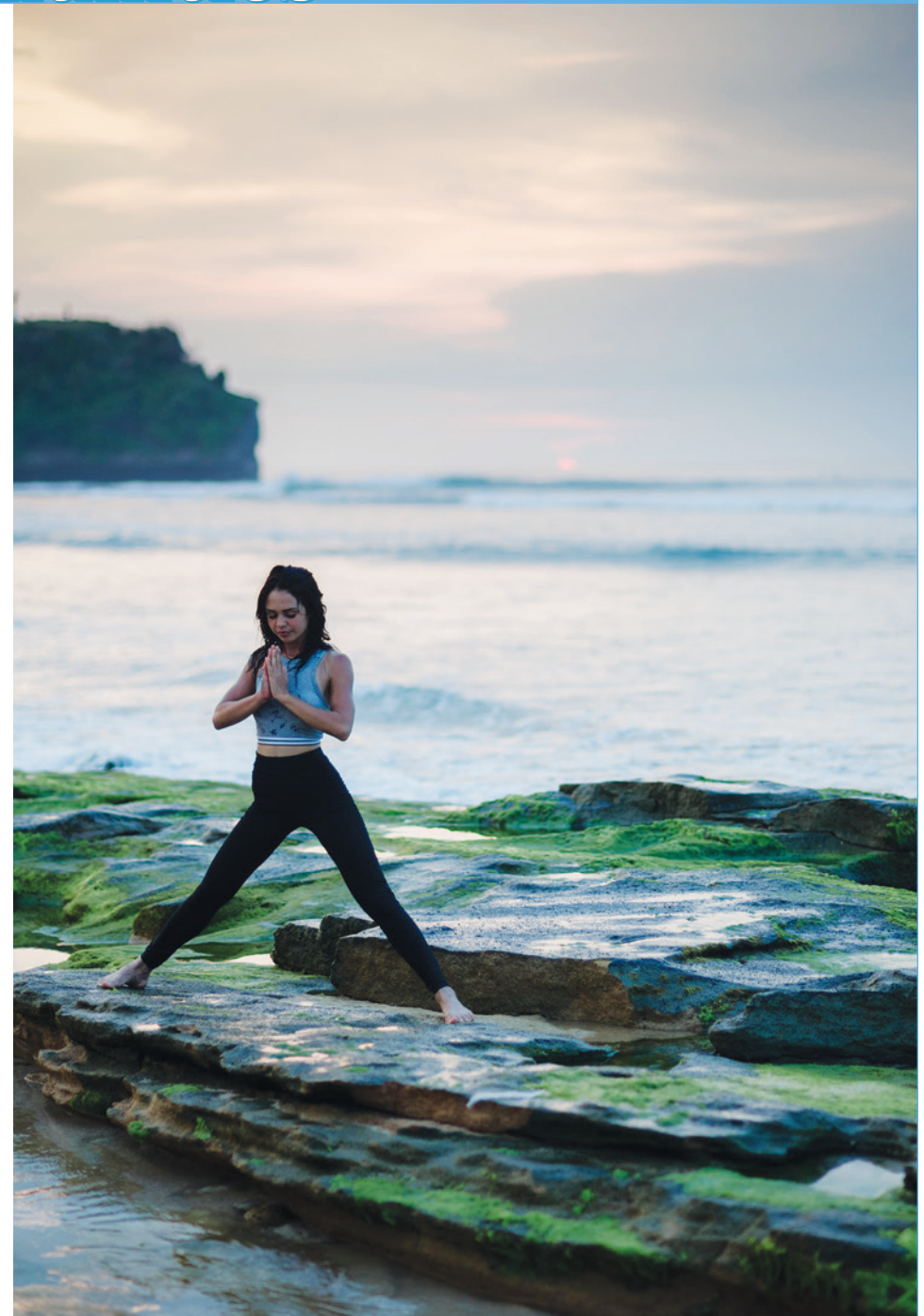
Healthy Beginnings: Laying the Foundation for a Healthy Life

Healthy beginnings are not just about childhood. The health of women before and during pregnancy contribute to a healthy beginning for children. Access to health care, economic stability, and social support are factors that influence the health of women and children.

Many adult conditions have their origins in early childhood and adolescence. Creating a healthy environment, where children can flourish early on, is likely to be more effective and cost less than addressing issues as they arise in adulthood. VCPH believes that all children, regardless of gender, race/ethnicity, socioeconomic status, or where they are born, deserve the chance for a healthy life.

The life course theory (LCT) suggests that a complex interplay of biological, behavioral, psychological and social factors contribute to health outcomes across the span of a person's life. One of the most important concepts of the LCT is that of early programming, which means that prenatal exposures often lead to changes in gene expression for the baby. The concept of early programming may help to explain some disparities that exist between ethnicities in terms of birth outcomes and health outcomes later in life (Lu, 2009). For example, mothers who are overweight or have diabetes are more likely to have children that are overweight or develop diabetes (Lau C, 2011).

The LCT also suggests that there are critical periods (i.e. during fetal development, childhood) where a person may be more sensitive to an adverse event (U.S. Department of Health and Human Services, 2010). While isolated instances of stress may have minimal impact on one's health, chronic stress can lead to adverse birth outcomes such as miscarriages, birth defects, preeclampsia, low birth weight, and preterm birth.

When a mother is stressed during pregnancy, her baby is exposed to high levels of the stress hormone called cortisol, which can cause changes in the structure and function of the fetal brain. If a mother is under constant stress, this turns on the baby's "stress genes" (hyperactive HPA – hypothalamic-pituitary adrenal) which can lead to a constant abnormal stress response. This early childhood stress response could lead to chronic inflammation, hypertension, heart, disease, depression, obesity, and other problems through an individual's life (Lu, 2009).

However, one's health pathway was changeable based on exposure to risk and protective factors (U.S. Department of Health and Human Services, 2010). Protective factors (nurturing family, safe neighborhoods, positive relationships, access to healthcare, etc.) may contribute to healthy development. Risk factors (food insecurity, poverty, homelessness, domestic violence, etc.) may diminish health status and act as a barrier for a child to reach his or her full developmental potential.

PRIORITY 4:
Improve Maternal Health Prior to Pregnancy

Healthy mothers are more likely to have healthy babies that grow up to be healthy adults that have healthy children, and so on. Per the Centers for Disease Control and Prevention, nearly half of all pregnancies are unplanned. This means that the mother may not be in optimal health for childbearing which can lead to adverse health outcomes for both the mother and the baby. For example, in Ventura County in 2016, 29.8% of mothers screened during their first prenatal care appointment indicated that they had used alcohol, cigarettes, or other drugs in the month before they knew they were pregnant. If these pregnancies had been planned, these babies may not have been exposed to harmful substances in utero. Access to services to help women prepare and plan for pregnancy is an important first step to improving health outcomes for mothers and their babies.

Infant Mortality

Infant mortality (deaths that occur within the first 12 months of life) is linked to women's health status with healthier moms having healthier babies. VCPH conducted a perinatal periods of risk analysis using information regarding fetal and infant deaths that occurred between 2007-2011 and found that maternal health prior to pregnancy was a contributing factor in almost 60.0% of the preventable fetal and infant deaths that occurred during that time. Infant mortality is one of the indicators being tracked by Let's Get Healthy California (LGHC2022) and the VCPH Strategic Plan (VC2020). It was also identified as a priority health indicator by the Healthy Communities Data Scoring Tool as discussed previously. The California Department of Public Health only has infant mortality data available through 2013 for comparison to Ventura County. In 2013, the infant mortality rate for Ventura County was 6.1 deaths per 1,000 live births; this was above the LGHC target of 4.0,

above the VC2020 target of 4.3, and above the Healthy People 2020 target of 6.0 deaths per 1,000 live births.

However, more recent analysis of infant mortality by geographic area shows that the rate is improving in Ventura County with time. Figure 44 shows the infant mortality rate by geographic area for 2013 to 2015. During this time, there were 159 infant deaths for an overall rate of 5.1 infant deaths per 1,000 live births. The cities of Oxnard, Port Hueneme, Simi Valley, Thousand Oaks, Ventura, and Thousand Oaks/Westlake Village all had an infant mortality rate above the Ventura County overall rate. Thousand Oaks/Westlake Village had the highest infant mortality rate from 2013-2015. One factor that may be contributing to the higher rate was the age of the mothers at birth. 36.1% of mothers from Thousand Oaks/Westlake Village were 35+ years when they gave birth as opposed to 20.2% of mothers in Ventura County; advanced maternal age is a risk factor for infant mortality.
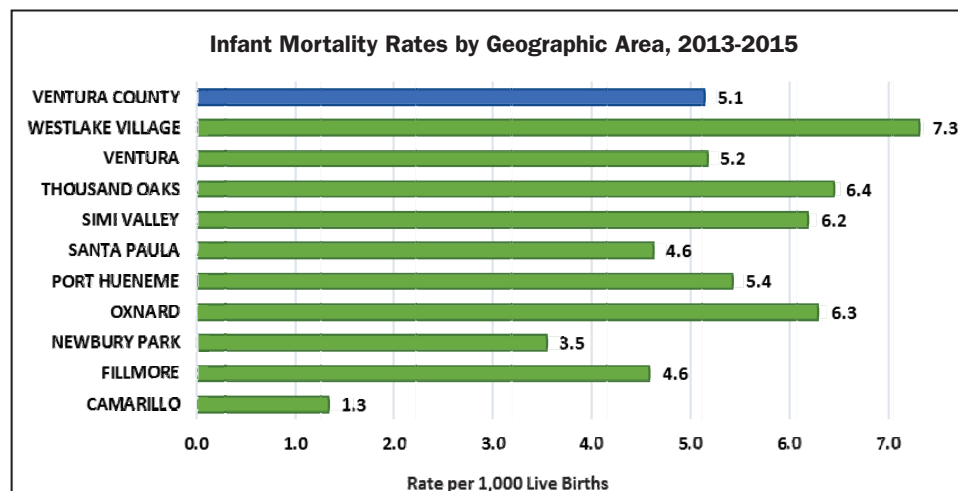

Figure 44 - Source: Vital Records Business Intelligence System and Automated Vital Statistics System, 2013-2015. Geographic areas with less than five infant deaths were not included within the analysis.

Birth Outcomes for Ventura County, 2016

Geo Area	City	Live Births	Early Prenatal Care	Preterm Births	Low Birth Weight
Ventura County	Ventura County	9,572	84.8%	8.1%	5.5%
Zip Code: 91320	Thousand Oaks/Newbury Park	371	93.8%	8.2%	5.9%
Zip Code: 91360	Thousand Oaks	388	92.8%	8.4%	6.7%
Zip Code: 91361	Thousand Oaks/Westlake Village	88	93.1%	6.0%	4.5%
Zip Code: 91362	Thousand Oaks/Westlake Village	270	90.6%	8.4%	5.9%
Zip Code: 91377	Oak Park	115	98.2%	4.5%	1.7%
Zip Code: 93001	Ventura	366	84.4%	7.0%	4.9%
Zip Code: 93003	Ventura	534	90.1%	8.8%	5.2%
Zip Code: 93004	Ventura	277	87.0%	10.4%	6.9%
Zip Code: 93010	Camarillo	457	89.9%	8.3%	4.2%
Zip Code: 93012	Camarillo	287	96.9%	10.4%	6.6%
Zip Code: 93015	Fillmore	275	82.2%	3.8%	1.8%
Zip Code: 93021	Moorpark	453	92.7%	10.2%	6.8%
Zip Code: 93022	Oak View/Ojai Valley	57	78.9%	5.6%	0.0%
Zip Code: 93023	Ojai	147	85.7%	8.1%	2.0%
Zip Code: 93030	Oxnard	900	74.9%	7.3%	4.7%
Zip Code: 93033	Oxnard	1,421	73.9%	9.1%	6.1%
Zip Code: 93035	Oxnard	290	85.2%	11.1%	6.9%
Zip Code: 93036	Oxnard	715	79.0%	7.8%	6.2%
Zip Code: 93040	Piru	32	79.3%	18.5%	9.4%
Zip Code: 93041	Port Hueneme	411	83.5%	9.0%	7.1%
Zip Code: 93060	Santa Paula	442	83.5%	7.3%	4.5%
Zip Code: 93063	Simi Valley, Santa Susana	481	88.9%	7.4%	6.4%
Zip Code: 93065	Simi Valley, Santa Susana	741	92.8%	6.2%	5.5%
Zip Code: 93066	Somis	32	87.5%	10.3%	6.3%

Figure 45 - Source: Automated Vital Statistics System, 2016

Prenatal Care, Preterm Births, and Low Birth Weight

Early entrance into prenatal care is one of the most important ways that a mother can help to ensure a successful pregnancy outcome such as a full-term baby born at a normal weight. Mothers that do not get prenatal care within the first trimester are three times more likely to give birth to a low birth weight baby (Office of Women's Health, U.S. Department of Health and Human Services, 2012). Preterm and low birth weight babies are more likely to have health problems that require specialized medical care. Early prenatal care, administration of prenatal vitamins, healthy eating, physical activity, and abstaining from harmful substance use (i.e. alcohol, tobacco, and other drugs) can help to prevent prematurity and low birth weight, which is why it is so important for mothers to become healthy prior to planning to have a baby.

Figure 45 shows the number of live births, percent of mothers that received prenatal care within the first trimester, preterm births (before 37 weeks' gestation), and babies that were born with low birth weight (less than 2500 grams) by zip code. Both mothers who receive early prenatal care and preterm births were being tracked as part of the VCPH Strategic Plan (VC2020). Overall, 84.8% of Ventura County mothers received prenatal care within the first trimester, but this ranges from 74.9% of mothers in Oxnard (93033) to 93.8% of mothers in Thousand Oaks/Newbury Park (91320). Ventura County is meeting the Healthy People 2020 target of 77.9% for early prenatal care, but is falling short of the VC2020 target of 87.5%. In 2016, 8.1% of babies were born preterm in Ventura County, but this ranges from 4.5% in Oak Park (91377) to 18.5% in Piru (93040). Ventura County is meeting the Healthy People 2020 target of 11.4% for preterm births,

but is falling short of the VC2020 target of 7.6%. Of those babies born to Ventura County mothers, only 5.5% were born at a low birth weight in 2016 which is meeting the Healthy People 2020 target of 7.8%. However, the low birth weight rate ranges from 0.0% in Oak View/Ojai Valley (93022) to 9.4% in Piru (93040).

