



VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

Community Health NEEDS ASSESSMENT 2022



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Community Health Needs Assessment (CHNA) at a Glance

VENTURA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AT A GLANCE

Secondary Data



Primary Data/Community Input



Health Equity



Priority Health Needs



VENTURA COUNTY PRIORITIZED SIGNIFICANT HEALTH NEEDS

Access to Healthcare



Key Themes from Community Input

- Voted #1 feature of a health community by both general population (76%) and student (89%) respondents.
- Focus groups mentioned lack of knowledge of available community resources.

Warning Indicators

- Adults who have had a Routine Checkup
- Adults with Health Insurance: 18-64
- Adults without Health Insurance

Adolescent Health



Key Themes from Community Input

- CSUCI and Pacifica HS top #1 and #2 ranked risky behaviors are drug (65%) & alcohol abuse (79%).
- Poor eating habits (56%) and being overweight/obese (51%) were #3 and #4 ranked risky behaviors.

Warning Indicators

- Children and Teens who Engage in Regular Physical Activity
- Teens who are Overweight or Obese
- 7th Grade Students who are Physically Fit

Alcohol & Drug Use



Key Themes from Community Input

- 36% of general population and 31% students surveyed declared prescription drug use an important risky behavior
- Ranked #1 and #2 risky behaviors in the community for all respondents

Warning Indicators

- Alcohol-Impaired Driving Deaths
- Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)
- Liquor Store Density

Cancer



Key Themes from Community Input

- Nearly half of general and student survey respondents consider cancers to be the most important health problem in the community

Life Expectancy Analysis

- Ranked the second leading cause of death (2019-2021)
- Leading cause of premature death (2019-2021)

Warning Indicators

- Prostate Cancer Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate
- Age-Adjusted Death Rate due to Colorectal Cancer
- Breast Cancer Incidence Rate

Community Health Needs Assessment (CHNA) at a Glance

VENTURA COUNTY PRIORITIZED SIGNIFICANT HEALTH NEEDS

Diabetes



Key Themes from Community Input



- Approximately 40% of general and student survey respondents voted diabetes the most important health problem in the community.
- General survey respondents voted related health behaviors like poor eating habits (47%) and lack of exercise (36%) the most important risky behaviors in the community.

Warning Indicators



- Adults with diabetes

Life Expectancy Analysis



- Diabetes is the 9th leading cause of death (2019-2021) in Ventura County
- It is the 10th leading cause of death for males.

Education



Key Themes from Community Input



- Lost learning related to COVID-19 pandemic
- Lack of knowledge of how to access health based resources

Warning Indicators



- Student-to-teacher ratio
- High school graduation rate

Heart Disease & Stroke



Key Themes from Community Input



- Approximately one-third of all survey respondents declared it one of the most important health problems in the community.
- Associated risk behaviors in the general population: overweight and obese (59%) and lack of exercise (36%)

Life Expectancy Analysis



- Diseases of the heart ranked #1 leading cause of death (2019-2021) and #2 cause of premature death in the same time period.
- Stroke ranked #6 leading cause of death and #7 cause of premature death

Warning Indicators



- Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
- Atrial Fibrillation: Medicare Population
- Hyperlipidemia: Medicare Population

VENTURA COUNTY PRIORITIZED SIGNIFICANT HEALTH NEEDS

Housing



Key Themes from Community Input



- Challenges in household environments discussed in focus groups
- Affordable housing voted #2 feature of a healthy community by all respondents.
- Poor housing conditions or lack of housing was #2 issue residents would most like to see addressed.

Secondary Data Indicators



- Severe Housing Problems

Mental Health



Key Themes from Community Input



- Mental health problems (trauma, depression, bipolar, etc.) was the #1 most important health problem by both the general population (74%) and student respondents (82%)
- Mental health issues across the life span discussed in focus groups
- Suicide was most important health problem for 32% of student respondents

Warning Indicators



- Alzheimer's Disease or Dementia: Medicare Population
- Depression: Medicare Population
- Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury

Life Expectancy Analysis



Suicide ranked #7 in leading causes of premature death (2019-2021) for males and #9 overall for Ventura County

Nutrition & Healthy Eating



Key Themes from Community Input



- 47% of general survey respondents and 56% of students voted poor eating habits the most important risky health behavior in the community.

Warning Indicators



- Adults who Drink Sugar-Sweetened Beverages
- Child and Teen Fruit Consumption
- WIC Certified Stores

Community Health Needs Assessment (CHNA) at a Glance

VENTURA COUNTY PRIORITIZED SIGNIFICANT HEALTH NEEDS

Older Adults



Key Themes from Community Input



- Social skills issues (isolation) discussed in focus groups
- 41% of general survey respondents chose aging complications (dementia, falls, social isolation) as an important community health problem

Life Expectancy Analysis



- Alzheimer's disease ranked #10 leading cause of premature death (2019-2021) and #3 leading cause of death in Ventura County.

Warning Indicators



- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Asthma: Medicare Population
- Atrial Fibrillation: Medicare Population

Physical Activity



Key Themes from Community Input



- 38% of people surveyed think safe places to exercise is a key element of a healthy community.
- 36% of survey respondents consider lack of exercise the most important risky behavior.

Warning Indicators



- Children and Teens who Engage in Regular Physical Activity
- Fast Food Restaurant Density
- 7th Grade Students who are Physically Fit
- 9th Grade Students who are at a Healthy Weight or Underweight
- Children with Low Access to a Grocery Store
- People with Low Access to a Grocery Store

Weight Status



Key Themes from Community Input



- 59% of general survey respondents and 51% of students consider being overweight/obese the most risky health behavior in the community.

Warning Indicators



- Teens who are Overweight or Obese
- 9th Grade Students who are at a Healthy Weight or Underweight
- 5th Grade Students who are at a Healthy Weight or Underweight



Frameworks Contributing to the Community Health Needs Assessment Process

The Ventura County Community Health Improvement Collaborative (VCCHIC) assessment process was based upon established public health frameworks that guide goal setting for all stakeholders engaged in the task of building healthy communities. These guiding frameworks are discussed below.

2.1 The California Healthy Places Index

Neighborhood-by-neighborhood, the California Healthy Places Index (HPI) maps data on social conditions that drive health — like education, job opportunities, clean air and water, and other indicators that are positively associated with life expectancy at birth. Community leaders, policymakers, academics and other stakeholders use the HPI to compare the health and well-being of communities, identify health inequities and quantify the factors that shape health. (The Public Health Institute, 2022)

2.2 Eco-Social Life Course Model

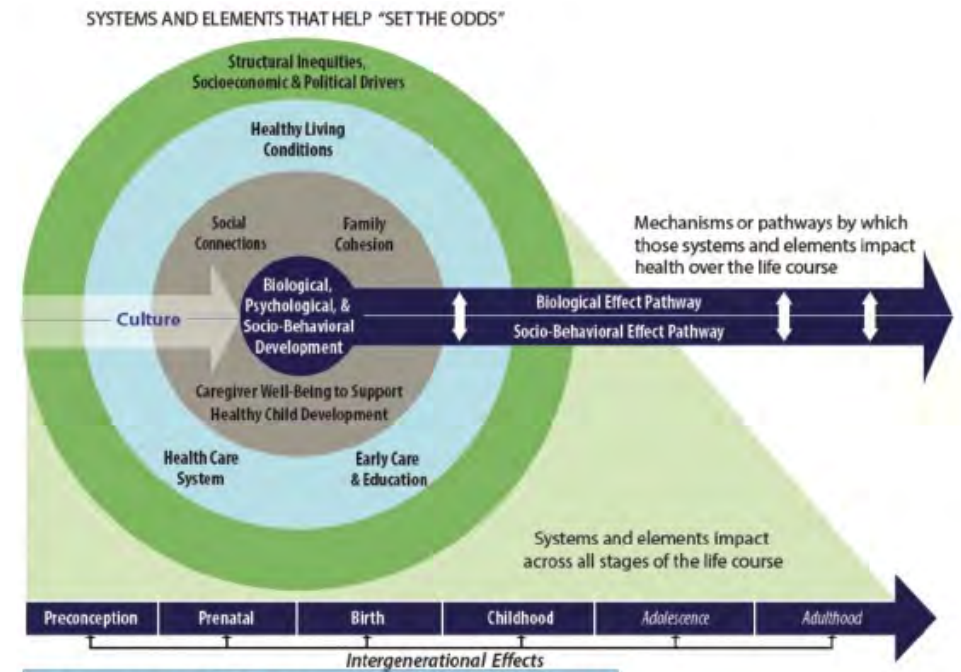
The California Department of Public Health (CDPH) uses the Eco-Social Life Course Model shown in Figure 1 (California Department of Public Health, 2022) as the public health approach to health assessment and improvement planning. The model focuses on the following principles that contribute to overall health and wellness:

- **Ecological-social (“eco-social”)**
- **Life course and inter-generational**
- **Equity, antiracism and health equity**
- **Prevention, especially primary prevention**

CDPH has prioritized the following health issues in their [2022 State Health Assessment](#).

- **COVID Readiness and Recovery**
- **Children and Youth Behavioral Health**
- **Climate Change**

FIGURE 1: ECO-SOCIAL LIFE COURSE MODEL



Frameworks Contributing to the Community Health Needs Assessment Process

2.3 Healthy People 2030

The Healthy People 2030 foundational principles include:

- The health and well-being of all people and communities is essential to a thriving, equitable society.
- Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental and social health dimensions.
- Investing to achieve the full potential for health and well-being for all provides valuable benefits to society.
- Achieving health and well-being requires eliminating health disparities, achieving health equity and attaining health literacy.
- Healthy physical, social and economic environments strengthen the potential to achieve health and well-being.
- Promoting and achieving health and well-being nationwide is a shared responsibility that is distributed across the national, state, tribal and community levels, including the public, private and not-for-profit sectors.
- Working to attain the full potential for the health and well-being of the population is a component of decision-making and policy formulation across all sectors (U.S. Department of Health and Human Services, 2021).



