Transforming Ventura County Communities

Understanding the Health Status and Needs of Ventura County

November, 2013
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Socio-economic Status and Health

Disparity in Socio-Economic Status (SES) is the gap between the rich and poor. The degree of a community’s SES disparity impacts the health and well-being of the entire community (Wilkinson & Pickett, 2009). Disparities affect access to good living conditions and the ability to receive, understand, and act on information to live better and healthier lives. Areas with higher socio-economic status have a higher life expectancy than those with lower socio-economic status. Therefore, where you live is a predictor of how long you will live.

Reducing socio-economic disparities requires change that is structural, complex, and political in nature. Reducing disparities in health requires initiatives that address socio-economic factors. These include income, education, and occupation, as well as the pathways by which these conditions affect the health of the community (Adler & Newman, 2002).

The Community Transformation Grant has five strategic directions: Healthy Eating and Active Living, Tobacco-Free Living, Clinical Preventive Services, Social and Emotional Wellness, and Healthy and Safe Physical Environments. We assessed these strategies for policy, systems, and environmental changes to improve Ventura County residents’ health. Addressing socio-economic conditions within the county is important to improve these strategic directions. From these strategies, we identified key areas of focus:

- Attending to the basic economic needs of low-income families (food, shelter, transportation, and health) is even more important than changing the quality or the quantity of services provided in their neighborhoods.

- Low-income neighborhoods are often “food insecure.” They lack full-service grocery stores and farmers’ markets from which residents can buy healthy fruits, vegetables, whole grains, and low-fat dairy products.

- According to the United States Census Bureau, those at greatest risk of food insecurity are people in poor households. They are most likely to live in households headed by single women, have children, and be minorities.

- Economic and educational barriers have an important impact on the ability to recognize the importance of and access preventive care, and to be able to protect yourself and your family. Disparities in educational attainment are large across cities and individual schools.

- Affordable and high quality housing is a direct result of economic and social conditions. The overall rate of owner-occupied housing is high in Ventura County, but a considerable difference exists in the rate of rental and owner-occupied housing in its various cities.

- Lower income neighborhoods offer fewer physical activity outlets than higher income neighborhoods. They have fewer parks, green spaces, trees, bike paths, and recreational facilities. Crime, traffic, and unsafe playground equipment are also common barriers. These all reduce chances for physically active lifestyles, and longer, healthier lives.
These examples of socio-economic disparities affect the ability of Ventura County residents to make healthy choices where they live, work, and play. The greater the disparity, the worse the problem.

**selected socio-economic indicators that affect health**

### Poverty

<table>
<thead>
<tr>
<th>Description</th>
<th>Thousand Oaks vs Santa Paula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate for children</td>
<td>6.3% vs 22.0%</td>
</tr>
<tr>
<td>Female householder, no husband present, with children under 18 years of age whose income in past 12 months is below poverty level</td>
<td>23.7% vs 33.8%</td>
</tr>
<tr>
<td>Population poverty rate</td>
<td>5.8% vs 17.5%</td>
</tr>
<tr>
<td>Poverty rate for population employed; Working poor</td>
<td>12.2% vs 24.6%</td>
</tr>
<tr>
<td>Poverty rate of family in a household with children under 18 years of age run by (Single Female vs Married Couple) in Ventura County</td>
<td>5.8% vs 24.6%</td>
</tr>
</tbody>
</table>

### Income Level and Disparity

<table>
<thead>
<tr>
<th>Description</th>
<th>Thousand Oaks vs Santa Paula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average pay for women in proportion to that of men in Ventura County</td>
<td>67.0% vs 79.0%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>7.5% vs 12.8%</td>
</tr>
<tr>
<td>Earnings by male: $100K or more</td>
<td>6.7% vs 18.3%</td>
</tr>
<tr>
<td>Earnings by female: $100K or more</td>
<td>6.6% vs 18.3%</td>
</tr>
</tbody>
</table>

### Ability to Communicate

<table>
<thead>
<tr>
<th>Description</th>
<th>Thousand Oaks vs Oxnard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistic isolation based on Spanish spoken at home</td>
<td>20.7% vs 29.4%</td>
</tr>
<tr>
<td>Population 5 years and over speaking English “less than very well”</td>
<td>8.6% vs 34.4%</td>
</tr>
<tr>
<td>Population 5 years and over speaking English only at home</td>
<td>32.9% vs 78.0%</td>
</tr>
<tr>
<td>Percentage of population 25 years and over who have bachelor degree or higher</td>
<td>48.8% vs 93.7%</td>
</tr>
<tr>
<td>Percentage of population 25 years and over who are high school graduate or higher</td>
<td>63.0% vs 93.7%</td>
</tr>
</tbody>
</table>

### Other Socio-Economic Indicators

<table>
<thead>
<tr>
<th>Description</th>
<th>Moorpark vs Port Hueneme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing: Owner-occupied houses</td>
<td>50.8% vs 81.7%</td>
</tr>
<tr>
<td>Housing: Percentage of occupants per room 1.01 or more</td>
<td>2.4% vs 14.6%</td>
</tr>
<tr>
<td>Insurance: Individuals with medical insurance ages 18-64 (White vs Latino)</td>
<td>60.8% vs 89.3%</td>
</tr>
<tr>
<td>Demographics: Female householder, no husband present, with children under 18 years of age</td>
<td>4.5% vs 7.9%</td>
</tr>
<tr>
<td>Demographics: Percentage of population under 18 year of age (Fillmore vs Ojai)</td>
<td>20.4% vs 30.3%</td>
</tr>
<tr>
<td>Demographics: Percentage of population age 65 and over</td>
<td>8.3% vs 14.7%</td>
</tr>
<tr>
<td>Demographics: Percentage of population Hispanic or Latino</td>
<td>16.8% vs 73.5%</td>
</tr>
</tbody>
</table>

Figure 1
Sources: U.S. Census, American Community Survey 5-year estimates and State and County Quick Facts, 2006-2012
Healthy Eating and Active Living

Healthy Eating is a way of life influenced by what we eat, how much we eat and how it is prepared. We learn from our society and families what is considered to be “good food.” We also eat what is available. Where we live has a major impact on what is available to us. Also, our daily lives have an impact on what is practical. Households where a single parent must work two jobs to survive, for example, will have a harder time creating healthy meals, especially if they live in a “food desert” where fresh fruits and vegetables are hard to find and expensive. A healthy diet should be moderate in calories and rich in vitamins and minerals. Foods should be fresh and prepared at home. These things just are not always possible.

Active Living is a way of life that integrates physical activity into daily routines. Again, access to places to engage in exercise varies by locale. The goal is to accumulate at least 30 minutes of physical activity each day for adults and 60 minutes of physical activity per day for adolescents. Improvements in healthy eating and active living are needed in this area, especially for minorities (Latinos) and people in poorer areas.

selected indicators for healthy eating and active living

Figure 2
**Existing Health Disparities within the County for Healthy Eating and Active Living**

- Children living in Fillmore, Santa Paula, Oxnard, and Port Hueneme are more likely to be overweight and obese. Mothers living in these areas are also more likely to be overweight or obese prior to pregnancy. A mother’s health and weight during pregnancy impacts whether her child will become overweight or obese.

- Fillmore Unified has the highest percentage of overweight and obese students and a higher percentage of those participating in the free and reduced lunch program. Oak Park has the lowest percentage of overweight and obese students and the lowest percentage of participants in the program.

- Hispanics are more likely than Whites to be overweight or obese, with the greatest disparities in the Ojai Unified and Oxnard school districts. Hispanics are almost two times more likely to be overweight and obese than Whites in these districts.

- The Healthy People 2020 goal is to reduce the percentage of children aged 2-19 years who are obese to 14%. The target varies by age group, but Ventura County does not meet the target for any age group in low-income children and teens.

- The Centers for Disease Control and Prevention recommend that children and adolescents participate in at least 60 minutes of physical activity per day, and this should include vigorous activity at least 3 days per week. According to the California Health Interview Survey, 77% of Ventura County children 5 and older engage in at least 3 days of vigorous physical activity per week.

- Children are following the unhealthy eating behavior of adults in the county; 65% of Ventura County adults eat fast food at least once per week, as well as 73% of children 2 years and older.

- Breast milk provides babies with the nutrients they need for healthy development. Breastfeeding is recommended for the first 6 months of life in most cases. According to the Maternal and Infant Health Assessment Survey (California Department of Public Health, 2012), only 30% of Ventura County mothers reported exclusive breastfeeding at 3 months (Healthy People 2020 goal is 46%). In December 2012, only 13% of mothers in the Ventura County Women, Infants, and Children nutrition program reported exclusive breastfeeding at 6 months (HP 2020 goal is 25%).

**Existing Gaps in Policy Development for Healthy Eating and Active Living**

- The cities of Ventura and Moorpark have adopted resolutions to become HEAL Cities, encouraging physical activity and good nutrition (Healthy Eating Active Living City or HEAL, 2013). No other jurisdictions have adopted an ordinance to address and prevent obesity among residents.

- Most cities have adopted community design approaches related to walking, bicycling and active transportation. They include provisions to promote bikeway improvements, allocation of land for recreation and use of school property to enhance recreation and physical activities. However, these initiatives are insufficient to the needs of families with larger numbers of children per household, such as Oxnard.

- Most policies designed to address obesity and increased physical activity are in school settings, often mandated by the state or the federal government. In most areas, the healthy lifestyle indicator (level of exercise, eating nutritious food, avoidance of unhealthy eating habits) has not reached acceptable levels in socio-economically underserved communities.

- Ventura County Medical Center and Santa Paula Hospital are the only two local medical facilities that have “Baby Friendly Hospital” designation from the World Health Organization (WHO). Breastfeeding is a crucial first step in protecting the health of mothers and infants; hospital policies and practices have an enormous impact on infant-feeding success.

**Policy Initiatives to Address Healthy Eating and Active Living**

- Promote community and/or school gardens
- Support farm-to-school programs
- Increase healthy food options in local convenience stores
- Increase physical activity standards in schools according to Centers for Disease Control and Prevention guidelines
- Increase the number of “Baby-Friendly Hospitals” within the county
**Transforming Ventura County Communities**

**Tobacco-Free Living**

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 causes of death. Tobacco-free living means avoiding use of, and secondhand exposure to, all types of tobacco products — such as cigarettes, cigars, smokeless tobacco, and hookahs.

The **Tobacco-Free Living** strategic goal is to protect people from secondhand smoke in public settings, such as parks, recreation areas, work sites, schools, multi-unit housing, etc. Smoking prevalence differs by socio-economic status. Individuals with lower income, less education, and those who receive public insurance are more likely to be smokers. Hispanics are also more likely to use tobacco than Whites. In addition, Hispanic 11th graders in Fillmore, and adults below 99% of poverty, have the highest smoking prevalence of the groups examined (Hiscock, Bauld, Amos, Fidler, & Munafo, 2012).

### Selected indicators for tobacco-free living

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking prevalence, 300% federal poverty level and above</td>
<td>9.6%</td>
</tr>
<tr>
<td>Adult smoking prevalence, 0-99% federal poverty level</td>
<td>23.5%</td>
</tr>
<tr>
<td>Adult smoking prevalence, White</td>
<td>9.8%</td>
</tr>
<tr>
<td>Adult smoking prevalence, Latino</td>
<td>15.5%</td>
</tr>
<tr>
<td>Adult smoking prevalence</td>
<td>12.1%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 7th, 9th, and 11th graders, Latino</td>
<td>9.0%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 7th, 9th, and 11th graders, White</td>
<td>8.6%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 7th, 9th, and 11th graders, African American</td>
<td>4.6%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 11th grade females, Ventura Unified</td>
<td>14.5%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 11th grade females</td>
<td>9.9%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 11th grade males, Fillmore Unified</td>
<td>14.9%</td>
</tr>
<tr>
<td>Past 30 day cigarette use by 11th grade males</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

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Figure 3
Sources: California Healthy Kids Survey, 2008-2010
and California Health Interview Survey, 2009
**Existing Health Disparities within the County for Tobacco-Free Living**

- Ventura County residents at lower income levels are more likely to smoke than Ventura County residents who are more economically advantaged.
- Overall, 12% of Ventura County adults admitted to smoking. Latinos and African Americans were more likely than other race groups to admit to smoking.
- Ventura County has a slightly higher percentage of occasional smokers than the state. Occasional smokers should be targeted for prevention because they may be more likely to accept “quit” services.
- According to the California Healthy Kids Survey, African-American, Native American or Alaskan Native, and Pacific Islander children are more likely than any other race groups to admit to past 30 day cigarette use.
- In 11th grade, Fillmore Unified males and Ventura Unified females were more likely to smoke cigarettes than students in other districts.
- From 2008-2010, Ventura Unified had the highest percentage of 9th grade males with past 30 day cigarette use at 16%, and the highest percentage of 9th grade females at 9% reporting past 30 day use.
- From 2008-2010, Oxnard Elementary had the highest percentage of 7th grade males with past 30 day cigarette use at 10%, and the highest percentage of 7th grade females at 8% reporting past 30 day use.
- Although the percentage of students smoking on school property is low, female 7th graders are more likely than 9th or 11th grade females to smoke on school property.
- Past 30 day cigarette use decreased for 9th graders and 11th graders from 2008 to 2010, but increased from 4% to 5% for 7th graders. It may be that the younger population is not being exposed to as many mass-marketing, anti-smoking campaigns such as the Truth ads.

**Existing Gaps in Policy Development for Tobacco-Free Living**

- Most secondhand smoke polices are in the eastern portion of Ventura County in the cities of Thousand Oaks and Moorpark, both of which are comprehensive. The City of Camarillo is the only western Ventura County city to adopt a comprehensive secondhand smoke policy. This represents an income disparity in policy.
- Parks districts in east Ventura County have policies prohibiting smoking in parks and facilities, another disparity across income levels.
- Only one Ventura County city has adopted an ordinance to regulate tobacco sales by licensure with a fee of enforcement (Oxnard). According to the data collected by Ventura County Public Health, the City of Fillmore had the highest number of tobacco retailers who sold to minors and a high rate of tobacco use among high school students.
- Aside from public housing authorities adopting policies to regulate secondhand smoke exposure in specific settings, such as high-rise buildings or senior residences, no jurisdiction has adopted an ordinance to protect residents from secondhand smoke exposure in multi-unit housing.
- St. John’s Regional Medical Center and Community Memorial Hospital are the only tobacco-free hospital campuses within the county. Any type of tobacco use is prohibited on hospital grounds. Community Memorial Hospital implemented a smoke-free policy in their hiring practices.

**Policy Initiatives to Address Tobacco-Free Living**

- Comprehensive secondhand smoke outdoors policy (all areas, dining, public events, sidewalks, parks and service lines)
- Smoke-free multi-unit housing policies
- Tobacco retailer licensing policies that provide an enforcement mechanism for selling to minors
- Smoke-free parks and recreation policies
- Tobacco and smoke-free hospital campus policies
Clinical Preventive Services

Clinical and other preventive services are procedures, tests, counseling or medications used by healthcare providers to prevent disease and detect health problems in early stages, and/or provide individuals with the information they need to make good health decisions. Examples of high impact, quality clinical and other preventive services recommended by the U.S. Preventive Services Task Force (USPSTF, 2013) include screening for tobacco use, high blood pressure, high cholesterol, HIV/AIDS, breast, cervical, and colon cancer, and appropriate use of aspirin for the prevention of cardiovascular disease (Centers for Disease Control and Prevention, 2011).

The Clinical Preventive Services strategic direction is to engage health care providers in implementing standard clinical care interventions to increase control of high blood pressure and high cholesterol. In addition, the focus is expanded to include clinical interventions for this assessment.

<table>
<thead>
<tr>
<th>Selected Indicators for Clinical Preventive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females 30+ years old with mammograms within 2 years, White</td>
</tr>
<tr>
<td>Females 30+ years old with mammograms within 2 years, Latino</td>
</tr>
<tr>
<td>Men 40+ years old who never received prostate-specific antigen test, White</td>
</tr>
<tr>
<td>Men 40+ years old who never received prostate-specific antigen test, Latino</td>
</tr>
<tr>
<td>Diagnosed diabetes, White</td>
</tr>
<tr>
<td>Diagnosed diabetes, Latino</td>
</tr>
<tr>
<td>Borderline diabetic, White</td>
</tr>
<tr>
<td>Borderline diabetic, Latino</td>
</tr>
<tr>
<td>Diagnosed with high blood pressure, African American</td>
</tr>
<tr>
<td>Diagnosed with high blood pressure, all ethnicities</td>
</tr>
</tbody>
</table>

Figure 4
Source: California Health Interview Survey, 2009
Existing Health Disparities within the County for Clinical Preventive Services

- Overall, 24% of Ventura County residents have high blood pressure. Whites and African Americans are more likely to be diagnosed with high blood pressure than other race groups.
- Of the 7% of Ventura County adults diagnosed with heart disease, only 74% indicated that they were given a heart disease management plan by their provider.
- Overall, 68% of Ventura County residents were compliant with colorectal cancer screening guidelines, but Asians and Latinos were less likely than any other race group to be compliant with screening recommendations. Non-Latino Whites are more likely to be diagnosed with colorectal cancer, but Latinos are more likely to die from colorectal cancer. This may be the result of lower rates of screening in the Latino population.
- Overall, 45% of Ventura County men over 40 years old have never been screened for prostate cancer. Latinos and Asians are more likely than other race groups never to have been screened for prostate cancer.
- According to the California Health Interview Survey, only 74% of children 2-11 years old have had a dental visit within the last 6 months. Ventura County Public Health’s Oral Health 2009 program data indicates that 37% of children receiving fluoride varnish through the program had not been to the dentist by age 5, even though California schools require that all children entering kindergarten submit proof of an oral health exam prior to school enrollment.
- In 2007, 32% of adults had no dental insurance in the past year.
- Conditions related to pregnancy and childbirth account for the highest percentage of hospitalizations in the county, followed by circulatory system diseases. This emphasizes that Ventura County needs to begin primary prevention prior to conception and in utero.
- Hispanics have the lowest percentage of medical insurance coverage. Similarly, rates of uninsured persons are geographically highest in cities primarily populated by Hispanics.

Existing Gaps in Policy Development for Clinical Preventive Services

- A focus-group study was conducted with health outreach workers who work and live in Hispanic communities. Blood pressure and diabetes screening for the Hispanic/Mixtec populations were found to be effective at changing health behaviors in this population (Kaiser Foundation, 2013).
- Oral health was identified as a top health concern by community members who participated in the Ventura County Community Foundation Health Assessment (Kaiser Foundation, 2013). Participants noted the lack of access to affordable dental care, especially for pediatric patients.
- The policy scan identified 3 areas in which more work is needed to meet community needs. These include: using pharmacists as healthcare extenders, using community health workers/patient navigators, and implementing comprehensive diabetes prevention programs.

Policy Initiatives to Address Clinical Preventive Services

- Use of community health workers or patient navigators
- Increase the number of providers accepting Medi-Cal
- Focus on employee health plans and worksite policies to improve access to prevention services
- Increase access to diabetes prevention programs
- Use pharmacists as healthcare extenders
Mental and emotional well-being 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. However, more than just “feeling bad,” mental illness is also associated with a higher probability of many chronic conditions, including obesity, diabetes, and cardiovascular disease. It also contributes to premature death.

The goal of the Social and Emotional Wellness strategic direction is to ensure that every resident has the resources they need to be able to deal with normal life stressors. This should result in improved health outcomes. Social and emotional wellness can be affected by socio-economic status. Low-income individuals are 2-5 times more likely to suffer from a diagnosable mental disorder than those in the top SES bracket (Bourdon, Rae, Narrow, Manderscheid, & Regier, 1994). 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, Conger & Martin, 2010).

### Selected Indicators for Social and Emotional Wellness

- **Percent of chlamydia cases in females 15-24 years**: 50.8%
- **Percent of teen pregnancies, Whites**: 8.9%
- **Percent of teen pregnancies, Hispanics**: 88.6%
- **Past 30 day marijuana use in 11th grade, females**: 18.0%
- **Past 30 day marijuana use in 11th grade, males**: 26.3%
- **Past 30 day alcohol use in 7th grade, males**: 13.5%
- **Past 30 day alcohol use in 7th grade, females**: 15.4%
- **Percentage of women that screen for alcohol use prior to known pregnancy and continue to use**
- **Percentage of adults binge drinking in past year, 300% federal poverty level and above**: 42.2%
- **Percentage of adults binge drinking in past year, 0-99% of federal poverty level**: 34.7%
- **Percentage of adults binge drinking in past year**: 51.3%
- **Percentage of adults needing help for emotional/mental health problems, Latino**: 11.8%
- **Percentage of adults needing help for emotional/mental health problems, White**: 16.4%

Existing Health Disparities within the County for Social and Emotional Wellness

- In 2009, 16% of adults admitted to needing help for emotional/mental health problems. Whites (20%) were more likely than Hispanics (12%) to admit to needing help. In comparison to other chronic disease prevalence, such as heart disease and diabetes, more Ventura County residents tend to suffer from social and emotional health issues.
- Overall, 36% 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 to admit to binge drinking. Residents below the federal poverty level are also more likely to engage in binge drinking.
- Of all women who screen positive for alcohol use prior to known pregnancy, 42% continued to use after knowing they were pregnant. This percentage increased to 47% in 2012.
- Female 7th and 9th graders in Ventura County are more likely to have consumed alcohol in the past 30 days than their male counterparts, but male 11th graders are more likely to have consumed alcohol than 11th grade females. Females in 7th grade from Oxnard Elementary (26%), Rio Elementary (25%), and Santa Paula Elementary (25%) are more likely to have consumed alcohol than 7th grade females in other school districts. Females in 9th grade from Fillmore Unified (36%), Ventura Unified (30%), and Oxnard Union High (28%) are more likely to have consumed alcohol than 9th grade females in other school districts.
- In 2011, as in previous years, the majority of the teenage pregnancies occurred in Hispanic teens (89%) followed to a lesser extent by White teens (9%).
- Females aged 15-24 accounted for 51% of all chlamydia cases in 2011 (2,031.8 cases per 100,000 females 15-24 years), which indicates this population needs to be targeted for prevention activities.

Existing Gaps in Policy Development for Social and Emotional Wellness

- Poor mental health is a significant health problem in every focus group, town hall meeting, and key informant interview conducted as part of the Ventura County Community Foundation Health Assessment (Kaiser Foundation, 2013).
- Examples of the root causes of poor mental health identified during primary data collection include: limited resources available for treatment, social stigma of seeking treatment, and lack of support for new mothers to encourage proper bonding with their infants.
- Screening pregnant women for substance use occurs primarily in publicly funded clinics. Many private healthcare providers are resistant to adopt universal screening for substance use during pregnancy.
- Domestic violence policies for responding officers vary by jurisdiction, and it is unclear whether jurisdictions utilize a model response policy.

Policy Initiatives to Address Social and Emotional Wellness

- Early identification of those in need of mental health services
- Promote positive early childhood development
- Identify alcohol and other drug abuse disorders early
- Support youth development programs in school districts
**Healthy and Safe Physical Environments**

Health and wellness are influenced by the homes, neighborhoods and communities in which people live, work and play. Good physical and mental health depend on factors outside of the public health and health care system. These factors include affordable and secure housing, and sustainable and economically vital neighborhoods that provide access to employment opportunities and public resources (e.g., efficient transportation, good schools, and effective policing). Public health policy can promote communities designed to support health and safety, with 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 be 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.