Recommendations for Priority 4 from key informants:
- Increase access to preconception and interconception care for women of child-bearing age. Implement county-wide family planning initiatives like One Key Question to ensure that more pregnancies are wanted, planned, and healthy as possible.
- Collaborate on a large-scale public information campaign to promote the preconception and interconception health resources available on Healthy Pregnancy Ventura County.
- Provide family planning clinics onsite at high school locations throughout the county; these could be fixed locations or a mobile clinic that would provide preconception health education and access to birth control.

PRIORITY 5:
Improve Childhood Physical and Mental Wellness

Physical health and mental health are closely related. Supporting positive physical and mental health for young people is one critical element to help prepare them for healthy lives. Increasing physical activity, reducing childhood obesity, improving emotional and mental well-being, and managing childhood asthma are all key initiatives of Let's Get Healthy California. As shown in the community input survey conducted in 2016, residents of Ventura County believe that healthy behaviors and lifestyles help to contribute to a healthy community. Additionally, they believe that mental health is a priority health problem that needs to be addressed and poor eating habits and being overweight/obese put the community at high risk for poor health outcomes.

Childhood Fitness and Healthy Diets

Maintaining a healthy weight is important for children and adolescents. Obese children and adolescents are more likely to become obese as adults. Obese and overweight children and adolescents are at risk for multiple health problems during their youth and as adults; they are more likely to have risk factors associated with cardiovascular diseases, such as high blood pressure, high cholesterol, and Type 2 diabetes. Staying at a healthy weight helps prevent and control multiple chronic diseases and improves quality of life (Centers for Disease Control and Prevention, 2017).

Childhood nutrition, including breastfeeding

Breastfeeding is the best way to provide infants with early nutrition, and there are many benefits to both the mother and the infant such as improved health outcomes and posi-

tive bonding and attachment. The American Academy of Pediatrics and the World Health Organization recommend that a mother exclusively breastfeed for at least six months. While 73.6% of mothers in Ventura County initiate breastfeeding in the hospital, only 35.5% report exclusive breastfeeding at the end of three months (California Department of Public Health, 2013-2014); women who reported giving birth in hospitals that supported breastfeeding were more likely to exclusively breastfeed at three months postpartum. The Bright Beginnings Program at VCPH provides public health nursing home visitation to promote successful breastfeeding after delivery for mothers delivering at Santa Paula Hospital and Ventura County Medical Center; mothers who complete this program have an exclusive breastfeeding rate of almost 50.0%.

Figure 46 shows exclusive breastfeeding rates 24-48 hours post-delivery for Ventura County residents by race/ethnicity for Hispanics versus Whites (Non-Hispanics). Overall, 81.5% of White (Non-Hispanic) mothers compared to 69.8% of Hispanic mothers were exclusively breastfeeding post-delivery. In every facility in Ventura County except Santa Paula Hospital, Whites (Non-Hispanics) are more likely to exclusively breastfeed than Hispanics. The disparity in rates is less prevalent at Santa Paula Hospital and Ventura County Medical Center. Santa Paula Hospital, Simi Valley Hospital, and Ventura County Medical Center all have Baby-Friendly designation which means their facilities provide specialized education and counseling to new mothers on breastfeeding; Simi Valley just received their designation in 2016 while the other facilities have been Baby-Friendly since 2003.
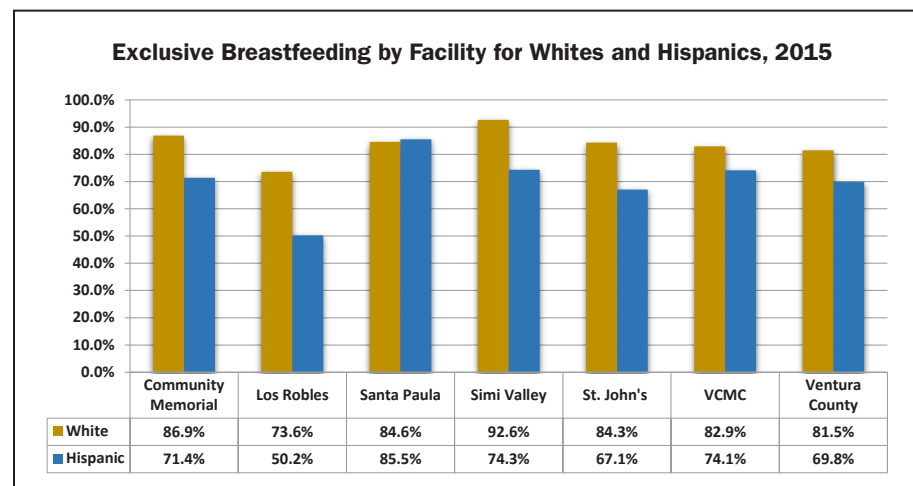
Exclusive Breastfeeding by Facility for Whites and Hispanics, 2015

	Community Memorial	Los Robles	Santa Paula	Simi Valley	St. John's	VCMC	Ventura County
White	86.9%	73.6%	84.6%	92.6%	84.3%	82.9%	81.5%
Hispanic	71.4%	50.2%	85.5%	74.3%	67.1%	74.1%	69.8%

Figure 46 - Source: In Hospital Breastfeeding Initiation, California Department of Public Health, 2015.

Healthy Beginnings: Laying the Foundation for a Healthy Life

% of Students Eligible for Free and Reduced Lunch Program, Ventura County, 2015-2016

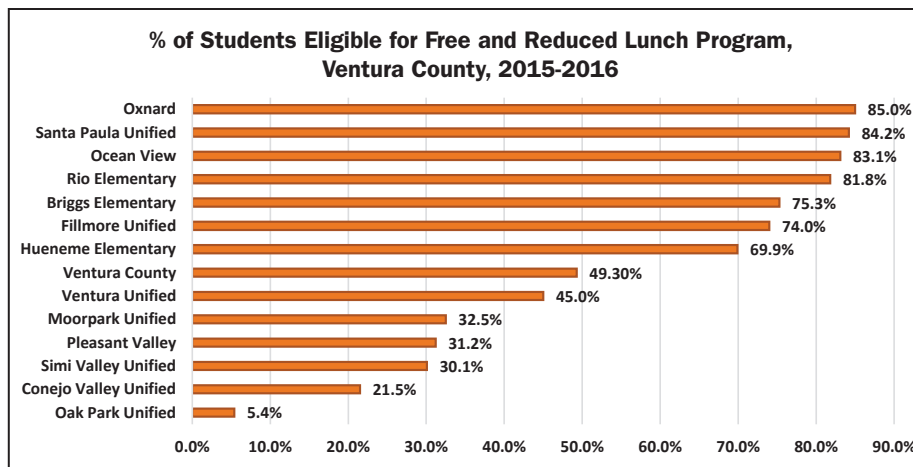| District	%
Oxnard	85.0%
Santa Paula Unified	84.2%
Ocean View	83.1%
Rio Elementary	81.8%
Briggs Elementary	75.3%
Fillmore Unified	74.0%
Hueneme Elementary	69.9%
Ventura County	49.30%
Ventura Unified	45.0%
Moorpark Unified	32.5%
Pleasant Valley	31.2%
Simi Valley Unified	30.1%
Conejo Valley Unified	21.5%
Oak Park Unified	5.4%

Figure 47 - Source: California Department of Education, 2015-16

Childhood nutrition is critical to the overall health of a child. Eating breakfast can improve children's academic performance and psychological well-being (California Food Policy Advocates, 2013). Eating a healthy breakfast is also important to an overall healthy diet. In Ventura County, only 64.9% of students consumed breakfast in the past day per the California Healthy Kids Survey (2011-13). This ranged from 58.1% of students in the Santa Paula Elementary school district to 77.5% of students in Oak Park Unified. As shown in figure 47, those districts with a lower percentage of children eating breakfast also had a higher percentage of children eligible for the free and reduced lunch program, which is often utilized as a proxy for poverty status because eligibility is determined by poverty guidelines (up to 185% of poverty level) (Snyder, 2015). Oxnard had the highest percentage of children eligible for the free and reduced lunch program at 85.0% while Oak Park Unified only had 5.4% of children eligible for the program. This program helps students meet their basic nutritional requirements when their families may not be able to consistently provide a balanced and varied diet because of socioeconomic factors. Single-parent females often struggle the most to provide their children with an adequate diet; figure 48 shows the percent of income required of a single-parent female to purchase low-cost nutritious food to feed their family at home. In Oxnard, Port Hueneme, and Santa Paula, single-parent females must spend over 30% of their income to be able to feed their children a healthy diet.

Childhood Weight Status

Let's Get Healthy California measures childhood fitness by the percentage of children who score 6 out of 6 on the required California school FITNESSGRAM® test. This six-part test is used to evaluate levels of fitness that offer protection from disease related to inactivity. The

healthy habits established as children influence the adoption of healthy habits into adulthood. From 2014-2015, only 24.2% of 5th graders in Ventura County met all six fitness requirements. This improved to 31.2% for 7th graders and 42.4% for 9th graders in Ventura County.

Figure 49 shows the percent of 5th graders by school district that were at a healthy weight or underweight. This allows VCPH to monitor trends in overweight and obesity in the school-aged population. Overall, from 2015-2016, 60.0% of 5th graders in Ventura County were at a healthy weight or underweight. Oak Park Unified (84.2%) had the highest percentage of
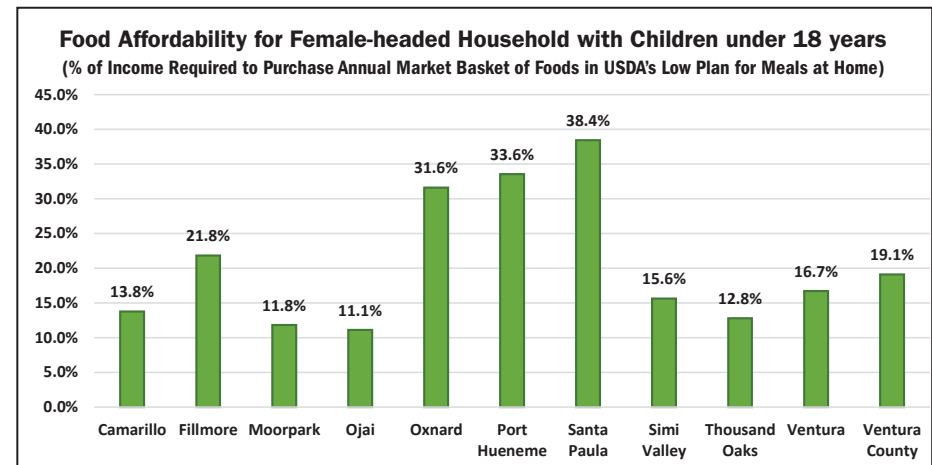

Food Affordability for Female-headed Household with Children under 18 years (% of Income Required to Purchase Annual Market Basket of Foods in USDA's Low Plan for Meals at Home)

	%
Camarillo	13.8%
Fillmore	21.8%
Moorpark	11.8%
Ojai	11.1%
Oxnard	31.6%
Port Hueneme	33.6%
Santa Paula	38.4%
Simi Valley	15.6%
Thousand Oaks	12.8%
Ventura	16.7%
Ventura County	19.1%

Figure 48 - Source: California Data Indicators Project, 2006-2010

% of 5th Grade Students at a Healthy Weight or Underweight, Ventura County 2015-2016

District	%
Oak Park Unified	84.2%
Conejo Valley Unified	69.5%
Pleasant Valley	68.9%
Ventura Unified	68.0%
Moorpark Unified	65.8%
Simi Valley Unified	61.8%
Ventura County	60.0%
Fillmore Unified	53.3%
Rio Elementary	52.8%
Ocean View	50.2%
Santa Paula Unified	49.8%
Briggs Elementary	49.3%
Oxnard	48.4%
Hueneme Elementary	47.2%

Figure 49 - Source: California Department of Education, FITNESSGRAM® Body Composition Results, 2015-16.

5th graders at a healthy weight or underweight; Hueneme Elementary had the lowest percentage of 5th graders at a healthy weight or underweight.

Figure 50 shows the percent of Ventura County mothers who were overweight or obese (Body Mass Index [BMI] above 25) prior to pregnancy in 2015 based on city of residence. Overall, 51.5% of mothers in Ventura County had a body mass index above 25. This percentage varied from 25.4% of mothers in Westlake Village to 61.4% of mothers in Santa Paula. The cities with the higher rates of overweight and obese mothers also have the higher percentage of students that are at an unhealthy weight. In Oak Park Unified school district, only 15.8% of 5th graders are at

Pre-Pregnancy Overweight and Obesity (2015) and 5th Grade Overweight and Obesity (2015-16)

	Port Hueneme	Santa Paula	Fillmore	Thousand Oaks	Oak Park
Mothers	59.5%	61.4%	61.0%	38.4%	30.7%
5th Graders	52.8%	50.2%	46.7%	30.5%	15.8%
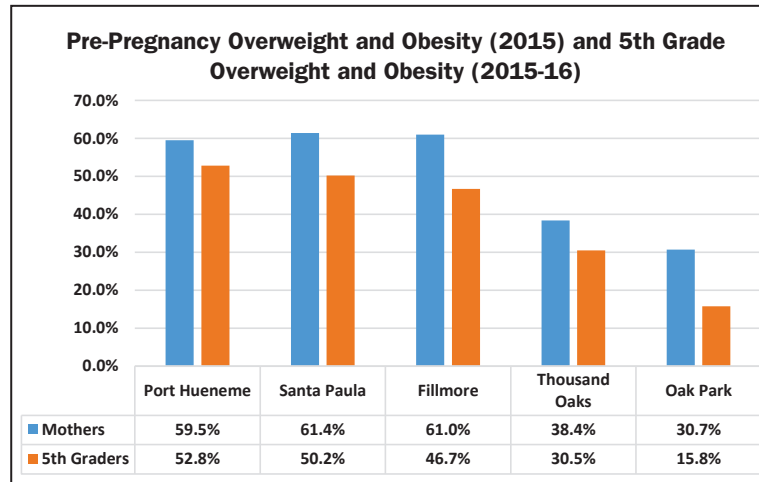
Figure 50 - Source: California Department of Education, FITNESSGRAM® Body Composition Results, 2016. Automated Vital Statistics System, 2015.

an unhealthy weight compared to only 52.8% of 5th graders in Hueneme Elementary. Although rates of overweight and obesity vary by geographic area because of factors in the built environment, figure 50 shows the importance of maternal health prior to pregnancy as discussed previously. To have an impact on childhood obesity, the focus must include risk factors for women prior to and during pregnancy, as well as on risk factors for children after they are born.