Introduction

3.1 CHNA Purpose

The Community Health Needs Assessment (CHNA) is conducted and published every three years or as per Internal Revenue Service (IRS), the Health Resources and Services Administration's (HRSA) Health Center Compliance Manual, Section 330 of the Public Health Service Act, and Public Health Accreditation Board (PHAB) requirements.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant community needs.

VCCHIC will work to develop implementation strategies, to be included in each member organization's individual Community Health Improvement Plans (CHIP)/ Implementation Strategies (IS), that align with CHNA identified health priorities and focus on achieving health equity. Together, these agencies will support health advocacy, education, prevention and partnerships that extend the care continuum for medically underserved and vulnerable populations.

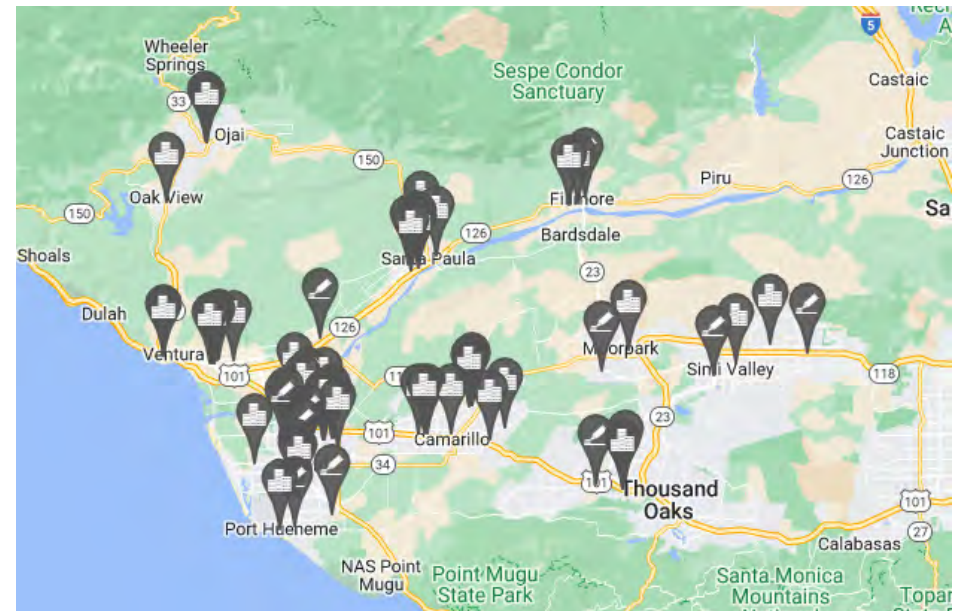
3.2 Ventura County Community Health Improvement Collaborative (VCCHIC)

VCCHIC is a formal, charter-bound partnership of seven health agencies that came together in June 2018 to participate in the development of a joint CHNA exercise and report. The agencies that constitute VCCHIC are given below:

- Adventist Health Simi Valley
- Camarillo Health Care District
- Clinicas Del Camino Real, Inc.
- Community Memorial Health System
- Gold Coast Health Plan

- St. John's Regional Medical Center, Dignity Health
- Ventura County Health Care Agency Community Health Center
- Ventura County Public Health

FIGURE 2: LOCATION OF VCCHIC PARTNERS WITHIN VENTURA COUNTY



Source: Google Map on Health Matters in Ventura County

3.3 Mission

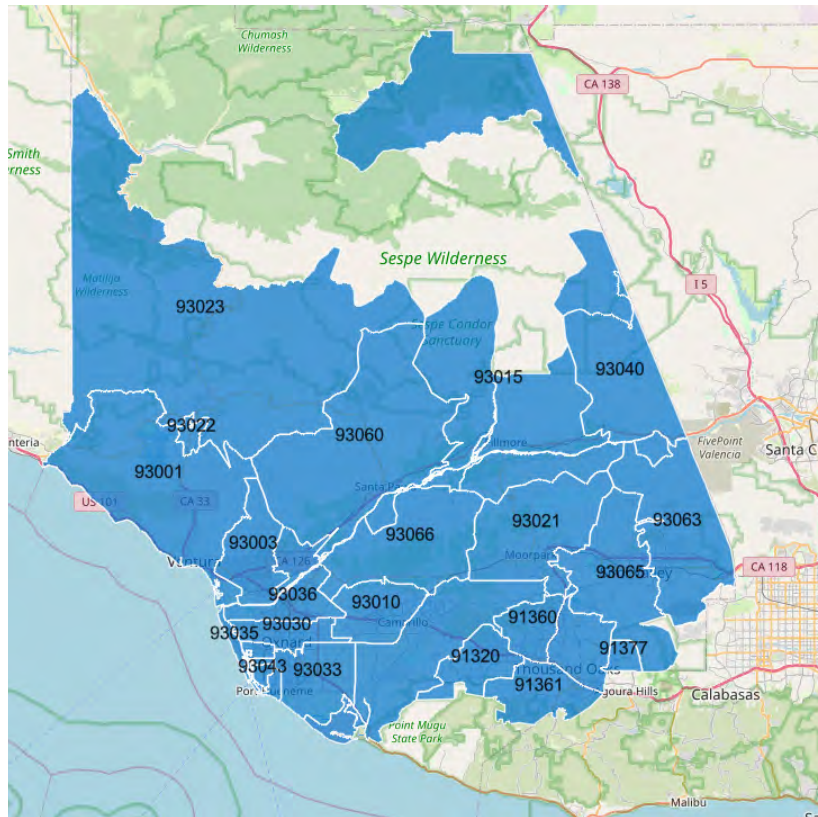
The mission of VCCHIC is to build partnerships to improve population health outcomes in Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment. This will result in a collective approach to addressing population health and benefit the communities in which we serve.

Introduction

3.4 Service Area

With the purpose of jointly addressing health challenges of residents and serving communities with impactful solutions that leverage shared resources and coordinate care, the eight health agencies that make up VCCHIC have come together in defining their service area as the County of Ventura.

FIGURE 3: ZIP CODE TABULATED AREAS WITHIN VENTURA COUNTY



Source: Esri

3.5 Collaborative Structure

VCCHIC is the decision-making entity for the 2022 Community Health Needs Assessment and is chaired by the Epidemiologist at Ventura County Public Health. Primary representatives for the founding members of the collaborative include:

- Erin Slack, MPH, Ventura County Public Health – *Epidemiologist, Maternal, Child, and Adolescent Health Programs*
- George West, JD, St. John’s Regional Medical Center and St. John’s Pleasant Valley Hospital, Dignity Health System – *Service Area Vice President, Mission Integration*
- Kathryn Stiles, Adventist Health Simi Valley – *Director of Community Integration*
- Lizeth Barretto, Ventura County Health Care Agency Community Health Center – *Ambulatory Care Administrator*
- Lynette Harvey, Camarillo Health Care District – *Clinical Services Director*
- Pauline Preciado, Gold Coast Health Plan – *Executive Director of Equity and Population Health*
- Rachel Cox, MPH, Clinicas Del Camino Real, Inc. – *Operations Manager*
- Will Garand, Community Memorial Health System – *Vice President, Planning & Managed Care*

3.6 Distribution of CHNA report

To meet the requirements of the IRS regulations 501(r) for charitable hospitals, hospitals are required to make the Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) available publicly through print copies and on the internet. Public comment is also solicited and documented. In keeping with these regulations, VCCHIC partners made the 2019 CHNA report available to community members to read online and in paper format. No written comments had been received at the time this report was written.

Adventist Health Simi Valley

2019 CHNA:

- https://www.adventisthealth.org/documents/community-benefit/2019-chna/SimiValley_2019_CommunityHealthNeedsAssessment.pdf

2019 Implementation Plan:

- https://www.adventisthealth.org/documents/community-benefit/2020-chis/Simi-Valley_2020_CommunityHealthImplementationStrategy.pdf

Introduction

Community Memorial Health System

2019 CHNA and Implementation Strategy:

- <https://www.cmhshealth.org/about/community-health-needs-assessment/>

St. John's Regional Medical Center, Dignity Health

2019 CHNA and Implementation Strategy:

- <https://www.dignityhealth.org/central-coast/locations/stjohnsregional/about-us/community-benefit>

3.7 Evaluation of Progress since Prior CHNA

The CHNA process should be viewed as a three-year cycle (Figure 4). An important part of that cycle is revisiting the progress made on priority topics from previous CHNAs. By reviewing the actions taken to address priority areas and evaluating the impact of these actions in the community, an organization can better focus and target its efforts during the next CHNA cycle.

FIGURE 4: CHNA PROCESS



3.8 Priority Health Needs from Preceding CHNA

VCCHIC's priority health areas for the 2019 CHNA cycle were:

- Improve Access to Health Services
- Address Social Needs
- Improve Health and Wellness for Older Adults
- Reduce the Burden of Chronic Disease
- Reduce the Impact of Behavioral Health Issues

A detailed impact report outlining the goals, objectives and status of each strategy is provided in Appendix A.