The goal of the **Healthy and Safe Physical Environments** strategic direction is to improve community design to make it easier for residents to engage in physical activity such as walking.

**selected indicators of healthy and safe physical environments**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>West County</th>
<th>East County</th>
<th>Thousand Oaks</th>
<th>Oxnard</th>
<th>City of Ventura</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks &amp; recreation open space (%)</td>
<td>1.9%</td>
<td>7.8%</td>
<td>75.4%</td>
<td>6.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Owner occupied houses (% of county)</td>
<td>66.4%</td>
<td>13.3%</td>
<td>34.08%</td>
<td>15.18%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Percentage of low-income housing (%)</td>
<td>2.8%</td>
<td>1.4%</td>
<td>3.6%</td>
<td>6.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Using carpool (%)</td>
<td>1.4%</td>
<td>13.3%</td>
<td>15.18%</td>
<td>13.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Using public transportation (%)</td>
<td>1.4%</td>
<td>13.3%</td>
<td>15.18%</td>
<td>13.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Driving alone to work (%) (%)</td>
<td>75.4%</td>
<td>66.4%</td>
<td>75.4%</td>
<td>66.4%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Per capita disposal rate (pounds/resident/day)</td>
<td>3.6%</td>
<td>6.4%</td>
<td>6.4%</td>
<td>6.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Overall crime rate (%)</td>
<td>15.18%</td>
<td>34.08%</td>
<td>34.08%</td>
<td>34.08%</td>
<td>34.08%</td>
</tr>
</tbody>
</table>

**Figure 6**
Sources: U.S. Census Bureau, 2006-2010 American Community Survey (five year estimates) and Ventura County Sheriff’s Crime Analysis Unit, 2012
**Existing Health Disparities within the County for Healthy and Safe Physical Environments**

- Although Oxnard had the highest number of crimes per day, the rate per 1,000 residents was highest for Ventura and Ojai in 2011. Property crimes were higher in those cities. Santa Paula had the highest rate of violent crimes in 2011.
- Studies have shown that neighborhoods with more trees have less crime and better health outcomes. Trees are an indicator of a neighborhood’s overall quality of life. Camarillo and Ojai have more street trees per capita than other cities within the county for which data is available.
- Calls for domestic violence are on the rise in Ventura County, and the rate has doubled in the past 20 years.
- Oxnard had the highest number of referrals for domestic violence (County of Ventura, Human Services Agency Domestic Violence Referral Services, 2013).
- In Ventura County, 48% of women at risk for domestic violence had a positive 4P’s Plus screen compared to 18% of women not at risk for domestic violence. Women who screened positive for substance use during pregnancy are more likely to be at risk for domestic violence than those who screened negative.
- Rate of entry into foster care was highest in ZIP Code 93022 (Oak View), followed by 93003 (Ventura) for 2010.
- Residents living in West Ventura County have less access to parks and recreation open space than residents in the East County.
- Overall, the life expectancy for Ventura County residents was 82.6 years. The ZIP Code with the highest life expectancy was 91361 (Thousand Oaks/Westlake Village) with a life expectancy of 88.1 years, while the lowest life expectancy 79.3 years could be found in 93041 (Port Hueneme).

**Existing Gaps in Policy Development for Healthy and Safe Physical Environments**

- The cities of Oxnard, Ventura, Thousand Oaks, Moorpark, Camarillo, and Santa Paula have policies aimed at reducing the density of retail stores engaged in alcoholic beverages sales.
- Jurisdictions in the county have varying policies and protocols for responding to calls for police service for domestic violence incidents. Jurisdictions that contract with the Ventura County Sheriff’s Department for Police Services abide by protocol and guidelines established by the Ventura County Sheriff’s Department, 2010 (VCSD). These policies must meet state law requirements.
- In accordance with state law, all jurisdictions (with the exception of Port Hueneme, for which no data was accessible) all cities have adopted general plans with elements that govern traffic circulation for all users, including pedestrians, bicyclists, and users of public transit. The availability of bike paths within cities and connected between cities is lacking.
- No jurisdiction in Ventura County has adopted policies regulating fast food establishments.

**Policy Initiatives to Address Healthy and Safe Physical Environments**

- Complete streets policies that include a transportation network for all modes of travel
- Build and maintain parks in close proximity to residential areas
- Connect existing bicycle paths and routes
- Promote use of transit, with reduced fares for populations needing transportation assistance
Life Course Perspective suggests that a complex interplay of biological, behavioral, psychological and social factors contribute to health outcomes across the span of a person’s life (U.S. Department of Health and Human Services, 2010). This lends to the fact that health is a developmental process occurring throughout the lifespan, a process which can be closely linked to community and neighborhood settings.

The key concepts of the life course perspective include pathways or trajectories, early programming, critical or sensitive periods, cumulative impact, and risk and protective factors. Research documenting the important role that early life events play in influencing health outcomes into adulthood provides a new perspective on how to assess health care needs and service delivery within Ventura County.

One’s health pathway or trajectory is shaped continually through exposures, experiences, and interactions. Social, economic, and environmental exposures that can influence an optimal healthy development trajectory can be predicted for populations and communities.

Figure 1.1 shows that the optimal healthy development trajectory can only be obtained through risk reduction and health promotion strategies, which is where transforming communities through policy intervention becomes important. Implementation of policies and environmental changes that promote health and reduce an individual’s risk will help empower residents to improve their overall health.
Health Prior to Pregnancy May be Linked to Obesity

Particularly relevant to maternal and child health is the second concept of early programming in critical periods both prenatally (i.e., exposure in utero) and prior to conception. A mother’s health status prior to and during pregnancy can have a direct impact on the health of the baby and her future developing child. 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). Mothers who are overweight or have diabetes are more likely to have children that are overweight or develop diabetes (Lau, Rogers, & Ross, 2011). Researchers studying the Pima Indians have shown that 40% of the Type 2 diabetes in their offspring can be attributed to a diabetic environment in the womb (Dabelea, Knowler, & Pettitt, 2000).

Animal studies have shown that poor fetal nutrition inside the womb can cause the baby to turn on its “thrifty genes” which help the body use and store energy more efficiently (Lu, 2009). This would be a good thing if the child were born into a world of famine and starvation. However, if they are born into a world where there is a fast food restaurant on every street corner, then the “thrifty genes” that were turned on prenatally will hang on to every calorie of carbohydrates and fats that the child is exposed to, which may lead to a struggle with being overweight or obese.

Epidemiologists have proven this through real-world experiences such as The Hunger Winter, when the Dutch were surviving on as little as 500 calories per day during World War II. Children born and conceived during this time are more likely to suffer from obesity, diabetes, and heart disease as adults than babies with adequate nutrition in the womb (Murphy Paul, 2010). Even more critically, the children of these children also suffered resulting health conditions.

Epigenetic responses of a mother while she is in the womb can have impacts on her children. The children of mothers who were malnourished in utero also suffered from more chronic disease disorders than similar children whose mothers had not been malnourished in utero.

The life course perspective 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 can lead to chronic inflammation, hypertension, heart disease, depression, obesity, etc. (Lu, 2009).

A key lesson is that a person’s health pathway can be modified based on exposure to risk and protective factors (U.S. Department of Health and Human Services, 2010). Protective factors such as a nurturing family, safe neighborhoods, positive relationships, access to healthcare, etc. all contribute to healthy development. Risk factors such as food insecurity, poverty, homelessness, domestic violence, etc. all diminish health and make it more difficult for a child to reach his or her full developmental potential. Healthy mothers have healthy babies that grow up to be healthy adults who have healthy children.
Socio-Economic Status (SES) of communities has significant impact on the health condition of people in those communities. The primary objective of this assessment is to identify the health needs and disparities of Ventura County residents in order to develop and implement initiatives that can prevent chronic diseases, the leading causes of death and disease, and improve the weight, nutrition, physical activity, tobacco use, emotional well-being, and overall mental health of Ventura County residents.

Socio-Economic Status (SES) of communities has significant impact on the health condition of people in those communities. Reducing socio-economic disparities requires major changes in the societies, which are often structural and complicated in their political dimensions. Reducing SES disparities in health will require policy initiatives which should address the components of socio-economic status such as income, education, and occupation, as well as the pathway by which these conditions affect the health of the community (Adler et al., 2002).

Research suggests that both physical and mental health are strongly associated with SES. In particular, studies suggest that lower SES is linked to poorer health outcomes. Poor health may in turn decrease an individual’s capacity to work, thus reducing their ability to improve their SES (American Psychological Association, 2012). This is summed up in the following list of pertinent literature:

- Low SES is associated with increased morbidity and mortality (Adler, Boyce, Chesney, Cohen, Folkman, & Kahn, et al., 1994).
- Low-income individuals are 2-5 times more likely to suffer from a diagnosable mental disorder than those in the top SES bracket (Bourdon et al., 1994).
- 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 et al., 2010).
- Educational and employment opportunities may be hindered by mental health problems (Murray & Lopez, 1997).
- Access to health insurance and preventive services are part of the reason for socio-economic health disparities (McGinnis, Williams-Russo, & Knickman, 2002).
- Research shows that SES is associated with a wide array of health, cognitive, and socio-emotional outcomes in children, with effects beginning prior to birth and continuing into adulthood (Bradley & Corwyn, 2002).
- Individuals with low SES often experience barriers to obtaining mental health services, including a lack of or limited access to mental health care, child care, and transportation (McGrath, Keita, Strickland, & Russo, 1990).
- Education has a positive and statistically significant impact on the health of individuals (Sillies, 2009).
- Pedestrian crashes are 4 times more frequent in poor neighborhoods and that neither age of the population, education, English language fluency, nor population density explained the effect of poverty (Chakravarthy, Anderson, Ludlow, Lotfipour, & Vaca, 2010).
the objective of the assessment was to establish a collective vision of where the county is and where it should be in order to create an efficient and equitable system to address health disparities.

Ventura County has quality health care services available to its residents. The ability of residents to access these services and achieve optimal health varies within communities. Enjoying good health stems from the availability of health care services, healthy environments, healthy lifestyles, and the knowledge, attitudes and beliefs of what constitutes healthy living. Health literacy allows people to appreciate the importance of healthy living and how behavior affects health outcomes (Cowell, 2006).

Ventura County is one of 61 communities across the nation awarded a Capacity Building Community Transformation Grant (CTG). The CTG program’s goal is to create healthier communities by making healthy living easier, more affordable, and more accessible where people work, live, learn, shop, and play.

Capacity Building awardees are required to perform a community health needs assessment and policy and environmental scan to assess the prevailing health status of their communities, in order to leverage resources and partnerships to address the priority areas. The development of this assessment includes input from stakeholders and residents within the community, and focuses on the following five strategic directions:

- Healthy Eating and Active Living
- Tobacco-Free Living
- Clinical Preventive Services
- Social and Emotional Wellness
- Healthy and Safe Physical Environments

This assessment was made possible through the collaboration of several people, entities and organizations that have an interest in improving the health status of Ventura County residents. Principal among Ventura County stakeholders is the CTG Leadership Team, comprised of multi-sectoral county and community leaders such as: mayors; city and county officials; school superintendents; business associations; Federally Qualified Health Centers (FQHC’s); hospital and health systems directors; health officers and public health advocates; representatives from other sectors including planning and transportation; other leaders with policy influence in the community; and individuals that represent populations experiencing health disparities. Stakeholder coalitions are the Partnership for a Healthy Ventura County and the Tobacco Education and Prevention Coalition. Both coalitions represent education agencies, school health advocates, community development/planning agencies, community-based organizations, local businesses, worksites, local aging centers, among others.

The objective of the assessment was to establish a collective vision of where the county is, and where it should be, in order to create an efficient and equitable system to address health disparities. This assessment utilized the information gathered and expertise of the community coalitions and CTG Leadership Team to develop recommendations to be included in the Community Transformation Implementation Plan (CTIP). The recommendations will provide the strategic foundation for improving the health status of Ventura County’s population through policy, systems, and environmental change.
The main components of the assessment are:

**Town Hall Meetings***

<table>
<thead>
<tr>
<th>City</th>
<th>Date and Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Paula</td>
<td>March 19, 2013</td>
<td>Casa Bella Community Room 622 E. Main Street</td>
</tr>
<tr>
<td></td>
<td>6 pm to 7:30</td>
<td>Santa Paula</td>
</tr>
<tr>
<td>South Oxnard</td>
<td>March 20, 2013</td>
<td>South Oxnard Center 200 E. Bard Rd., Oxnard</td>
</tr>
<tr>
<td>West Ventura</td>
<td>March 27, 2013</td>
<td>Bell Arts Factory 432 N. Ventura Ave., Ventura</td>
</tr>
<tr>
<td>Moorpark</td>
<td>March 28, 2013</td>
<td>Ruben Castro Center 612 Spring Rd., Moorpark</td>
</tr>
<tr>
<td>Fillmore</td>
<td>April 4, 2013</td>
<td>Fillmore Central Station Townhomes 272 Main St., Fillmore</td>
</tr>
</tbody>
</table>

*A meeting scheduled in Camarillo was cancelled because only three people showed up. Health Education staff members were added as a focus group.*

**Demographic and Health Characteristics of the County:**

- Demographic Indicators
- Socio-Economic Status
- Transportation
- Health Insurance
- Health Behaviors
- Disease Prevalence

**Policy Scan:**

- Healthy Eating and Active Living
- Tobacco-Free Living
- High Impact, Quality Clinical and Other Preventive Services
- Social and Emotional Wellness
- Healthy and Safe Physical Environments

**Ventura County Community Foundation Primary Data Collection**

The Ventura County Community Foundation (VCCF) was contracted by the Valley Care Community Consortium (VCCC) to assist in the collection of primary and secondary data for Kaiser Permanente to inform a health needs assessment for the Ventura County service area (Kaiser Foundation, 2013). VCCF assessed health needs of the county as a whole for this project. In order to avoid duplication of efforts, this assessment includes the findings of the primary data collected from July–October 2012. Here is a summary of VCCF’s primary data collection efforts, which can be found throughout this assessment:

- Key informant interviews with representation from academia, children and family non-profit services, public health, behavioral health, hospitals, free clinics, and Federally Qualified Health Centers.
- Focus groups with stakeholders whose work focuses on serving populations experiencing disparities, including community outreach workers that serve the linguistically isolated population and community members that serve on the advisory board for First 5 Ventura County, Neighborhoods for Learning.
- Town hall meetings with over 90 stakeholders in the community to identify high priority health issues, their causes, and the resources available to address them. The high priority community health needs identified through this process and supported by both primary data sources and via a review of local, state and national secondary data sources include:
  - Obesity (explored within the Healthy Eating and Active Living section)
  - Diabetes (explored within the High Impact, Quality Clinical and Other Preventive Services section)
  - Mental Health (explored within the Social and Emotional Wellness section)
  - Oral Health (explored within the High Impact, Quality Clinical and Other Preventive Services section)
  - Cancer (explored within the High Impact, Quality Clinical and Other Preventive Services section)
  - Communicable Diseases (explored within the High Impact, Quality Clinical and Other Preventive Services section)

Data collection methods included gathering both primary and secondary data from several sources, including those outlined below.
Healthy People 2020

The County of Ventura follows Healthy People 2020 (HP 2020) recommendations, which create a strategic framework that unite health promotion and disease prevention issues under a single umbrella. HP 2020 provides the opportunity to engage a wide variety of stakeholders in order to achieve the objectives set forth. It also guides national research, program planning, and policy adoption to promote health and prevent disease.

HP 2020 includes 1,200 measures tied to over 600 objectives in more than 40 topic areas. With greater than 1,200 targets to meet, it is difficult to determine where the focus should be for a local health jurisdiction. Fortunately, in October 2011, HP 2020 released a set of leading health indicators (LHI) which is a condensed list of objectives that should be utilized to communicate high priority health issues (Centers for Disease Control and Prevention, 2013). Throughout this assessment, it will be noted if Ventura County is meeting the HP 2020 target.

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). 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. The health factors chosen influence the health outcomes. Ventura County ranked 16th out of 56 (two counties were not ranked within California) for health outcomes and 18th out of 56 for health factors. There are 5 indicators that make up the health outcomes ranking and 24 indicators considered in determining the health factors ranking. Although Ventura County is in the top one-third of California counties for health factors and outcomes, there is still work to be done. These indicators will influence decision makers when developing policy, systems, and environmental change recommendations. Ventura County fell below the mean, as compared to other California counties, for the indicators listed below.

Indicators Negatively Affecting Health Outcomes Ranking
- Percent of low birth weight babies from 2002-2008 – 7% in Ventura County (the national benchmark is 6%)

Indicators Negatively Affecting Health Factors Ranking
- Rate per 100,000 population of sexually transmitted infections in 2009 – 291 per 100,000 population in Ventura County (above the national benchmark of 84 per 100,000 population)
- Excessive drinking from 2004-2010 – 18% of Ventura County adults (above the national benchmark of 8%)
- Perceived inadequate social support from 2006-2010 – 24% of Ventura County adults (above national benchmark of 14%)
- Number of air pollution ozone days in 2007 – 39 days in Ventura County (above national benchmark of 0 days)
- Percentage of restaurants considered fast food in 2009 – 49% in Ventura County (above national benchmark of 25%)
the family structure of a household influences the economic conditions of that household

**County Population**

Figure 2.1 provides a picture of the county’s population characteristics. The information is based upon multiple year data from the U.S. Census, which allows for larger sample sizes and is statistically more reliable.

<table>
<thead>
<tr>
<th>City</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>65,968</td>
</tr>
<tr>
<td>Fillmore</td>
<td>15,162</td>
</tr>
<tr>
<td>Moorpark</td>
<td>35,088</td>
</tr>
<tr>
<td>Ojai</td>
<td>7,558</td>
</tr>
<tr>
<td>Oxnard</td>
<td>201,555</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>21,856</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>29,963</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>125,793</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>128,412</td>
</tr>
<tr>
<td>Ventura</td>
<td>107,734</td>
</tr>
<tr>
<td>Ventura County</td>
<td>825,706</td>
</tr>
</tbody>
</table>

Households

Oxnard is the most populated city followed by Thousand Oaks and Simi Valley. Cities with an older population base have a smaller household size on average. However, the overall number of households is usually greater in cities with an older population base. Cities with a younger population base tend to have a higher household size on average.
Households Cont.

Figure 2.2 provides the number of households within Ventura County by city. Overall, in Ventura County, the average number of people per household is 3.3, which can be calculated by dividing the number of people within a city by the number of households. The average household size varies by city, with Oxnard having an average of 3.8 people per household and Ojai having an average of 2.2 people per household.

It is important to consider the structure of a household and whether or not it is a family headed by either two parents or a single parent. The family structure of a household influences the economic conditions of that household. Single parent females may experience different socio-economic outcomes compared to single parent males. Wage and salary gaps exist among men and women in every community within the nation and in this county, which disproportionately affect single parent females.

Figure 2.3 shows that 46,666 households in the county are headed by single parents. The total number of households in Ventura County is around 264,982; the proportion of households headed by single parents is about 18% of the total households. The ratio of households headed by single parent females is about 12% of total households. The ratio of households headed by single parent females is about twice as high as single parent males. Some cities like Oxnard have a large number of single parent (head of household) families.
Race and Ethnicity

Figure 2.4 shows the racial breakdown of the county and its various cities. The information is based on racial categorization according to the U.S. Census, which asks for a person’s race and ethnicity. Whites make up the largest racial group in the county, which includes the Hispanic ethnicity.

As shown in the next graph (Figure 2.5) ethnic categories break out very differently.
Race and Ethnicity Cont.

Figure 2.5 shows a similarity between the ethnic breakdown of Ventura County and the State of California. The proportion of Whites Alone and Hispanics/Latinos is larger in Ventura County than in California. Correspondingly, a smaller proportion of African Americans and Asians live in Ventura County than in the rest of the state. Neither the County nor the State has a very large proportion of Native Hawaiians/Pacific Islanders. Note that if a person selects “Non-Hispanic,” their race is reported as their ethnicity. Certain ethnic groups are at a higher risk for living in poverty, as discussed later in this report. These ethnic groups are more likely to need assistance from social service programs. However, factors such as language isolation, immigration status, and transportation may prevent them from accessing such services.

Fertility Rate

Table 2.1 shows that the overall fertility rate in 2010 (# of live births per 1,000 females 15-44 years) was 67.9 in Ventura County. The fertility rate for Hispanics was almost double the rate for Non-Hispanics (90.1 versus 49.0). Within each city, the Hispanic fertility rate was higher than the Non-Hispanic fertility rate. As this trend continues, the ethnic structure of the county will undoubtedly change.

<table>
<thead>
<tr>
<th>City</th>
<th>Birth Rate</th>
<th>Hispanic Birth Rate</th>
<th>Non-Hispanic Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>52.8</td>
<td>74.6</td>
<td>45.9</td>
</tr>
<tr>
<td>Fillmore</td>
<td>29.3</td>
<td>93.5</td>
<td>6.8</td>
</tr>
<tr>
<td>Moorpark</td>
<td>56.4</td>
<td>77.0</td>
<td>44.8</td>
</tr>
<tr>
<td>Ojai</td>
<td>111.0</td>
<td>130.7</td>
<td>102.2</td>
</tr>
<tr>
<td>Oxnard</td>
<td>100.4</td>
<td>114.4</td>
<td>55.4</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>98.6</td>
<td>102.1</td>
<td>92.9</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>86.1</td>
<td>91.0</td>
<td>59.5</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>56.8</td>
<td>68.6</td>
<td>52.4</td>
</tr>
<tr>
<td>Thousand Oaks/ Newbury Park</td>
<td>47.7</td>
<td>75.8</td>
<td>40.0</td>
</tr>
<tr>
<td>Ventura</td>
<td>60.8</td>
<td>78.3</td>
<td>50.1</td>
</tr>
</tbody>
</table>

Table 2.1
Foreign-Born Population

Figure 2.6 shows the number of foreign-born population of the county. More than 22% of the county’s population is foreign-born based on the American Community Survey from 2006-2010. This is based on the ratio of total population of foreign born (185,011) over the total population of the county from the same source which was 825,706 (same methodology used for city calculations). The ratio of the foreign-born population ranges from 13% in Ojai to 37% in Oxnard. Three additional cities have a foreign-born population of greater than 20%, including Fillmore, Port Hueneme, and Santa Paula.

Age Distribution

Distribution of age impacts the healthcare needs of a population. Economic means, work status, and the fact that entitlement programs are based upon age affect an individual’s ability to access health care services. The following charts provide a breakdown of the age structure in the county. Figure 2.7 shows the age distribution of the county in four categories. Children under 18 years of age account for about a quarter of the total population, and children less than 5 years make up 6.6% of the total population. The majority of the population is between 18-64 years (63%), but those 40-49 years old (15%) make up the highest percentage of the total population within this range. It is expected that the proportion of the population 65+ years (12%) will continue to grow.
Figure 2.8 shows that Oxnard has the highest percentage of children less than 5 years of age, followed by Santa Paula, Fillmore, and Port Hueneme. The ratio between Oxnard and Ojai (which has the lowest percentage of children less than 5 years of age) is two to one. Information from the U.S. Census shows that most cities with a higher percentage of Hispanics have a higher percentage of children less than 5 years of age. This is also true in Ventura County where Oxnard, Santa Paula, and Port Hueneme have a higher percentage of Hispanics and also a higher percentage of children under the age of 5.