Childhood Oral Health

Per the American Academy of Pediatrics (AAP), early childhood caries is the number one chronic disease affecting young children, five times more common than asthma and seven times more common than hay fever. Unfortunately, children suffering from tooth pain often miss school or are distracted from 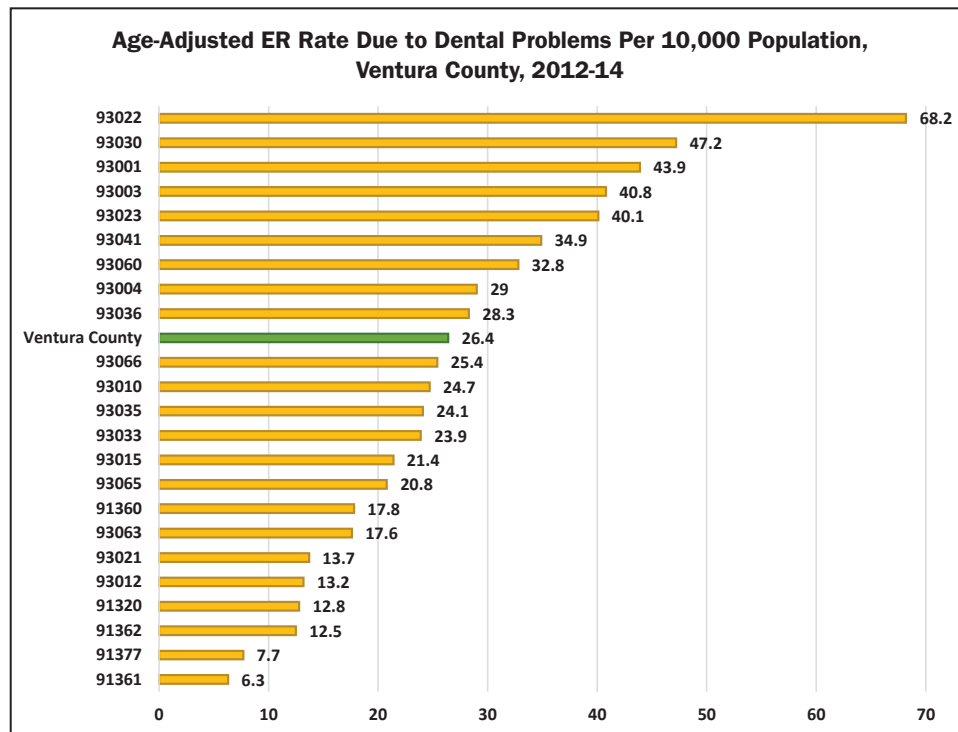learning. The AAP recommends the first dental visit take place by the age of 1. The California Health Interview Survey estimates that only 73.4% of children have visited the dentist in the past year. Figure 51 shows the age-adjusted emergency room visit rate per 10,000 population for dental problems in Ventura County by zip code (includes both children and adults). It is assumed that most of these visits would be unnecessary if the patient had access to regular preventive care from a dentist. Overall, in Ventura County from 2012-14, there were 26.4 visits to the emergency room for dental problems per 10,000 population. This ranged from 6.3 visits per 10,000 population in Thousand Oaks/Westlake (91361) to 68.2 visits per 10,000 population in Oak View (93022).

Age-Adjusted ER Rate Due to Dental Problems Per 10,000 Population, Ventura County, 2012-14

Zip Code	Rate
93022	68.2
93030	47.2
93001	43.9
93003	40.8
93023	40.1
93041	34.9
93060	32.8
93004	29
93036	28.3
Ventura County	26.4
93066	25.4
93010	24.7
93035	24.1
93033	23.9
93015	21.4
93065	20.8
91360	17.8
93063	17.6
93021	13.7
93012	13.2
91320	12.8
91362	12.5
91377	7.7
91361	6.3

Figure 51 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also, available at www.healthmattersinvc.org

Childhood Asthma

Asthma is one of the most common chronic childhood illnesses, and it can significantly impact quality of life. In the United States alone, over 6.1 million children under the age of 18 have been diagnosed with asthma, and the number continues to rise (Centers for Disease Control and Prevention, 2017). The increase in diagnoses may be due to an increase in the amount of time spent indoors and therefore greater exposure to dust mites and allergens; higher levels of air pollution; and limited access to quality healthcare. Asthma results in missed days of school, limitations on daily activities, emergency department visits for treatment of asthma symptoms, and hospitalizations. In addition, asthma has been linked to childhood obesity and depressive symptoms.

Per the California Health Interview Survey (2013-14), 8.3% of children and teens have been diagnosed with asthma in Ventura County. Figure 52 shows the age-adjusted emer-

gency room visit rate per 10,000 population for pediatric asthma in Ventura County by zip code. Unfortunately, asthma is more common among low-income children who may have less access to care (Centers for Disease Control and Prevention, 2017). Overall, in Ventura County from 2012-2014, there were 52.8 visits per 10,000 population due to pediatric asthma complications. This ranged from 11.6 visits per 10,000 population in Thousand Oaks/Westlake (91361) to 102.3 visits per 10,000 population in Oxnard (93030). Children 5-9 years old were most likely to visit the emergency room for asthma complications as opposed to other age groups. Hispanic (59.2 per 10,000) children were more likely than White (Non-Hispanic) (44.9 per 10,000) children to visit the emergency rooms for asthma related complications.

Childhood Substance Use

Health behavior patterns formed in adolescence play a crucial role in health throughout the lifespan. People who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and premature death. Three out of four teenage smokers end up smoking as adults, even if they intend to quit after a few years (Chapman, 2012). Like tobacco use, adolescents that begin drinking before the age of 15 are four times more likely to become dependent on alcohol later in life (National Institute on Alcohol Abuse and Alcoholism, 2016). Early marijuana use has also been correlated with an 8-point reduction in IQ for adults even after refraining from use (Meier MH, 2012). As discussed previously, drug-induced deaths accounted for an average of 46.5 years of life lost per death and was the 4th leading cause of premature death from 2012-14 in Ventura County. Of the 358 drug-induced deaths that occurred from 2012-14, 29 were in residents less than 25 years of age.

Per the California Healthy Kids Survey from 2015-16, 7th graders believed that it was easiest for them to obtain access to alcohol, then cigarettes, and most difficult to obtain access to marijuana. However, 73% of 7th graders felt that it would be "fairly" or "very" difficult to access alcohol. Unfortunately, for 11th graders, only 30% felt that it would be "fairly" or "very" difficult to access alcohol, 31% for marijuana, and 41% for cigarettes. Figure 53 shows that, in 2016, 2% of 7th grade, 3% of 9th grade, and 6% of 11th grade students in Ventura County had smoked cigarettes in the past 30 days. The Let's Get Healthy California target is to reduce the proportion of adolescents who smoked cigarettes to 10.5% for 2022; Ventura County is already meeting this target for all grade levels. However, past 30-day e-cigarette use was higher for all grade levels: 4% of 7th grade, 9% of 9th grade, and 14% of 11th grade students. Overall, there is a decreasing trend for both cigarette and e-cigarette use for Ventura County students.
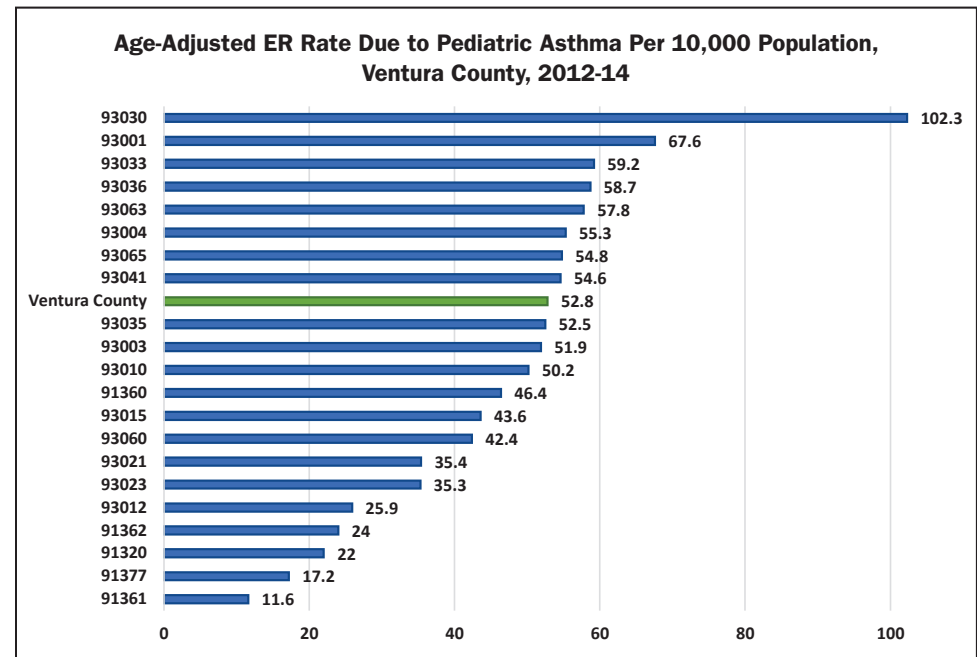

Age-Adjusted ER Rate Due to Pediatric Asthma Per 10,000 Population, Ventura County, 2012-14

Zip Code	Rate
93030	102.3
93001	67.6
93033	59.2
93036	58.7
93063	57.8
93004	55.3
93065	54.8
93041	54.6
Ventura County	52.8
93035	52.5
93003	51.9
93010	50.2
91360	46.4
93015	43.6
93060	42.4
93021	35.4
93023	35.3
93012	25.9
91362	24
91320	22
91377	17.2
91361	11.6

Figure 52 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also, available at www.healthmattersinvc.org.
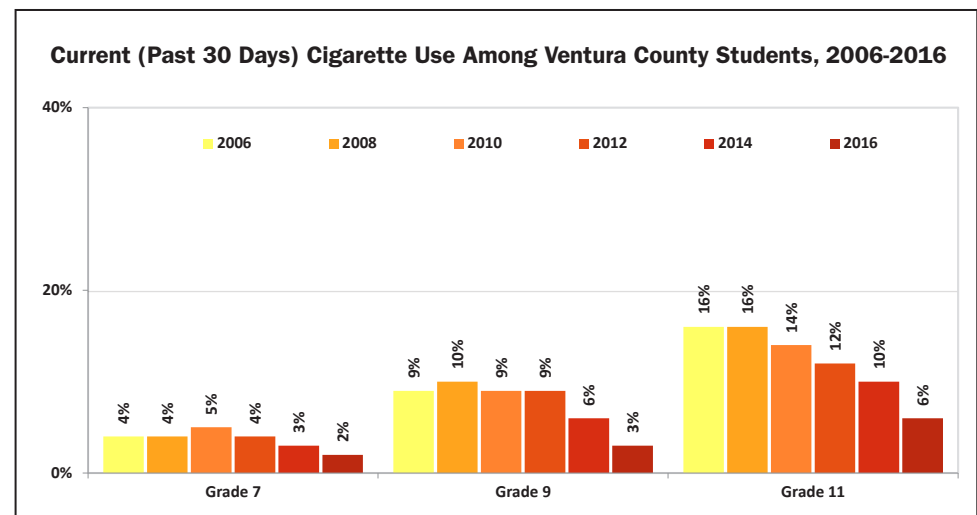

Current (Past 30 Days) Cigarette Use Among Ventura County Students, 2006-2016

Legend: 2006, 2008, 2010, 2012, 2014, 2016

Grade 7: 4%, 4%, 5%, 4%, 3%, 2%
Grade 9: 9%, 10%, 9%, 9%, 6%, 3%
Grade 11: 16%, 16%, 14%, 12%, 10%, 6%

Figure 53 - Source: Ventura County Office of Education, California Healthy Kids Survey, 2015-16.

Figure 54 shows that 6% of 7th grade, 14% of 9th grade, and 26% of 11th grade students in Ventura County drank alcohol in the past 30 days. Ventura County students were more likely to drink alcohol in the past 30 days than use tobacco products like cigarettes or e-cigarettes or smoke marijuana.
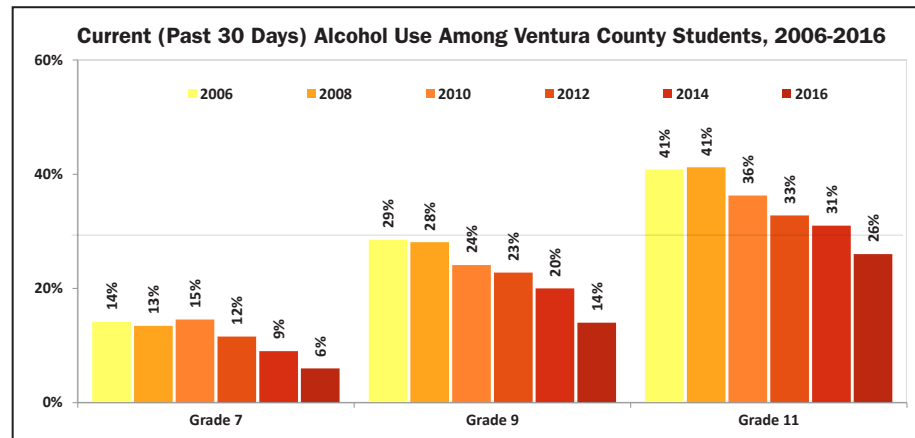

Figure 54 - Source: Ventura County Office of Education, California Healthy Kids Survey, 2015-16.