3.9 Acknowledgements

VCCHIC commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2022 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

3.10 Report Authors

Report author from VCCHIC:

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Report authors from Conduent HCI:

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Cushanta Horton, MPH, Epidemiologist
Margaret Mysz, MPH, Epidemiologist

Profile of Ventura County

Located in Southern California, Ventura County has a land area of 1,843.1 square miles which encompasses 10 cities, 23 census-designated places, and 15 other unincorporated communities. In 2022, Ventura County's population had a median age of 39.3 and a median household income of \$101,407. Additionally, 50.5% of the population is female, 5.7% are below five years of age, 22.1% are below 18 years and 17.3% are 65 years and above and 38.6% of the people in Ventura County speak a non-English language at home. (Claritas Pop-Facts, 2022)

The homeownership rate is 59.4%, households with an internet subscription is 89.8%, and among county residents, 5.8% have veteran status and 21.3% are foreign born (American Community Survey, 2016-2020). In 2021, the percent of households with a computer is 89.6% (Claritas Consumer Profiles, 2021).

4.1 Demographic Profile

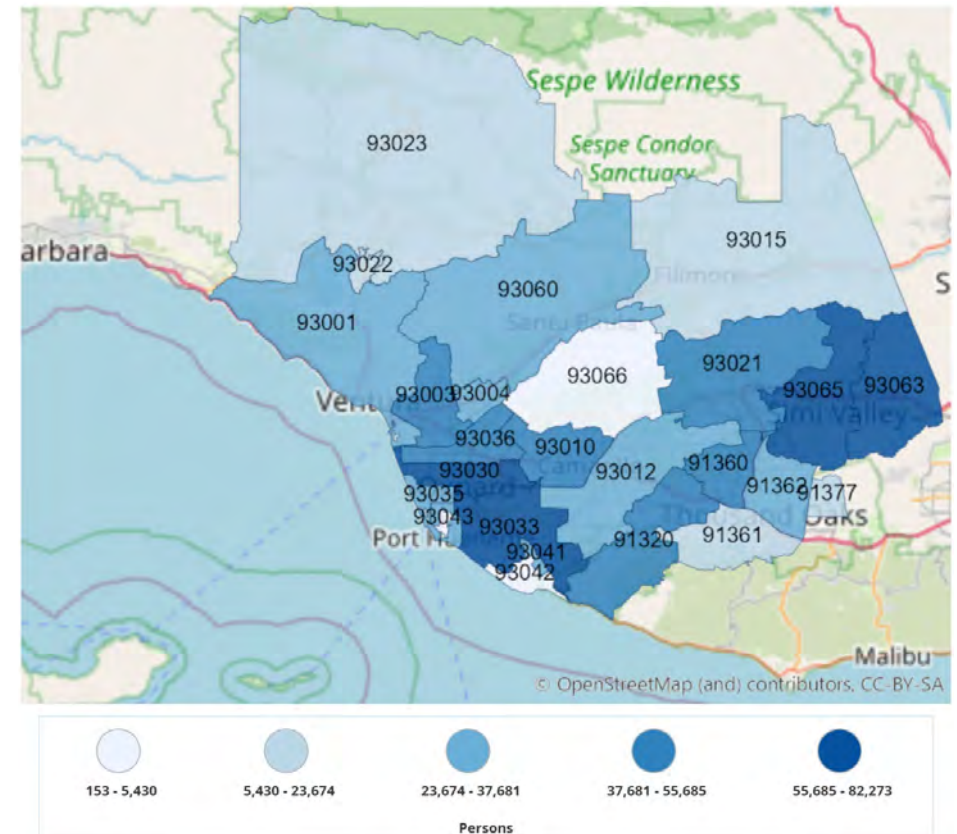
The following section explores the demographic profile of Ventura County. Demographics are an integral part of describing the community and its population and are critical to forming further insights into the health needs of the community to best plan for improvement. All Ventura County residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background. Unfortunately, some population groups don't have the same opportunities to be as healthy as others; these groups may experience more inequities and thus require different approaches and supports to health improvement (National Academies Press, 2008).

All demographic estimates are sourced from the U.S. Census Bureau's (a) 2019 population estimates or (b) 2016-2020 American Community Survey (ACS), or (c) 2022 Claritas Pop-Facts®, unless otherwise indicated. The Pop-Facts data set provides current year (2022) estimates using the 2010 Census and incorporation of newly available ACS data. Periods of measurement and sources for the data discussed are given in these sections if they are not mentioned elsewhere in the tables and figures enclosed within the report. For more information on the demographics in Ventura County, please visit <https://www.healthmattersinvc.org/demographicdata>

4.1.1 Population

According to 2022 Claritas Pop-Facts, Ventura County has a population of 842,465 and is the 13th largest county in terms of population. Figure 5 illustrates the population size in Ventura County by zip code. The most populated zip codes are 93033 (Oxnard), 93065 (Simi Valley), 93030 (Oxnard), and 93063 (Simi Valley) with population totals of 82,273; 74,289; 60,815; and 55,685.

FIGURE 5: POPULATION BY ZIP CODE, 2022



Source: Claritas Pop-Facts

Profile of Ventura County

Table 1 presents the U.S. Census Bureau population estimates in Ventura County by year for 2016, 2017, 2018 and 2019. Ventura County experienced a slight population decrease in the four-year time period with a growth rate of -0.34%. This is less than that of California (0.77%) and the US growth rate (1.59%).

TABLE 1: TOTAL POPULATION: PAST FOUR YEARS, 2016-2019

| Total Population | | | | | |
|------------------|-------------|-------------|-------------|-------------|--------------------------|
| | 2016 | 2017 | 2018 | 2019 | Percent Change 2016-2019 |
| Ventura County | 848,921 | 850,802 | 850,967 | 846,006 | -0.34 |
| California | 39,209,127 | 39,399,349 | 39,557,045 | 39,512,223 | 0.77 |
| United States | 323,071,342 | 325,147,121 | 327,167,434 | 328,239,523 | 1.59 |

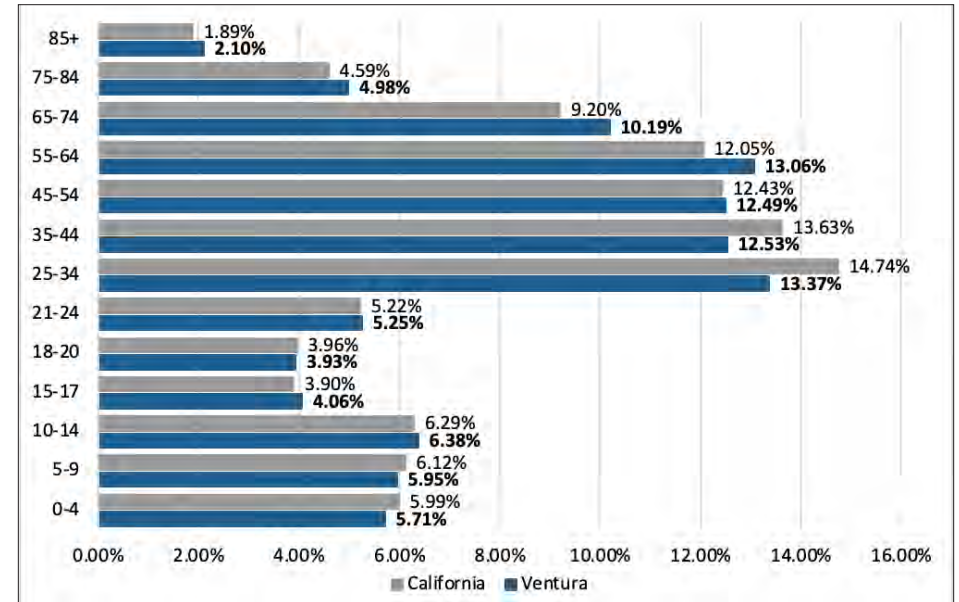
Source: U.S. Census Bureau



4.1.2 Age

Distribution of age impacts the health care needs of a population. Economic means, work status and entitlement program eligibility are based on age which can affect an individual's ability to access preventive health care services (Office of Disease Prevention and Health Promotion, 2014). Figure 6 shows the Ventura County population by age as compared to the age distribution for the state of California. Overall, Ventura County's age distribution is similar to California. Notably, Ventura has a lower percentage of its population between 25-34 and 35-44 years of age compared to California. However, the percentage of the population aged 45 and above is slightly greater in Ventura than in California.

FIGURE 6: POPULATION BY AGE, 2022



Source: Claritas Pop-Facts

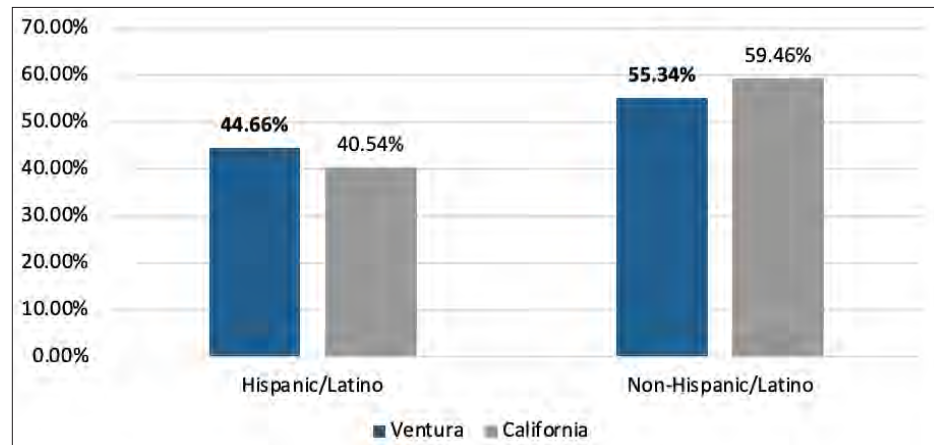
Profile of Ventura County

4.1.3 Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 7 shows the ethnicity of residents in Ventura County as compared to California. In Ventura County, 44.66% of residents identify as Hispanic/Latino (of any race) and 55.34% identify as Non-Hispanic/Latino.