Figure 2.9 provides the percentage of children less than 18 years of age within each city. Fillmore, Oxnard, and Santa Paula have the highest percentage of children less than 18 years, but there is a smaller difference between the cities when it comes to the proportion of children as opposed to children under 5 years.
In the United States, only people less than 16 years of age are restricted from entering the labor market. The 18-64 year old population is typically considered the age range of people who are likely to be active in the labor market. Workers may be covered by employer-sponsored health insurance, be self-insured or not insured at all. Figure 2.10 shows that Moorpark and Simi Valley have the highest proportion of residents between 18-64 years.

Figure 2.11 presents the proportion of the population 65+ years in age. This graph shows a significant difference among the cities in the proportion of older residents. The proportion of people 65 years and older in Ojai is almost twice as high as Oxnard. Overall, there is a larger proportion of older people in cities such as Camarillo, Ojai, and Thousand Oaks. Young children and the elderly require special attention for their health care needs. This issue becomes even more critical when considering the economic status of these families.
The ability to understand and speak English is fundamental to accessing health care information and services. The previous segment of this assessment shows that a significant proportion of county residents are foreign born, and this section will provide information on the language capabilities of Ventura County residents.

Figure 2.12 shows that, in most cities in the Western portion of the county such as Oxnard, Santa Paula and Fillmore, a large segment of the population speak English less than very well. Overall, in Ventura County, nearly 17% of the population speaks English less than very well. About 20,000 indigenous Oaxacan people from Southern Mexico reside in Ventura County, primarily in Oxnard. This population suffers from linguistic isolation because their native languages, including Mixteco, do not include written word and therefore many are illiterate (Mixteco/Indigena Community Organizing Project, 2007). Primary data gathered from a focus group of health outreach workers, who work with the indigenous subpopulations, indicated that language barriers prevent them from accessing the resources and medical services needed (Kaiser Foundation, 2013).
**English-Language Proficiency and Ability to Communicate Cont.**

Figure 2.13 presents the percentage of the population in the county who speak only English in their home. In a number of cities within the county, a majority of the population speaks another language (primarily Spanish) in their homes. Less than half of the residents living in Fillmore, Oxnard, and Santa Paula speak only English at home. More than 70% of residents living in Camarillo, Simi Valley, Thousand Oaks, and Ventura speak only English at home. The ability to communicate in English is critical to a family’s health and well-being.

For those households where the primary language is not English, the most important indicator of inability to communicate is being in linguistic isolation. This means there is no one older than 14 years of age who can speak English very well in the household. For example, in Oxnard, 29% of the households, which speak primarily Spanish at home, do not have anyone older than 14 years of age who can speak English very well.

Fig. 2.13
Source: U.S. Census Bureau, 2010 American Community Survey (one year, three year and five year estimates based on availability)
Figure 2.14 through 2.18 look at linguistic isolation by language spoken at home. A larger proportion of people in the Western portion of the county face linguistic isolation, especially residents living in Oxnard and Santa Paula. Based upon the information above, Hispanics, Asians, and Pacific Islanders suffer most from linguistic isolation. Hispanics represent a large proportion of total population in the county and the majority of population in some cities. Therefore, it is clear that a large number of people who speak Spanish or other native languages from Latino communities need language assistance.
isolation based on other indo-european languages spoken at home

isolation based on spanish spoken at home

<table>
<thead>
<tr>
<th>Location</th>
<th>Camarillo</th>
<th>Fillmore</th>
<th>Moorpark</th>
<th>Ojai</th>
<th>Oxnard</th>
<th>Port Hueneme</th>
<th>Santa Paula</th>
<th>Simi Valley</th>
<th>Thousand Oaks</th>
<th>Ventura</th>
<th>Ventura County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.3%</td>
<td>19.4%</td>
<td>15.8%</td>
<td>10.7%</td>
<td>29.4%</td>
<td>23.5%</td>
<td>28.7%</td>
<td>12.0%</td>
<td>20.7%</td>
<td>18.4%</td>
<td>23.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2005-2009 (five year estimates)
isolation based on other languages spoken at home

<table>
<thead>
<tr>
<th>City</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>36.8%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>0.0%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>11.0%</td>
</tr>
<tr>
<td>Ojai</td>
<td>0.0%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>43.1%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>56.3%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>0.0%</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>12.7%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>3.9%</td>
</tr>
<tr>
<td>Ventura</td>
<td>38.5%</td>
</tr>
<tr>
<td>Ventura County</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2005-2009 (five year estimates)

isolation based on asian and pacific island languages spoken at home

<table>
<thead>
<tr>
<th>City</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>19.6%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>44.4%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>15.2%</td>
</tr>
<tr>
<td>Ojai</td>
<td>17.9%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>16.0%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>22.3%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>37.2%</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>16.1%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>21.8%</td>
</tr>
<tr>
<td>Ventura</td>
<td>29.4%</td>
</tr>
<tr>
<td>Ventura County</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey, 2005-2009 (five year estimates)
Economic Status of Population: Income, Poverty, and Housing

The level of economic well-being directly impacts the health status of any population in the United States. Income levels differ based on educational attainment and other socio-economic factors for individuals and households. Income levels for Ventura County households are presented by various demographic characteristics.

Figure 2.19 shows income level based on the age group of the householder. The income level of $25,000 represents low-income status for a family of four, as dictated by the Federal Poverty Level Guidelines. A number of issues important for low-income households can be identified from this information. In general, older households (65 years and older) and younger households (under 25 years of age) are more likely to make less than $25,000 per year. Poverty status among younger households may be more of a transitory condition than a long term or chronic condition. However, low-income status among older households is more likely to be chronic and affects many communities in our county and across the nation. The proportion of older households with low-income status is very high in cities such as Fillmore and Santa Paula.
Education Status: Dropping Out

Public high school dropout data are available by district and ethnicity. A limitation is that 1,068 9th to 12th grade students were enrolled in Ventura County Office of Education (VCOE) schools, of whom 436 dropped out. VCOE operates continuation and similar schools that take students from all districts and are more likely to drop out. VCOE students represent 2% of the student enrollment, but 27% of all dropouts. Not knowing which districts these students came from makes district level comparisons problematic. With that limitation, district level differences do exist.

The last column in Table 2.2 compares expected to observed dropout rates. A value less than 1 means fewer students dropped out than expected, and a value higher than 1 means more students dropped out than would be expected. So, for example, Oxnard has 53% of the dropouts, but only 37% of total enrollment, for a dropout rate of 1.44. Oak Park (much smaller total numbers) has a dropout rate of 0.1% with 3.5% of the total enrollment, for the extremely low 0.03% dropout rate.

Table 2.2

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>HISPANIC OR LATINO OF ANY RACE</th>
<th>AFRICAN AMERICAN, NOT HISPANIC</th>
<th>WHITE, NOT HISPANIC</th>
<th>OTHER*</th>
<th>ADJUSTED GRADE 9-12 DROPOUT TOTAL</th>
<th>GRADE 9-12 ENROLLMENT TOTAL</th>
<th>ANNUAL ADJUSTED GRADE 9-12 DROPOUT RATE WITHIN DISTRICT</th>
<th>PERCENT DROPOUTS ACROSS DISTRICTS</th>
<th>PERCENT ENROLLMENT BY DISTRICT</th>
<th>DIFFERENCE (1 = SAME PROPORTION DROPOUTS AND ENROLLEES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countywide (VCOE)</td>
<td>334</td>
<td>13</td>
<td>82</td>
<td>7</td>
<td>436</td>
<td>1,068</td>
<td>40.80%</td>
<td>8.6%</td>
<td>0.5%</td>
<td>18.21</td>
</tr>
<tr>
<td>Fillmore</td>
<td>24</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>26</td>
<td>1,166</td>
<td>2.2%</td>
<td>27.3%</td>
<td>2.4%</td>
<td>11.56</td>
</tr>
<tr>
<td>Moorpark</td>
<td>32</td>
<td>0</td>
<td>21</td>
<td>1</td>
<td>54</td>
<td>2,519</td>
<td>2.1%</td>
<td>1.6%</td>
<td>2.6%</td>
<td>0.63</td>
</tr>
<tr>
<td>Oak Park</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1,522</td>
<td>0.1%</td>
<td>3.4%</td>
<td>5.6%</td>
<td>0.61</td>
</tr>
<tr>
<td>Ojai</td>
<td>8</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>20</td>
<td>955</td>
<td>2.1%</td>
<td>0.1%</td>
<td>3.4%</td>
<td>0.02</td>
</tr>
<tr>
<td>Oxnard</td>
<td>447</td>
<td>19</td>
<td>59</td>
<td>19</td>
<td>544</td>
<td>16,213</td>
<td>3.4%</td>
<td>1.3%</td>
<td>2.1%</td>
<td>0.59</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>28</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>29</td>
<td>1,593</td>
<td>1.8%</td>
<td>34.0%</td>
<td>35.8%</td>
<td>0.95</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>42</td>
<td>1</td>
<td>71</td>
<td>10</td>
<td>124</td>
<td>6,437</td>
<td>1.9%</td>
<td>1.8%</td>
<td>3.5%</td>
<td>0.52</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>22</td>
<td>4</td>
<td>27</td>
<td>3</td>
<td>56</td>
<td>7,629</td>
<td>0.7%</td>
<td>1.8%</td>
<td>0.4%</td>
<td>4.02</td>
</tr>
<tr>
<td>Ventura</td>
<td>89</td>
<td>4</td>
<td>42</td>
<td>8</td>
<td>143</td>
<td>5,723</td>
<td>2.5%</td>
<td>3.5%</td>
<td>16.9%</td>
<td>0.21</td>
</tr>
<tr>
<td>Total</td>
<td>1026</td>
<td>43</td>
<td>315</td>
<td>49</td>
<td>1433</td>
<td>44,825</td>
<td>2.12%</td>
<td>9%</td>
<td>13%</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Table 2.2
Source: California Department of Education Data Reporting Office (2012)
* “Other” includes American Indian or Alaska Native, Not Hispanic; Asian, Not Hispanic; Pacific Islander, Not Hispanic; Filipino, Not Hispanic; Two or more Races, not Hispanic, Not Reported.
Education Status: Dropping Out Cont.

Table 2.3 compares high school dropout by ethnic designation. Hispanics represent 49% of the high school population, but 68% of the dropouts, a 139% over-representation. White, Non Hispanics are 40% of the high school population, but only 24% of dropouts, an under-representation of 60%. The numbers for African-Americans and the total of Other ethnic categories is very small, so difficult to assure reliably true differences.

Educational Status and Attainment

Educational attainment is one of the key indicators of the health status of a community and access to health care services. The following set of graphs provides important information about the state of education and the level of attainment within the county.

Figure 2.20 shows that the rate of high school graduation varies remarkably within the county. The Healthy People 2020 (HP 2020) target is to have 82% of students graduate with a diploma within 4 years of beginning the 9th grade. Cities such as Oxnard, Fillmore, Santa Paula, and Port Hueneme have the lowest rates of high school graduation and are not meeting the HP 2020 target. All other cities within the county meet the HP 2020 target and exceed the county average of 82.3%. High school graduation is an important determinant of how people will do in the labor market.
Educational Status and Attainment Cont.

The percentage of graduating seniors who enter post-secondary education is an important indicator of the well-being of the community. Figure 2.21 shows 43% of high school graduates in Ventura County go on to pursue a college education. The percentage ranges from 35% of graduating seniors in Oxnard to 55% of graduating seniors in Fillmore. Fillmore has a lower percentage of students graduating from high school than other cities (67%), but if the student makes it through high school, they are more likely to go on to college. The percentage of high school seniors who go on to college is lower than average in the cities of Oxnard, Santa Paula, and Ojai. The importance of building an educated and well-prepared workforce that has the ability to be trained for a global economy is very important. Studies show that a large percentage of people live in the same area in which they grew up. According to the Pew Research Center, social and demographic trends indicate that 57% of residents in the United States have never lived outside of their current state of residence and 37% have never left their hometown (Cohn & Morin, 2008).

Figures 2.22 & 2.23 on the following page provide more detailed information about educational attainment of the county population in two different working age groups. The first group is young adults aged 25-34 years; there is greater ability for upgrading of education and skills among this group. The second age group is the older adults aged 35-44 years. By comparison, there is less likelihood of this age group upgrading their skills and education.
Educational Status and Attainment Cont.

Within Ventura County, nearly 80% of the adult population (25-34 years) has a high school diploma, but only 26% of this population has a bachelor’s degree or higher. The gap in educational attainment within the county is very significant. For instance, 53% of the adult population in Thousand Oaks has a bachelor’s degree or higher, whereas the rate is 8% in Santa Paula, 12% in Oxnard, and 15% in Fillmore. Having access to higher education and the ability to upgrade skills (through vocational education) is pivotal in areas of low educational attainment.

Similar to adults 25-34 years of age, a disparity exists between cities in terms of educational attainment for adults 35-44 years. Adults in Camarillo, Moorpark, and Thousand Oaks are more likely to have a bachelor’s degree. However, a higher percentage of adults 35-44 years have a high school diploma (88%) and a bachelor’s degree (32%) than younger adults 25-34 years.
Educational Attainment and Median Earnings

Figure 2.24 shows the median income in Ventura County by educational attainment for the population 25+ years in age to be $40,978. Residents with a bachelor’s degree or higher tend to make approximately one and a half times the median income of all residents but three times the median income of those with less than a high school diploma. Residents with a graduate or professional degree have four times the median income of those residents with less than a high school diploma. Educational attainment tends to dictate economic status in Ventura County.

![Image of college students]
Educational Attainment and Median Earnings Cont.

A stark difference exists in the pay scale by gender in Ventura County. Figure 2.25 provides information on compensation for men and women for various professions within the county. The pay scale presented in the diagram below is the compensation for men and women who have the same qualifications and are doing the same work across various industries and professions.

Figure 2.27 on the following page shows that, overall, women were paid only 79% of their male counterpart’s wages and salaries for the same profession with the same qualifications. The narrowest gap is among men and women who work for the state government. The largest gap is among men and women who are self-employed. The issue of gender gap in compensation has far-reaching consequences for Ventura County residents. This report shows that a large number of households are headed by single-parent females and being compensated less has a significant impact on the well-being of their families.

![Median Earnings Chart](image-url)
Educational Attainment and Median Earnings Cont.

Figure 2.26 shows the median earnings by gender and educational attainment for Ventura County residents 25 years and older. At every level of educational attainment, men have a higher median income than women, but the gap widens as the education increases. For residents with a graduate degree or higher, men have a median income of $101K and women have a median income of $65,000.

25 years and over median earnings by gender and educational attainment (2010 inflation-adjusted dollars)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School Graduate</td>
<td>23,921</td>
<td>15,264</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>38,586</td>
<td>26,548</td>
</tr>
<tr>
<td>Some College or Associate’s Degree</td>
<td>51,033</td>
<td>33,766</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>73,882</td>
<td>44,018</td>
</tr>
<tr>
<td>Graduate or Professional Degree</td>
<td>101,195</td>
<td>64,673</td>
</tr>
</tbody>
</table>

Fig. 2.26
Source: U.S. Census Bureau, 2010 American Community Survey (2006-2010 five year estimates)

Median earnings of female as a percentage of male in various sectors in Ventura County (2010 inflation-adjusted dollars)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-employed in own not incorporated business workers and unpaid family workers</td>
<td>67%</td>
</tr>
<tr>
<td>Federal government workers</td>
<td>86%</td>
</tr>
<tr>
<td>State government workers</td>
<td>91%</td>
</tr>
<tr>
<td>Local government workers</td>
<td>76%</td>
</tr>
<tr>
<td>Private not-for-profit wage and salary workers</td>
<td>79%</td>
</tr>
<tr>
<td>Self-employed in own incorporated business workers</td>
<td>71%</td>
</tr>
<tr>
<td>Employee of private company workers</td>
<td>81%</td>
</tr>
<tr>
<td>Private for-profit wage and salary workers</td>
<td>79%</td>
</tr>
<tr>
<td>Average</td>
<td>79%</td>
</tr>
</tbody>
</table>
Poverty Status

Figure 2.28 shows that the rate of poverty varies significantly between cities in Ventura County. Furthermore, the level of poverty among children (measured as a percentage of total population of children) is higher than the poverty level among the population in general. The level of poverty is very high in Fillmore, Oxnard, and Santa Paula. It is important to note that a significant percentage of Ventura County’s children grow up in poverty during the early and vulnerable years of their lives.

The graphs that follow in this section take a closer look at the status of poverty in relation to specific demographic characteristics. In general, poverty is associated with a variety of risk indicators; level of employment being the most significant. Evidence shows that in many communities a considerable proportion of people have jobs, yet live in poverty or have very low income.

Figure 2.29 shows the percentage of the population living in poverty by employment status. Among the unemployed, the level of poverty is higher in cities in the West County such as Santa Paula, Oxnard, and Ojai. The majority of people who are in poverty are unemployed, but there is a disparity in poverty between cities. A significant proportion of people living in poverty are employed; they are classified as the working poor. This graph shows that there is a higher percentage of working poor in cities such as Oxnard, Port Hueneme and Santa Paula.

Figure 2.30 provides information on the percentage of residents living in poverty by educational attainment. Lower educational attainment and poverty status correlate with lack of access to health care and subsequently poor health outcomes. Overall in Ventura County, the higher the educational attainment, the less likely a resident is to be living in poverty; 1% of residents with a bachelor’s degree were living in poverty compared to 24% of residents with less than a high school education. Port Hueneme has the highest percentage of those with less than a high school education and those with a bachelor’s degree living in poverty. Santa Paula has the greatest percentage of high school graduates living in poverty and Ventura has the highest percentage of those with some college living in poverty.
Transforming Ventura County communities

### Poverty Level by Employment Status

<table>
<thead>
<tr>
<th>City</th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>11.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>9.5%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>7.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Ojai</td>
<td>23.4%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>25.2%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>16.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>31.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>14.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>14.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Ventura</td>
<td>12.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Ventura County</td>
<td>17.2%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Fig. 2.29
Source: U.S. Census Bureau, 2010 American Community Survey (one year, three year and five year estimates based on availability)

### Poverty by Educational Attainment

<table>
<thead>
<tr>
<th>City</th>
<th>Bachelor’s degree or higher</th>
<th>Some college, associate’s degree</th>
<th>High school graduate (includes equivalency)</th>
<th>Less than high school graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County</td>
<td>23.8%</td>
<td>18.4%</td>
<td>8.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Ventura</td>
<td>18.4%</td>
<td>12.2%</td>
<td>7.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>28.1%</td>
<td>26.1%</td>
<td>11.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>13.8%</td>
<td>18.3%</td>
<td>5.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>22.2%</td>
<td>22.7%</td>
<td>2.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>30.4%</td>
<td>20.0%</td>
<td>2.6%</td>
<td>0%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>25.8%</td>
<td>6.4%</td>
<td>6.8%</td>
<td>0%</td>
</tr>
<tr>
<td>Ojai</td>
<td>5.8%</td>
<td>5.5%</td>
<td>5.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>14.8%</td>
<td>3.3%</td>
<td>3.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>21.9%</td>
<td>14.8%</td>
<td>1.5%</td>
<td>0%</td>
</tr>
<tr>
<td>Camarillo</td>
<td>18.5%</td>
<td>4.3%</td>
<td>2.7%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Fig. 2.30
Source: U.S. Census Bureau, 2010 American Community Survey (one year, three year and five year estimates based on availability)
Poverty Status Cont.

Figure 2.31 shows the percentage of households living in poverty based on the number of people within the household by city. It shows, in most cities, that the likelihood of living in poverty may rise with an increase in the size of a family. Overall, families with 5-6 people are more likely than any other family size to be living in poverty (11%). A higher level of poverty is most likely in families with 7 members or more in the cities of Simi Valley, Santa Paula, and Ventura.

---

**Fig. 2.31**
Source: U.S. Census Bureau, 2010 American Community Survey (one year, three year and five year estimates based on availability)
Poverty Status Cont.

Figure 2.32 shows the percentage of families living in poverty. In Ventura County, single-parent females with children under 18 are almost 5 times more likely to be living in poverty than married-couple families with children under 18. Port Hueneme, Santa Paula, and Oxnard have the highest percentage of families living in poverty. These cities also have the highest percentage of single-parent females living in poverty with children under the age of 18.

Fig. 2.32
Source: U.S. Census Bureau, 2010 American Community Survey (2006-2010 five year estimates)
Housing

Homeownership is associated with a number of 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 2.33 shows that the pattern of homeownership in the county varies by city. There is far more homeownership, proportionally, in cities such as Thousand Oaks, Simi Valley, Moorpark, and Ventura. There is more renter occupied housing in Oxnard, Santa Paula and Port Hueneme.

The financial crisis of 2007 brought about significant change in home prices throughout the county. Figure 2.34 shows the median price of homes in Ventura County is among the highest in the state at $568,700, and varies by city. Homeownership is higher in cities with a higher median home price.
Transportation and Physical Mobility

People need to be able to get from their place of residence to their place of work to meet their daily needs. This is why access to transportation is essential. Access to affordable means of transportation is a key factor in allowing people to benefit from the services available to them, including healthcare. A large number of people in the county use private means of transportation. Figures 2.35 and 2.36 shed light on the existing challenges that people face by showing the frequency of use of various means of transportation within the county and among the cities.

The overwhelming majority of people who work in the county use cars and trucks as their primary means of travel to work, and 75% of Ventura County residents drive alone. This causes traffic congestion, environmental degradation, and physical inactivity.

![Bar chart showing ways of traveling to work in Ventura County](image-url)
Transportation and Physical Mobility Cont.

Figure 2.37 confirms what has been suggested earlier: Countywide, only 4,457 people use public transportation for going to work. Very few people in Fillmore (estimated to be zero), Ojai, and Santa Paula access public transportation for work. Overall, only 1% of people use public transportation to get to work.

The use of bicycles for transportation is an important development that suggests a combination of positive and healthy transportation solutions in a city or geographic location. The ability to ride a bicycle safely is a function of having bicycle lanes in large segments of the public roads and streets. Figure 2.38 indicates that many cities do not have such amenities for their residents. Only 2% of the working population uses a bicycle, taxicab or motorcycle to travel to work.
Transportation and Physical Mobility Cont.

Figure 2.39 indicates that the use of taxicabs, motorcycles, and other means of transportation is generally low within the county. The use of taxicabs requires financial means which may affect the pattern of use.

Figure 2.40 shows the number of people who work at home within the county. The picture presented is very interesting and somewhat promising as working at home requires less use of motorized means of transportation, which improves air quality and traffic congestion. Adjusting the numbers based on the population of various cities and size of their workforce may suggest that proportionally a larger number of people work at home in the cities located in the Eastern portion of the county. This may be a direct result of the type of employment available to various segments of the population.

**Figure 2.39**
Source: U.S. Census Bureau, 2010 American Community Survey (2006-2010 five year estimates)

**Figure 2.40**
Source: U.S. Census Bureau, 2010 American Community Survey (2006-2010 five year estimates)
Access to Health Care (Health Insurance)

Access to health care services is a function of peoples’ economic means and age. A large proportion of people receive health insurance through their employment. Children whose parents meet income requirements may also have access to health insurance. Older populations, 65+ years, have access to public health care insurance. Adults 18-64 years are most likely to suffer from lack of insurance if they do not have any employment or economic means to obtain health insurance.