Figure 55 shows that 3% of 7th grade, 9% of 9th grade, and 19% of 11th grade students in Ventura County smoked marijuana in the past 30 days. There has been a decreasing trend for marijuana use for Ventura County students, but this indicator will be especially important to track with the passage of Proposition 64 which legalized recreational marijuana use in California for adults over the age of 21 years.
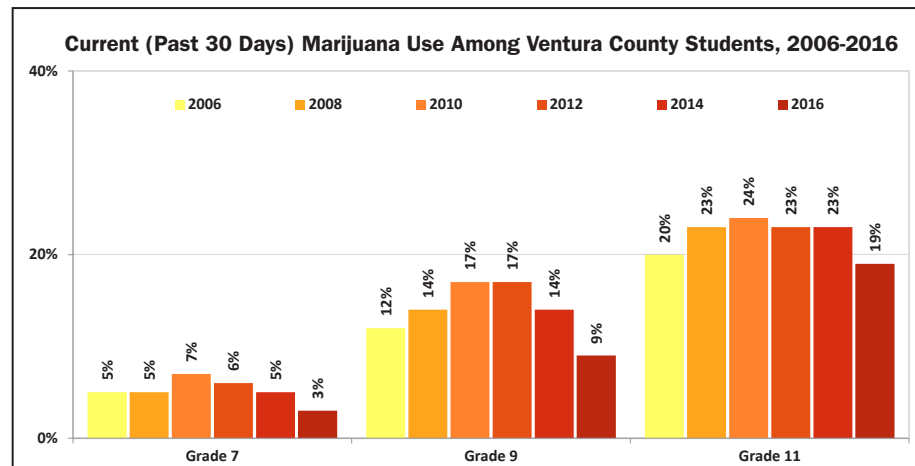
Figure 55 - Source: Ventura County Office of Education, California Healthy Kids Survey, 2015-16.

Childhood Mental Health

Physical health and mental health are closely related. Those suffering from mental illnesses may turn to substance use as a form of self-medication. Unfortunately, substance abuse can often cause adolescents to experience symptoms of another mental illness. Substance abuse and mental illness have both been linked to brain deficits, genetics, and early exposure to stress or trauma (National Institute on Drug Abuse, 2010). Within families, economic hardship can lead to marital distress and disrupted parenting that in turn may increase mental health problems among children, such as depression, substance abuse and behavior problems (Conger, 2010). Supporting positive mental health for young people is one critical element preparing them for healthy lives.

Figure 56 shows the proportion of students that felt sad or hopeless every day for two weeks or more in the past 12 months. In Ventura County, 24% of 7th grade, 29% of 9th grade, and 33% of 11th grade students experienced sadness or hopelessness. The Let's Get Healthy California target is to reduce the proportion of students experiencing these feelings to 25% for 7th grade, 24.0% for 9th grade, and 27% for 11th grade students. Although Ventura County is meeting the target for 7th graders, the target is not being met for 9th or 11th grade students.

As discussed previously, suicides accounted for an average of 42.1 years of life lost per death and was the 6th leading cause of premature death from 2012-14 in Ventura County. Of the 290 suicides that occurred from 2012-14, 24 were in residents less than 25 years of age. Figure 57 shows the average annual age-adjusted emergency room visit rate due to pediatric mental health per 10,000 population under 18 years. Overall, in Ventura County from 2012-2014, there were 18.1 visits per 10,000 population due to pediatric mental health, which
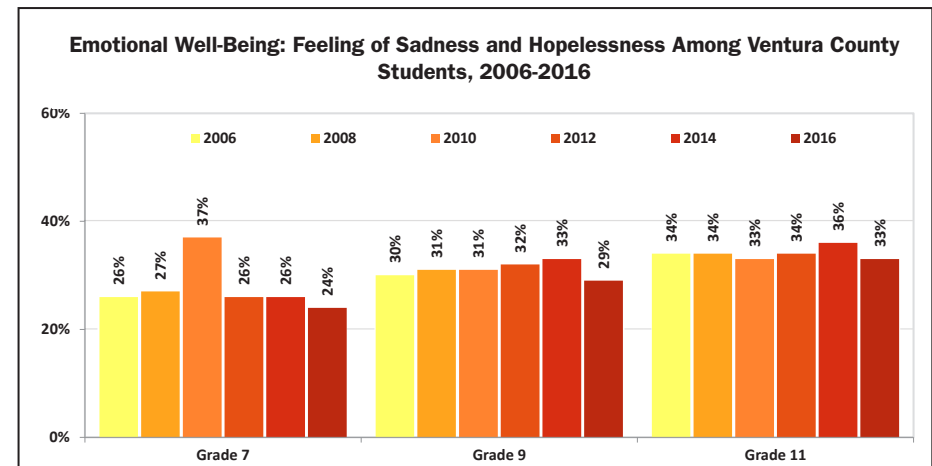

Figure 56 - Source: Ventura County Office of Education, California Healthy Kids Survey, 2015-16.

includes adjustment disorders, anxiety disorders, impulse control disorders, and psychotic disorders among others. This ranged from 16.7 visits per 10,000 population in Oxnard (93036) to 33.1 visits per 10,000 population in Camarillo (93036). Children 15-17 years old were most likely to visit the emergency room for mental health issues as opposed to other age groups. White (Non-Hispanic) (22.8 per 10,000) children were more likely than Hispanic (44.9 per 10,000) children to visit the emergency rooms for mental health related issues.

Recommendations for Priority 5 from key informants:

- Implement the 9 Steps to Breastfeeding Friendly at ambulatory clinic sites throughout the county to increase breastfeeding duration rates. The Women, Infant, and Children Program at VCPH offers technical assistance during implementation.

- Provide public health nursing home visitation to all mothers who deliver babies in Ventura County to encourage successful breastfeeding.

- Provide access to mental health and substance abuse treatment services onsite at school locations so students could access the care they needed without having to miss school.

- Adopt Tobacco Density Ordinances within the county to limit the number of tobacco shops in communities.

- Increase the number of community health workers or health navigators that could visit children and their families to provide ongoing support to improve nutrition, physical activity, and mental wellness.

- Ensure that all pediatric asthma patients have an asthma action plan, which specifies what kind of medicines to take and when to take them.

- Develop an oral health action plan to determine how to best utilize the Tobacco Tax Act of 2016 funds.

- Surplus fruit and vegetable production from Ventura County growers should be taken to schools to provide more healthy options for children, especially those on the free and reduced lunch program.

PRIORITY 6:
Reduce Childhood Trauma

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

The study measured ten types of childhood trauma including abuse and neglect, witnessing a mother being abused, living with a household member who's an alcoholic or addicted to some

Age-Adjusted ER Rate Due to Pediatric Mental Health Per 10,000 Population, Ventura County, 2012-14

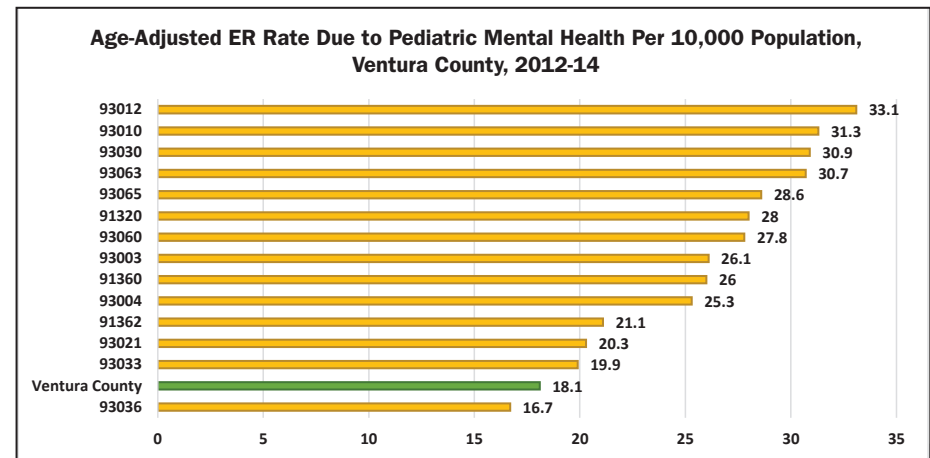| Zip Code	Rate
93012	33.1
93010	31.3
93030	30.9
93063	30.7
93065	28.6
91320	28
93060	27.8
93003	26.1
91360	26
93004	25.3
91362	21.1
93021	20.3
93033	19.9
Ventura County	18.1
93036	16.7

Figure 57 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also, available at www.healthmattersinvc.org.

other drug, a family member in jail or diagnosed with a mental illness, and losing a parent to separation or divorce. There are other types of trauma -- bullying, natural disaster, war, racism – all these can have the same effects. The study found that childhood trauma is quite common, with 64% of study participants having at least one ACE. There is an unmistakable link between adverse experiences in childhood and adult onset of chronic disease, mental illness, violence and being a victim of violence. For example, compared with people with zero ACEs, those with four ACEs are more likely to become depressed, three as likely to be smokers, 12 times more likely to attempt suicide, and seven times more likely to become an alcoholic. People with six or more ACEs were likely to live 20 years shorter than those with less childhood trauma without interventions to address the ACEs (Centers for Disease Control and Prevention, 2016).

As discussed previously and shown in figure 24, four of the top five causes of premature death in Ventura County, that result in the highest average years of life lost, are undoubtedly increasing the number of children exposed to childhood trauma within our community. These causes of premature death included homicide, drug-induced deaths, fire-arm related death, and suicide. Let's Get Healthy California has the target of reducing the percent of residents with at least one ACE to 45%. Per the Public Health Institute, 60.2% of Ventura County residents have at least one ACE, and 15.2% of residents have four or more ACEs putting them at increased risk for adverse health outcomes (Public Health Institute, 2016).

Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood as evidenced by the ACE study. Child abuse and neglect was ranked third among the most important health problems affecting Ventura County resi-

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dents per the community input survey. The Healthy People 2020 (HP2020) target is to reduce the rate of substantiated child abuse per 1,000 children under 18 years to 8.5. Per the Child Welfare Dynamic Report System, in 2015, the rate of substantiated child abuse, per 1,000 children under 18 years in Ventura County, was 5.7, which was meeting the HP2020 target as well as the Ventura County 2020 target set forth in the VCPH strategic plan of 7.2. However, infants (under 12 months) were much more likely to become victim to child abuse with a rate of 17.4 per 1,000 children. Hispanic (7.3 per 1,000) children were also more likely to be victims of child abuse than White (Non-Hispanic) (3.6 per 1,000) children.

Figure 58 shows the incidence of entries into foster care per 1,000 children under 18 years by zip code in Ventura County for 2015. Overall, the rate of entry into foster care was 2.4 per 1,000 children under 18 years for Ventura County. However, the rate ranged from 0.5 in Thousand Oaks/Westlake (91361) to 5.8 in Ventura (93001).

Recommendations for Priority 6 from key informants:

- Increase access to family planning resources, especially in the public health clinics and school settings.
- Provide training on resource referrals to agencies working with families so that they have access to the support that they need to provide a nurturing home environment. One example of this would be providing Triple P (Positive Parenting Program) training to all agencies that work with families.
- Increase the amount of cross-systems work and primary prevention efforts through schools and medical homes to reduce child abuse.
- Provide for assessment and treatment of children with mental health and behavioral issues so that parents have adequate support to help their children.
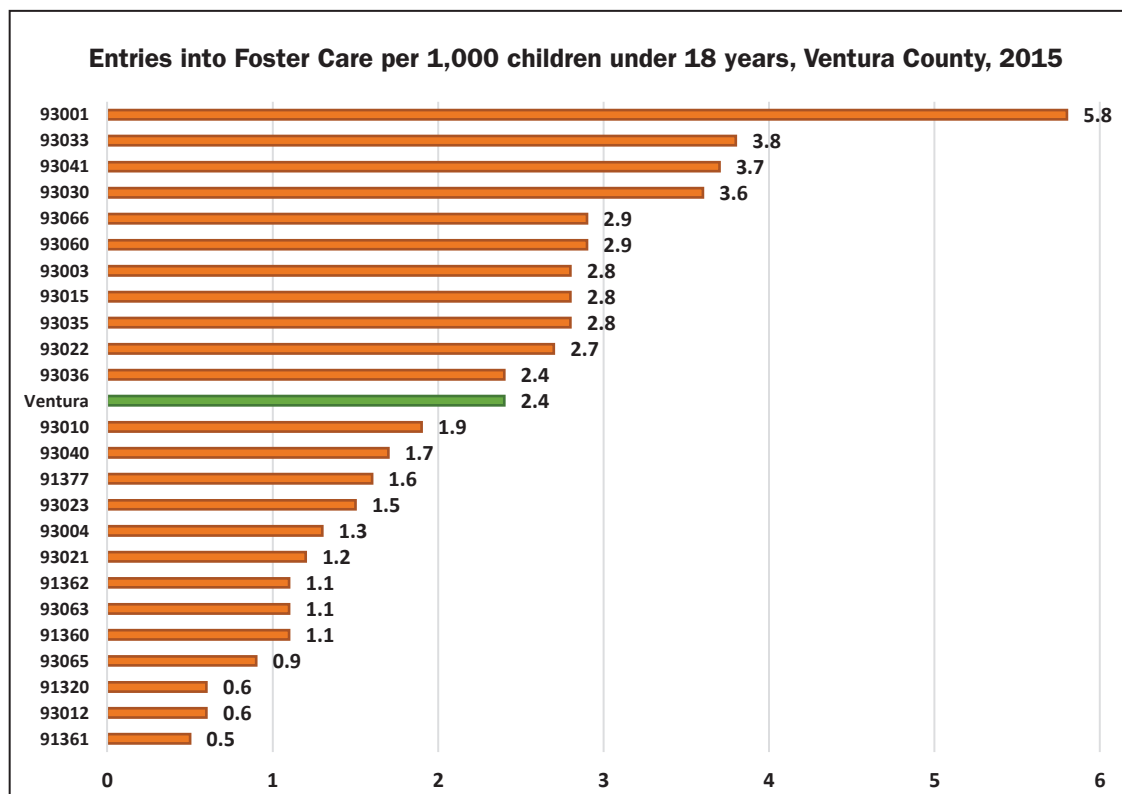

Entries into Foster Care per 1,000 children under 18 years, Ventura County, 2015

Zip	Rate
93001	5.8
93033	3.8
93041	3.7
93030	3.6
93066	2.9
93060	2.9
93003	2.8
93015	2.8
93035	2.8
93022	2.7
93036	2.4
Ventura	2.4
93010	1.9
93040	1.7
91377	1.6
93023	1.5
93004	1.3
93021	1.2
91362	1.1
93063	1.1
91360	1.1
93065	0.9
91320	0.6
93012	0.6
91361	0.5

Figure 58 - Source: California Children's Services Archive, CWS/CMS 2016 Q3 Extract, 2015.