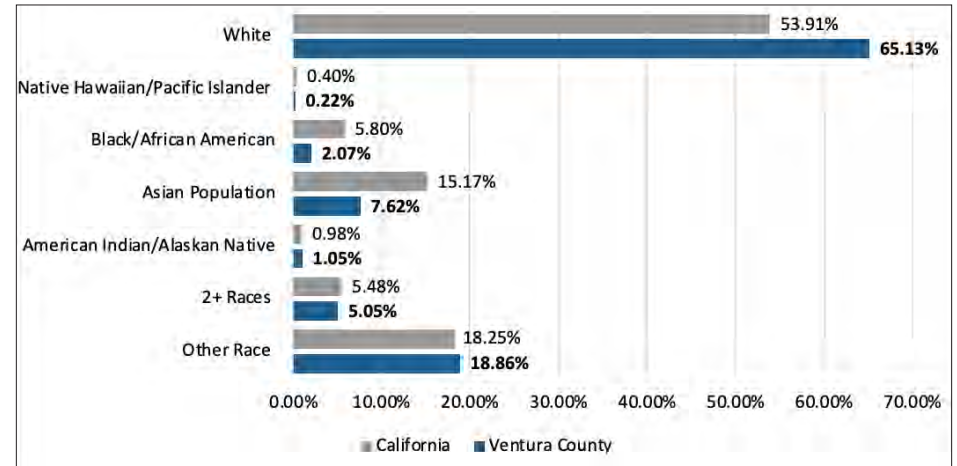
FIGURE 7: VENTURA COUNTY POPULATION BY ETHNICITY, 2022



Source: Claritas Pop-Facts

Figure 8 shows the racial composition of Ventura County and California. Compared to California, Ventura County has a larger White population (65.13%) and smaller Black or African American and Asian populations (2.07% and 7.62%, respectively).

FIGURE 8: VENTURA COUNTY POPULATION BY RACE, 2022



Source: Claritas Pop-Facts

Table 2 presents a closer examination of population trends over a span of four years. Overall, Ventura County has experienced a slight increase in share of residents identifying as American Indian/Alaska Native, Asian, Black or African American, and Two or More Races and Hispanic/Latino from 2016 to 2019. Meanwhile, there is a slight decrease in residents identifying as Native Hawaiian/Pacific Islander, and White in the past four years.

TABLE 2: POPULATION BY RACE OR ETHNICITY: PAST FOUR YEARS

| | Ventura County | | | |
|--|----------------|--------|--------|--------|
| | 2016 | 2017 | 2018 | 2019 |
| American Indian and Alaska Native | 1.84% | 1.85% | 1.87% | 1.86% |
| Asian | 7.63% | 7.76% | 7.87% | 7.88% |
| Black or African American | 2.27% | 2.33% | 2.38% | 2.39% |
| Native Hawaiian and Other Pacific Islander | 0.29% | 0.29% | 0.29% | 0.28% |
| Two or More Races | 3.38% | 3.44% | 3.49% | 3.51% |
| White | 84.59% | 84.33% | 84.10% | 84.05% |
| Hispanic | 42.47% | 42.72% | 43.02% | 43.24% |

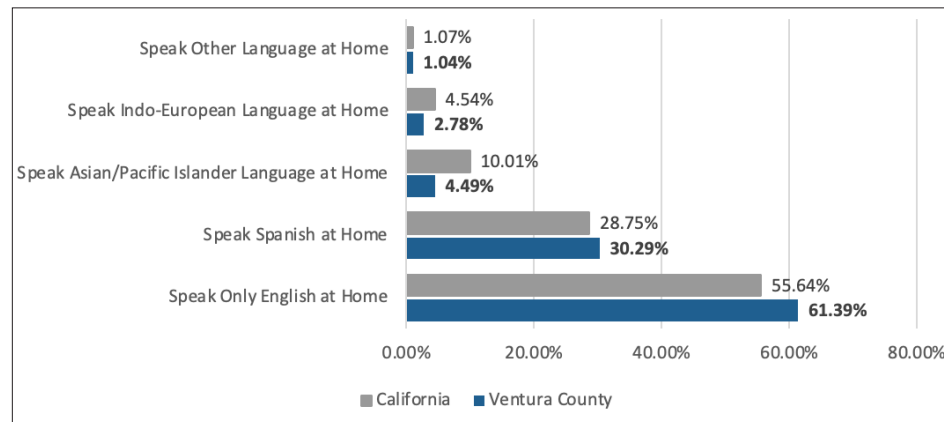
Source: U.S. Census Bureau

Profile of Ventura County

4.1.4 Language Spoken at Home

Figure 9 shows the percent of the population that speaks a language other than English at home, comparing the values for Ventura County with the California state value. In Ventura County, 61.39% of the population aged five and older speak only English while 38.61% of the population speak a language other than English at home, with the most common non-English language being Spanish (30.29%). This measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 9: POPULATION AGE 5+ LANGUAGE SPOKEN AT HOME, 2022



Source: Claritas Pop-Facts

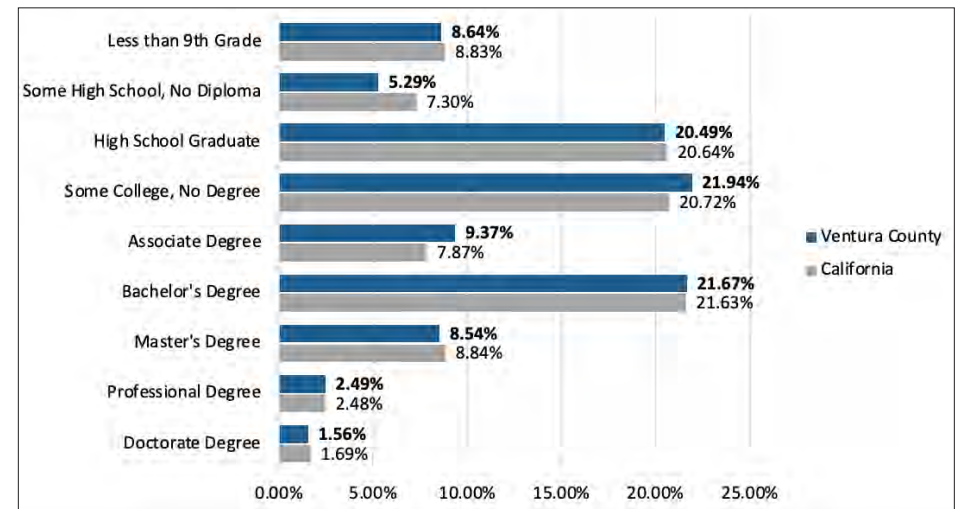


4.1.5 Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors. (Egerter S, 2011)

Figure 10 displays the educational attainment for population age 25+ in Ventura County. All levels of educational attainment are similar between Ventura County and California state values. Notably, Ventura County has a lower percentage of the population with Some High School with No Diploma (5.29%) than the California (7.30%). Ventura County has a higher percentage of the population with an Associate Degree (9.37%) than California (7.87%).

FIGURE 10: EDUCATIONAL ATTAINMENT BY PEOPLE 25+, 2022

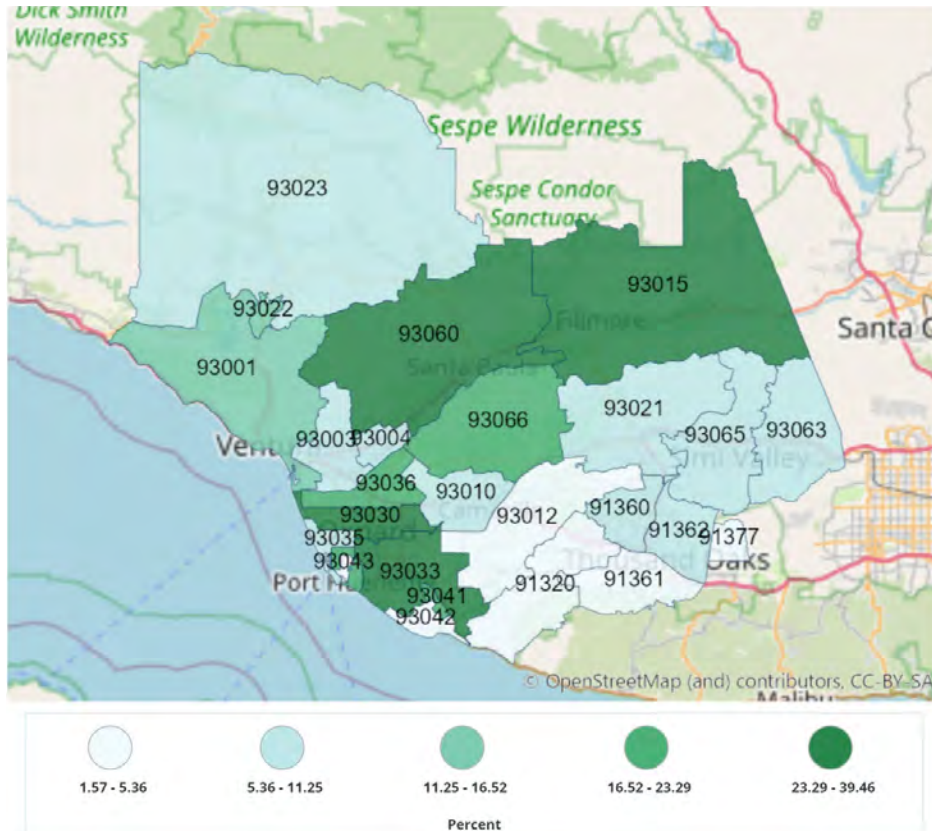


Source: Claritas Pop-Facts

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Figure 11 depicts the Population Age 25+ With Less Than High School Graduation at the granular zip code level, with darker green regions indicating a greater percentage of individuals with less than a high school graduation. In this map, the areas with the highest percent and number of individuals without a high school degree are 93033 (39.46%; 19,479), 93060 (32.32%; 6,831), 93030 (27.98%; 10,630), and 93015 (23.29%; 2,771).