According to the American Community Survey, as shown in Figure 2.41, more than 16% of the population in the county does not have health insurance. The Healthy People 2020 target is 100% medical coverage for the entire population, which means that Ventura County is falling short of this target with only 84% of the population covered by medical insurance. This question was added to the American Community Survey in 2008, which is why data is not available for cities with populations below 20,000 residents (Fillmore and Ojai) as it would be statistically unreliable. The proportion of population covered was lower in cities such as Oxnard and Santa Paula. However, the demographics of Fillmore suggest that they may also have a proportionally large group of uninsured population.
Access to Health Care (Health Insurance) Cont.

Figure 2.42 presents insurance coverage rates by age and ethnicity. A significant percentage of children are not insured despite government-assisted medical insurance coverage for children whose parents cannot afford or do not receive insurance through work. A significant number of people 65 years of age or older are also not covered by any insurance. A significant proportion of the population between 18 and 64 years of age do not have any insurance. The lack of insurance in this age group causes a lack of access to preventive health care services, which leads to higher health care costs for treatment in the long term.

Hispanics, especially 18-64 years in age, are less likely than other ethnic groups to have insurance coverage. This may be due in part to a lack of knowledge about health insurance and the previously discussed linguistic isolation.

The Affordable Care Act (ACA) expands access to affordable health coverage in California through the State’s “Covered California” program. This may increase the proportion of insured non-elderly Californians to nearly 90% (Jacobs, Watson, Kominski, Roby, Graham-Squire, Kinane et al., 2012). The proportion of the population that will be eligible, yet remain uncovered, is a major concern. Outreach efforts to engage populations experiencing disparities, and provide assistance with applications, will help reduce disparities in health insurance coverage within the county.
Healthy Eating is a way of life influenced by what we eat, how much we eat and how it is prepared. A healthy diet should be moderate in calories and rich in vitamins and minerals. Active Living is a way of life that includes physical activity in daily routines. Adults need to get at least 30 minutes of physical activity each day.

The Centers for Disease Control and Prevention estimate that more than one-third of adults were obese in the United States from 2009-2010. Health conditions related to obesity include heart disease, stroke, type 2 diabetes, and cancer. Tragically, most of these are preventable. Per capita medical spending is an estimated 42% higher for an obese adult compared to a normal weight adult, totaling almost $147 billion extra per year (Finkelstein, Trogdon, Cohen, & Dietz, 2009).

Obesity was identified as a significant health problem in every focus group, town hall meeting, and key informant interview conducted as part of the Ventura County Community Foundation Health Assessment (Kaiser Foundation, 2013). Examples of the root causes of obesity, identified during primary data collection, include the high cost of healthy fruits and vegetables, lack of awareness and education regarding healthful behaviors, and sedentary lifestyles.

Adult Overweight and Obesity and its Effects

Figure 3.1 shows that in 2009, 56% of Ventura County adults reported being overweight (33%) or obese (24%) according to the California Health Interview Survey (CHIS). The Healthy People 2020 target is to reduce the percent of obese adults to 30%; Ventura County is meeting this target with 24% of adults categorized as obese according to CHIS. However, disparities exist based on ethnicity and gender in terms of weight status within the county. Latinos were more likely than Whites to be overweight or obese (66% of Latinos versus 52% of Whites).
Little variability in weight status is seen by poverty level, however, CHIS found that 64% of males admitted to being overweight or obese compared to 49% of females. This is consistent with the percentage of mothers who were considered either overweight or obese prior to pregnancy in 2010. Overall, 48% of mothers in Ventura County had a body mass index (BMI) above 25. BMI is an indicator of body fatness for most people, and a BMI above 25 indicates that a person is either overweight or obese. This percentage of overweight or obese mothers varied from 34% of mothers in Ojai to 60% of mothers in Santa Paula.

Figure 3.2 shows that mothers residing in Fillmore, Oxnard, Port Hueneme, and Santa Paula were more likely to be overweight or obese than mothers in other areas of the county.

Figure 3.3 shows the percentage of mothers who were either overweight or obese prior to pregnancy from 2007-2011. Of those mothers who experienced a fetal or infant loss, 57% were either overweight or obese prior to pregnancy. Of all Ventura County mothers, 48% were either overweight or obese during this time period. Hispanic mothers were more likely to be overweight or obese compared to White/Non-Hispanic mothers (55% of Hispanic mothers versus 39% of White/Non-Hispanic mothers). White/Non-Hispanic mothers have better birth outcomes and White/Non-Hispanic children are less likely to be overweight and obese in this county.
Childhood Overweight and Obesity

In June 2012, the UCLA Center for Health Policy Research released the first-ever report of childhood overweight and obesity numbers by city (only incorporated cities with 20,000+ residents were included in the analysis) (Babey, Wolstein, Diamant, Bloom, & Goldstein, 2012). Overall, 36% of Ventura County 5th, 7th, and 9th graders were considered either overweight or obese (ranging from 26% in Thousand Oaks to 53% in Port Hueneme). This overall average is lower than the 38% prevalence in California, but Port Hueneme (53%), Oxnard (48%), and Santa Paula (48%) all had a significantly higher percentage of overweight and obese students. Port Hueneme had the second highest percentage of overweight and obese students in the entire state just behind Huntington Park (53%) in Los Angeles County.

Figure 3.4 represents the percentage of 5th graders outside the healthy fitness zone for body composition for all school districts within Ventura County. Being outside the healthy fitness zone for body composition equates to having a Body Mass Index above 25.2. This is outside the healthy fitness zone for body composition and will be referred to as overweight and obese from this point forward in the report.

percent of ventura county 5th graders outside the healthy fitness zone by school district

Legend
Elementary School District Percent
0.0% - 10%
10.1% - 20%
20.1% - 30%
30.1% - 40%
40.1% - 50%
50.1% - 60%
60.1% - 70%

Figure 3.4

CHILDSHOOD OVERWEIGHT AND OBESITY CONT.

Children in Fillmore, Santa Paula, Oxnard, and Port Hueneme are more likely to be overweight and obese than those elsewhere in the county. As shown on page 52, mothers residing in these areas are also more likely to be overweight and obese prior to pregnancy, which is a predictor of childhood overweight and obesity. 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.

Figure 3.5 shows that a relationship exists between the percentage of Ventura County 5th graders who were overweight and obese and the percentage of children who participated in the Free and Reduced Lunch Program by school district.

5th graders outside the healthy fitness zone compared to free and reduced lunch participation by school district
Childhood Overweight and Obesity Cont.

Fillmore Unified has the highest percentage of overweight and obese students and children who participate in the Free and Reduced Lunch Program. Oak Park has the lowest percentage of overweight and obese students and the lowest percentage of participants in the lunch program. Other extenuating circumstances contribute to this phenomenon, including low socio-economic status and low educational attainment.

Further investigation of the linkages between poverty, lunch programs, and overweight and obesity is worth exploring.

Figure 3.6 shows that the percentage of 7th graders rated overweight and obese is lower than for 5th graders, except in Oak Park and Somis. Fillmore Unified, Hueneme, Oxnard, Rio, and Santa Paula continue to have the highest percentage of overweight and obese students in 7th grade. Figure 3.7 shows that this holds true for 9th graders as well. Santa Paula Union, Oxnard Union, and Fillmore Unified have the highest proportion of 9th grade students who were overweight and obese in the 2010-11 school year.
**Childhood Overweight and Obesity Cont.**

Figure 3.8 shows Hispanics are more likely than Whites to be overweight and obese in every school district (except for Mesa Union, which is a very small school district). The greatest disparity between Whites and Hispanics occurs in the Ojai Unified and Oxnard school districts. Hispanics are almost two times more likely to be overweight and obese than Whites in those school districts.

Economic status is a predictor of overweight and obesity for 5th graders. In each elementary school district except for Oak Park Unified, economically disadvantaged 5th graders are more likely to be overweight and obese. Figure 3.9 shows that the greatest disparity between economic status is in Ojai Unified and Conejo Valley Unified school districts. Ethnicity, economic status, and overweight and obesity represent a complex relationship.

### 5th graders outside the healthy fitness zone by ethnicity

<table>
<thead>
<tr>
<th>School District</th>
<th>Hispanic 5th graders Not in HFZ</th>
<th>White 5th graders Not in HFZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briggs Elementary</td>
<td>0%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Conejo Valley Unified</td>
<td>0%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Fillmore Unified</td>
<td>0%</td>
<td>51.9%</td>
</tr>
<tr>
<td>Hueneme</td>
<td>43.5%</td>
<td>61.6%</td>
</tr>
<tr>
<td>Mesa Union</td>
<td>53.7%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Moorpark Unified</td>
<td>33.2%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Oak Park Unified</td>
<td>7.7%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Ocean View</td>
<td>0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Ojai Unified</td>
<td>30.7%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>30.9%</td>
<td>59.2%</td>
</tr>
<tr>
<td>Pleasant Valley</td>
<td>41.6%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Rio</td>
<td>40.0%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>47.4%</td>
<td>60.7%</td>
</tr>
<tr>
<td>Simi Valley Unified</td>
<td>38.8%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Ventura Unified</td>
<td>32.7%</td>
<td>50.6%</td>
</tr>
</tbody>
</table>

**Fig. 3.8**
Source: California Department of Education, Physical Fitness Testing Statewide Research File, 2010-11

### 5th graders outside the healthy fitness zone by economic status

<table>
<thead>
<tr>
<th>School District</th>
<th>Not Disadvantaged 5th graders Not in HFZ</th>
<th>Disadvantaged 5th graders Not in HFZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briggs Elementary</td>
<td>0%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Conejo Valley Unified</td>
<td>36.5%</td>
<td>67.1%</td>
</tr>
<tr>
<td>Fillmore Unified</td>
<td>36.5%</td>
<td>63.1%</td>
</tr>
<tr>
<td>Hueneme</td>
<td>52.8%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Mesa Union</td>
<td>32.5%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Moorpark Unified</td>
<td>4%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Oak Park Unified</td>
<td>7.8%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Ocean View</td>
<td>0%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Ojai Unified</td>
<td>15.4%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>42.6%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Pleasant Valley</td>
<td>43.9%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Rio</td>
<td>54.9%</td>
<td>54.9%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>63.9%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Simi Valley Unified</td>
<td>37.1%</td>
<td>50.1%</td>
</tr>
<tr>
<td>Ventura Unified</td>
<td>32.0%</td>
<td>50.8%</td>
</tr>
</tbody>
</table>

**Fig. 3.9**
Source: California Department of Education, Physical Fitness Testing Statewide Research File, 2010-2011
Childhood Overweight and Obesity Cont.

The high prevalence of overweight and obesity in Ventura County children and teens continues to be a concern, especially for those in low-income and minority groups. Primary data was gathered from a focus group of health outreach workers who work and live in Hispanic communities. They suggest that recent immigrants are not used to eating processed foods and that parents do not monitor their children’s food intake as causes of the obesity epidemic in Ventura County’s immigrant population (Kaiser Foundation, 2013). The health outreach workers also noted that, for some recent immigrant families, heavier family may be considered a positive “status symbol,” meaning that a family has enough resources to eat well.

The Healthy People 2020 goal is to reduce overall obesity in children aged 2-19 years to 14%. While the target varies within age groups, Ventura County is not meeting it for low-income children or the teenage group. Figure 3.10 shows that in 2010, more than 35% of Ventura County children ages 2-4 years who received Child Health and Disability Prevention Program (CHDP) health assessments were overweight or obese. Also in 2010, 44% of CHDP-screened Ventura County children and adolescents 5-19 years old were overweight or obese (California Department of Public Health, 2012).

Body Mass Index-for-age percentile in the overweight or obese range increases the risks for diabetes, high blood pressure, elevated lipid levels, asthma, sleep apnea and orthopedic problems. The associated health consequences of these conditions may be urgent or may appear later in life. Over the last 10 years, the United States has made little progress towards reducing the prevalence of childhood overweight and obesity (Centers for Disease Control and Prevention, 2013).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Overweight (%)</th>
<th>Obese (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4 years</td>
<td>16.5%</td>
<td>19.1%</td>
</tr>
<tr>
<td>5-8 years</td>
<td>18.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>9-11 years</td>
<td>19.5%</td>
<td>31.6%</td>
</tr>
<tr>
<td>12-14 years</td>
<td>20.6%</td>
<td>25.5%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>18.1%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

Fig. 3.10
Source: Pediatric Nutrition Surveillance System (PedNSS) 2010 Report
Breastfeeding

Breast milk provides babies with the nutrients that they need for healthy development. Figure 3.11 shows that only 59% of Ventura County mothers report in-hospital exclusive breastfeeding on the newborn screening test 24-48 hours post-delivery. The World Health Organization (WHO) recommends exclusive breastfeeding in almost all cases for the first 6 months of life and up to 18 months with complementary foods.

Exclusive breastfeeding varies by hospital. Santa Paula Hospital, St. John’s Pleasant Valley, and Ventura County Medical Center (VCMC) have the highest exclusive breastfeeding rates prior to discharge. Hispanics were more likely than other groups to breastfeed exclusively prior to discharge but the confidence intervals overlapped between ethnic groups. According to the Maternal and Infant Health Assessment Survey (California Department of Public Health, 2012), only 30% of Ventura County mothers reported exclusive breastfeeding at 3 months. In December 2012, only 13% of mothers participating in the Ventura County Women, Infants, and Children (WIC) nutrition program reported exclusive breastfeeding at 6 months (WIC, 2013).

According to the California Department of Public Health’s Baby Friendly Hospital website, only VCMC and Santa Paula Hospital are designated as Baby Friendly hospitals, defined as hospitals that promote breastfeeding first rather than formula supplementation.

Child and Adult Physical Activity

The Centers for Disease Control and Prevention recommend that children and adolescents participate in at least 60 minutes of physical activity per day, and this should include vigorous activity at least 3 days per week. The Institute for Social Research at the University of Michigan found that increased levels of exercise in students in 8th, 10th, and 12th grade were associated with lower levels of alcohol, cigarette, and marijuana use (Terry-McElrath, O’Malley, & Johnston, 2011).

According to the California Health Interview, 77% of Ventura County children 5 years and older engage in at least 3 days of vigorous physical activity per week. By comparison, in 2007, California Health Interview Survey data showed that only 17% of adults were getting the recommended 3 days of vigorous physical activity per week.
Child and Adult Physical Activity Cont.

Children’s fast food consumption models parents’ patterns: 73% of children 2 years and older consume fast food at least once or more per week; 13% consumed 2 or more sugary drinks such as soda in the past day (California Health Interview Survey, 2009). Figure 3.12 shows that 65% of Ventura County adults eat fast food at least once per week with 12% of adults eating fast food four or more times per week.

In addition, Figure 3.13 at right shows that 35% of children in 7th grade in the county did not eat breakfast in the past week and 26% ate it only once (California Healthy Kids Survey). Research indicates that eating breakfast can improve children’s academic performance and psychological well-being. Eating a healthy breakfast is also important to an overall healthy diet.

Overall, in Ventura County, 65% of female 7th graders and 73% of male 7th graders ate breakfast in the past day. In every school district except Ojai Unified, females were less likely to have eaten breakfast than males. Conejo Valley Unified had the highest percentage of female 7th graders who had eaten breakfast and Pleasant Valley had the highest percentage of male 7th graders. Santa Paula had the lowest percentage of male and female 7th graders that had eaten breakfast in the past day. Overall, 7th, 9th, and 11th graders who are White (69%) are more likely to have eaten breakfast in the past day than Hispanics (56%).
Nutrition and Physical Activity

Figure 3.14 shows the percentage of children who ate 5 or more servings of vegetables a day by race in Ventura County according to the California Health Interview Survey (CHIS) in 2009. Overall, 55% of Ventura County children received the recommended amount of fruits and vegetables per day. The data for African American and Asians was unstable, but shows that Hispanic children were more likely than Whites to receive the recommended amount of fruits and vegetables per day. However, the overall sample size is quite small for children in Ventura County for CHIS.

Summary of Healthy Eating and Active Living Policy and Environmental Scan

Nine specific policy indicators, designated by the Community Transformation Grant (CTG), were researched for the purpose of this assessment:

1. Increase physical activity policies and practice in accordance with standards and guidelines of CDC and other professional organizations in schools, early child care settings, and workplaces
2. Community design approaches related to walking, bicycling, and active transportation
3. Food and beverage strategies at or above CDC guidelines in schools, early child care settings, and workplaces
4. Availability and consumption of unhealthy beverages
5. Baby Friendly Hospitals
6. Breastfeeding strategies (not including Baby Friendly Hospitals)
7. Incentives associated with food assistance programs
8. Point of sale strategies
9. Other innovative strategies as identified by community

Developing policies to combat the obesity epidemic is a new frontier. Those working in the public health arena are taking a cue from lessons learned in tobacco-use prevention to develop strategies to help prevent people from becoming overweight and obese. The resulting policy domains include the following.

Healthy Eating Policies

In Ventura County, no ordinances have been adopted that specifically prevent obesity among residents. However, efforts have been made to promote lifestyle changes that include healthy eating and active living strategies in several jurisdictions.
School Policies

A majority of policies in Ventura County that address obesity and increased physical activity have been made in school settings. They are mandates from the federal and/or state level. All school districts in the county have to adopt and implement these policy mandates.

Healthy Eating - Active Living (HEAL) Gaps Identified

- Several “food deserts” exist in Ventura County. The cities of Oxnard, Santa Paula, and Ventura have been identified as having food deserts. Based on feedback from the Community Transformation Grant (CTG) Leadership Team, areas of East Ventura County need to be surveyed.
- The average cost of a single meal is higher than the National Average in Ventura County. The average meal cost is $2.79 compared to the national average of $2.52.
- Only Ventura County system hospitals have a “Baby Friendly” designation.
- Lower income neighborhoods have fewer physical activity resources than higher income neighborhoods, including fewer parks, green spaces, bike paths, and recreational facilities, making it difficult to lead a physically active lifestyle.
- Crime, traffic, and unsafe playground equipment are common barriers to physical activity in low-income communities.

Environmental Scan

Food Environment of Ventura County

The environment we live in impacts the lifestyle choices we are able to make on a daily basis, and both have played a critical role in the surge of the obesity epidemic.

Environmental factors that contribute to obesity include:
- Access to safe physical environments
- Access to affordable fruits and vegetables
- Oversaturation of unhealthy foods and beverages

Lifestyle/behavioral factors that contribute to obesity:
- Lack of time
- Convenience
- Affordability
- Lack of personal safety
- Lack of medical care
- Lack of knowledge and information

“Families that live in lower income communities have less access to green space for recreation; many families do not have a clear understanding of the priority for healthy activity or live in places where it is not safe for children to play outside without supervision.”

South Oxnard resident
tobacco-free living means avoiding use of all types of tobacco products, including cigarettes, cigars, smokeless tobacco and hookahs, as well as living free from secondhand smoke exposure.

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 causes of death. Tobacco-free living means avoiding use of all types of tobacco products, including cigarettes, cigars, smokeless tobacco and hookahs, as well as living free from secondhand smoke exposure.

The goal of the Tobacco-Free Living strategic direction is to protect people from second-hand smoke in public settings such as parks, recreation areas, worksites, schools, multi-unit housing, etc. The Healthy People 2020 goal is to reduce the percentage of children aged 3-11 years exposed to secondhand smoke from 52% to 47%. National data shows that the actual results are that the nation is at 42%, below the target goal. Data is not available for Ventura County.

Youth Smoking

Youth who smoke are more likely than non-smokers to engage in numerous high-risk behaviors including alcohol and other drug use, to be involved in violence and gang membership, and experience school-related problems and disengagement.

According to the World Health Organization, half of the people who smoke today will likely die due to a tobacco-related illness. Of the 2,168 7th, 9th, and 11th grade smokers in Ventura County, 1,085 may eventually die from a tobacco-related illness. The Healthy People 2020 target is to reduce the proportion of adolescents who have smoked cigarettes in the past 30 days to 16%. Overall, this target is being met for 7th, 9th, and 11th graders within Ventura County. However, certain school districts have a higher prevalence of students who have smoked within the past 30 days. These students are at risk of many diseases and premature death.

“Secondhand smokes goes through the ventilation system. You turn on the air conditioner and if you live next to a smoker the smoke drifts into your unit.”

Luis, Santa Paula Resident
Youth Smoking Cont.

As shown in Figure 4.1 below, in Ventura County, lifetime cigarette use decreased from 2008 to 2010 for 9th graders and 11th graders, but increased for 7th graders, according to the California Healthy Kids Survey. Past 30 day cigarette use decreased for 9th graders and 11th graders in the county from 2008 to 2010, but increased from 4% to 5% for 7th graders.

“If I see a person smoking outside my apartment unit, I simply go inside and close the door. My concern is the kids playing outside. The secondhand smoke affects them while they play.”

Santa Paula Resident
Youth Smoking Cont.

Fillmore Unified School District males and Ventura Unified School District females were more likely to smoke cigarettes than students in other districts. Figure 4.2 shows that from 2008-2010, Fillmore Unified had the highest percentage of 11th grade males with past 30 day cigarette use at 24%, but only 8% of females from this school district reported past 30 day use. Ventura Unified had the highest percentage of 11th grade females with past 30 day cigarette use at 14%, with 18% of males from this school district reporting past 30 day use.

Ojai Unified School District had the lowest percentage of 11th grade males (13%) with past 30 day use, and Oxnard Union High had the lowest percentage of 11th grade females (7%) with past 30 day use.

Figure 4.3 shows that from 2008-2010, Ventura Unified had the highest percentage of 9th grade males who used cigarettes in the past 30 days (16%), and the highest percentage of 9th grade females reporting past 30 day use (9%). Ojai Unified had the second highest percentage of 9th grade males and females with past 30 day cigarette use (15% and 9%, respectively).
Youth Smoking Cont.

Figure 4.3 on the previous page also shows that Ojai Unified and Ventura Unified males and females are more likely to smoke cigarettes than students in other districts. Oak Park Unified had the lowest percentage of 9th grade male and female smokers.

Figure 4.4 shows that from 2008-2010, Oxnard Elementary had the highest percentage of 7th grade males with past 30 day cigarette use (10%), and the highest percentage of 7th grade females reporting past 30 day use (8%). Fillmore Unified had the second highest percentage of 7th grade males and Santa Paula Elementary had the second highest percentage of females with past 30 day cigarette use. Ojai Unified had the lowest percentage of male smokers in 7th grade and Moorpark Unified had the lowest percentage of female smokers in 7th grade.

Figure 4.5 below shows the past 30 day cigarette use on school property by gender and grade level. Although the percentage of students smoking on school property is low, female 7th graders are more likely than 9th or 11th grade females to smoke on school property. Overall in Ventura County, 5% of female 7th graders admitted to past 30 day cigarette use. Half of 7th grade females who admit to past 30 day cigarette use have done so on school property. Overall, 5% of 7th grade males admitted to past 30 day cigarette use, which means that almost two-thirds of 7th grade males were smoking on school property.
Youth Smoking Cont.

Figure 4.6 to the right shows that, according to the California Healthy Kids Survey, African American, Native American or Alaskan Native, and Pacific Islander children are more likely than any other race groups to admit to past 30 day cigarette use. The population of these race groups is quite small in Ventura County so these numbers may not be highly reliable.