Living Well: Helping People Achieve Optimal Health

From a life course perspective, VCPH would like to see all residents achieve optimal health at all stages of life. This includes physical and mental health as well as social well-being.

Preventing and managing chronic disease is a particular focus, given the rising prevalence of chronic diseases and the impact they have on medical costs. Per the community input survey from 2016, 77.8% of Ventura County residents indicated that they were "healthy" or "somewhat healthy." Let's Get Healthy California would like 90% of Californians to rate themselves as healthy by the year 2022. Diabetes and mental health problems were identified as two of the top five most important health problems in the community input survey. Residents also indicated that drug abuse, alcohol abuse, being overweight/obese, poor eating habits, and racism were the most important risky behaviors being practiced within Ventura County.

PRIORITY 7:
Improve Adult Physical Health

Adult Obesity and Diabetes

Obesity and being overweight both increase the risk of many health conditions and contribute to some of the leading causes of preventable death, posing a major public health challenge. There are many factors that contribute to weight gain and ultimately to obesity. Inactivity, unhealthy diet, and eating behaviors are the most preventable factors. The rising rates of obesity and related health conditions such as diabetes, heart disease, high blood pressure, and stroke which are among the leading causes of death in Ventura County (Centers for Disease Control and Prevention, 2016). Not only do these rising rates of obesity negatively impact those suffering from related health conditions, they also have a major impact on our health care systems. Per the Centers for Disease Control and Prevention, if adult body mass index (BMI) was reduced by 5%, California could save $81.7 billion in obesity-related health care costs by 2030.

Figure 59 shows the percent of adults who are obese in Ventura County per the California Health Interview Survey. Overall, in Ventura County, 23.7% of adults were obese; this proportion is meeting the Healthy People 2020 target of 30.5% but it is not meeting the Ventura County 2020 target of 21.6%. The adult obesity rate ranged from 18.7% in Thousand Oaks/Westlake Village (91362) to 33.9% in Santa Paula (93060). The rate of overweight and obesity in Ventura County was 62.4% in 2015, or almost two out of every three adults.

Being overweight or especially obese increases the likelihood of developing diabetes; the risk increases significantly for those who are overweight or obese early on in life (Narayan, 2007). Diabetes was the 7th leading cause of death in Ventura County from 2012-14, and the 9th leading cause of premature death. The California Health Interview Survey (2014-15) estimates that 7.1% of adults have been diagnosed with diabetes in Ventura County. As shown in figure 60, the diabetes prevalence
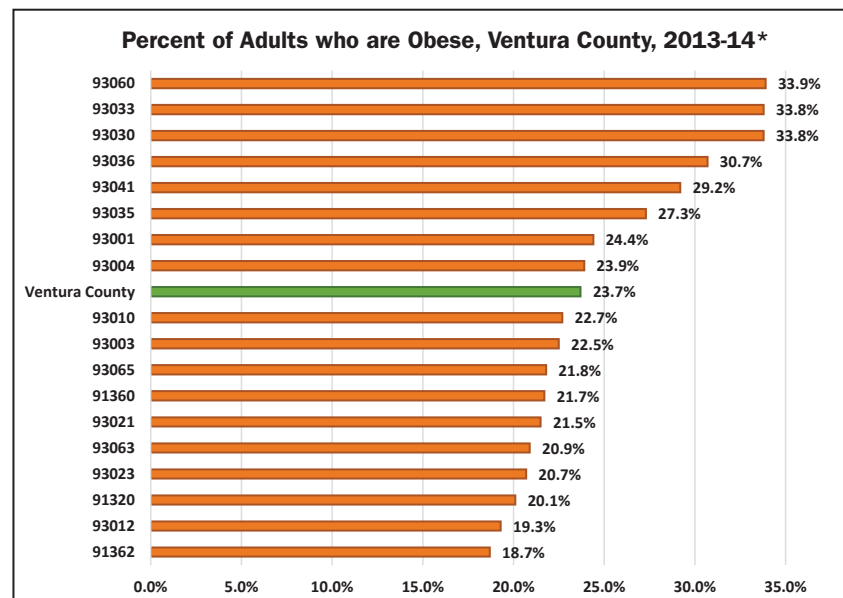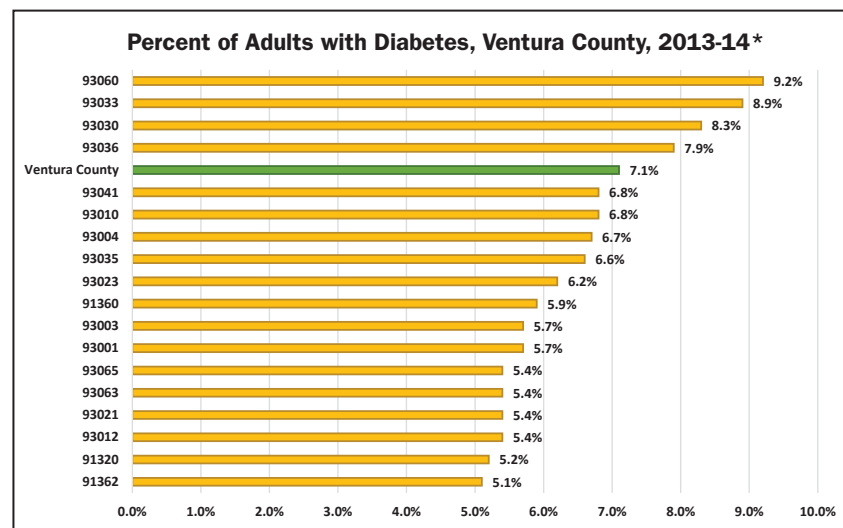

Figure 59 (above) & Figure 60 (below) - Source: California Health Interview Survey, Zip code data is from 2013-14, but overall county data is from 2015. Also, available at www.healthmattersinvc.org.

in adults ranges from 5.1% in Thousand Oaks/Westlake Village (91362) to 9.2% in Santa Paula (93060). Those geographic areas that have a higher percentage of obese adults also have a higher diabetes prevalence.

Adult Fitness and Healthy Diets

Engaging in regular physical activity is one of the most important things people of all ages can do to improve their health. Physical activity helps prevent many diseases, strengthens bones and muscles, reduces stress and depression and makes it easier for people to maintain a healthy body weight or reduce weight if they are overweight or obese. Adults should get at least 150 minutes of moderate-intensity physical activity each week (Centers for Disease Control and Prevention, 2015). Per the California Health Interview Survey (2013-14), only 34.2% of adults in Ventura walk at least 150 minutes per week. Figure 61 shows that the percentage of adults who regularly walk ranged from 31.8% in Oxnard (93033) to 37.4% in Thousand Oaks (91362).

Eating healthy can help lower one's risk for heart disease, high blood pressure, diabetes, osteoporosis and certain cancers, and helps maintain a healthy body weight. Eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low/non-fat dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans-fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight, as described in the Dietary Guidelines for Americans 2010. Per the California Health Interview Survey (2015), 64.0% of Ventura County adults consumed fast food at least once in the past week, which is often high in fat and calories. Let's Get Healthy California has the target of reducing sugar-sweetened beverage consumption to 3.6% of adults having two or more beverages per day. In 2015, 10.9% of Ventura County adults consumed two

or more sugar-sweetened beverages per day, which was higher than the state rate of 7.8%.

Unfortunately, gaining access to nutritious foods and beverages is not easy for all Ventura County residents. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The Feeding American Organization estimates that 9.4% of Ventura County residents experienced food insecurity at some point during the year which is associated with poverty status and unemployment. VCPH would like to ensure that all families within the county are food secure, even though the Ventura County 2020 target was being met (11.0%).

Percent of Adults who walk at least 150 minutes/week, Ventura County, 2013-14

Zip Code	Percent
91362	37.4%
93001	36.6%
93035	35.6%
91360	35.6%
93003	35.2%
91320	35.1%
93012	34.9%
93065	34.8%
93060	34.6%
Ventura County	34.2%
93004	34.2%
93021	33.5%
93010	33.4%
93030	33.1%
93063	33.0%
93041	32.8%
93036	32.1%
93023	32.0%
93033	31.8%

Figure 61 - Source: California Health Interview Survey, 2013-14. Also, available at www.healthmattersinvc.org

Recommendations for Priority 7 from key informants:

- VCPH provides community health screening to identify residents at risk for diabetes; a large percentage of residents that screen positive do not have access to primary care because they are uninsured and undocumented. Provide access to mobile diabetes clinic for residents being screened for obesity and diabetes by VCPH staff.

- Surplus fruit and vegetable production from Ventura County growers should be taken to food pantries or communities at high-risk for food insecurity for distribution.

- Establish a county-wide food waste reduction program that will allow food establishments to manage their food waste more thoughtfully by ensuring that it goes to low-income families at high-risk for food insecurity.
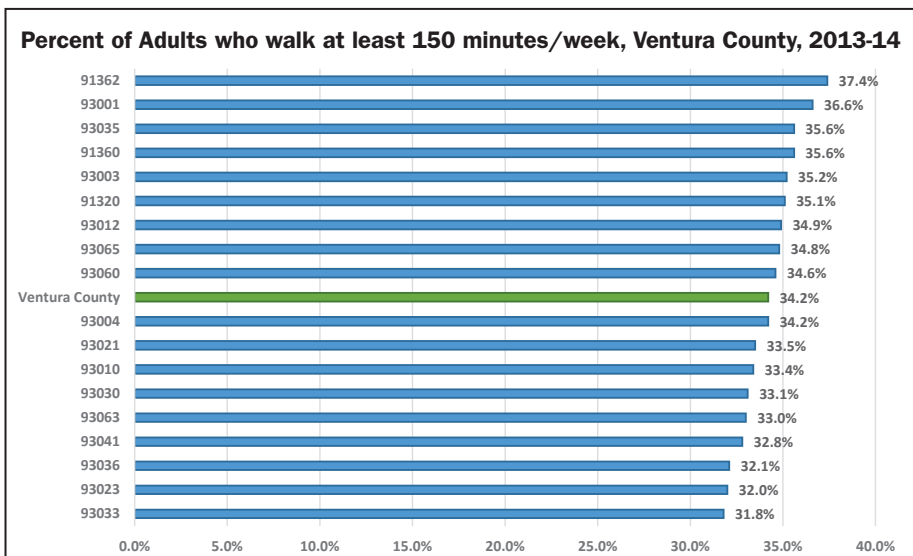
PRIORITY 8:
Reduce Adult Substance Use

Tobacco Use

Tobacco use is the leading cause of premature and preventable death in the United States (United States Surgeon General, 2006). Living tobacco free lowers a person's risk of developing lung cancer, heart disease, and other diseases and reduces mortality related to tobacco use. Tobacco Free living means avoiding use of all types of tobacco products such as cigarettes, cigars, smokeless tobacco, hookahs as well as electronic cigarettes (a nicotine delivery system) and living free from secondhand smoke exposure.

To ensure a healthy community, it is pertinent to prevent and reduce tobacco use and protect people from secondhand smoke in public settings, such as parks, recreation areas, work sites, schools, multi-unit housing, etc. Smoking prevalence differs by socioeconomic status. Individuals with lower income, less education, and those who receive public insurance are more likely to be smokers (Hiscock et al., 2011). Per the California Health Interview Survey (2015), 12.7% of Ventura County adults are current smokers which is above both the Healthy People 2020 target (12.0%) as well as the Let's Get Healthy California target of 9.0%. As shown in figure 62, the percentage of adults who smoke ranges from 8.9% in Thousand Oaks/Westlake Village (91362) to 14.9% in Port Hueneme (93041).

Drug and Alcohol Use

Drug and alcohol abuse were identified as the most important risky behaviors affecting Ventura County residents from the community input survey in 2016. The age-adjusted death rate due to drug use was 14 deaths per 100,000 population in Ventura County from 2012-2014, which was higher than the Healthy People 2020 target of 11.3 deaths per 100,000 population. Drug-induced deaths were the 4th leading cause of premature deaths accounting for an average of 46.5 years of life lost per death. As discussed previously, untreated social and emotional health issues often lead to drug and alcohol abuse (National Institute on Drug Abuse, 2010).

Per the California Health Interview Survey (2015), 41.4% of Ventura County adults admitted to binge drinking (5 or more drinks on one occasion) within the past year; Hispanics were more likely than Whites (Non-Hispanics) to admit to binge drinking (49.1% compared to 36.4%). In Ventura County, from 2010-2014, 33.6% of all motor-vehicle related deaths involved alcohol intoxication per the County Health Rankings.

Figure 63 shows the age-adjusted emergency room visit rate due to substance abuse per 10,000 population 18+ years (alcohol-related disorders are excluded) by zip code. In Ventura County, from 2012-2014, there were 23.5 emergency room visits per 10,000 population

Percent of Adults who are Current Smokers, Ventura County, 2013-14*

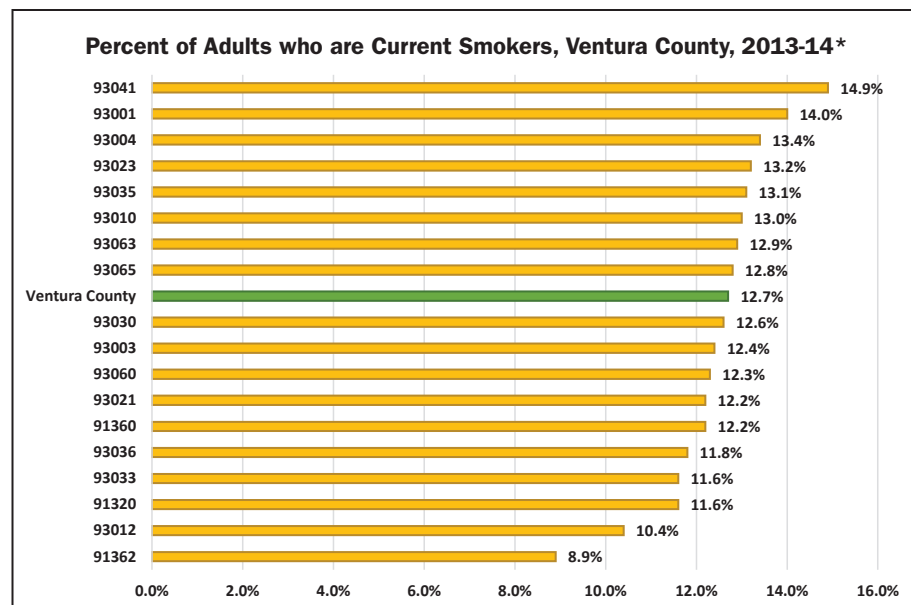| Zip Code	Percent
93041	14.9%
93001	14.0%
93004	13.4%
93023	13.2%
93035	13.1%
93010	13.0%
93063	12.9%
93065	12.8%
Ventura County	12.7%
93030	12.6%
93003	12.4%
93060	12.3%
93021	12.2%
91360	12.2%
93036	11.8%
93033	11.6%
91320	11.6%
93012	10.4%
91362	8.9%

Figure 62 - Source: California Health Interview Survey, zip code data is from 2013-14, but overall county data is from 2015. Also, available at www.healthmattersinvc.org.