FIGURE 11: POPULATION AGE 25+ WITH LESS THAN HIGH SCHOOL GRADUATION, 2022



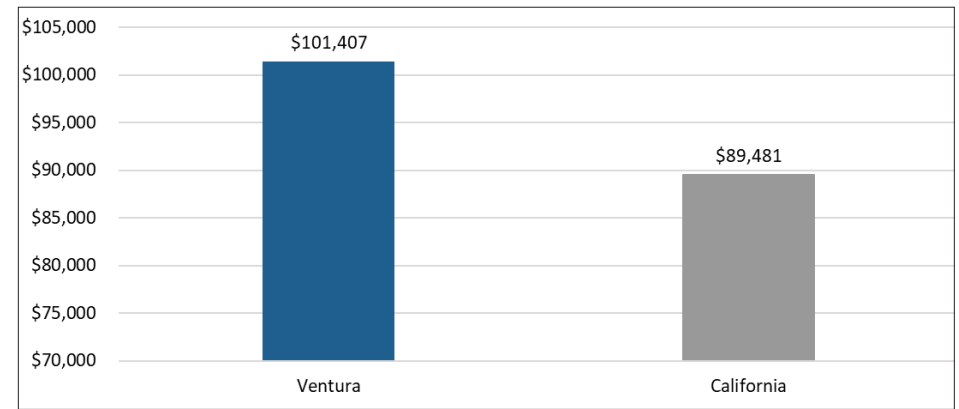
Source: Claritas Pop-Facts

4.1.6. Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work. (Khullar, 2018)

Figure 12 shows the Median Household Income for Ventura County and California. Ventura has a median household income above the state value and the national values. Ventura County has an estimated median household income of approximately \$101,407, which was \$11,926 higher than the median household income of California (\$89,481) and \$36,413 higher than the national value of \$64,994 (American Community Survey 2016-2020).

FIGURE 12: MEDIAN HOUSEHOLD INCOME, 2022

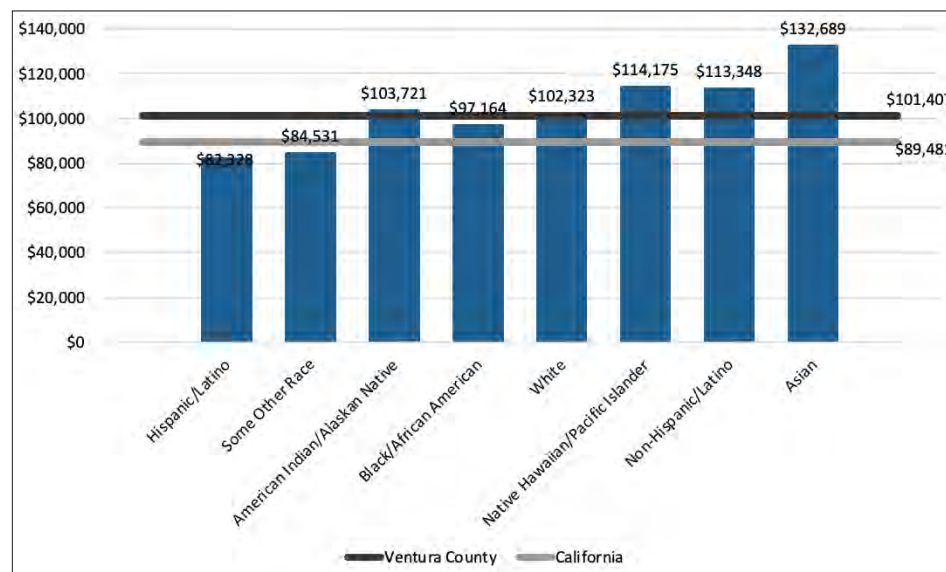


Source: Claritas Pop-Facts

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Figure 13 shows Median Household Income by race and ethnicity for Ventura County. Six out of eight racial and ethnic groups in Ventura County have higher median household incomes in comparison to the overall California state value. The Asian population has the highest median household income at \$132,689. Not only is this the highest, it also represents the greatest difference from the overall Ventura County value. Hispanic/Latino populations (\$82,328) and those who have identified as Some Other Race (\$84,531) have median incomes below the median household incomes of Ventura County and California.

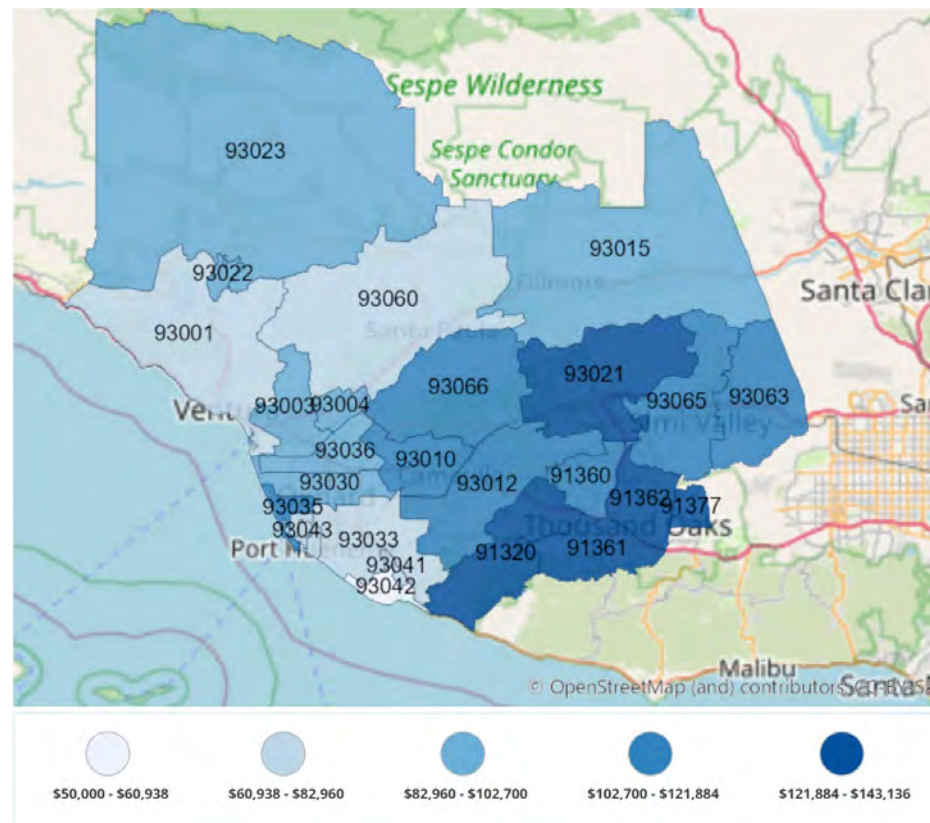
FIGURE 13: MEDIAN HOUSEHOLD INCOME BY RACE OR ETHNICITY, 2022



Source: Claritas Pop-Facts

Per the five-year estimates from the 2016–2020 American Community Survey, the median household income was \$89,274 for 2-person households, \$116,087 for 4-person households, \$107,340 for 6-person households, and \$109,693 for 7+ person households. Looking at Figure 14, the regions with the darker shades of blue indicate zip codes with higher median household incomes, while the lighter shades indicate lower median household incomes. The zip code with the highest median household income in Ventura County is 91377 (\$143,136), while the zip code with the lowest median household income is 93042 (\$50,000).

FIGURE 14: MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2022



Source: Claritas Pop-Facts

4.1.7 Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, and health behaviors and outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. (U.S. Department of Health and Human Services, 2021)

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health (U.S. Department of Health and Hu-

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man Services, 2021). Table 3 lists the industries that employ the civilian population 16 years of age and over in Ventura County. Most of the employed population work in educational services, health care and social assistance (19.82%) followed by professional, scientific, and management, and administrative and waste management services (12.71%) and retail trade (10.02%). Additionally, 9.69% of civilians are in the arts, entertainment, recreation and accommodation and food services industry, and 9.56% are in the manufacturing industry. The smallest percent of civilian employed population are in the information industry (2.44%).