Based on data from the County and Statewide Archive of Tobacco Statistics (CSTATS, 2008 & 2010), the smoking prevalence for youth was 14% in both Ventura County and California.

Adult Smoking

Ventura County had the same adult smoking prevalence as the State of California (13%) according to the CSTATS in 2008. However, Ventura County has a slightly higher percentage of occasional smokers than the state as seen in Table 4.1 below.

The information in Figure 4.7 comes from the California Health Interview Survey in 2009 and shows adult smoking prevalence by race. Overall, 12.1% of Ventura County adults admitted to smoking. Latinos and African Americans were more likely than other race groups to admit to smoking (although statistically insignificant for both ethnicities). The Healthy People 2020 target is to reduce the proportion of adults who smoke to 12.0%; therefore, Ventura County is close to this target.
Adult Smoking Cont.

Figure 4.8 shows adult smoking prevalence by poverty status. Although statistically unstable, Ventura County residents at the lower poverty levels may be more likely to smoke than Ventura County residents who are more economically advantaged. Despite recent declines in the prevalence of cigarette use in the general population, cigarette use continues to be disproportionately high among individuals of low-income and racial/ethnic minority groups (Delva, Tellez, Finlayson, Gretebeck, Siefert, Williams, & Ismail, 2005).

According to the Centers for Disease Control and Prevention, more people in the United States die from lung cancer than any other type of cancer. The CDC estimates that smoking causes 80-90% of all lung cancer cases.

Figure 4.9 shows that in Ventura County, 1,818 residents were diagnosed with lung cancer, and 1,376 residents died from lung cancer from 2005-2009 (California Cancer Registry, 2005-2009). More females died from lung cancer than from breast cancer during this time period within our county.

Premature Death

A premature death is one in which someone dies before the expected life span (before age 75, <1 year olds not included). The top causes of premature death are more likely to change over time in comparison to the top ten causes of death. Whether the top causes of premature death are accidents, chronic diseases or infectious diseases, prevention activities could likely decrease these deaths. Smoking, high blood pressure and being overweight are the leading preventable risk factors for premature death in the United States, according to a new study led by researchers at the (Harvard School of Public Health, 2009).

Lung cancer is the third leading cause of death and the fifth leading cause of premature death in Ventura County, accounting for almost 5,000 years of potential life lost from 2006-2008.
Summary of Tobacco-Free Living Policy and Environmental Scan

Five specific policy indicators, designated by the Community Transformation Grant (CTG), were researched for this assessment:

1. Smoke-free workplaces, restaurants, and bars
2. Smoke-free multi-unit housing
3. Smoke-free schools and workplace campuses
4. Point of sale
5. Expanding smoke-free (parks, beaches, and other public spaces)

The strategic direction with the most existing effort in Ventura County is Tobacco-Free Living. In addition to state laws regulating smoking and sales to minors, several Ventura County jurisdictions have adopted policies to protect the public from exposure to secondhand smoke. Only one jurisdiction has adopted a policy to prevent youth from accessing tobacco products in retail settings.

Tobacco-Free Living Gaps Identified:

- The majority of the secondhand smoke polices are in the Eastern portion of Ventura County in the cities of Thousand Oaks and Moorpark, both of which are considered to be comprehensive secondhand smoke policies.
- The City of Camarillo is the only city in Western Ventura County to adopt a comprehensive secondhand smoke policy.
- Pleasant Valley Parks District in Camarillo and Rancho Simi Parks District have policies prohibiting smoking in parks and facilities under their jurisdiction.
- The City of Oxnard is the only city in the county that has adopted an ordinance to regulate tobacco sales to minors.
- According to data collected by Ventura County Public Health, in 2010, the City of Fillmore had the highest number of tobacco retailers who sold to minors and a high rate of tobacco use among high school students.
- Aside from a few public housing authorities that have adopted policies to regulate secondhand smoke exposure in specific settings, such as high rise buildings or buildings where seniors reside, no jurisdiction has adopted a comprehensive ordinance to protect residents from secondhand smoke exposure in multi-unit housing.

Environmental Scan

A tobacco retailer is defined as any person or business that sells, offers for sale or distribution, exchanges, or offers to exchange for any form of consideration, tobacco, tobacco products, or tobacco paraphernalia, without regard to the quantity sold, distributed, exchanged, or offered for exchange.

According to the State Board of Equalization (BOE, 2013), 763 tobacco retailers are in Ventura County.

Overall Findings:

- The cities of Oxnard, Simi Valley and Ventura have the most tobacco retailers. The City of Oxnard has a Tobacco Retailer Licensing Program to regulate tobacco sales to minors with an annual fee to help enforce compliance of tobacco laws.
- The City of Ventura has the highest number of “smoke shops.” A smoke shop is a tobacco retailer that also sells a variety of tobacco-related paraphernalia, such as pipes and papers, in addition to tobacco products.
- Two “hookah lounges” are located in the City of Simi Valley. And one is in the City of Ventura. A hookah is a water pipe used to smoke tobacco, which is usually sweetened or flavored. Hookahs are popular in the Middle East and India and are gaining popularity in the United States, especially among young adults and college-age students. Hookah lounges or hookah bars are establishments that offer hookahs with several hoses so that they can be smoked communally.
- A “roll your own shop” is a tobacco retailer that offers bulk tobacco for consumers to roll their own cigarettes. They are a recent development in Ventura County.
- Tobacco litter remains a significant problem in parking lots, playgrounds, and parks. This also affects our waterways.
High Impact, Quality Clinical and Other Preventive Services are procedures, tests, counseling or medications used by healthcare providers to prevent disease, detect health problems early, and/or provide individuals with the information they need to make good health decisions. Examples of high impact, quality clinical and other preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) include screening for tobacco use, high blood pressure, high cholesterol, HIV/AIDS and breast, cervical, and colon cancer, and appropriate use of aspirin for the prevention of cardiovascular disease (Centers for Disease Control and Prevention, 2011).

The goal of the High Impact, Quality Clinical and Other Preventive Services strategic direction is to engage health care providers in implementing standard clinical care interventions to increase control of high blood pressure and high cholesterol. Note that the focus has been expanded to include additional clinical interventions for this assessment. In order to receive these clinical interventions, residents must have access to a regular primary care provider. In Ventura County, according to the 2009 California Health Interview Survey, 86% of residents had a usual place to go when sick or needing health advice, which meets the Healthy People 2020 target of 84%.

Blood Pressure and Heart Disease

Figure 5.1 represents the percentage of Ventura County residents who have ever been diagnosed with high blood pressure. Overall, 24% of Ventura County residents have ever been diagnosed with high blood pressure. Whites and African Americans (although statistically insignificant) are more likely to be diagnosed with high blood pressure than other ethnic groups. The Healthy People 2020 target is 61% of people diagnosed with hypertension will have their blood pressure under control (data not available for Ventura County).
Diabetes

Figure 5.2 represents the percentage of Ventura County residents who have ever been told they were borderline diabetic by ethnicity. Overall, 9% of Ventura County residents have been told they were borderline diabetic, but Latinos were more likely than any other race group to be told they were borderline diabetic at 13%.

Figure 5.3 shows the percentage of Ventura County residents that have been diagnosed with diabetes by race. Overall, 8% of Ventura County residents have been told they were diabetic, but Latinos (9%) and African-American (14%, although statistically unstable) were more likely than other race groups to be diabetic. The Healthy People 2020 target is to reduce the percentage of residents with diabetes with an A1c (average blood sugar level) value greater than 9% to 16% (data not available for Ventura County).

Primary data gathered by a focus group of health outreach workers who work and live in Hispanic communities indicated that blood pressure and diabetes screening for the Hispanic/Mixteco populations are an effective first step towards changing behaviors in this population (Kaiser Foundation, 2013).

“A lot of people, especially the uninsured do not have access to medical care. People wait until the last minute, when their illness worsens to get medical treatment. It might be too late.”

Santa Paula resident
Cancer Screening

Colorectal Cancer

Figure 5.4 shows the percentage of Ventura County residents who complied with colorectal cancer screening guidelines. Overall, 68% of Ventura County residents complied with the screening guidelines, but Asians and Latinos were less likely than any other race group to be compliant with screening recommendations. This falls short of the Healthy People 2020 target to have 70.5% of the population compliant with colorectal cancer screening based on the most recent American Medical Association (AMA) guidelines.

The age-adjusted mortality rate for colorectal cancer from 2005-2009 was 16.3 for Hispanics and 14.6 for Non-Hispanic Whites per 100,000 population (California Cancer Registry, 2009). Hispanics are thus more likely to die from colorectal cancer than Non-Hispanic Whites. Non-Hispanic Whites are more likely to be diagnosed with colorectal cancer, because they are more likely to get screened. Higher screening rates for Non-Hispanic Whites appears to lead to more (and earlier) diagnoses, while lower rates of screening in the Hispanic population appears linked to their higher mortality rate.

Prostate Cancer

The National Cancer Institute no longer recommends yearly testing for men beginning at age 50 unless education on the potential harms and benefits of testing is also provided. Figure 5.5 shows the percentage of males over 40 years of age by ethnicity who have never received prostate-specific antigen (PSA) testing to screen for prostate cancer. Overall, 45% of men in Ventura County over 40 years had never been screened. Latinos and Asians were more likely than other race groups to have never been screened for prostate cancer.

Non-Hispanic Whites are more likely to be diagnosed with prostate cancer in Ventura County, but the mortality rate for Hispanics versus Non-Hispanics is very similar according to the California Cancer Registry. The age-adjusted mortality rate for prostate cancer from 2005-2009 for Hispanics was 23.4 per 100,000 population and 23.1 for Non-Hispanic Whites.
Breast Cancer

The National Cancer Institute recommends that women over 40 years of age receive a mammogram every 1-2 years. Women who may be at higher risk for developing breast cancer should speak with their provider about when to begin testing.

Figure 5.6 shows the percentage of women 30 years and older who received a mammogram within the past two years by poverty level. Women in lower income brackets are less likely to have received a mammogram within the previous two years than women in higher income brackets.

Figure 5.7 shows the percentage of females 30 years and older who received a mammogram within the past two years. Whites are more likely than other groups to have had a mammogram within the past two years.

According to the California Cancer Registry, there were 3,644 cases of breast cancer diagnosed in women in Ventura County from 2005-2009. The age-adjusted mortality rate for breast cancer from 2005-2009 for Hispanics was 6.1 per 100,000 population and 13.3 for Non-Hispanic Whites. The lower mortality rate for breast cancer is probably due to increased screening and early detection along with advances in the care and treatment of breast cancer.

Primary data gathered from a focus group of the Ventura Neighborhood for Learning advisory board members identified factors such as proximity to agriculture, air quality, and hormone replacement therapy as perceived causes of cancer in Ventura County (Kaiser Foundation, 2013). Public concerns warrant further analysis so that they can either be shown unwarranted or pursued if shown to be valid.

Breast cancer is the most commonly diagnosed cancer among women in Ventura County, but women are more likely to die from lung cancer.
Oral Health

Poor oral health is associated with chronic diseases such as diabetes, oral cancer, pain and disability, and even some respiratory diseases. Poor oral health in pregnant women is a major area of concern as maternal periodontal disease is linked with preterm birth, as well as other poor pregnancy outcomes (Xiong, Buekens, Fraser, Beck, & Offenbacher, 2006). Oral health was identified as a top health concern by community members that participated in the Ventura County Community Foundation Health Assessment (Kaiser Foundation, 2013). Participants noted the lack of access to affordable dental care, especially for children and youth.

According to the California Health Interview Survey (CHIS), 74% of children 2-11 years old have had a dental visit within the last 6 months. California schools require that all children entering kindergarten submit proof of an oral health exam prior to school enrollment. However, Ventura County Public Health Oral Health Program data from 2009 indicates that 37% of children receiving fluoride varnish through the program had not been to the dentist at age 5. Of the children who were provided with varnish from June–December 2009, 68% were at high risk for developing decay, while 18% already had untreated mild to severe dental decay.

No data is available on dental caries in the adult population. CHIS has even stopped asking about whether adults have dental insurance. In 2007, 32% of adults had no dental insurance in the past year. The Healthy People 2020 target is to increase the percentage of the population of all ages that have used the oral health care system in the past year to 49%.

Preterm Birth and Low Birth Weight

According to the Centers for Disease Control and Prevention, 1 in 8 babies born in the United States are born preterm (prior to 37 weeks gestation). Premature babies are more likely to suffer from intellectual disabilities, respiratory problems, visual problems, hearing loss, and feeding and digestive problems.

Risk factors that lead to preterm birth include cigarette smoking, alcohol and drug use, mother’s obesity, and uncontrolled diabetes or high blood pressure. In Ventura County, 1 in 12 babies are born preterm, but great variability exists by maternal city of residence.

The Healthy People 2020 target is for preterm births to be below 11%. Table 5.1 shows that 8% of Ventura County babies overall are born premature, which is below the Healthy People 2020 target. Two cities, Port Hueneme and Thousand Oaks, have more than 10% of babies born premature, still below the target percentage (areas with 5 or less preterm births were excluded from analysis).

Table 5.1

<table>
<thead>
<tr>
<th>CITY</th>
<th>TOTAL BIRTHS</th>
<th>PRETERM BIRTHS</th>
<th>PERCENT PRETERM BIRTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>800</td>
<td>63</td>
<td>7.9%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>309</td>
<td>27</td>
<td>8.7%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>484</td>
<td>33</td>
<td>6.8%</td>
</tr>
<tr>
<td>Ojai</td>
<td>147</td>
<td>9</td>
<td>6.1%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>4,219</td>
<td>314</td>
<td>7.4%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>432</td>
<td>43</td>
<td>10.0%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>503</td>
<td>28</td>
<td>5.6%</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>1,476</td>
<td>125</td>
<td>8.5%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>717</td>
<td>72</td>
<td>10.0%</td>
</tr>
<tr>
<td>Ventura</td>
<td>1,259</td>
<td>92</td>
<td>7.3%</td>
</tr>
<tr>
<td>VENTURA COUNTY</td>
<td>11,147</td>
<td>880</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Table 5.1
Source: California Center for Health Statistics, Vital Statistics, Births Statistical Master File, 2010
Hospitalization Data
Table 5.2 shows the top 15 major diagnostic categories for which patients were discharged from hospitals in Ventura County in 2010 (Office of Statewide Health Planning and Development, Health Care Information Division, 2010). These account for about 93% of all discharges. Conditions related to pregnancy and childbirth account for the highest percentage of discharges in the county, followed by circulatory system diseases and disorders. Preventable chronic diseases and conditions are among the top reasons for hospitalization.

<table>
<thead>
<tr>
<th>Major Diagnostic Codes</th>
<th>Number of Discharges</th>
<th>Percent of Total</th>
<th>Average Length of Stay in Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy, childbirth &amp; the puerperium</td>
<td>12,118</td>
<td>14.1%</td>
<td>2.6</td>
</tr>
<tr>
<td>Newborns and neonate conditions began in perinatal period</td>
<td>11,328</td>
<td>13.2%</td>
<td>3.4</td>
</tr>
<tr>
<td>Circulatory system, diseases &amp; disorders</td>
<td>9,619</td>
<td>11.2%</td>
<td>4.1</td>
</tr>
<tr>
<td>Musculoskeletal system &amp; connective tissue, diseases &amp; disorders</td>
<td>8,147</td>
<td>9.5%</td>
<td>3.9</td>
</tr>
<tr>
<td>Digestive system, diseases &amp; disorders</td>
<td>7,538</td>
<td>8.8%</td>
<td>4.5</td>
</tr>
<tr>
<td>Respiratory system, diseases &amp; disorders</td>
<td>5,733</td>
<td>6.7%</td>
<td>7.6</td>
</tr>
<tr>
<td>Nervous system, diseases &amp; disorders</td>
<td>4,470</td>
<td>5.2%</td>
<td>6.0</td>
</tr>
<tr>
<td>Mental diseases &amp; disorders</td>
<td>4,250</td>
<td>4.9%</td>
<td>5.5</td>
</tr>
<tr>
<td>Infectious &amp; parasitic diseases</td>
<td>2,919</td>
<td>3.4%</td>
<td>8.1</td>
</tr>
<tr>
<td>Kidney and urinary tract, diseases &amp; disorders</td>
<td>2,857</td>
<td>3.3%</td>
<td>4.5</td>
</tr>
<tr>
<td>Hepatobiliary system &amp; pancreas, diseases &amp; disorders</td>
<td>2,714</td>
<td>3.2%</td>
<td>5.4</td>
</tr>
<tr>
<td>Endocrine, nutritional, and metabolic, diseases &amp; disorders</td>
<td>2,666</td>
<td>3.1%</td>
<td>3.3</td>
</tr>
<tr>
<td>Factors on health status &amp; other contacts with health services</td>
<td>2,017</td>
<td>2.3%</td>
<td>15</td>
</tr>
<tr>
<td>Skin, subcutaneous tissue &amp; breast, diseases &amp; disorders</td>
<td>1,815</td>
<td>2.1%</td>
<td>4.9</td>
</tr>
<tr>
<td>Female reproductive system, diseases &amp; disorders</td>
<td>1,818</td>
<td>2.1%</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Summary of High Impact, Quality Clinical Preventive Services Policy and Environmental Scan
Six specific policy indicators, designated by the Community Transformation Grant (CTG), were researched for this assessment:
1. Use of health information technology for provider prompts/feedback, patient communication, and data gathering
2. Use of pharmacists as health care extenders to promote control of hypertension (HBP) and high blood cholesterol (HBC)
3. Instituting and monitoring aggregated/standardized quality measures at the individual provider level and at a systems level
4. Use of community health workers/patient navigators
5. Diabetes prevention and tobacco cessation through the clinical setting
6. Worksite initiatives to improve preventive services through improved coverage, or linking worksites with community resources

Due to the lack of resources, a survey was sent out via broadcast fax to providers that have a published fax number (Ventura County Public Health utilizes this tool to communicate with providers regarding high priority health issues). The survey was also available online; however there was limited access to provider e-mail addresses. The response rate for the survey was only 3%, and thus conclusions did not reflect a consensus of all providers within the county. In addition, pharmacies and hospitals were called to assess whether they had policies regarding the use of pharmacists as healthcare extenders and systems-level standardized quality measures. The research identified organizations that utilize community health workers or patient navigators.

Finally, the top 25 employers in Ventura County were contacted regarding their worksite wellness programs. Very few policies for the six indicators above were discovered as a result of this research process; this does not mean that they are not in place, but rather, they were not identified in the timeframe given for the policy scan.
the goal of the Social and Emotional Wellness strategic direction is to ensure every resident has the resources that they need to be able to deal with the normal stressors in life

Mental and emotional well-being is essential to overall health. Positive mental health allows individuals to realize their potential, cope with the stressors of life, work productively, and make meaningful contributions to their communities. Unfortunately, each year, 1 in 4 U.S. adults are diagnosed with mental disorders including anxiety, mood disorders such as depression, impulse control disorders such as attention-deficit/hyperactivity disorder or substance abuse disorders. Mental illness is associated with a higher probability of many chronic conditions, including obesity, diabetes, and cardiovascular disease, and it contributes to premature death.

The goal of the Social and Emotional Wellness strategic direction is to ensure every resident has the resources that they need to be able to deal with the normal stressors in life, which should result in improved health outcomes.

Poor mental health was identified as a significant health problem in every focus group, town hall meeting, and key informant interview conducted as part of the Ventura County Community Foundation Health Assessment (Kaiser Foundation, 2013). Examples of the root causes of poor mental health identified during primary data collection include limited resources available for treatment, social stigma for seeking treatment, and lack of support for new mothers to encourage proper bonding with their infants.

According to the California Health Interview Survey from 2009, 18% of Ventura County adults admitted that their emotions interfered with their relationships with family and friends. This survey also found that 16% of adults admitted to needing help for emotional/mental health problems; Whites (20%) were more likely than Hispanics (12%) to admit to needing help. Of Ventura County adults, 14% had taken prescription medicine in the past 2 weeks to address their problem. In 2011, Ventura County children (0-17 years) were more likely to be hospitalized for a mental disease or disorder than any other condition (Office of Statewide Health Planning and Development, Health Care Information Division, 2010). The Healthy People 2020 target is to reduce the suicide rate to 10.2 suicides per 100,000 residents. Ventura County just missed the target at 10.3 suicides per 100,000 residents from 2007-2009 (Family Health Outcomes Project, FHOP, from University of California, San Francisco, 2012).
**Adult Substance Use**

Untreated social and emotional health issues often lead to substance abuse issues. Overall, 36% 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 to admit to binge drinking. The Healthy People 2020 target is to reduce the proportion of adults engaging in binge drinking in the past 30 days to 24% (data only available within the past year for Ventura County). Figure 6.1 shows that residents below the poverty level are more likely to engage in binge drinking than any other economic status level.

Unfortunately, some female adults who engage in alcohol and drug use do so during their pregnancies. The Perinatal Substance Use Task Force (PSUTF) in Ventura County tracks substance use during pregnancy by utilizing the 4P’s Plus© Screening Tool. The tool has been utilized to screen approximately 16% of pregnant mothers since 2003 for substance use prior to and during pregnancy, depression, and domestic violence. The screening is primarily done in clinics within the Ventura County Health Care Agency umbrella, but the PSUTF recommends this screening be utilized universally within Ventura County (Ventura County Public Health, 2013).

![Figure 6.1](https://example.com/fig6.1.png)

**Adult Binge Drinking by Federal Poverty Level**

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% Federal Poverty Level*</td>
<td>51.3%</td>
</tr>
<tr>
<td>100-199% Federal Poverty Level*</td>
<td>32.8%</td>
</tr>
<tr>
<td>200-299% Federal Poverty Level*</td>
<td>33.2%</td>
</tr>
<tr>
<td>300% Federal Poverty Level and above</td>
<td>34.7%</td>
</tr>
<tr>
<td>All</td>
<td>36.2%</td>
</tr>
</tbody>
</table>

*Statistically unstable.

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Figure 6.2 shows the percentage of Ventura County women who smoked, drank alcohol, and/or used marijuana and other drugs since learning they were pregnant. The percentage using alcohol over the past 5 years remained about 6%, but increased to 8% during 2012. The percentage of women who smoked after knowing they were pregnant also remained steady over the last 4 years at around 5%. Marijuana use among screened pregnant women averaged around 3% from 2008-2012 and other drug use averaged about 1%. Of women screened positive for alcohol use prior to known pregnancy, 42% continued to use after they were pregnant; however this percentage increased to 50% in 2012.

![Figure 6.2](https://example.com/fig6.2.png)

**Source:** Perinatal Substance Use Task Force, Ventura County Public Health, 4P’s Quarterly Report, December 2012
**Youth Substance Use**

The Healthy People 2020 target for youth substance abuse is to reduce the proportion of adolescents reporting alcohol or illicit drugs use in the past 30 days to 16%. The target is being met in Ventura County for alcohol use in 7th graders, but not in 9th or 11th graders.

The target is being met for marijuana use in 7th graders and female 9th graders, but not in male 9th graders or male and female 11th graders. Great variability exists in alcohol and marijuana use among the school districts within the county.