18+ years for substance abuse per year, which is higher than the California value of 16.5 and has been increasing over time. Residents 18-24 years were most likely to visit the emergency room for substance use (46.7 per 10,000 population) than any other age group; males were more likely than females (29.7 per 10,000 population compared to 17.0); and Whites (Non-Hispanics) were more likely than Hispanics (33.8 per 10,000 population compared to 17.5). Residents from Fillmore (93015) were least likely to visit the emergency room due to substance abuse with a rate of 11.7 per 10,000 population 18+years; residents from Oak View (93022) were most likely to visit the emergency room due to substance abuse with a rate of 54.1 per 10,000 population, more than twice the overall county rate.

Unfortunately, some female adults who engage in alcohol and drug use do so during their pregnancies. The VCPH Maternal, Child, and Adolescent Health (MCAH) program in Ventura County tracks substance use during pregnancy by utilizing the 4P's Plus© Screening Tool. In Ventura County, 21.0% of women screened with this tool admitted to using alcohol or other drugs in the month before they knew they were pregnant. Of those women who screen positive, 41.9% continue to use alcohol or other drugs after they find out that they were pregnant. In 2016, there were 9,572 live births to Ventura County mothers. Using the data from the 4P's screening, it is estimated that 2,010 of the 9,572 babies may have been exposed to al-

Age-Adjusted ER Rate Due to Substance Abuse Per 10,000 Population 18+ years, Ventura County, 2012-14

Region	Rate
93022	54.1
93001	51.8
93023	47.2
93030	38
93003	32.4
Ventura County	23.5
93063	22.7
93065	22.5
91362	22.5
93010	22.3
93060	22.2
93004	21.5
91360	20.3
93035	19.8
93041	19
91361	17.6
93036	17.4
93033	17.4
91320	16.1
91377	15.7
93012	15.3
93021	12.2
93015	11.7
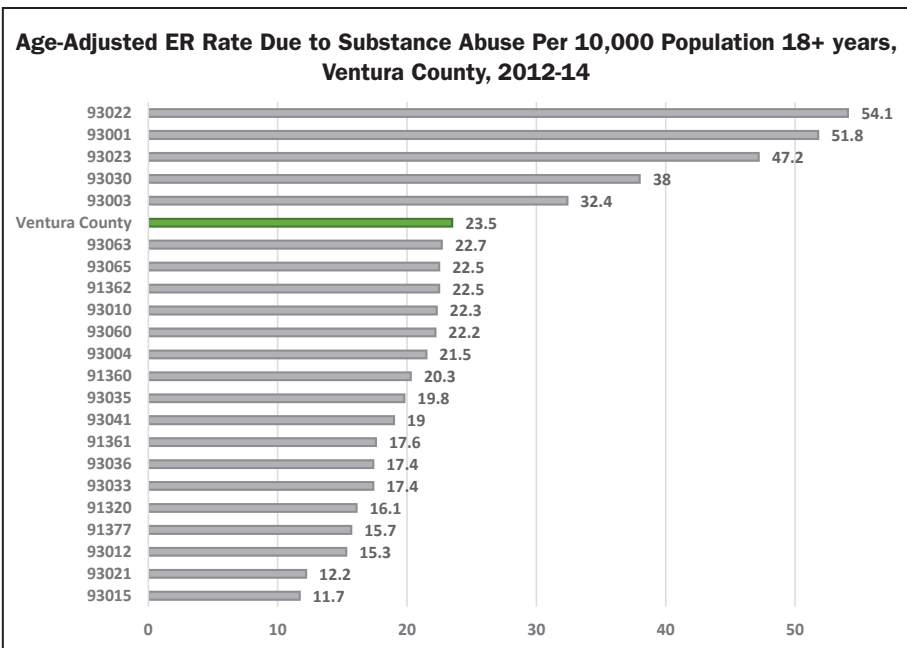
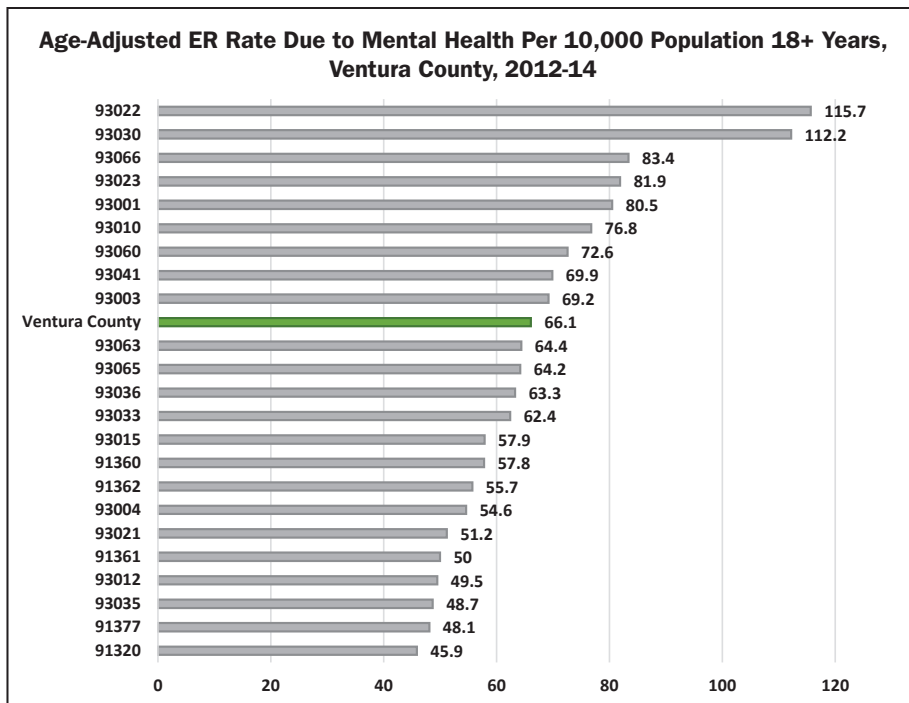Figure 63 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also available at www.healthmattersinvc.org.

cohol or other drugs before their mother knew she was pregnant, and 842 babies may have continued to be exposed after their mother knew she was pregnant. Perinatal substance use may prevent these babies from getting the healthy beginning that they deserve.

Recommendations for Priority 8 from key informants:

- Implement universal, county-wide screening for perinatal and parental substance use utilizing the 4P's Plus© Screening Tool.
- Public health nursing can provide home visitation services and support for those mothers that screen 4P's Plus© positive.
- Utilize the Families Facing the Future curriculum designed for families with parents who are addicted to drugs; it is most appropriate for parents enrolled in a methadone treatment clinic and aims to prevent relapse as well as reduce the likelihood of substance abuse among the children.
- Increase access to nicotine replacement patches to support residents that are trying to quit smoking.
- Increase marijuana education and prevention among health care providers and the community by coordinating with Ventura County Behavioral Health.

PRIORITY 9:
Improve Adult Mental Health

Mental health was identified as one of the most important health problems affecting Ventura County residents from the community input survey in 2016. Mental and emotional wellbeing is essential to overall health. Positive mental health allows individuals to realize their potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Mental illness is associated with higher probability of many chronic conditions, including obesity, diabetes, and cardiovascular disease, and contributes to premature death (De Hert, 2011).

Let's Get Healthy California aims to reduce the percent of adults that have experienced serious psychological distress in the past year to 7.0% by 2022. Per the California Health Interview Survey (CHIS) in 2014, 6.4% of Ventura County residents had experienced serious psychological distress in the past year; this is higher than the prevalence of heart disease of 6.2%, but there is more focus on heart disease prevention than improving mental health.

The age-adjusted death rate due to suicide per 100,000 population was 11.2 in Ventura County from 2012-14, which was above the Healthy People 2020 target of 10.2. Suicide was the 9th leading cause of death in Ventura County from 2012-2014, but it was the 6th leading cause of premature death accounting for an average of 42.1 years of life lost per death. Adults needing help with mental, emotional, or substance abuse problems is one of the indicators being tracked for the VCPH Strategic Plan, with a target of 17.5%. Although the target was being met, of the 16.4% of Ventura County adults that needed help with mental, emotional, or substance abuse problems from 2014-15, only 61.6% of them could access the services they need per CHIS.

Figure 64 shows the average annual age-adjusted emergency room visit rate due to mental health per 10,000 population 18+ years. Overall, in Ventura County from 2012-2014, there

Age-Adjusted ER Rate Due to Mental Health Per 10,000 Population 18+ Years, Ventura County, 2012-14

Area	Rate
93022	115.7
93030	112.2
93066	83.4
93023	81.9
93001	80.5
93010	76.8
93060	72.6
93041	69.9
93003	69.2
Ventura County	66.1
93063	64.4
93065	64.2
93036	63.3
93033	62.4
93015	57.9
91360	57.8
91362	55.7
93004	54.6
93021	51.2
91361	50
93012	49.5
93035	48.7
91377	48.1
91320	45.9

Figure 64 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also, available at www.healthmattersinvc.org

were 66.1 visits per 10,000 population due to mental health, which includes adjustment disorders, anxiety disorders, impulse control disorders, and psychotic disorders among others. This is higher than the emergency room visit rate due to complications from diabetes, hypertension, heart failure, and asthma. The emergency room visit rate due to mental health ranged from 45.9 visits per 10,000 population in Thousand Oaks (91320) to 115.7 visits per 10,000 population in Oak View (93022). Adults 18-24 years old (92.1 visits per 10,000 population) and those 85+ years (103.7 visits per 10,000 population) were most likely to visit the emergency room for mental health issues as opposed to other age groups. White (Non-Hispanic) (75.0 visits per 10,000 population) adults were more likely than Hispanic (66.0 visits per 10,000 population) adults to visit the emergency rooms for mental health related issues.

To achieve a healthy community, it is important to improve health and wellness, including social and emotional wellness, by ensuring that every resident has the resources that he or she needs to be able to deal with the stressors of life.

Recommendations for Priority 9 from key informants:
- Increase the number of agencies that have been trained on safeTALK which teaches participants to recognize and engage persons who might be having thoughts of suicide and connect them with community resources.
- Increase access to cognitive behavioral therapy to help residents dealing with depression, including the Blues Program which is a group therapy method for adolescents with elevated depression symptoms.
- Promote more support and services for depression, including women suffering from post-partum depression.
- Increase training in mental health first aid in the community.

Residents that are 65+ years make up 14.5% of the population of Ventura County in 2017, but the California Department of Finance estimates that those residents 65+ years will account for 23.7% of the population in 2060, when Ventura County is projected to have over one million residents as compared to 860,013 in 2017.

As the size of the aging population increases, the demand on health care services and the type of services needed will also change over time. Let's Get Healthy California identifies maintaining dignity and independence in the aging population a focus over its ten-year plan to improve population health in California. As discussed previously, within the top 15 health indicators prioritized by the Healthy Communities Institute data scoring tool, six were conditions affecting the Medicare population such as asthma, atrial fibrillation, osteoporosis, rheumatoid arthritis, stroke, and hyperlipidemia. VCPH wants to ensure that the aging population in Ventura County has their physical, emotional, and spiritual needs taken care of during this vulnerable period of life.

PRIORITY 10:
Improve Cancer Screening Rates

As discussed previously in this assessment, cancer was the leading cause of death and premature death in Ventura County from 2012-2014. The age-adjusted death rate (AAR) due to cancer was 146.6 deaths per 100,000 residents from 2012-2014. Males were more likely than females to die from cancer (171.4 AAR compared to 130.1 AAR); Whites (Non-Hispanics) were more likely than Hispanics to die from cancer (156.4 AAR compared to 124.8). Figure 65 shows the age-adjusted death rate per 100,000 population due to the top nine cancers in Ventura County from 2012-2014. Residents were more likely to die from lung cancer than any other cancer; there were 709 deaths due to lung cancer from 2012-2014 or 18.6% of the total deaths due to cancer.

Figure 66 shows that males were more likely to die from lung cancer than females, but females were more likely to die from lung cancer than breast cancer in Ventura County. White (Non-Hispanic) females were more likely to die from breast cancer than Hispanic females, and Hispanic males were more likely to die from prostate cancer than White (Non-Hispanic) males.

The risk factors associated with the development of lung cancer include tobacco smoking, contact with second-hand smoke, contact with radon, asbestos or other cancer-causing agents, history of lung disease, and family history of cancer (National Comprehensive Cancer Network, 2017). The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) for adults aged 55-80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years. Although data on compliance with recommendations is not available for

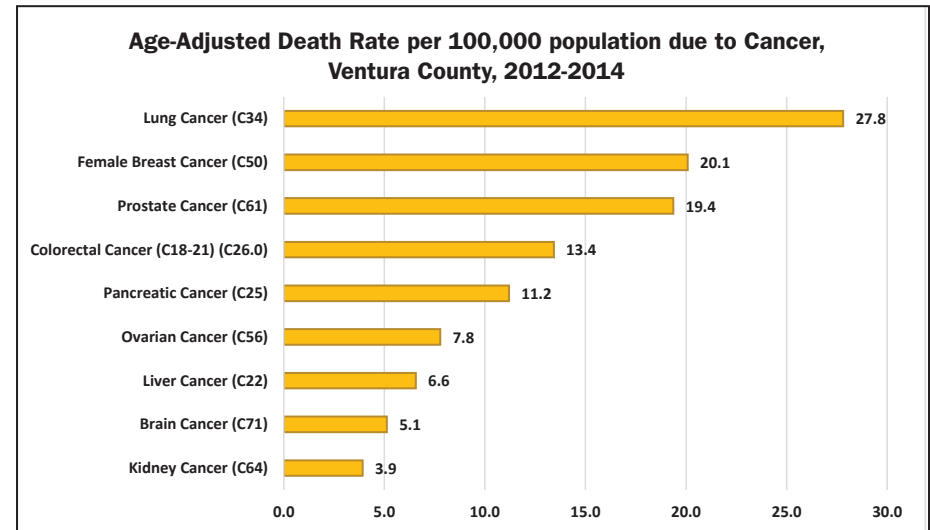Age-Adjusted Death Rate per 100,000 population due to Cancer, Ventura County, 2012-2014

Figure 65 (above) & Figure 66 (below) - Source: Vital Records Business Intelligence System (deaths 2012-2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017. The ICD-10 code is included with the type of cancer.