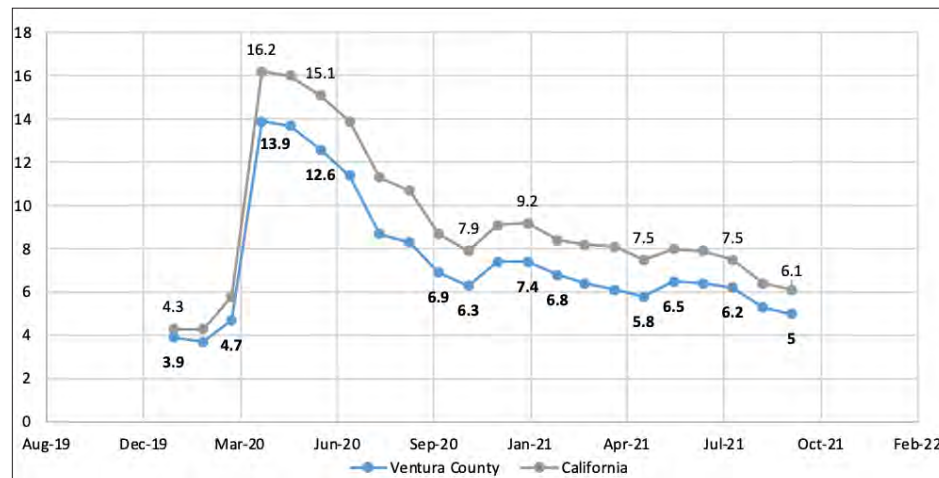
TABLE 3: INDUSTRY OF WORK FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS AND OVER

| Occupation | Number | Percent |
|--|----------------|---------|
| Agriculture, forestry, fishing and hunting, and mining | 21,092 | 5.13 |
| Construction | 25,178 | 6.12 |
| Manufacturing | 39,322 | 9.56 |
| Wholesale trade | 11,989 | 9.56 |
| Retail trade | 41,209 | 10.02 |
| Transportation and warehousing, and utilities | 14,613 | 3.55 |
| Information | 10,019 | 2.44 |
| Finance and insurance, and real estate and rental and leasing | 29,977 | 7.29 |
| Professional, scientific, and management, and administrative and waste management services | 52,279 | 12.71 |
| Educational services, and health care and social assistance | 81,509 | 19.82 |
| Arts, entertainment, and recreation, and accommodation and food services | 39,851 | 9.69 |
| Other services, except public administration | 22,078 | 5.37 |
| Public administration | 22,179 | 5.39 |
| Total: | 411,295 | |

Source: American Community Survey 2016-2020

Figure 15 depicts the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. With the start of the COVID-19 Pandemic in March 2020, Ventura County's unemployment rate increased to 13.9%. This unemployment rate has decreased over time to 5%, with unemployment rates reaching close to pre-pandemic rates (3.9%).

FIGURE 15: UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, APRIL 2017 - OCTOBER 2018



Source: U.S. Bureau of Labor Statistics

4.2 Social Determinants of Health

Healthy People 2030 defines social determinants of health as conditions in which people are born, grow, live, work, and age that affect a wide range of health outcomes and risks. The social determinants of health partly explain why some people are healthier than others, and generally why some people are not as healthy as they could be. Resources that address the social determinants of health and improve quality of life can have a significant impact on population health outcomes (Office of Disease Prevention and Health Promotion, 2014). Examples of these resources include access to education, good paying jobs, public safety, affordable housing, availability of healthy foods, and local emergency and health services.

Understanding the different social determinants in a service area can lead to potential programs and services that work to improve disparities within that community. Programs that address the social determinants such as targeted outreach to people living alone, translation services for people with limited English proficiency, and universal job training for entry level positions can help to improve the overall health of the community. This section explores the social and economic determinants of health in Ventura County. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

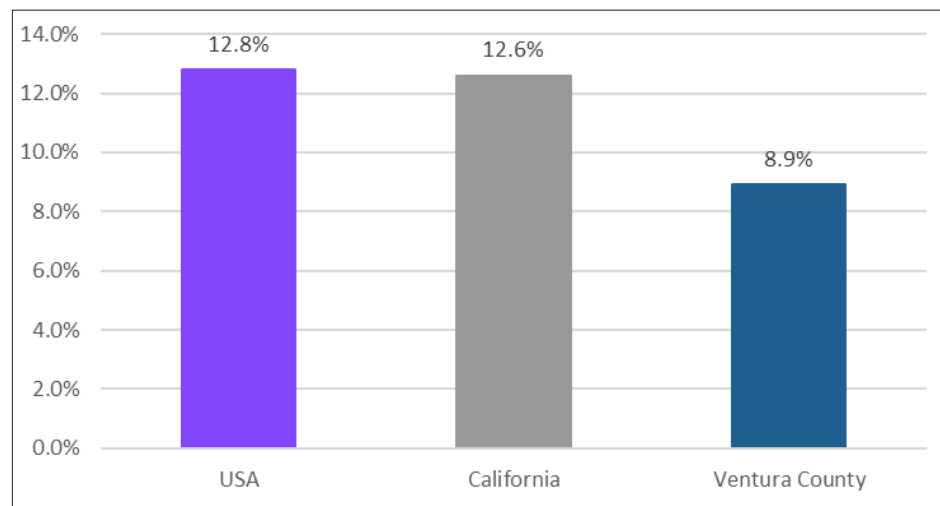
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4.2.1 Poverty

In 2022, the federal poverty level was \$27,750 for a family of four (U.S. Department of Health and Human Services, 2022). Federal assistance programs, such as Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program and the Children’s Health Insurance Program, use the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility.

As shown in Figure 16, Ventura County has lower rates of poverty compared to the state and national poverty rates. Ventura County has a poverty rate of 8.9%, while state and national rates of poverty are 12.6% and 12.8%, respectively.

FIGURE 16: PEOPLE LIVING BELOW POVERTY LEVEL, 2016-2020



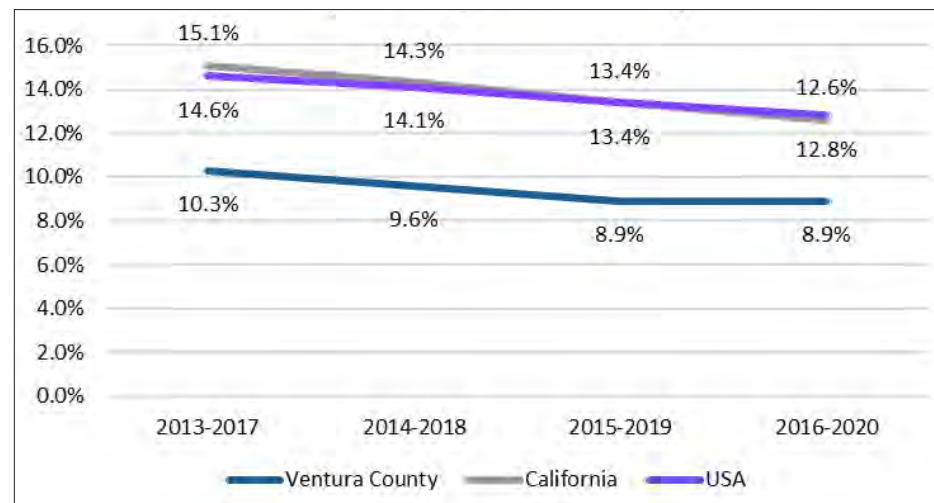
Source: American Community Survey

The United Way of California has created an estimate of the minimum income required to meet basic needs for a given household type in a specific community. This threshold of affordability is referred to as the Real Cost Measure (RCM). The RCM builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and childcare. According to United Way’s report “Struggling to Stay Afloat”, one in three households in California, over 3.3 million families—including those with income well above the

federal poverty level—struggle every month to meet basic needs. The United Way of California estimates that an income of at least \$77,493 is required to meet the basic needs for a family of four (two adults, one infant, one school age child), in Ventura County; this figure is \$75,740 for California (United Way of California, 2018). This is nearly three times the federal poverty level for a family of four. In Ventura County, 72% of residents with education levels below high school, 64% of households headed by single females, 49% of Hispanic households and 52% of foreign born, non-citizen households are living below the RCM. By the same estimates, a family of four would need to hold more than three full time, minimum-wage jobs to achieve economic security.

According to Figure 17 the Percentage of People Living Below Poverty Level in Ventura County has a downward trend, similar to the state and national trends. However, the overall percentage of Ventura County’s population living below poverty level across all four four-year periods is less than the state and national values. In the 2013-2017 time period, Ventura County had a poverty rate of 10.3%, which dropped for the 2014-2018 time period to 9.6% and has remained stable in 2015-2019 to 2016-2020 time periods with 8.9%. In comparison, the poverty rate in Ventura County is almost four percentage points less than both state and national values.

FIGURE 17: PEOPLE LIVING BELOW POVERTY LEVEL

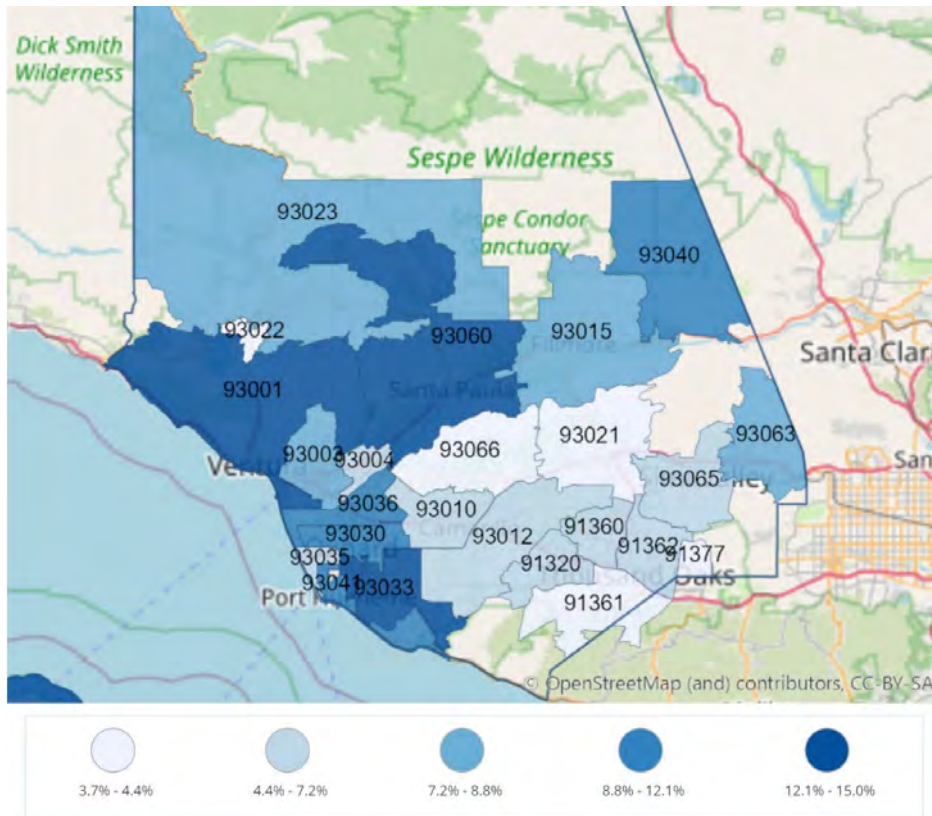


Source: American Community Survey

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Figure 18 depicts the Percentage of People Living Below Poverty Level disaggregated by sub-county geographies. The dark blue regions indicate zip codes with the highest levels of poverty in the county while lighter shades represent lower rates of poverty. The Ventura County zip codes with the largest proportion percentage of the population living below poverty level are 93060 (15.0%) and 93033 (15.0%), followed by 93001 (14.2%).