Figure 6.3 shows that female 7th and 9th graders in Ventura County are more likely to have consumed alcohol in the past 30 days than their male counterparts. However, male 11th graders are more likely to have consumed alcohol than female 11th graders. Females in 7th grade from Oxnard Elementary (26%), Rio Elementary (25%), and Santa Paula Elementary (25%) are more likely to have consumed alcohol than 7th grade females in other school districts. Males in 7th grade from Oxnard Elementary (21%), Fillmore Unified (21%), and Hueneme Unified (20%) are more likely to have consumed alcohol than 7th grade males from any other school district.

Clearly more needs to be done to reduce the rate of marijuana use among adolescents, especially in the high use districts.
Youth Substance Use Cont.

Figure 6.4 shows that 9th grade females in Fillmore Unified (36%) report the highest levels of alcohol use in the past 30 days, followed by females in Ventura Unified (30%) and Oxnard Union High (28%) who are also more likely to have consumed alcohol than 9th grade females in other school districts. Males in 9th grade in Ventura Unified (27%), Oxnard Union High (26%), and Ojai Unified (25%) are more likely to have consumed alcohol than 9th grade males from any other school district. In all but Oak Park Unified, 9th grade females are more likely to report using alcohol in the past 30 days.

Figure 6.5 shows that females in 11th grade from Ojai Unified (46%), Fillmore Unified (44%), and Ventura Unified (37%) are more likely to have consumed alcohol than 11th grade females in other school districts. Males in 11th grade from Fillmore Unified (41%), Ventura Unified (38%), and Oxnard Union High (38%), are more likely to have consumed alcohol than 11th grade males from any other school district. In all but two districts, 11th grade males are more likely to report alcohol use than females.
Youth Substance Use Cont.

Male youth are more likely than female youth to self-report using marijuana in the past 30 days in Ventura County. Overall, marijuana use increased by grade level for both males and females; 6% of female 7th graders have used marijuana in the past 30 days compared to 14% of 9th graders and 18% of 11th graders. 26% of male 11th graders have used marijuana in the past 30 days as compared to 19% of 9th graders and 8% of 7th graders.

Figure 6.6 shows that the percentage of 7th grade females who admitted to using marijuana in the past 30 days ranged from 2% in Conejo Unified to 15% in Oxnard Elementary. The percentage of 7th grade males who admitted to using marijuana in the past 30 days ranged from 2.7% in Conejo Unified to 16.9% in Oxnard Elementary. Oxnard Elementary was the only school district that had more than 10% of female 7th graders using marijuana, but Fillmore Unified (12%), Hueneme Unified (12%), Oxnard Elementary (17%), and Rio (11%) all had greater than 10% of males engaging in marijuana use.

Figure 6.7 shows that in every school district except for Conejo Valley Unified and Simi Valley Unified, 10% or more of the 9th grade females admitted to marijuana use within the past 30 days.
Youth Substance Use Cont.

Marijuana use is highest among 9th grade females from Ventura Unified (23%), Fillmore Unified (19%), and Ojai Unified (18%). More than 10% of 9th grade males from every school district within Ventura County admitted to marijuana use. School districts with the highest percentage of use included Ventura Unified (30%), Santa Paula Union High (25%), and Ojai Unified (22%).

Figure 6.8 shows that 11th grade males generally have higher marijuana use than females. The percentage of 11th grade males who admitted to using marijuana in the past 30 days ranged from 19% in Simi Valley Unified to 35% in Fillmore Unified. The percentage of 11th grade females who admitted to using marijuana in the past 30 days ranged from 16% in Oak Park Unified to 24% in Ventura Unified. The school districts with the highest percentage of females using marijuana in 11th grade were Fillmore Unified (22%), Ojai Unified (20%), and Ventura Unified (24%).

Fillmore Unified (35%), Ojai Unified (29%), and Ventura Unified (32%) also had the highest percentage of males who had used marijuana in the past 30 days, but every school district except for Simi Valley Unified (19%) had almost one-fourth of all 11th grade males using marijuana.
**Prescription Drug Abuse**

Studies have shown that early alcohol, cigarette, and marijuana use were each associated with current abuse of prescription opioids in men 18-25 years old, but only marijuana use was associated with subsequent abuse of prescription opioids in young women. Figure 6.9 shows lifetime use of prescription drugs without a doctor’s prescription for 9th and 11th graders within Ventura County. Most drug use has remained relatively steady from 2008 to 2010. However, use of cough/cold medications to “get high” increased among both 9th graders and 11th graders. Both 9th and 11th graders are also more likely to use prescription painkillers and cough/cold medicine recreationally.

In 2011 alone in Ventura County, 58 deaths were related to heroin or other polypharmacy/polysubstance (i.e., methadone, hydrocodone, ethanol, alprazolam, trazadone) intoxication. These residents ranged from 18-77 years of age at the time of their death, and 67% of the overdose deaths occurred in men. Most of these deaths occurred among residents with a high school education or less. A majority of the deaths occurred among residents from the cities of Oxnard, Simi Valley, and Ventura. Of the 58 deaths that occurred last year, only 5 (9%) could be attributed to suicide; most of these deaths were accidental.

![lifetime prescription drug use (without a doctor's prescription)](image-url)
Teenage Pregnancy

Teens who engage in high-risk behaviors are more likely to get pregnant. The educational challenges faced by teen mothers often set the stage for a cycle of economic hardship that repeats across generations. Children of teen mothers tend to struggle more in school themselves (Mollborn & Dennis, 2012). Even after controlling for numerous other family characteristics, those children born to mothers younger than 18 years old scored significantly worse on measures of school readiness including math and reading tests (ibid.).

Ventura County Teen Births by ZIP Code, 2011

Figure 6.10 shows that in 2011, 874 births were to Ventura County teenagers. Three ZIP Codes in Ventura County accounted for 56% of all teenage births in 2011; 93036, 93030, and 93033 ZIP Codes within the Oxnard Plains as shown on the map below.

Since 2000, teen birth rates have declined from 29.5 to 20 per 1,000 in 2011, when, as in previous years, most teenage pregnancies were among Hispanics (88%), followed by a lesser extent by White teens (9%). Primary data gathered from a focus group of health outreach workers who work and live in Hispanic communities found that Hispanic women are not provided with education regarding the use of birth control (Kaiser Foundation, 2013). Across ethnic categories, 12% of the births that occurred in Hispanic women were to teenagers, the highest teen birth rate in the county.

Figure 6.10

Prepared by: Erin Slack
Maternal, Child, and Adolescent Health Epidemiologist
Ventura County Public Health

*ZIP Codes with less than 5 births were masked for confidentiality.
Teenage Pregnancy cont.

Figure 6.11 shows that the five city regions with the highest percentage of total births occurring in teens are as follows: Oxnard (13%), Fillmore/Piru (10%), Port Hueneme (10%), Santa Paula (10%), and Ventura (6%). All of these cities/towns were on the top 5 list last year except for Ventura. Although Ventura actually experienced a slight decrease in the percentage (from 6.3% to 5.9%) of total births occurring in teens, Moorpark’s decrease was greater, dropping it from the top 5 list (from 7% to 5%).

A key concern in this data is that teen mothers are at an economic disadvantage compared to older mothers. Payor source data reflects this reality. In 2011, 83% of Ventura County teens who gave birth used Medi-Cal for their delivery payor source versus 44% of Ventura County women 20 years and older who gave birth.
Sexually Transmitted Diseases

Primary data was gathered from a focus group of health outreach workers who live and work in Hispanic communities. Results indicated that sexually transmitted diseases, including chlamydia, gonorrhea, and genital warts were a significant health concern in the community (Kaiser Foundation, 2013). In addition, women who contract these diseases usually are infected by their husbands.

Chlamydia is the most common communicable and sexually transmitted disease reported in Ventura County and California (Ventura County Public Health Status Report, 2011). A total of 2,515 chlamydia cases were reported in Ventura County in 2011, for a rate of 302.9 cases per 100,000 residents (California Department of Public Health, STD Control Branch, 2012). Females were almost three times more likely to be diagnosed with chlamydia than males (432.0 cases per 100,000 females versus 150.6 per 100,000 males in Ventura County).

Often infected males go undiagnosed because they are not symptomatic, but diagnostic testing for the disease is included as part of routine gynecologic care, which is part of the reason the rates are higher in females. Females aged 15-24 accounted for 51% of all chlamydia cases in 2011, which indicates an opportunity to target this population with prevention activities.

Figure 6.12 shows that from 2003-2011, an average of 172 cases of gonorrhea were reported to Ventura County Public Health each year. In 2012, there were 379 cases of gonorrhea reported, which was an 80% increase from 2011 to 2012. Unlike with chlamydia, males were slightly more likely than females to have been diagnosed with gonorrhea (49.7 per 100,000 males versus 41.2 cases per 100,000 females in Ventura County). Women are less likely than men to become symptomatic when infected with gonorrhea; therefore, rates are probably higher in men because they are more likely to seek care. Residents 20-24 years were more likely to be diagnosed with gonorrhea than other age groups, accounting for 36% of the cases reported.

Fig. 6.12
Source: Ventura County Public Health Communicable Disease Log, 2012

gonorrhea rates by age group ventura county
SUMMARY SOCIAL AND EMOTIONAL WELLNESS
POLICY AND ENVIRONMENTAL SCAN

Four specific policy indicators, designated by the Community Transformation Grant (CTG), were researched for the purpose of this assessment:

1. Promote effective parenting practices
2. Implement effective positive youth development and risk reduction approaches to improve adolescent health
3. Domestic Violence
4. Gang Injunction (Oxnard)

Several voter-approved propositions have addressed social and emotional wellness in the State of California. Funds generated by these propositions are then passed down to local counties for implementation of comprehensive services to address social and emotional wellness for people of all ages.

“Children or youth experiencing mental health issues do not access (mental health) services because parents are ashamed or unable to believe that their child needs help; due to the stigma associated with mental health, some populations refuse to access care.”

Nancy Maxson
Ventura Unified School District

Prop 63

Mental Health Services Act: The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition-age youth, adults, older adults and families. MHSA addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements to effectively support this system. The Act imposes a 1% income tax on personal income in excess of $1 million (California Department of Mental Health, 2013).

Prop 10

First 5 California and California Children and Families Commission, both created by Proposition 10, support children from prenatal to age 5 by creating a comprehensive and integrated system of information and services to promote early childhood development and school readiness. The initiative, approved by voters in November 1998, added a 50 cent-per-pack tax on cigarettes and a comparable tax on other tobacco products. Proposition 10 generates approximately $590 million annually (First 5 California, 2013).
healthy and safe \textbf{PHYSICAL ENVIRONMENTS}

public health policy can promote healthy and safe community design, with places to play and be active, access to affordable healthy foods, and streetscapes designed to prevent injury.

Health and wellness are influenced by the homes, neighborhoods, and communities in which people live, work, and play. Good physical and mental health depend on factors outside of the public health and health care system, such as affordable and secure housing, and sustainable and economically vital neighborhoods that provide access to employment opportunities and public resources (e.g., efficient transportation, good schools, and effective policing). Public health policy can promote healthy and safe community design, with 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 provides opportunities for healthy choices and decreases the risk of heart disease, cancer, obesity, diabetes, respiratory diseases such as asthma, and injuries.

The goal for the \textbf{Healthy and Safe Physical Environments} strategic direction is to improve community design to make it easier for residents to engage in physical activities such as walking and biking. If such design does not exist, this direction helps inform, educate, empower, and mobilize communities to develop these environments.

"A safe, secure home is the first building block to healthy living. Without that stability, all other efforts are diminished. Reducing barriers to a healthy lifestyle - from community gardens to walkable communities - will promote physical and social wellness."

\textit{Nancy Conk, Executive Director Cabrillo Economic Development Corp.}
Crime Data

The Healthy People 2020 target is to reduce the number of homicides to 5.5 per 100,000 residents. In 2009, Ventura County met this target with a homicide rate of 2.9 per 100,000 residents (California Department of Public Health: 2008-2010 Death Statistical Master Files).

Figure 7.1 shows that in 2011 Oxnard, followed by Ventura, had the highest number of total crimes per day. However, Oxnard also has the largest population. Thus, the rate per 1,000 residents was highest for Ventura and Ojai in 2011 because the rate of property crimes was higher in those cities.
Crime Data Cont.

Figure 7.2 shows that Santa Paula had the highest rate of violent crimes in 2011. Scientific evidence shows that exposure to the natural environment can help improve human health and wellness, including reductions in crime. In one example, when the emerald ash borer, a beetle that kills ash trees, comes into a community, previously tree-lined streets become barren (Donovan, Butry, Michael, Prestemon, Liebhold, Gatzios, & Mao, 2013). In an analysis of 18 years of data from 15 states, researchers found that Americans living in areas infested by the emerald ash borer had 15,000 more cardiovascular deaths and 6,000 more deaths from lower respiratory infection. (Note that this study shows an association, not a causal link).

Studies also found that more trees in an area are linked to less crime. A study in Baltimore found that a 10% increase in tree canopy led to a 12% drop in crime rates. Researchers suggest that people who live on tree-lined streets are more likely to get outside to enjoy themselves, which makes it much easier to spot suspicious behavior of criminals (Troy, Grove, & O’Neil-Dunne, 2012).

Table 7.1 compares the street trees per capita for six of the ten cities within Ventura County (the cities for which data is available). Camarillo and Ojai have more street trees per capita than other cities within the county. Environmental health interventions should be promoted to increase green space in communities to encourage opportunities for active, outdoor lifestyles.
**CHILD WELFARE AND DOMESTIC VIOLENCE**

Exposure to domestic violence begins in utero. The 4P’s Plus Screening tool, discussed previously, screens pregnant women for substance use, depression, and domestic violence prior to and during pregnancy. In Ventura County 48% of the 839 women at risk for domestic violence on the 4P’s Plus screen are also at risk for substance abuse, compared with 18% of the 10,131 women not at risk for domestic violence.

Women who screened positive for substance use during pregnancy are more likely to be at risk for domestic violence than those who screened negative. Table 7.2 shows that women who screened positive for substance use during pregnancy are three and a half times more likely (17% vs 5%, respectively) to be at risk for domestic violence than those who screened negative.

Ventura County families experience domestic violence all too often. Figure 7.3 shows that domestic violence calls per 10,000 residents are on the rise in Ventura County, and the rate has more than doubled in the past 20 years from 41 calls to 88.8 per 10,000 residents.

Figure 7.4 shows the number of referrals for domestic violence received by Child and Family Services in 2012. This includes all reports of domestic violence, even those not substantiated. Oxnard has the highest number (and rate) of reports of domestic violence.

<table>
<thead>
<tr>
<th>Possible Domestic Violence</th>
<th>4Ps Screen for Substance Abuse</th>
<th>Total</th>
<th>% Yes</th>
<th>% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Yes</td>
<td>430</td>
<td>2,034</td>
<td>2,464</td>
</tr>
<tr>
<td>Negative</td>
<td>No</td>
<td>477</td>
<td>9,127</td>
<td>9,604</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>907</td>
<td>11,161</td>
<td>12,068</td>
</tr>
</tbody>
</table>

**Table 7.2**
Source: Perinatal Substance Use Task force, Ventura County Public Health, 4Ps Quarterly Report, June 2012

negative. Table 7.2 shows that women who screened positive for substance use during pregnancy are three and a half times more likely (17% vs 5%, respectively) to be at risk for domestic violence than those who screened negative.

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**domestic violence referrals received by city**

<table>
<thead>
<tr>
<th>City</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>56</td>
</tr>
<tr>
<td>Fillmore</td>
<td>31</td>
</tr>
<tr>
<td>Moorpark</td>
<td>33</td>
</tr>
<tr>
<td>Ojai</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
</tr>
<tr>
<td>Oxnard</td>
<td>475</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>70</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>66</td>
</tr>
<tr>
<td>Simi Valley</td>
<td>128</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>107</td>
</tr>
<tr>
<td>unknown</td>
<td>72</td>
</tr>
<tr>
<td>Ventura</td>
<td>225</td>
</tr>
</tbody>
</table>

**Table 7.2**
Source: Perinatal Substance Use Task force, Ventura County Public Health, 4Ps Quarterly Report, June 2012

**Fig. 7.3**
Source: RAND California, 2010

**Fig. 7.4**
Source: Ventura County Human Services Agency, 2012
Child Welfare and Domestic Violence Cont.

Figure 7.5 shows that most calls/referrals to Child and Family Services for domestic violence during 2012 were placed anonymously or reported by some type of counselor or therapeutic professional.

Ventura County Public Health’s Community Health Nurses work in communities providing social and emotional support to residents who are referred to the program. In 2012, they served 3,080 clients. When opening a case, the nurse assesses a client’s risk factors to identify their need for case management services. Figure 7.6 shows the percentage of clients who were victims of abuse, neglect or violence as a risk factor, or history of abuse or family violence.

Overall, 27% of all clients seen by Community Health Nursing had at least one risk factor warranting the opening of a case. The percent of clients with these risk factors ranged from 21% in July to 34% in March.

Figure 7.6
Source: Ventura County Public Health, Nursing Referral System, 2012
Despite the services available to help victims of domestic violence, some referrals for domestic violence eventually lead to a case of substantiated abuse where a child is removed from the home. Figure 7.7 is a map that shows the incidence per 1,000 children of entries into foster care by ZIP code. Rate of entry into foster care was highest in 93022 (Oak View), followed by 93003 (Ventura) for 2010.
Environmental Data

Living within a healthy and safe physical environment includes having access to clean air and water. Table 7.3 below shows the number of days within each year that Ventura County exceeded the state and federal ozone standards. California standards are more restrictive than federal standards (0.07 ppm versus 0.075 ppm). Data from 2012 and 2013 is considered to be preliminary, but the number of days exceeding the standard has decreased since 2008.

Cars and trucks generate about half the pollution in the county. The other half comes from sources such as factories and businesses. Limiting and tightening up pollution controls on such facilities has greatly reduced the pollutants that are emitted into the atmosphere, and helped prevent pre-pollutants from converting into ozone, which is also toxic and destructive. A combination of factors has reduced pollution. These include better pollution control devices on rooftops, more enforcement on facilities to control their emissions, and more efficient vehicles and fuels. Other factors include educating the public to use more alternative transportations and rideshare, control of volatile gases (such as gasoline vapor recovery on dispensers) to reduce pre-cursors to ozone, limits on amounts of pollutants released, and better management of smoke from agricultural burns. These have all contributed to the improvements in meeting EPA and CARB standards which get more stringent over time, progressively improving air quality.

The County of Ventura Resource Management Agency, Division of Environmental Health is responsible for water quality sampling at Ventura County beaches. Wet weather testing season runs from November 1-March 31, with 21 beach sites tested for total coliform, fecal coliform or entero. If the state standards are not met, the closing remains in effect for the next 7 days or until the next test that meets the standards. In dry weather season, from April 1-October 31, 40 beach sites are sampled. If a beach fails, re-sampling is conducted within 2 days of the posting. Rainfall advisories are in effect for 72 hours instead of 7 days during these periods.

Table 7.4 shows that in 2012, 9 of the 34 postings were for rainfall advisories. During wet season, most of the closures are due to rainfall advisories. During 2012, 1,687 samples were taken, which means that beaches failed only 2% of the time they were sampled. However, this resulted in 98 days of at least one beach being closed throughout the year.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State 1-hr standard (0.09 ppm)</td>
<td>4</td>
<td>6</td>
<td>13</td>
<td>14</td>
<td>8</td>
<td>18</td>
<td>17</td>
<td>22</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>State 8-hr standard (0.70 ppm)</td>
<td>17</td>
<td>22</td>
<td>42</td>
<td>59</td>
<td>42</td>
<td>54</td>
<td>62</td>
<td>78</td>
<td>97</td>
<td>63</td>
</tr>
<tr>
<td>Federal 8-hr standard (0.75 ppm)</td>
<td>8</td>
<td>13</td>
<td>21</td>
<td>31</td>
<td>21</td>
<td>39</td>
<td>39</td>
<td>49</td>
<td>68</td>
<td>39</td>
</tr>
</tbody>
</table>

Table 7.3
Source: Ventura County Air Pollution Control District

<table>
<thead>
<tr>
<th></th>
<th>Total Closures</th>
<th>Total Days Closed</th>
<th>Non-Overlap Days</th>
<th>Total Days in Season</th>
<th>% of Days with at least 1 Beach Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Season</td>
<td>13</td>
<td>77</td>
<td>55</td>
<td>152</td>
<td>36.2%</td>
</tr>
<tr>
<td>Dry Season</td>
<td>21</td>
<td>67</td>
<td>43</td>
<td>214</td>
<td>20.1%</td>
</tr>
<tr>
<td>Total:</td>
<td>34</td>
<td>144</td>
<td>98</td>
<td>366</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

Table 7.4
Source: Ventura County Environmental Health Division, 2013
In 2010, 4,911 deaths to Ventura County residents were reported. Valid ZIP Code data was available for 99% of those deaths (4,879). Overall, the life expectancy for Ventura County residents was 82.6 years. According to the Centers for Disease Control and Prevention, the life expectancy in the United States was 78.7 years, lower than the overall life expectancy for Ventura County residents.

Figure 7.8 shows that place matters. Life expectancy varies by the ZIP Code in which people live. The graph shows life expectancy with confidence intervals (the small bars). No statistical difference in life expectancy exists between geographic areas with overlapping confidence intervals. The ZIP Code with the highest life expectancy was 91361 (Thousand Oaks/Westlake Village) with a life expectancy of 88.1 years. The lowest life expectancy 79.3 years was in 93041 (Port Hueneme). A statistically significant difference exists between these two life expectancies. In general, ZIP Codes with higher socioeconomic status have a higher life expectancy than those with lower socio-economic status.
Summary of Healthy and Safe Physical Environments Policy and Environmental Scan

Five specific policy indicators, designated by the Community Transformation Grant (CTG) program, were researched for the purpose of this assessment:

1. Establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and users of public transit
2. Mixed-use zoning and transit-oriented development
3. Building codes or other policies/programs to create safe and healthy homes
4. Reduce alcohol retail outlet density and reduce illegal beverage service
5. Establish community protocols to assess the impact of community changes on community health and well-being
findings

All aspects of Socio-Economic Status (SES) impact the health status of people in Ventura County communities. Health equity is achieved when everyone has an equal opportunity to reach his or her health potential regardless of socio-economic position or other characteristics such as race, ethnicity, gender, religion, sexual identity or disability. Health equity is important not just for the individual, but for society to realize the full benefit of all of its members' capabilities.

Demographic distribution of disease and health are closely linked with social determinants of health. Elements of a society's organization and processes affect the distribution of disease and health. Causal factors include inequality, education, housing and the built environment, transportation, employment opportunities, the law, and the justice system. The health care and public health systems reflect social determinants of health and therefore can be designed to be purposeful, efficient, and effective at promoting the health of all people.

Social determinants affect health by influencing risk and protective factors for disease and injury in many different and complex ways. They affect the capacity to earn a good living, live and work in a safe and healthy environment, and access resources and use them, including health care resources.

An individual’s SES presents challenges and opportunities that affect their ability to access resources and improve their lifestyle. As shown in data here, place matters, and where you live impacts even factors as basic as lifespan.

Summary of Findings

1) Individuals and families with low SES are at higher risk for numerous health disparities, including longevity, related to economic well-being and access to health care. It is important to note that the existence of disparities is the result of our collective understanding of social issues and often the direct result of our public policies and practices. Public policy should be mindful of health impacts and include assessment of the impact of reducing health disparities among various socio-economic groups.