Age-Adjusted Death Rate per 100,000 population due to Cancer, Ventura County, 2012-2014
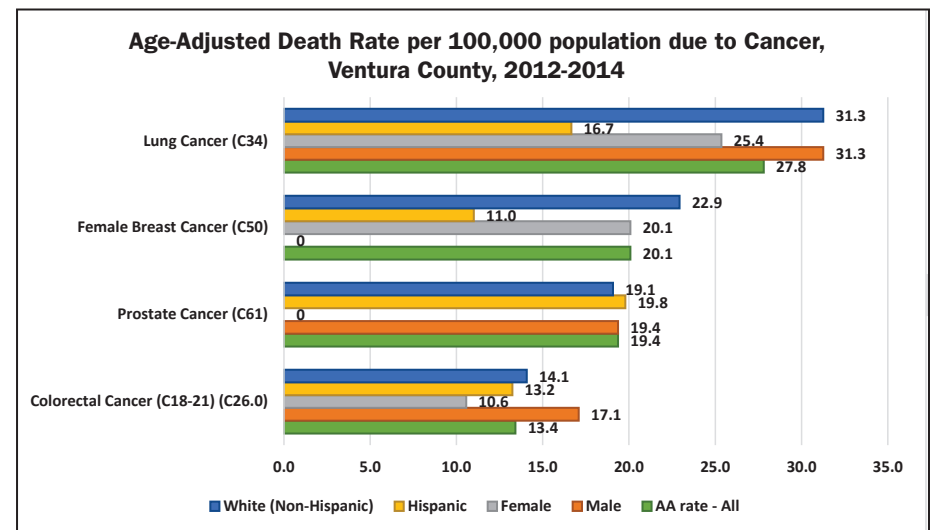
Ventura County, outreach in communities with a higher percentage of adults that are current smokers should be considered such as Port Hueneme (93041), Ventura (93001 and 93004), Ojai (93023), and Oxnard (93035).

Some of the lifestyle risks associated with the development of breast cancer include drinking alcohol, being overweight or obese, delaying pregnancy until after age 30, use of hormonal birth control, and hormone therapy after menopause; breastfeeding has been shown to slightly lower the risk of developing breast cancer, especially longer breastfeeding duration of 1.5-2 years (American Cancer Society, 2016). The USPSTF recommends mammography screening every 2 years for women 50-74 years in age. County level data for breast cancer screening compliance is available for the Medicare population, and was 61.0% in 2013. Through the Centers for Disease Control and Prevention – 500 Cities Project (2014), screening rates for the 50-74-year-old female population are available and range from 74.0% in Oxnard to 78.8% in Thousand Oaks.

Lifestyle risks associated with the development of colorectal cancer include being overweight or obese, physical inactivity, diets high in red meats, smoking, and heavy alcohol use (American Cancer Society, 2016). The USPSTF recommends screening for colorectal cancer starting at age 50 and continuing until 75 years. County level data for colorectal screening compliance is available from the California Health Interview Survey and indicated that 68.0% of adults were compliant in 2009. Through the Centers for Disease Control and Prevention – 500 Cities Project (2014), screening rates for the 50-75-year-old population are available and range from 54.2% in Oxnard to 68.7% in Thousand Oaks. Using the limited data is available on screening compliance in Ventura County, it appears targeting areas with lower insurance rates and lower socioeconomic status would increase screening compliance and detection rates.

Recommendations for Priority 10 from key informants:
- Focus on outreach and education efforts to increase screening compliance, including offering no-cost or low-cost screening. This should include providing cancer screening to underserved communities, where there is a higher percentage of uninsured, utilizing mobile clinics; partner with organizations like MICOP and the Mexican consulate to provide mobile screening opportunities.
- Utilize resources from the National Colorectal Cancer Roundtable to work toward the goal of screening 80% of the population 50+ years for colorectal cancer by 2018.

Figure 67 - Source: Office of Statewide Health Planning and Development, 2012-2014. Also available at www.healthmattersinvc.org

PRIORITY 11:
Improve Health and Wellness for the Medicare Population

Residents over age 65 years living alone may be at risk for social isolation and loneliness which has been associated with poor health outcomes (Perissinotto CM, 2012). Aging adults living alone may lack social support, have inadequate assistance in emergency situations, and are at high risk for institutionalization or losing their independent life style. Living alone should not be equated with being lonely or isolated, but many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

Figure 67 shows the percent of adults 65+ years who were living alone in Ventura County from 2011-15 per the American Community Survey. This ranged from 11.8% of adults 65+ years living in Oxnard (93033) to 32.7% of adults 65+ years in Ventura (93004). Falls are the number cause of injury and deaths from injury among older Americans per the Centers for Disease Control and Prevention. From 2013-2015, there were 16,249 calls to emergency medical services in Ventura County for falls in the 65+ population. Of those calls for service, 42.3% did not result in a transport to the hospital for care; it is possible that some of these calls could have been avoided if the resident had support within the home or close to home.
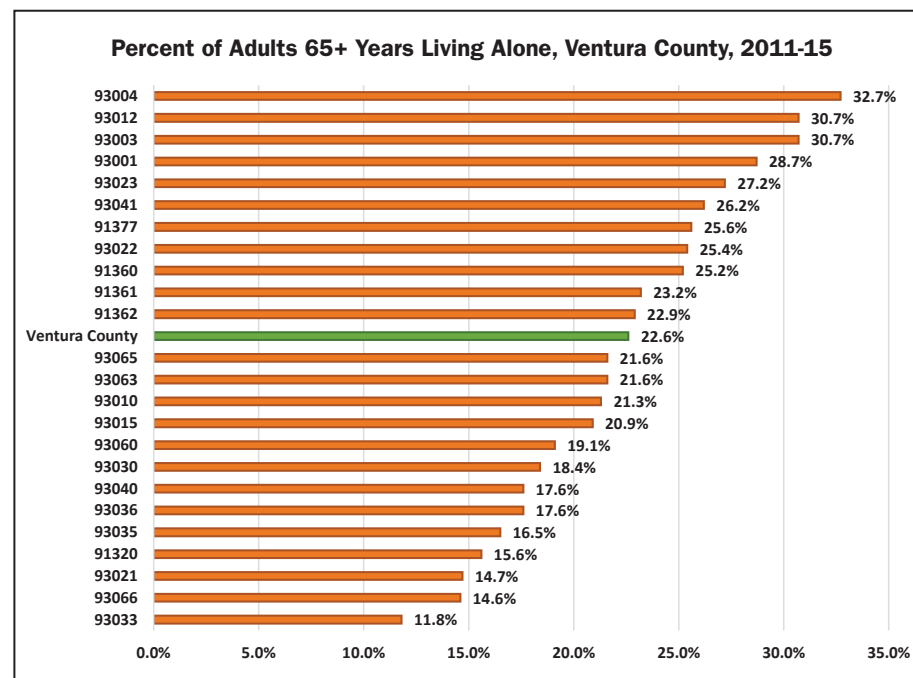

Percent of Adults 65+ Years Living Alone, Ventura County, 2011-15

Older Adults and Aging: Maintaining Dignity and Independence

Falls may be the number one cause of injury in the aging population, but there is a myriad of other health conditions affecting the Medicare population. Figure 68 shows the prevalence of certain health conditions for Ventura County residents enrolled in Medicare in 2014. More than half of all Medicare enrollees had hypertension (52.6%), followed by hyperlipidemia (45.4%), rheumatoid arthritis or osteoarthritis (29.2%), ischemic heart disease (27.3%), and diabetes (26.2%). Overweight and obesity as well as physical inactivity may be associated with all the most prevalent health conditions affecting the older adult population, which emphasizes the need to work upstream by establishing healthy habits early on in life.

Recommendations for Priority 11 from key informants:
- Provide more outreach to seniors living alone regarding supportive services available through the Ventura County Area Agency on Aging.
- Increase advocacy efforts to increase funding for fall prevention programs throughout the county.
- Encourage healthcare providers to adopt the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative that helps to make fall prevention a routine when providing care to older adults.
- Increase access to support and services to address substance abuse and mental health in the aging population.

PRIORITY 12:
Decrease Hospitalizations During the End of Life

The Let's Get Healthy California Task Force found that a large majority of Californians say they would prefer a natural death if they became severely ill, rather than receiving treatments to artificially lengthen their life span. Although most individuals say that they would prefer to die at home, many die in hospitals where they often receive highly aggressive care. Tracking the number of hospitalizations that end in death and included an intensive care unit (ICU) stay is one way of measuring the ability to provide care that is consistent with patient preferences (Let's Get Healthy California, 2016). Per an analysis of Medicare Fee-for-service (FFS) claims from 2012, 21.0% of terminal hospital stays included an ICU stay in California. The Let's Get Healthy California (LGHC) target is to reduce the rate to 17.0% by 2022. In Ventura County, in 2012, the rate was 21.5%, both above the state rate and the target. Use of an ICU within a hospital stay at the end of life is one indicator of a potential mismatch between patient preferences and care delivered.

End of life is one of the most difficult stages of life and needs attention to improve the care and experience of individuals who are dying. Many patients at the end of life could benefit from palliative care. Palliative care is specialized, team-based care that focuses on relieving symptoms and improving quality of life for both the patient with a serious illness, and the
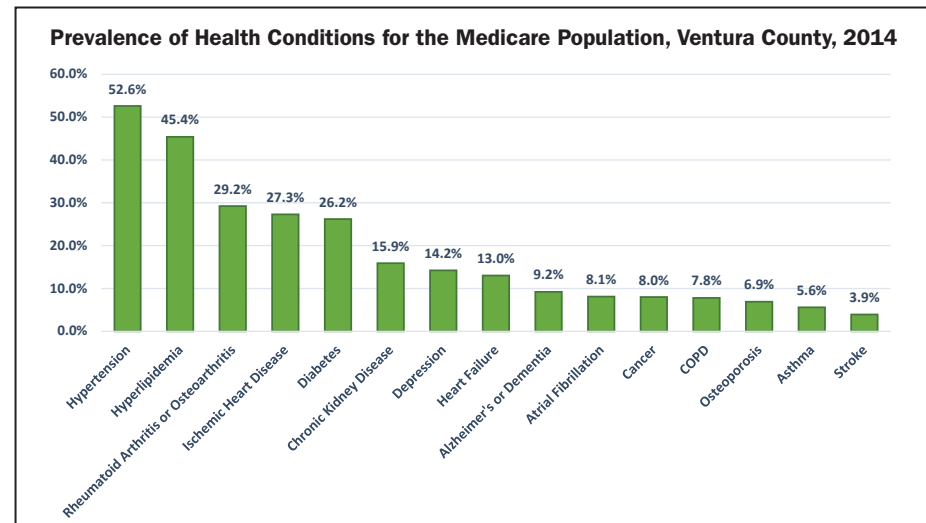

Prevalence of Health Conditions for the Medicare Population, Ventura County, 2014

Figure 68 - Source: Centers for Medicare and Medicaid Services, 2014.

patient's family. It can be provided at any stage of a serious illness, and can be provided together with curative treatment. Further, providers of these services work with other health care team members to make sure that the care that is delivered is aligned with patient goals, values, and preferences (Let's Get Healthy California, 2016). Overall, only 51.9% of hospitals in California provided in-patient palliative as of 2014, but the target is to reach 80% by 2022. In Ventura County, in 2014, 71.4% of hospitals provided some form of in-hospital palliative care per the Office of Statewide Health Planning and Development.

Hospice care is a form of palliative care for patients that have a prognosis of six months or less to live. The LGHC target is to have 54.0% of patients with less than six months to live enrolled in hospice by 2022. In 2014, the rate was 43.3% for California and 50.7% for Ventura County. Whites (Non-Hispanics) were more likely to be enrolled in hospice care than Hispanics in Ventura County (53.4% compared to 33.8%).

Recommendations for Priority 12 from key informants:
- Encourage all health care providers to disseminate advanced directive forms to patients.
- Provide conferences on end of life options to health care providers as well as the public.
- Secure funding for dedicated palliative care social workers within each of the hospital systems in Ventura County.
- Develop an in-home MD visit for medical checkups for inbound patients or patients that have difficulties with transportation.

Redesigning the Health System:
Efficient, Safe, and Patient-Centered Care

To achieve the vision of becoming the healthiest county in the nation by 2030, it will require the health care system to better align with population health goals and outcomes.

This alignment should shift the focus from treatment to the prevention and management of chronic conditions that are reducing quality of life for Ventura County residents. National healthcare spending was $3.2 trillion in 2015, and accounted for 17.8% of gross domestic product (GDP). Still, in 2015, 32% of all healthcare spending in went toward hospital-based care while only 3% was invested in public health activities (California HealthCare Foundation, 2016). Ventura County residents felt that access to healthcare was the number one feature of what makes a healthy community per the community input survey from 2016. VCPH would like to see that all residents have access to patient-centered care that is integrated and coordinated, which includes support outside the clinical setting; this is also a key focus for Let's Get Healthy California.