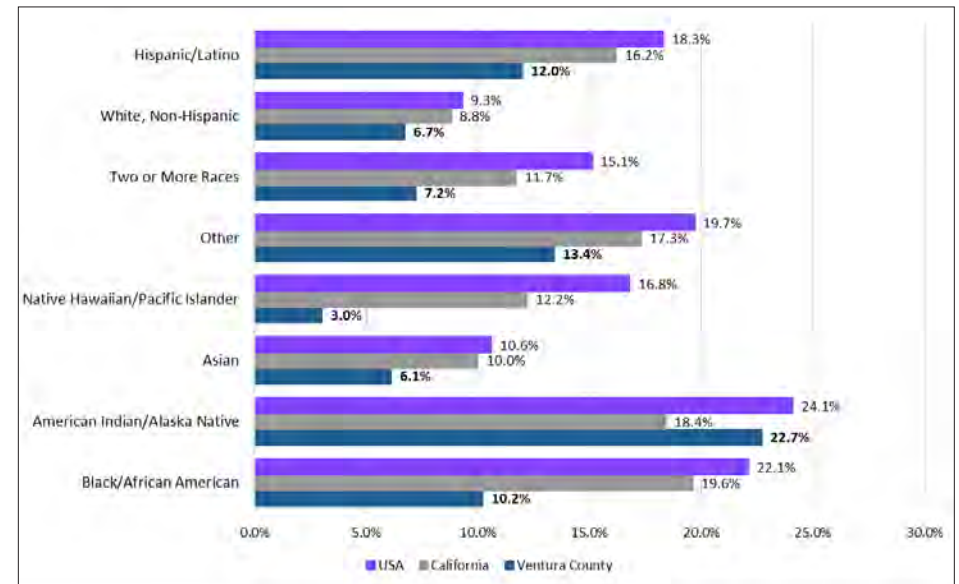
FIGURE 18: PEOPLE LIVING BELOW POVERTY LEVEL, 2016-2020



Source: American Community Survey

Examining the context of poverty more deeply, Figure 19 shows the Percentage of People Living Below Poverty Level by race and ethnicity in comparison to state and national values. All race and ethnic groups in Ventura County, except American Indian/Alaska Native, have lower percentages of people living in poverty compared to state and national levels. The race or ethnic group in Ventura County with the greatest percentage of its population living in poverty is the American Indian/Alaska Native population with 22.7% while the Native Hawaiian/Pacific Islander population has the lowest percentage with 3%.

FIGURE 19: PEOPLE LIVING BELOW POVERTY LEVEL BY RACE OR ETHNICITY, 2016-2020



Source: American Community Survey 2016-2020

According to the American Community Survey, for the 2016-2020 period, 12.2% of children in Ventura County were living below the federal poverty level. This is lower than the percentage of children living below the poverty level in California (16.8%) and the United States (17.5%). Examining this by race, American Indian/Alaska Native children and Hispanic/Latino children had the highest disparity, with 43.3% of American Indian/Alaska Native children living in poverty. The next highest populations are those identifying as Some Other Race (20%) and Hispanic or Latino (17.1%).

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In terms of geographic area, 93060 had the greatest percentage of people under the age of 18 living below the federal poverty level (25.1%). The zip codes 93033 (23.9%), 93040 (22.4%), and 93001 (19.8%) were also among the worst regions in Ventura County.

For the 2016-2020 period, 7.7% of individuals aged 65 and over were living below the federal poverty level in Ventura County. This is lower than the California (10.3%) and the United States values (9.3%). Examining by race or ethnicity, only Native Hawaiian/Pacific Islander and White (Non-Hispanic) populations (4.4% and 6.2%, respectively) were below the overall value for Ventura County. Meanwhile, those who identify as American Indian or Alaska Native (18.9%), Two or More Races (12.4%), and Hispanic or Latino (11.6%), had significantly worse rates than the overall value.

Examining rates broken up by zip code, the highest proportion of individuals aged 65 and over living below poverty was in 93030 (14.4%) and 93036 (12.7%), making them among the worst regions in Ventura County.

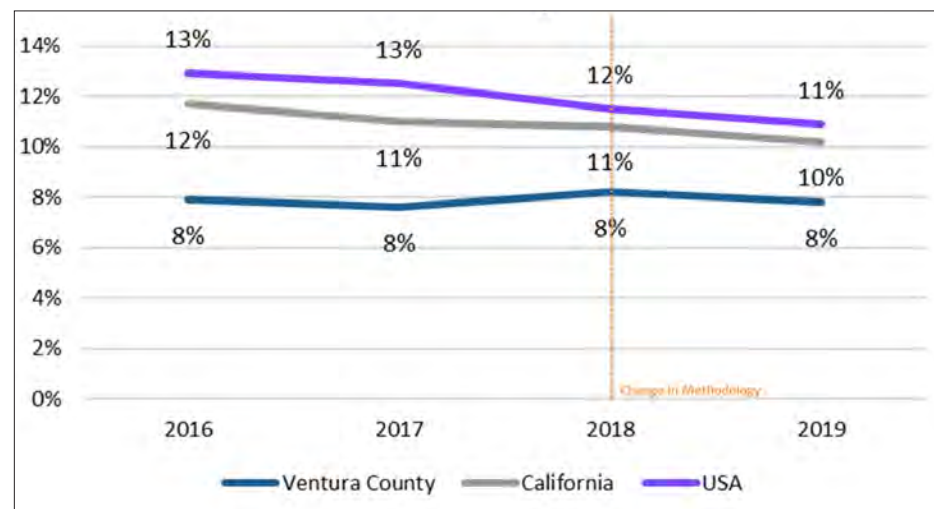
The Gini index measures income distribution among the residents of a specified geography. A value of zero indicates perfect equality of income (all households having equal income) and a value of one indicates perfect inequality (one household having all the income). A value of 0.5 indicates an uneven distribution of income. The Gini index for Ventura County is 0.447 (American Community Survey, 2016-2020), indicating there may be some uneven distribution of incomes. A low income affects housing stability, food access, healthcare spending, healthcare access and the health status of residents. These disparities correspond with race or ethnicity, languages spoken at home, foreign-born status and female-headed households among other factors. It is likely that these income related disparities are contributing to the poor health outcomes in the county (Khullar, 2018).

4.2.2 Food Insecurity

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources. Food insecurity, and the resulting hunger, is associated with disability, lack of adequate employment and racial and ethnic disparities (Coleman-Jensen A, 2017). It leads to the intake of nutritionally-deficient, high calorie foods that cause obesity, diabetes, heart disease, high blood pressure, and hyperlipidemia. Food assistance programs, such as the National School Lunch Program; the Women, Infants, and Children (WIC) program; and SNAP address food insecurity in vulnerable populations by delivering food benefits. Food Insecurity is discussed in greater detail in SECTION 7: Identification of Significant Health Needs.

Figure 20 describes the percent of the population in Ventura County that has experienced food insecurity, compared to state and national rates. Given a change in methodology for the 2018 time period, values for 2018 should not be compared to previous time periods. However, there is a slight decrease in food insecurity rates between 2018 and 2019 time periods for all three populations. Ventura County has a lower food insecurity rate in 2019 (7.8%) compared to the state (10.2) and the nation (10.9).

FIGURE 20: FOOD INSECURITY RATE, 2016-2019



Source: Feeding America

4.2.3 Transportation

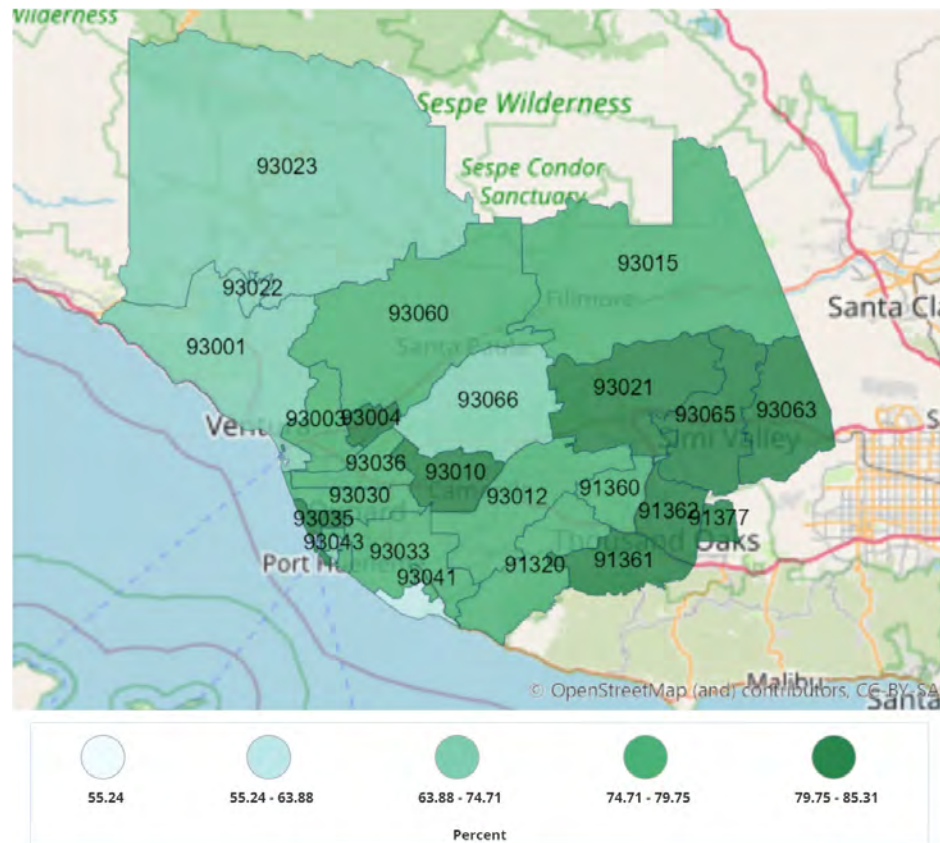
Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution and relieves traffic congestion (Shapiro RJ, 2002). Active travel, such as walking to public transportation or walking and cycling to work can be a good way to increase physical activity throughout the day (Rissel C, 2012).