2) Young children and the elderly require special attention when it comes to health care needs. Therefore, policy interventions should take into consideration those geographic areas with higher concentrations of both younger and older family members.

3) Linguistic isolation negatively affects an individual’s ability to access health care. The ability to reach people who are linguistically isolated is important to consider when prioritizing the health care needs of the people who live and work in Ventura County.

4) Socio-economic indicators such as income levels by ethnicity and gender, are important considerations, when prioritizing the needs of those populations experiencing disparities.

5) Prevention of chronic disease needs to begin before birth in order to effectively prevent morbidity and mortality related to chronic conditions. Furthermore, early prevention efforts should include early and increased scaffolding for children in environments with multiple risk factors.

6) Recreation facilities provide space for community members to engage in physical activity and include places such as parks and green space, outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds. Local governments can incorporate environmental design approaches to increase physical activity in the community.

7) The presence of retail venues that provide healthier foods and beverages is associated with better nutrition. Studies indicate that the presence of retail venues offering healthier food and beverage choices is associated with increased consumption of fruits and vegetables, and lower BMI.
8) Local governments have the ability and oversight to mitigate the proliferation of fast food retail outlets. More research needs to be completed, but it appears that more low SES communities experience an oversaturation of fast food retail outlets than high SES communities.

9) Four food deserts in Ventura County were identified through the CX 3 (Communities of Excellence in Nutrition, Physical Activity and Obesity Survey by the State of California). In order to identify additional food deserts, more research needs to be done in other communities including the East Ventura County communities of Fillmore, Piru, Simi Valley, and Thousand Oaks.

10) Data showed that more residents tend to suffer from social and emotional health issues than from heart disease and diabetes.

11) Females aged 15-24 accounted for 51% of all chlamydia cases in 2011. This indicates the need to target this population for education and prevention activities. Chlamydia is a major cause of subsequent infertility and thus has serious life implications if not treated.
moving forward

The next step for this project is to disseminate these health-related findings for use by local governments, communities, health care providers, community groups, and organizations throughout Ventura County.

Developing health promotion strategies based on these findings will assist communities in creating new environmental, systems, and infrastructure initiatives to improve the health of people in Ventura County.

The obesity epidemic is one of the most serious causes of disease and death in Ventura County. Obesity, and its associated risk indicators such as income, lack of access to healthy food and active living, and educational opportunities, lead to the observed disparities in quality of life and life expectancy.

The Centers for Disease Control and Prevention established five strategic directions for Community Transformation Grant recipients. These strategies provide an outline for addressing the health priorities of populations experiencing disparities. Ventura County Public Health’s Capacity Building Community Transformation Grant will address the first three of five strategic directions. Ventura County’s grant does not cover the last two. The five strategic directions are:

- Healthy Eating and Active Living
- Tobacco-Free Living
- High Impact, Quality Clinical and Other Preventive Services
- Social and Emotional Wellness
- Healthy and Safe Physical Environments

Healthy Eating and Active Living

Obese children are more likely to become obese adults. The Healthy People 2020 goal is to reduce the percentage of obese children ages 2-19 to 14.5% (Centers for Disease Control and Prevention, 2013). Ventura County childhood obesity rates across age groups are all much higher. For example, the obesity rate for children 9-11 years old is 32% (California Department of Public Health, 2010). The lowest obesity rate for Ventura County children is 19% for 2-4 year olds, still above the standards (Pediatric Nutrition Surveillance System 2010).

The single most important thing people can do to improve their own health is to break bad habits that lead to health risks, including the risk of obesity. These include:

- Individual and community changes needed to make healthy eating and active living the easy, and preferred, choice. Such changes include increasing access to healthy foods and drinks, including fruits, vegetables, and water; and increasing physical activity.

Beyond individual lifestyle changes, change needs to come from informed, educated, and empowered people mobilizing partnerships to solve community problems and increase opportunities for healthy lifestyles for all people. In 2013, the UCLA Center for Health Policy Research identified Ventura County as having an overall 37% decrease in consumption of sugar-sweetened beverages among 2-17 year olds in California between 2005-2007 and 2011-2012. This was the largest decrease in the state. Even more dramatic, the decrease was 54% for 2-11 year olds. The decrease was 16% for 12-17 year olds, with Ventura County being the only County to experience a decrease among adolescents (Babey, Wolstein & Goldstein, 2013).

Ventura County Public Health’s “Healthy Eating and Active Living” focus will be a Farm-to-School Procurement initiative. Each year, Ventura County Schools provide more than 16 million meals to children. Of these, nearly 13 million are free and reduced cost meals. This initiative will improve access to fresh, safe, locally grown food that can be a healthy and economical source of nutrition for growing children. The goal is to
reduce the risk of obesity, stroke, diabetes and other chronic diseases as children grow into adulthood. In addition, obese children can suffer from emotional effects of obesity, including low self-esteem, depression and other negative social effects. At a community level, purchasing from local farmers and ranchers creates positive community relationships and can create local economic growth, especially in a largely agricultural area such as Ventura County.

Activities that adults and children alike can do include these ideas:

**Get Started**
- Adopt new habits, together with families and friends.
- Mobilize community partnerships to identify ways to address the problem of obesity and unhealthy lifestyles.

**Get Smarter**
- Become informed, educated, and empowered.
- Work with others to solve community problems and increase opportunities for healthy lifestyles.
- Understand the harm of unhealthy eating and a sedentary lifestyle, including “liquid calories” such as soda, and “energy” and “sports” drinks.
- Help children understand the benefits of healthy eating and local foods so that they want to make healthier choices in the cafeteria, at home, and in restaurants.
- Work with schools to promote access to healthy-food options, which leads to increased revenues for the schools by increasing student and adult meal participation.

**Get Moving**
- Find opportunities to be active.
- Mobilize community partnerships to create access to physical activity opportunities and green spaces such as walking and biking trails, public pools, and community playgrounds that encourage healthy lifestyles.

**Tobacco-Free Living**

The adverse health effects from cigarette smoking account for more than 440,000 deaths or nearly one of every five deaths each year in the United States (CDC, 2013). Overall, 12% of Ventura County adults admit to smoking. While this matches the Healthy People 2020 target, any rate of smoking is too much. Youth smoking rates are somewhat higher at 14%. Ventura County Public Health, in partnership with many community organizations, has made major inroads to reduce smoking rates. What remains is the need to focus on preventing youth from starting to use tobacco products and to reduce exposure to secondhand smoke.

Smoking is not a right. The opposite is true: People have a right not to be exposed to secondhand smoke. People who live in multi-unit housing are at high risk of exposure to secondhand smoke. Thus, Ventura County Public Health will be implementing a “Smoke-Free Multi-Unit Housing” initiative.

This initiative will inform, educate, and empower people, and mobilize communities to increase opportunities for people to live in smoke-free environments. Examples of these efforts can include:
- Learn about the very real, serious risks of exposure to secondhand smoke, especially for people with health problems such as asthma, and very young or very old people
- Talk to landlords about exposure to secondhand smoke
- File a complaint with Ventura County Public Health
- Talk to smokers themselves about how their smoking is harmful to others
- Talk to neighbors with similar concerns
High Impact, Quality and Other Clinical Preventive Services

Evidence-based preventive services are effective in improving quality of life and increasing life expectancy. Clinical preventive services are comprised of screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early or provide people with the information they need to make good decisions about their health.

The data on access to clinical preventive services in Ventura County is limited. Available data shows that obesity and high blood pressure are serious health problems. The data is limited on other known risk factors such as high cholesterol and diabetes. However, people in low SES groups or ethnic minorities are less likely to have access to health care, and by extension, to clinical preventive services. Health disparities exist in Ventura County and further research is needed to identify the extent of health disparity in Ventura County.

Ventura County Public Health’s Access to Clinical Preventive Services initiative is focused on increasing the number of providers for these services. The capacity-building phase of this grant will ascertain the degree to which providers have adopted the guidelines for and provided, clinical preventive services.

Activities that people can do include these ideas:

- Seek and promote access to clinical preventive services including blood pressure, blood sugar, body mass index, cholesterol, and age appropriate cancer screenings.
- Businesses and employers can adopt practices to encourage employees to seek preventive care to avoid illness and disease. For example, businesses can promote annual influenza immunization services.
- Health care professionals need to promote clinical preventive services to all patients they serve, and follow-up on results with patients who are out of range.
- Health care professionals can use multiple communication tools, and culturally competent methods to support traditional written and oral communication.
- Health care providers can make efforts to hire and train more qualified staff from underrepresented groups.
- Mobilize community partnerships to expand linkages between community and clinical prevention efforts, such as diabetes prevention programs, especially among underserved groups.

Social and Emotional Wellness

To improve social and emotional well-being, every person needs the resources to deal with normal life stressors. Poor mental health was identified as a significant health problem in focus groups, town hall meetings, and key informant interviews conducted in Ventura County. Causal factors include limited resources for treatment and social stigma. New mothers also need support to bond with their infants.

The National Alliance for the Mentally Ill reports that people living with mental illness have a very high rate of smoking. A study by The Journal of the American Medical Association reported that 44.3% of all cigarettes in America are consumed by individuals who live with mental illness and/or substance abuse disorders (NAMI, 2013). Persons with mental illness are about twice as likely to smoke as other persons but have substantial quit rates if provided access to smoking cessation services (Lasser et al., 2000).

Mental illness is associated with many other chronic conditions, including obesity, diabetes, and cardiovascular diseases that contribute to premature death.

The Social and Emotional Wellness strategic direction is not part of Ventura County Public Health’s Community Transformation grant. However, individuals and communities can work to promote mental health and well-being.

Activities that adults and children alike can do include these ideas:

- Parents, educators, and children and youth can promote bullying-prevention strategies and programs in schools and in the workplace as well.
- Community organizations and members can promote family supports to promote family stability and avoid children being placed in foster care.
- Service providers and organizations can promote mother-infant bonding by supporting exclusive breastfeeding and baby-friendly facilities.
- Mobilize community partnerships to promote de-stigmatization of mental illness and support those seeking mental health services.
Healthy and Safe Physical Environments

Improved community design to create healthy and safe physical environments enhances residents’ ability to engage in physical activity such as walking, biking, and other outdoor activities. Health and wellness are influenced by the homes, neighborhoods and communities in which people live, work, and play. Public health can work with planning agencies to promote healthy and safe community design, with places to play and be active, access to affordable healthy foods and streetscapes designed to prevent injury.

The risk factors analyzed for this strategic direction include crime data, child welfare and domestic violence, and entrance into foster care. Environmental and life expectancy data were also analyzed. Taken together, the findings suggest communities with higher socio-economic status have a higher quality of life and longer life expectancy than communities with lower socio-economic status.

Activities that adults and children alike can do include these ideas:

- Identify and address planning and community design factors that lead to health disparities, resulting from disparities in the physical environment.
- Joint-use agreements with schools and other recreational agencies.
- Support increased green spaces, well-lit parks, and safe and accessible places to play and exercise.
- Mobilize community partnerships to identify disparities in access to healthy and safe physical environments, and work together with other public agencies to create these changes.
acknowledgments

We wish to acknowledge the members of the Partnership for a Healthy Ventura County and the Tobacco Education and Prevention Coalition, as well as the Community Transformation Grant (CTG) Leadership Team and Community Partners who participated in the Ventura County Community Health Needs Assessment. Their participation and contributions to this assessment were invaluable. In addition, the following organizations contributed to this report by providing primary data: the Ventura County Community Foundation, Kaiser Permanente, and the Ventura County Public Health’s Child Health and Disability Prevention Program.

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- John Zaragoza, County Supervisor, County of Ventura
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- Robert Levin, MD, Health Officer, Ventura County Public Health
- Antonio Alatorre, COO, Clinicas del Camino Real
- Trudy Arriaga, Superintendent, Ventura Unified School District
- Nancy Conk, CEO, Cabrillo Economic Development Corporation
- Ellis Green, Mayor, City of Port Hueneme
- Darren Kettle, Executive Director, Ventura County Transportation Commission
- Karen Lindsey, Administrator, Conejo Recreation and Park District
- David Pollock, Councilman, City of Moorpark
- Kim Prillhart, Ventura County Planning Division Director, Resource Management Agency
- Carmen Ramirez, Council Member, City of Oxnard
- Stacy Roscoe, Member/Past Chair, Ventura County Civic Alliance
- Lisa Safaeinili, Executive Director, Westminster Clinic
- David Smith, President, United Way
- Chris Stephens, Director, Resource Management Agency
- Douglas Tapking, Executive Director, Area Housing Authority
- Christy Weir, Council Member, City of Ventura

CTG Community Partner Agencies

- Cabrillo Economic Development Corporation
- CAUSE (Coastal Alliance United for Sustainable Economy)
- City Impact, Inc.
- First 5 Ventura County
- FoodShare, Inc.
- Landon Pediatric Foundation
- Pacific Camps
- Ventura Unified School District

Special acknowledgement goes to the people whose time, energy and enthusiasm for this project made this report possible.

California Lutheran University

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Ventura County Public Health Staff Members

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references


California Department of Mental Health. (2013). Mental Health Services Act (Proposition 63).


California Healthy Kids Survey. (2007-2010). *California Healthy Kids Survey (Ventura County Results)*. WestEd for the California Department of Education.


Harvard School of Public Health. (2009, April 27). Smoking, high blood pressure and being overweight top three preventable causes of death in the U.S. Boston, MA, United States.


RAND, California. (1990-2010). Domestic Violence, Number of Crimes. RAND California Community Statistics.


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<th>Program Name</th>
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<tbody>
<tr>
<td>211-Interface</td>
<td>Information regarding Health and Human Services</td>
<td><a href="http://icfs.org/2-1-1-information-referral.html">http://icfs.org/2-1-1-information-referral.html</a></td>
</tr>
<tr>
<td>ACE Program - Application (English)</td>
<td>A &quot;Health Access Program&quot; that will offer eligible uninsured individuals access to comprehensive outpatient and inpatient health care services, including specialty care, through the Ventura County Health Care System.</td>
<td><a href="http://resources.vchca.org/documents/ENGLISH_ENROLLMENTPACKET42310.pdf">http://resources.vchca.org/documents/ENGLISH_ENROLLMENTPACKET42310.pdf</a></td>
</tr>
<tr>
<td>ACE Program - Application (Spanish)</td>
<td>Un programa de acceso de cuidado de salud. Esta programa ofrece acceso de servicios de cuidado de salud a individuos elegibles que no tiene seguro medico, incluyendo servicios especializados a traves de la agencia de cuidado de salud del condado de Ventura.</td>
<td><a href="http://resources.vchca.org/documents/SPANISH_ENROLLMENTPACKET42310.PDF">http://resources.vchca.org/documents/SPANISH_ENROLLMENTPACKET42310.PDF</a></td>
</tr>
<tr>
<td>Adult Protective Services - Brochure</td>
<td>Services to help ensure the safety and well-being of elders and other adults with limited abilities</td>
<td></td>
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<tr>
<td>Adult Protective Services - Forms, Pamphlets &amp; Brochures</td>
<td></td>
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<tr>
<td>Alternatives for Seniors</td>
<td>Services to help seniors, their families, and caregivers make informed decisions when choosing a retirement community, assisted living, nursing home or rehabilitation center, and home care.</td>
<td><a href="https://www.alternativesforseniors.com/">https://www.alternativesforseniors.com/</a></td>
</tr>
<tr>
<td>Area Agency on Aging</td>
<td>Service for 60+ population including those with different social and cultural needs; to foster and support self-determination and independence among the older population.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCAA/Content%20-%20Adult%20Protective%20Services/SOC341.pdf">http://portal.countyofventura.org/portal/page/portal/VCAA/Content%20-%20Adult%20Protective%20Services/SOC341.pdf</a></td>
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<tr>
<td>Area Agency on Aging - Brochure</td>
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<tr>
<td>Area Agency on Aging - 2012 Multipurpose Senior Service Program (MSSP) Care Management Referral Form</td>
<td>Provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCAA/Resources/PamphletsAndBrochures/VCAA%20Brochure.pdf">http://portal.countyofventura.org/portal/page/portal/VCAA/Resources/PamphletsAndBrochures/VCAA%20Brochure.pdf</a></td>
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<tr>
<td>Area Agency on Aging - Preventing and Reporting Elder Abuse Brochure</td>
<td>Provides the most basic, important and useful information about Asperger’s Disorder, while connecting you with the best resources.</td>
<td><a href="http://www.aspergers.com/">http://www.aspergers.com/</a></td>
</tr>
<tr>
<td>Asperger's Disorder</td>
<td>Exists to improve the lives of all affected with Autism, providing the latest information regarding treatment, education, research and advocacy.</td>
<td><a href="http://www.autism-society.org/">http://www.autism-society.org/</a></td>
</tr>
<tr>
<td>Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)</td>
<td>Guides families raising children with mood disorders to the answers, support and stability they seek.</td>
<td><a href="http://www.thebalancedmind.org/">http://www.thebalancedmind.org/</a></td>
</tr>
<tr>
<td>Autism Society Ventura County</td>
<td>Provides resources to strengthen and support parents who have children with mental health, emotional and behavioral disorders</td>
<td><a href="http://www.unitedparents.org/">http://www.unitedparents.org/</a></td>
</tr>
<tr>
<td>United Parents</td>
<td>Promotes and supports breastfeeding for the first six months and continued breastfeeding beyond the 1st year.</td>
<td><a href="http://www.breastfeedventura.org/pdfs/breastfeeding_resources12.pdf">http://www.breastfeedventura.org/pdfs/breastfeeding_resources12.pdf</a></td>
</tr>
<tr>
<td>Breastfeeding Resource Directory (English)</td>
<td>Promover y apoyar la lactancia por los primeros seis meses y que la lactancia continue mas alla del primer ano.</td>
<td><a href="http://www.breastfeedventura.org/pdfs/breastfeeding_rsfc_espanol10.pdf">http://www.breastfeedventura.org/pdfs/breastfeeding_rsfc_espanol10.pdf</a></td>
</tr>
<tr>
<td>Breastfeeding Resource Directory (Spanish)</td>
<td>California Children’s Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need.</td>
<td><a href="http://www.dhcs.ca.gov/formsandpubs/forms/ChildMedSvcForms/dhcs4480.pdf">http://www.dhcs.ca.gov/formsandpubs/forms/ChildMedSvcForms/dhcs4480.pdf</a></td>
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<tr>
<td>CA Children’s Services - Referral Form (English)</td>
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<tr>
<td>CA Children’s Services - Referral Form (Spanish)</td>
<td>CCS es un programa estatal que trata a niños con ciertas limitaciones físicas y con problemas y enfermedades de salud crónicos. CCS puede autorizar y pagar el costo de servicios y equipos médicos específicos provistos por especialistas aprobados por CCS.</td>
<td><a href="http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4480Spanish.pdf">http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4480Spanish.pdf</a></td>
</tr>
<tr>
<td>CA Children’s Services - SAR Form</td>
<td>Client Service Authorization Request (SAR) Form</td>
<td><a href="http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf">http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf</a></td>
</tr>
<tr>
<td>Casa Pacifica</td>
<td>Provides hope and health for abused, neglected or at-risk children and their families</td>
<td><a href="http://www.casapacifica.org/">http://www.casapacifica.org/</a></td>
</tr>
<tr>
<td>Ventura County Child Protective Services</td>
<td>Child Protective Services provides safety and protection for children who are experiencing or are at risk of being physically, sexually or emotionally abused, neglected or exploited.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCHSA/ChildProtectiveServices">http://portal.countyofventura.org/portal/page/portal/VCHSA/ChildProtectiveServices</a></td>
</tr>
<tr>
<td>Chronic Disease Prevention Program</td>
<td>The Chronic Disease Prevention Program develops and administers prevention and educational programs that empower individuals, families and even entire communities to prevent disease, improve health and promote wellness.</td>
<td><a href="http://www.vchca.org/public-health/health-education/chronic-disease-prevention">http://www.vchca.org/public-health/health-education/chronic-disease-prevention</a></td>
</tr>
<tr>
<td>Salvation Army Dental Clinic</td>
<td>Free Clinic serves Ventura County by providing dental and medical care to the poor and uninsured</td>
<td><a href="http://www.salvationarmyoxnard.org/clinic.php">http://www.salvationarmyoxnard.org/clinic.php</a></td>
</tr>
<tr>
<td>Santa Barbara - Ventura County Dental Society (SBVCDS)</td>
<td>SBVCDSD provides referrals to American Dental Association, dental-board licensed dentists in Santa Barbara and Ventura counties.</td>
<td><a href="http://sbvcds.org/">http://sbvcds.org/</a></td>
</tr>
<tr>
<td>Santa Barbara - Ventura County Dental Society (SBVCDS)</td>
<td>Low-Cost Dental Care Options</td>
<td><a href="http://www.sbvcds.org/index.cfm?fuseaction=menu&amp;menu_id=5011">http://www.sbvcds.org/index.cfm?fuseaction=menu&amp;menu_id=5011</a></td>
</tr>
<tr>
<td>Simi Valley Dental Clinic</td>
<td>Provides direct diagnosis, treatment and education for a wide variety of dental problems for uninsured or underinsured individuals</td>
<td><a href="http://www.freeclinicsv.com/">http://www.freeclinicsv.com/</a></td>
</tr>
<tr>
<td>Ventura County Medical Resource Foundation</td>
<td>The Ventura County Medical Resource Foundation (VCMRF) helps make health care available to Ventura County residents who may not be able to have access to those services</td>
<td><a href="http://www.vcmrf.org/">http://www.vcmrf.org/</a></td>
</tr>
<tr>
<td>Ventura County Behavioral Health - Prescription and Over-The-Counter Drugs Disposal Sites</td>
<td>Disposal Sites to safely dispose of prescription and Over-The-Counter Drugs</td>
<td><a href="http://venturacountylimits.org/initiative/prescription-otc/rx">http://venturacountylimits.org/initiative/prescription-otc/rx</a></td>
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<tr>
<td>Adolescent Family Life Program</td>
<td>Provides information and resources to male and female pre-teens, teenagers and young adults through the Pregnant Parenting Adolescent Program (PPAP).</td>
<td><a href="http://www.vchca.org/public-health/adolescent-family-life-program-(aflp)">http://www.vchca.org/public-health/adolescent-family-life-program-(aflp)</a></td>
</tr>
<tr>
<td>Interface - Family Violence Intervention Services</td>
<td>Provides comprehensive family violence programming that aims to prevent, interrupt and end the cycle of violence within family systems.</td>
<td><a href="http://www.icfs.org/family-violence-intervention.html">http://www.icfs.org/family-violence-intervention.html</a></td>
</tr>
<tr>
<td>Human Services Agency (HSA)</td>
<td>Provides services that include the protection of children and vulnerable adults and support for those needing assistance with food, housing, health care and employment.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCHSA">http://portal.countyofventura.org/portal/page/portal/VCHSA</a></td>
</tr>
<tr>
<td>HSA Medi-Cal</td>
<td>The Medi-Cal Program provides needed health care services for low-income individuals, including families with children, seniors, persons with disabilities, children in foster care, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCHSA/MediCal">http://portal.countyofventura.org/portal/page/portal/VCHSA/MediCal</a></td>
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<tr>
<td>Neighborhoods for Learning (NFL)</td>
<td>Neighborhoods for Learning (NFLs) are parents, schools, early childhood educators, and service providers working together to offer a web of support for young children and families designed by and for each community.</td>
<td><a href="http://first5ventura.org/parents-caregivers/neighborhoods-for-learning">http://first5ventura.org/parents-caregivers/neighborhoods-for-learning</a></td>
</tr>
<tr>
<td>Neighborhoods for Learning (NFL)</td>
<td>Haycox and Hathaway NFL Schedule (Spanish)</td>
<td></td>
</tr>
<tr>
<td>Tri-Counties Regional Center</td>
<td>Provides supports and services for individuals with developmental disabilities living in the Tri-Counties so that they may live fully and safely as active and independent members of our community.</td>
<td><a href="http://www.tri-counties.org/">http://www.tri-counties.org/</a></td>
</tr>
<tr>
<td>Ventura County Behavioral Health</td>
<td>Provides access to the highest quality mental health and alcohol and drug prevention, intervention and treatment services as an integrated part of the Ventura County Health Care system by working collaboratively with other agencies, consumers, families, provider and communities.</td>
<td><a href="http://www.vchca.org/behavioral-health">http://www.vchca.org/behavioral-health</a></td>
</tr>
<tr>
<td>Ventura County Public Health</td>
<td>Empower the community, promote health and emergency preparedness, and prevent disease, injury, and disability.</td>
<td><a href="http://www.vchca.org/public-health">http://www.vchca.org/public-health</a></td>
</tr>
<tr>
<td>Ventura County Public Health - Brochure</td>
<td>VCPH Brochure (English)</td>
<td><a href="http://www.vchca.org/docs/public-health/ph-brochure_9_2012.pdf?sfvrsn=0">http://www.vchca.org/docs/public-health/ph-brochure_9_2012.pdf?sfvrsn=0</a></td>
</tr>
<tr>
<td>California Department of Public Health (Spanish)</td>
<td>Esta página fue diseñada para la comunidad Latina en California para informarles sobre temas importantes que afectan la salud pública, noticias sobre nuestros programas y una abundancia de otros recursos.</td>
<td><a href="http://www.cdph.ca.gov/pages/EspanolHome.aspx">http://www.cdph.ca.gov/pages/EspanolHome.aspx</a></td>
</tr>
<tr>
<td>Ventura County Public Health - PH Nursing Referral Form</td>
<td>Improves client’s quality of life and access to care by providing comprehensive nursing assessments, education and linkage to community resources.</td>
<td><a href="http://www.vchca.org/docs/public-health/phn_nursing_referral_form_2012-05-25_re.pdf?sfvrsn=0">http://www.vchca.org/docs/public-health/phn_nursing_referral_form_2012-05-25_re.pdf?sfvrsn=0</a></td>
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<tr>
<td>Human Services Agency (HSA) - CalFresh</td>
<td>CalFresh helps people who have little or no income buy nutritious groceries.</td>
<td><a href="http://portal.countyofventura.org/portal/page/portal/VCHSA/FoodStamps">http://portal.countyofventura.org/portal/page/portal/VCHSA/FoodStamps</a></td>
</tr>
<tr>
<td>FOOD Share</td>
<td>FOOD Share is dedicated to feeding, nourishing and educating the hungry of Ventura County</td>
<td><a href="http://www.foodshare.com/">http://www.foodshare.com/</a></td>
</tr>
<tr>
<td>Area Housing Authority of the County of Ventura</td>
<td>Provides opportunities and assistance to people in need of affordable housing through development, acquisitions, and partnerships.</td>
<td><a href="http://www.ahacv.org/">http://www.ahacv.org/</a></td>
</tr>
<tr>
<td>City of Oxnard Housing Authority</td>
<td>Promote the general welfare of the City by remedying unsafe and substandard housing, and by relieving the shortage of affordable housing for City residents.</td>
<td><a href="http://oxnardhousing.us/">http://oxnardhousing.us/</a></td>
</tr>
<tr>
<td>City of Ventura Housing Authority</td>
<td>Provide and develop quality affordable housing for eligible low-income residents of Ventura County</td>
<td><a href="http://www.hacityventura.org/">http://www.hacityventura.org/</a></td>
</tr>
<tr>
<td>Tenderlife Maternity Home</td>
<td>Tender Life provides pregnant women with safe housing and supportive services in an environment that instills dignity and promotes self-sufficiency.</td>
<td><a href="http://www.tenderlife.org/contact.htm">http://www.tenderlife.org/contact.htm</a></td>
</tr>
</tbody>
</table>
Camarillo City Profile