PRIORITY 13:
Increase the Percentage of Residents with Access to Health Insurance

Through the Affordable Care Act (ACA), access to health insurance increased through individually purchased insurance as well as expanded Medi-Cal enrollment. However, access to health care services continues to be a function of residents' economic means, age, and citizenship status. Per the American Community Survey (2011-15), 86.1% of Ventura County residents had access to health insurance. Residents at or above 400% of the poverty level were more likely to be insured than those below 138% of the poverty level (95.2% of higher income residents compared to 72.7% of lower income residents); this is largely due to access to employer-based health insurance for the higher income population. Children under 6 years (96.0% insured) and adults 65+ years (98.8% insured) were more likely to be insured than adults 18-64 years (80.7% insured). Foreign-born residents of Ventura County, without citizenship, were the least likely to be insured at 54.6%. Ventura County is not meeting the Healthy People 2020 target of having 100% of residents with access to health insurance and is also falling short of the Ventura County 2020 target of 83.3% of adults 18-64 years with access to health insurance.

Figure 69 shows the percent of Ventura County residents with health insurance (2011-15) per the American Community Survey. Overall, 86.1% of Ventura County residents had access to coverage, but Whites (Non-Hispanics) were more likely to have access to coverage than Hispanics (92.9% coverage compared to 77.4%). This disparity based on race/ethnicity existed within every city in Ventura County. The health insurance rate for Whites (Non-Hispan-

Percent of Ventura County Residents with Health Insurance by City, 2015

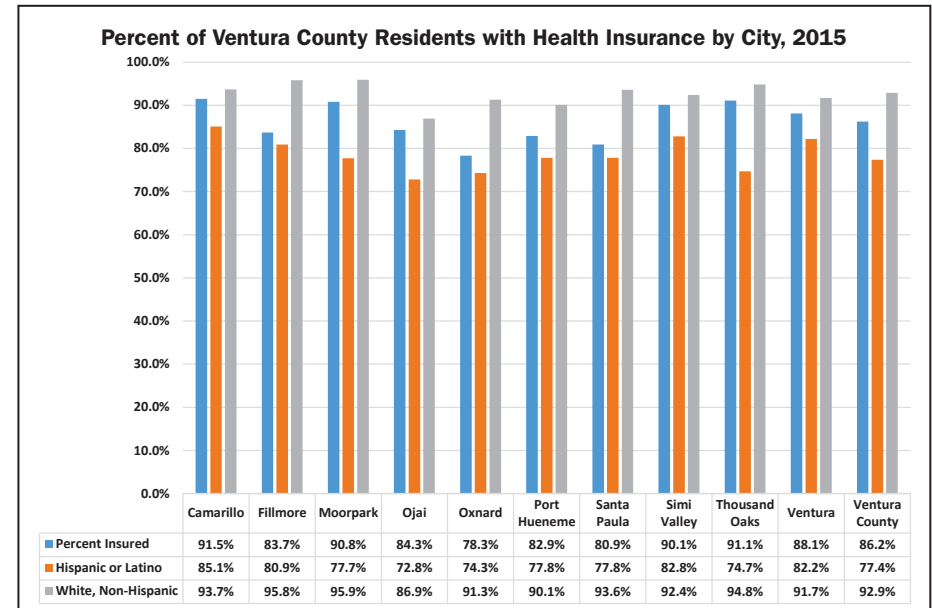|	Camarillo	Fillmore	Moorpark	Ojai	Oxnard	Port Hueneme	Santa Paula	Simi Valley	Thousand Oaks	Ventura	Ventura County
Percent Insured	91.5%	83.7%	90.8%	84.3%	78.3%	82.9%	80.9%	90.1%	91.1%	88.1%	86.2%
Hispanic or Latino	85.1%	80.9%	77.7%	72.8%	74.3%	77.8%	77.8%	82.8%	74.7%	82.2%	77.4%
White, Non-Hispanic	93.7%	95.8%	95.9%	86.9%	91.3%	90.1%	93.6%	92.4%	94.8%	91.7%	92.9%

Figure 69 - Source: American Community Survey, 2011-15.

ics) ranged from 86.9% in Ojai to 95.8% in Fillmore. The health insurance rate for Hispanics ranged from 72.8% in Ojai to 85.1% in Camarillo. Access to insurance allows residents to receive preventive care including detection screenings, discussed previously, that will allow for increased wellness and longer life expectancy.

Recommendations for Priority 13 from key informants:
- Utilize community health workers (CHWs) to provide insurance enrollment assistance for residents in communities with lower insurance rates; the CHWs should connect with community leaders in low-income communities to find the best location for assistance to be provided.
- Provide insurance enrollment assistance on-site before and after school for parents and students.
- Retain the Affordable Care Act (ACA) and its provisions for preventive care.
- Provide opportunities for increasing health literacy in the population.
- Expand the Health Care for All program.

Efficient, Safe, and Patient-Centered Care

PRIORITY 14:
Increase Access to Primary Care

To meet the health care needs of an expanding and aging population, it is estimated that the United States will require an additional 52,000 primary care physicians by the year 2025 (Peterson, 2012). Ventura County residents are more likely to receive routine health checkups and screening, to improve health outcomes, if they have a consistent primary care provider; per the California Health Interview Survey (CHIS), 85.5% of Ventura County residents reported that they had a usual place to go when sick or when health advice was needed, which does not meet the Healthy People 2020 target of 95.0%.

The Let's Get Healthy California Task Force would like to see the percentage of patients with access to timely primary care increase to 78.0% by 2022 from 60.1% in 2015. Per the California Health Interview Survey (2013-2014), 26.7% of Ventura County residents reported that they had to delay or did not receive the medical care they felt they needed. There were only 75 primary care physicians for every 100,000 residents in Ventura County in 2013 per the County Health Rankings, which was below the rate for California of 78 per 100,000 residents. A study published in 2013 by the Robert Wood Johnson Foundation showed that patients of lower socioeconomic status preferred to use hospitals for their primary care because it was more convenient for them in terms of scheduling time off from work, there was often no co-pay, and the hospital provided more aggressive care than their primary care provider (Robert Wood Johnson Foundation, 2013). Therefore, increasing access is not just a matter of increasing the number of primary care providers, but rather improving the patient experience when accessing primary care that will ultimately improve population health outcomes.

Recommendations for Priority 14 from key informants:
- Expand clinic hours for ambulatory clinics beyond normal working hours so that residents do not have to utilize urgent care or the emergency room for their primary care setting. This should also include obstetrics care so that women can access prenatal care outside of normal working hours.
- Provide more outreach in the community regarding transportation options available for medical care, including the Non-Emergency Medical Transportation (NEMT) provided by Gold Coast Health Plan.
- Coordinate with the Ventura County Transportation Commission (VCTC) to provide more access for medically fragile patients.
- Educate residents on the value of preventive dental care and connect them with dental services in the primary care environment.

Top 10 Preventable Hospitalizations (Rate per 100,000 population)
Ventura County, 2012-14

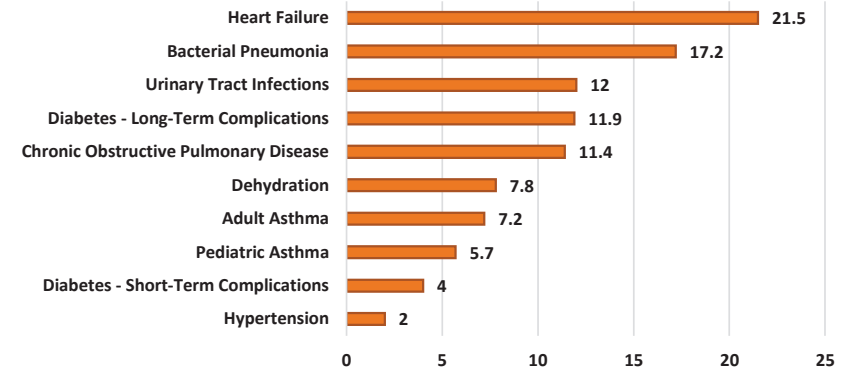| Condition	Rate
Heart Failure	21.5
Bacterial Pneumonia	17.2
Urinary Tract Infections	12
Diabetes - Long-Term Complications	11.9
Chronic Obstructive Pulmonary Disease	11.4
Dehydration	7.8
Adult Asthma	7.2
Pediatric Asthma	5.7
Diabetes - Short-Term Complications	4
Hypertension	2

Figure 70 - Source: Office of Statewide Health Planning and Development, 2012-14. Also available at www. healthmattersinvc.org.

PRIORITY 15:
Reduce Preventable Hospitalizations

The Office of Statewide Planning and Development reported that over $3.5 billion was spent in California on preventable hospitalizations in 2008 (Office of Statewide Health Planning and Development, 2016). Preventable hospitalizations occur when residents are admitted for treatment in a hospital which could have been avoided if they received optimal care in the ambulatory or outpatient care environment. Examples include hospitalizations for diabetes complications, adult asthma, hypertension, heart failure, dehydration, urinary tract infection, and bacterial pneumonia. Let's Get Healthy California has the goal of reducing the rate of preventable hospitalizations from 1,109 per 100,000 population in 2015 to 727 by 2022. In Ventura County, in 2015, the rate of preventable hospitalizations was 951.5 preventable hospitalizations per 100,000 population, which was below the rate for California but does not meet the target.
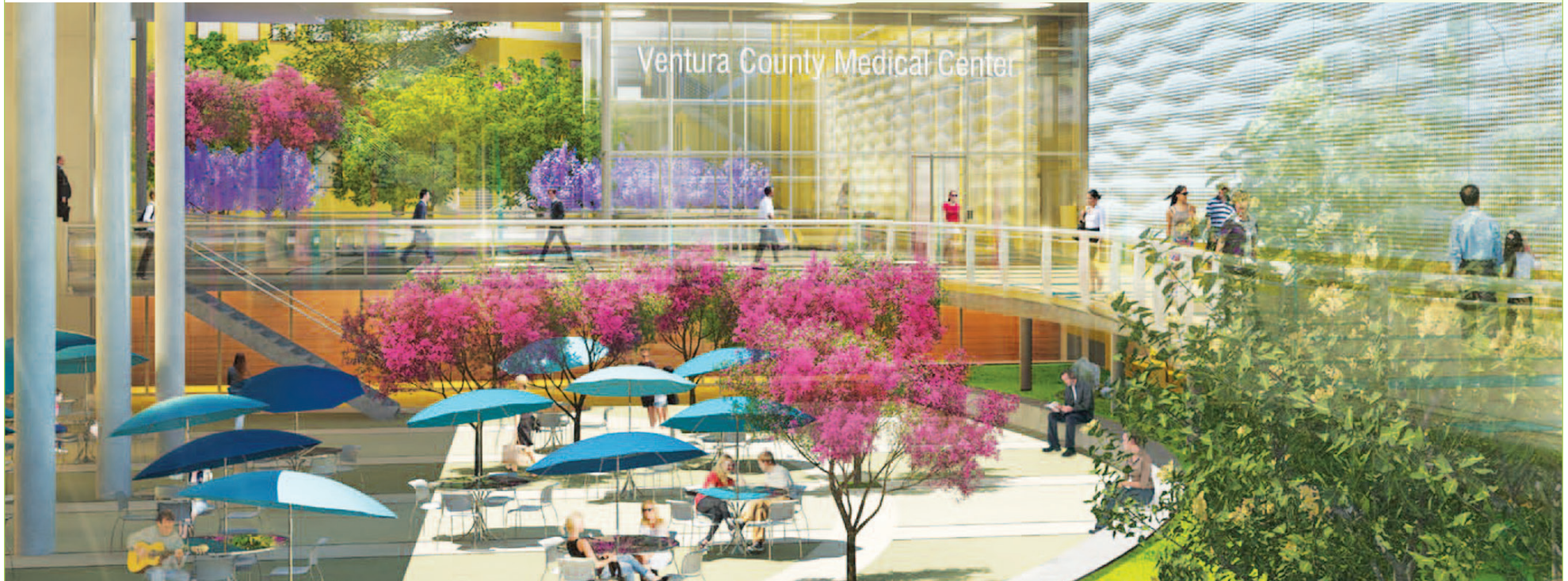
Redesigning the Health System

Figure 70 shows the rate of preventable hospitalizations by diagnosis for Ventura County from 2012-2014. The three most common preventable hospitalizations among Ventura County residents were due to heart failure, bacterial pneumonia, and urinary tract infections. For all conditions, the Ventura County rate was lower than the state of California, but there were disparities in the rates both by race/ethnicity and geographic area. The rate of preventable hospitalizations for heart failure per 100,000 population ranged from 11.4 in Thousand Oaks/Westlake (91361) to 38.9 in Oxnard (93030), and Hispanics were more likely to be hospitalized for heart failure than Whites (Non-Hispanics) (rate of 25.0 compared to 19.9). The rate of preventable hospitalizations for bacterial pneumonia per 100,000 population ranged from 9.9 in Oak Park (91377) to 29.6 in Oxnard (93030), and Whites (Non-Hispanics) were more likely to be hospitalized for bacterial pneumonia than Hispanics (rate of 12.9 compared to 10.9). The rate of preventable hospitalizations for urinary tract infections per 100,000 population ranged from 6.8 in Fillmore (93015) to 17.7 in Ojai (93023), and Whites (Non-Hispanics) were more likely to be hospitalized for urinary tract infections than Hispanics (rate of 17.9 compared to 17.3). Working towards priority health issue 13 and 14 of increasing access to health insurance and primary care will undoubtedly reduce the rate of preventable hospitalizations in Ventura County.

Recommendations for Priority 15 from key informants:

- Create a health information exchange within Ventura County to improve coordination of care between hospitals, community benefits organizations, nursing homes, home health agencies, etc. This should be an integrated platform that allows for tracking of individuals daily; information sharing between providers and health systems will allow for higher quality outpatient care which should reduce preventable hospitalizations.

- Expand the use of transitions clinics that allow patients discharged from the hospital or emergency room, who do not have a primary medical doctor (PMD) or cannot get an appointment with their PMD, to be seen in a timely manner until they have been linked to a medical home.

- Provide more intensive case management to patients with chronic conditions prior to elective surgeries, including access to diabetes case management and tobacco cessation counseling, which may reduce complications that result from elective procedures.

- Assess and expand transitional housing for low income families, homeless, and veterans in need of medical care after discharge from hospital.

- Move from the traditional treatment model to a more prevention focused health care system that prioritizes community health and wellness.

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Acknowledgements

VENTURA COUNTY PUBLIC HEALTH
A Department of Ventura County Health Care Agency