**Demographics**

- Total Population: 65,406
- Number of Households: 25,702
- Average Household Size: ~2.5
- Ethnicity: White 75.1%, Black 1.9%, American Indian 0.6%, Asian 10.2%, Other 7.3%, Mixed 4.8%

**Age Distribution**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>5.7%</td>
</tr>
<tr>
<td>Persons under 18 Years</td>
<td>23.2%</td>
</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>59.6%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

**Socioeconomics**

- Population over 5 years that speaks English less than very well: 9.3%
- Persons below poverty level: 6.2%
- Children in poverty: 8.4%
- Female household family, no husband present, below poverty: 20.0%
- Married-couple family, below poverty: 2.0%
- All families living in poverty: 5.1%
- Uses public transportation while commuting to work: 0.3%
- Percent of population with medical insurance: 91.1%; Uninsured: 8.9%

**Health**

- Fertility Rate per 1,000: 52.8; Hispanic: 74.6; Non-Hispanic: 45.9
- Pre-term births: 7.9%
- Pre-pregnancy overweight and obese: 41.8%
- % of total births that occurs in teens: 3.3%
- Crime Rate per 1,000 residents: 13.69
- Life Expectancy by Zip Code: 93010: 80.1 yrs; 93012: 84.1 yrs

**Data Sources:** U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population:</td>
<td>14,721</td>
</tr>
<tr>
<td>Number of Households:</td>
<td>4,408</td>
</tr>
<tr>
<td>Average Household Size:</td>
<td>~3.3</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>White 57.2%, Black 0.5%, American Indian 1.2%, Asian 1.0%, Other 34.7%, Mixed 5.3%</td>
</tr>
</tbody>
</table>

## AGE DISTRIBUTION

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>8.5%</td>
</tr>
<tr>
<td>Persons under 18 Years</td>
<td>30.2%</td>
</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>59.5%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

## SOCIOECONOMICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population over 5 years that speaks English less than very well:</td>
<td>21.1%</td>
</tr>
<tr>
<td>Persons below poverty level:</td>
<td>14.9%</td>
</tr>
<tr>
<td>Children in poverty:</td>
<td>22.4%</td>
</tr>
<tr>
<td>Female householder family, no husband present, below poverty:</td>
<td>10.3%</td>
</tr>
<tr>
<td>Married-couple family, below poverty:</td>
<td>8.5%</td>
</tr>
<tr>
<td>All families living in poverty:</td>
<td>10.1%</td>
</tr>
<tr>
<td>Uses public transportation while commuting to work:</td>
<td>0.0%</td>
</tr>
<tr>
<td>Percent of population with medical insurance:</td>
<td>N/A; Uninsured: N/A</td>
</tr>
</tbody>
</table>

## EDUCATION

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Graduating within 4 years of starting 9th grade</td>
<td>67.1%</td>
</tr>
<tr>
<td>% of Adults 25-34 with high school diploma</td>
<td>69.3%</td>
</tr>
<tr>
<td>% of Adults 25-34 with bachelor’s degree</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

## HEALTH

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th graders outside the healthy fitness zone:</td>
<td>61.5%</td>
</tr>
<tr>
<td>7th graders outside the healthy fitness zone:</td>
<td>67.1%</td>
</tr>
<tr>
<td>7th graders who had ate breakfast in the past day:</td>
<td>47.7%</td>
</tr>
<tr>
<td>Past 30 day cigarette use for 9th graders:</td>
<td>6.4%</td>
</tr>
<tr>
<td>Past 30 day alcohol use for 9th graders:</td>
<td>25.2%</td>
</tr>
<tr>
<td>Past 30 day marijuana use for 9th graders:</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

### Key Health Indicators:

- **Fertility Rate per 1,000**: 29.3; Hispanic: 93.5; Non-Hispanic: 6.8
- **Pre-term births**: 8.7%
- **Pre-pregnancy overweight and obese**: 57.0%
- **% of total births that occurs in teens**: 10.5%
- **Crime Rate per 1,000 residents**: 15.34
- **Life Expectancy by Zip Code**: 93015: 81.5 yrs

### Data Sources:

- U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
Moorpark City Profile

Demographics
- Total Population: 34,098
- Number of Households: 10,738
- Average Household Size: ~3.2
- Ethnicity: White 75.1%, Black 1.5%, American Indian 0.7%, Asian 6.8%, Other 10.8%, Mixed 4.8%

Age Distribution
- Persons under 5 Years: 6.6%
- Persons under 18 Years: 27.5%
- Persons 18-64 Years: 65.4%
- Persons over 65+ Years: 7.1%

Socioeconomics
- Population over 5 years that speaks English less than very well: 12.6%
- Persons below poverty level: 3.9%
- Children in poverty: 4.2%
- Female householder family, no husband present, below poverty: 9.1%
- Married-couple family, below poverty: 2.0%
- All families living in poverty: 2.5%
- Uses public transportation while commuting to work: 0.8%
- Percent of population with medical insurance: 88.9%; Uninsured: 11.1%

Health
- 5th graders outside the healthy fitness zone: 39.1%
- 7th graders outside the healthy fitness zone: 35.5%
- 7th graders who had eat breakfast in the past day: 76.7%
- Past 30 day cigarette use for 9th graders: 6.7%
- Past 30 day alcohol use for 9th graders: 22.0%
- Past 30 day marijuana use for 9th graders: 16.4%

Fertility Rate per 1,000: 56.4; Hispanic: 77.0; Non-Hispanic: 44.8
- % Pre-term births: 6.8%
- Pre-pregnancy overweight and obese: 46.7%
- % of total births that occurs in teens: 5.3%
- Crime Rate per 1,000 residents: 10.72
- Life Expectancy by Zip Code: 93021: 84.5 yrs

Data Sources: U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
Ojai City Profile

Demographics
- Total Population: 7,525
- Number of Households: 3,382
- Average Household Size: ~2.2
- Ethnicity: White 87.9%, Black 0.6%, American Indian 0.6%, Asian 2.1%, Other 5.9%, Mixed 2.9%

Age Distribution
- Persons under 5 Years: 4.6%
- Persons under 18 Years: 20.4%
- Persons 18-64 Years: 60.4%
- Persons over 65+ Years: 19.2%

Socioeconomics
- Population over 5 years that speaks English less than very well: 8.7%
- Persons below poverty level: 8.8%
- Children in poverty: 10.3%
- Female householder family, no husband present, below poverty: 9.9%
- Married-couple family, below poverty: 0.0%
- All families living in poverty: 2.3%
- Uses public transportation while commuting to work: 0.5%
- Percent of population with medical insurance: NA
- Uninsured: NA

Health
- 5th graders outside the healthy fitness zone: 39.3%
- 7th graders outside the healthy fitness zone: 29.2%
- 7th graders who had a meal at home in the past day: 70.8%
- Past 30 day cigarette use for 9th graders: 12.0%
- Past 30 day alcohol use for 9th graders: 26.5%
- Past 30 day marijuana use for 9th graders: 20.0%

Fertility Rate per 1,000: 111.0; Hispanic: 130.7; Non-Hispanic: 102.2
- % Pre-term births: 6.1%
- Pre-pregnancy overweight and obese: 34.0%
- % of total births that occur in teens: 5.0%
- Crime Rate per 1,000 residents: 26.1
- Life Expectancy by Zip Code: 93023: 80.3 yrs; 93022: 80.5 yrs

Data Sources: U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
DEMOGRAPHICS
Total Population: 198,484
Number of Households: 52,772
Average Household Size: ~3.8
Ethnicity: White 48.0%, Black 2.9%, American Indian 1.5%, Asian 7.4%, Other 35.1%, Mixed 4.6%

AGE DISTRIBUTION
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>8.9%</td>
</tr>
<tr>
<td>Persons under 18 Years</td>
<td>29.8%</td>
</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>61.9%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

SOCIOECONOMICS
Population over 5 years that speaks English less than very well: 34.4%
Persons below poverty level: 15.1%
Children in poverty: 21.1%
Female householder family, no husband present, below poverty: 32.1%
Married-couple family, below poverty: 11.4%
All families living in poverty: 16.8%
Uses public transportation while commuting to work: 0.7%
Percent of population with medical insurance: 72.2%; Uninsured: 27.8%

EDUCATION

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Graduating within 4 years of starting 9th grade</td>
<td>63.0%</td>
</tr>
<tr>
<td>% of Adults 25-34 with high school diploma</td>
<td>64.1%</td>
</tr>
<tr>
<td>% of Adults 25-34 with bachelor's degree</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

HEALTH

<table>
<thead>
<tr>
<th>Health Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th graders outside the healthy fitness zone</td>
<td>57.3%</td>
</tr>
<tr>
<td>7th graders outside the healthy fitness zone</td>
<td>56.9%</td>
</tr>
<tr>
<td>7th graders who had ate breakfast in the past day</td>
<td>8.7%</td>
</tr>
<tr>
<td>Past 30 day cigarette use for 9th graders</td>
<td>27.0%</td>
</tr>
<tr>
<td>Past 30 day alcohol use for 9th graders</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

Fertility Rate per 1,000: 100.4; Hispanic: 114.4; Non-Hispanic: 55.4
% Pre-term births: 7.4%
Pre-pregnancy overweight and obese: 55.4%
% of total births that occurs in teens: 12.7%
Crime Rate per 1,000 residents: 20.8
Life Expectancy by Zip Code: 93030: 79.7 yrs; 93033: 81.1 yrs; 93035: 82.8 yrs; 93036: 84.6 yrs

Data Sources: U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
## DEMOGRAPHICS

- **Total Population**: 21,688
- **Number of Households**: 8,131
- **Average Household Size**: ~2.7
- **Ethnicity**: White 56.9%, Black 5.1%, American Indian 1.4%, Asian 6.0%, Other 24.0%, Mixed 6.1%

## AGE DISTRIBUTION

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>8.6%</td>
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<td>26.6%</td>
</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>62.4%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

## SOCIOECONOMICS

- **Population over 5 years that speaks English less than very well**: 21.8%
- **Persons below poverty level**: NA
- **Children in poverty**: NA
- **Female householder family, no husband present, below poverty**: 38.6%
- **Married-couple family, below poverty**: 8.1%
- **All families living in poverty**: 17.4%
- **Uses public transportation while commuting to work**: 0.5%
- **Percent of population with medical insurance**: 78.3%
  **Uninsured**: 21.7%

## EDUCATION

- **% Graduating within 4 years of starting 9th grade**: 76.9%
- **% of Adults 25-34 with high school diploma**: 71.7%
- **% of Adults 25-34 with bachelor’s degree**: 21.4%

## HEALTH

- **Fertility Rate per 1,000**:
  - Hispanic: 102.1
  - Non-Hispanic: 92.9
  - Pre-term births: 10.0%
  - Pre-pregnancy overweight and obese: 53.7%
  - % of total births that occurs in teens: 10.3%
  - Crime Rate per 1,000 residents: 19.88
  - Life Expectancy by Zip Code: 93041: 79.3 yrs

## Data Sources:

- U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
**Santa Paula City Profile**

**Demographics**
- Total Population: **29,212**
- Number of Households: **8,749**
- Average Household Size: ~3.2
- Ethnicity: White 63.0%, Black 0.5%, American Indian 1.6%, Asian 0.7%, Other 30.4%, Mixed 3.7%

**Age Distribution**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>8.7%</td>
</tr>
<tr>
<td>Persons under 18 Years</td>
<td>29.7%</td>
</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>59.7%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

**Socioeconomics**
- Population over 5 years that speaks English less than very well: **29.5%**
- Persons below poverty level: **17.5%**
- Children in poverty: **22.0%**
- Female householder family, no husband present, below poverty: **35.9%**
- Married-couple family, below poverty: **13.1%**
- All families living in poverty: **19.7%**
- Uses public transportation while commuting to work: **0.2%**
- Percent of population with medical insurance: **79.3%**
- Uninsured: **20.7%**

**Education**

<table>
<thead>
<tr>
<th>Education Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Graduating within 4 years of starting 9th grade</td>
<td>63.7%</td>
</tr>
<tr>
<td>% of Adults 25-34 with high school diploma</td>
<td>67.1%</td>
</tr>
<tr>
<td>% of Adults 25-34 with bachelor’s degree</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

**Health**

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th graders outside the healthy fitness zone</td>
<td>59.8%</td>
</tr>
<tr>
<td>7th graders outside the healthy fitness zone</td>
<td>56.6%</td>
</tr>
<tr>
<td>7th graders who had ate breakfast in the past day</td>
<td>50.6%</td>
</tr>
<tr>
<td>Past 30 day cigarette use for 9th graders</td>
<td>0.7%</td>
</tr>
<tr>
<td>Past 30 day alcohol use for 9th graders</td>
<td>23.4%</td>
</tr>
<tr>
<td>Past 30 day marijuana use for 9th graders</td>
<td>16.7%</td>
</tr>
<tr>
<td>Fertility Rate per 1,000: 86.1; Hispanic: 91.0; Non-Hispanic: 59.5</td>
<td></td>
</tr>
<tr>
<td>Pre-pregnancy overweight and obese: 60.0%</td>
<td></td>
</tr>
<tr>
<td>% of total births that occurs in teens: 9.7%</td>
<td></td>
</tr>
<tr>
<td>Crime Rate per 1,000 residents: 20.55</td>
<td></td>
</tr>
<tr>
<td>Life Expectancy by Zip Code: 93060: 82.4 yrs</td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources:** U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
Simi Valley City Profile

DEMOGRAPHICS
- Total Population: 124,596
- Number of Households: 42,506
- Average Household Size: ~2.9
- Ethnicity: White 75.3%, Black 1.4%, American Indian 0.6%, Asian 9.3%, Other 8.6%, Mixed 4.6%

AGE DISTRIBUTION
- Persons under 5 Years: 6.1%
- Persons under 18 Years: 25.0%
- Persons 18-64 Years: 64.4%
- Persons over 65+ Years: 10.6%

SOCIOECONOMICS
- Population over 5 years that speaks English less than very well: 9.7%
- Persons below poverty level: 6.1%
- Children in poverty: 7.9%
- Female householder family, no husband present, below poverty: 14.9%
- Married-couple family, below poverty: 3.2%
- All families living in poverty: 6.3%
- Uses public transportation while commuting to work: 0.6%
- Percent of population with medical insurance: 87.2% Uninsured: 12.8%

EDUCATION
- % Graduating within 4 years of starting 9th grade: 90.0%
- % of Adults 25-34 with high school diploma: 88.8%
- % of Adults 25-34 with bachelor’s degree: 31.4%

HEALTH
- 5th graders outside the healthy fitness zone: 41.5%
- 7th graders outside the healthy fitness zone: 37.8%
- 7th graders who had ate breakfast in the past day: 72.7%
- Past 30 day cigarette use for 9th graders: 10.7%
- Past 30 day alcohol use for 9th graders: 21.1%
- Past 30 day marijuana use for 9th graders: 13.4%

Fertility Rate per 1,000: Hispanic: 56.8; Non-Hispanic: 52.4
- % Pre-term births: 8.5%
- Pre-pregnancy overweight and obese: 40.7%
- % of total births that occurs in teens: 4.2%
- Crime Rate per 1,000 residents: 13.7
- Life Expectancy by Zip Code: 93063: 81.3 yrs; 93065: 82.3 yrs

Data Sources: U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
Thousand Oaks City Profile

**DEMOGRAPHICS**

- Total Population: 127,041
- Number of Households: 47,497
- Average Household Size: ~2.7
- Ethnicity: White 80.3%, Black 1.3%, American Indian 0.4%, Asian 8.7%, Other 5.4%, Mixed 3.8%

**AGE DISTRIBUTION**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5</td>
<td>5.2%</td>
</tr>
<tr>
<td>Persons 6-17</td>
<td>23.7%</td>
</tr>
<tr>
<td>Persons 18-64</td>
<td>61.6%</td>
</tr>
<tr>
<td>Persons over 65+</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

**SOCIOECONOMICS**

- Population over 5 years that speaks English less than very well: 8.6%
- Persons below poverty level: 5.8%
- Children in poverty: 6.5%
- Female householder family, no husband present, below poverty: 18.3%
- Married-couple family, below poverty: 2.6%
- All families living in poverty: 5.2%
- Uses public transportation while commuting to work: 0.7%
- Percent of population with medical insurance: 90.5% Uninsured: 9.5%

**EDUCATION**

- % Graduating within 4 years of starting 9th grade
  - 93.7%
- % of Adults 25-34 with high school diploma
  - 53.3%
- % of Adults 25-34 with bachelor's degree
  - 92.8%

**HEALTH**

- Fertility Rate per 1,000: 47.7; Hispanic: 75.8; Non-Hispanic: 40.0
- % Pre-term births: 10.0%
- Pre-pregnancy overweight and obese: 37.4%
- % of total births that occurs in teens: 3.8%
- Crime Rate per 1,000 residents: 14.1
- Life Expectancy by Zip Code: 91360: 80.3 yrs; 91320: 83.9 yrs; 91362: 85.6 yrs; 91361: 88.1 yrs

**Data Sources:** U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010
Ventura CITY PROFILE

DEMOGRAPHICS
Total Population: 106,730
Number of Households: 42,827
Average Household Size: ~2.5
Ethnicity: White 76.6%, Black 1.6%, American Indian 1.2%, Asian 3.4%, Other 11.7%, Mixed 5.2%

AGE DISTRIBUTION

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 Years</td>
<td>5.8%</td>
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<tr>
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</tr>
<tr>
<td>Persons 18-64 Years</td>
<td>64.2%</td>
</tr>
<tr>
<td>Persons over 65+ Years</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

SOCI ECONOMICS
Population over 5 years that speaks English less than very well: 9.3%
Persons below poverty level: 10.7%
Children in poverty: 14.3%
Female householder family, no husband present, below poverty: 23.5%
Married-couple family, below poverty: 6.1%
All families living in poverty: 10.9%
Uses public transportation while commuting to work: 0.8%
Percent of population with medical insurance: 86.1%; Uninsured: 13.9%

EDUCATION

<table>
<thead>
<tr>
<th>Education Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Graduating within 4 years of starting 9th grade</td>
<td>87.1%</td>
</tr>
<tr>
<td>% of Adults 25-34 with high school diploma</td>
<td>84.4%</td>
</tr>
<tr>
<td>% of Adults 25-34 with bachelor's degree</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

HEALTH

Fertility Rate per 1,000: 60.8; Hispanic: 78.3; Non-Hispanic: 50.1
Pre-term births: 7.3%
Pre-pregnancy overweight and obese: 45.4%
% of total births that occurs in teens: 5.9%
Crime Rate per 1,000 residents: 34.08
Life Expectancy by Zip Code: 93001: 80.2 yrs; 93003: 80.6 yrs; 93004: 81.7 yrs

Data Sources: U.S. Census Bureau 2010, American Community Survey 2006-2010, California Health Interview Survey 2009, California Healthy Kids Survey 2008-10, California Department of Public Health Birth and Death Statistical Master Files 2010