Figure 21 shows the Percent of Workers Who Drive Alone to Work by zip code. The darkest shaded regions on the map indicate zip codes with the highest proportion percentage of workers who drive alone to work. Within Ventura County, the area with the largest percentage of individuals that drove alone to work is zip code 93010

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at 82.63%. This is followed by 93035 at 82.16%, 91377 at 81.17% and 93021 at 81.02%. Driving alone to work can have long lasting impacts on health, affecting aspects such as active living, pollution, and accidents due to vehicle collisions.

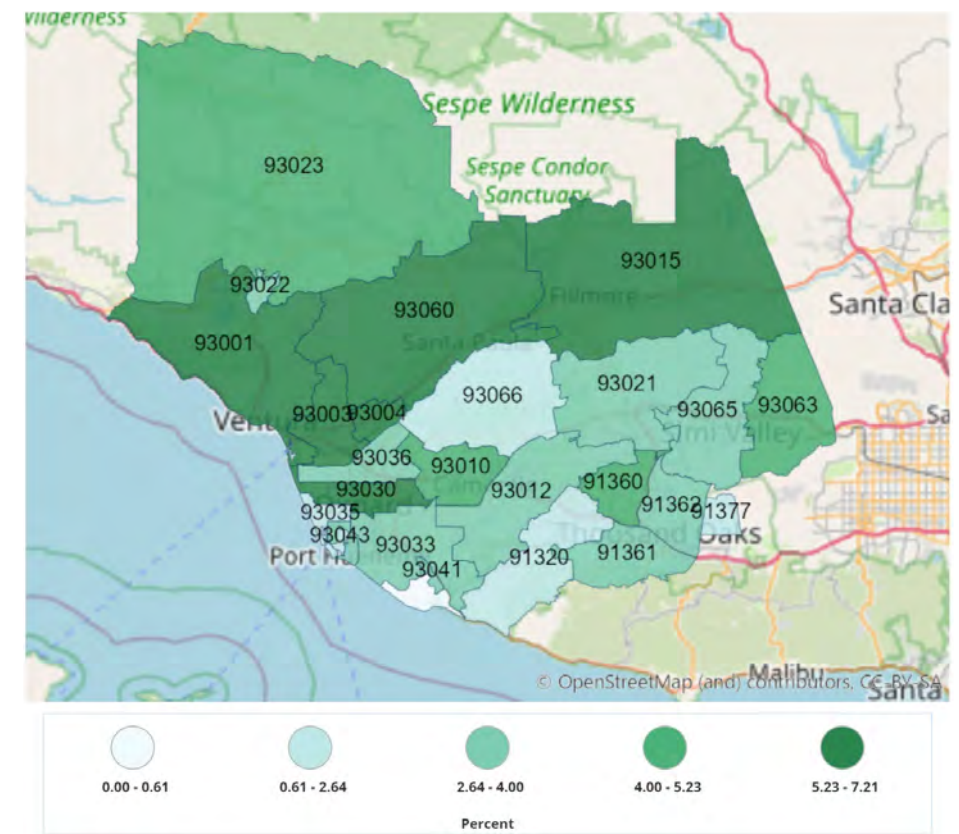
FIGURE 21: WORKERS WHO DRIVE ALONE TO WORK, 2022



Source: Claritas Pop-Facts

With regards to Households without a Vehicle (Figure 22), a total of 4.29% of households in Ventura County do not have a car. The map below depicts the Percentage of Households without a Vehicle by zip code. Areas shaded in darkest green indicate zip codes with the highest percentage of households without a vehicle. The zip code with the highest proportion percentage of households without a car is 93001 (7.21%), 93030 (6.72%), 93003 (6.21%). This is followed by 93060 (6.24%), 93004 (5.97%), and 93015 (5.23%). Residents in these locations may be more likely to experience difficulties accessing services in Ventura County.

FIGURE 22: HOUSEHOLDS WITHOUT A VEHICLE, 2022



Source: Claritas Pop-Facts

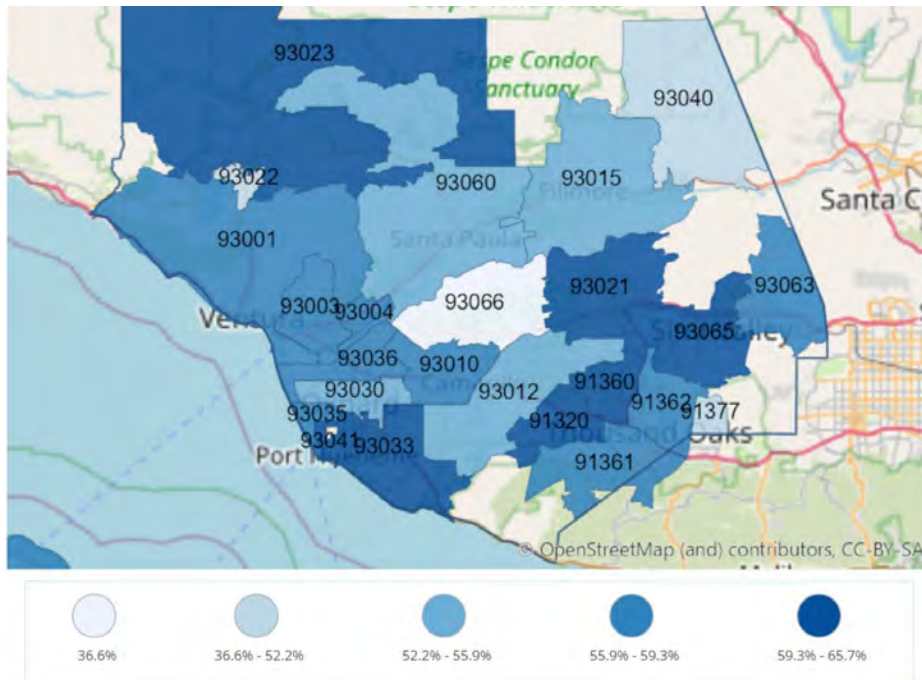
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4.2.4 Housing

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. With a limited income, paying a high rent may not leave enough money for other expenses such as food, transportation, and medical services. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Figure 23 shows Renters Spending 30% or More of Household Income on Rent in Ventura County. Overall, 58.8% of individuals in Ventura County spend 30% or more of their household income on rent for the 2016-2020 period. This is greater than the California value of 54.2% and the United States value of 49.1%. The map shows 2016-2020 period in which the zip codes with the darkest shade of blue are the ones with the most renters spending 30% or more of income on rent. The highest percentages come from 93065 and 93041 with values at 65.7% and 62.4%, respectively.

FIGURE 23: RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT, 2016-2020



Source: American Community Survey



4.6 Clinical Profile: Hospitalization and Emergency Room Utilization Rates

According to the Centers for Disease Control and Prevention, 16.6% of adults in Ventura County do not have health insurance and may not be receiving routine check-ups, access to primary prevention services and may be more likely to utilize the emergency room to access health care. Collected through the California Department of Health Care Access and Information (HCAI), the tables below identify Hospitalization and Emergency Room Utilization rates for the 2018-2020 three-year period in Ventura County. Table 4 provides the Ventura County value as well as the zip code with the highest emergency room visit rate or hospitalization rate for each indicator. Table 5 displays the number of hospitalization and emergency room utilization indicators by zip code with the highest rate. Based on the tables below, Oak View (93022) is the most heavily impacted, with high rates appearing in 10 of the indicators. The topics include indicators related to Asthma, Diabetes, Heart Disease, Infectious Diseases, and Mental Health. The second most heavily impacted is 93030 with 9 indicators and 93060 with 7 indicators.

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TABLE 4: HOSPITALIZATION AND EMERGENCY ROOM UTILIZATION INDICATORS BY ZIP CODE, 2018-2020

| Hospitalization and Emergency Room Utilization Indicators by Zip Code | | | | |
|---|--|----------------------|----------|-------|
| Health Indicator | Units | Ventura County Value | Zip Code | Value |
| Age-Adjusted ER Rate due to Adolescent Alcohol Use | ER visits/ 10,000 population population aged 10-17 years | 35.2 | 93012 | 31.9 |
| Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use | hospitalizations/ 10,000 population aged 10-17 years | 4.1 | — | — |
| Age-Adjusted ER Rate due to Adult Alcohol Use | ER visits/ 10,000 population 18+ years | 39.6 | 93022 | 66.2 |
| Age-Adjusted Hospitalization Rate due to Adult Alcohol Use | hospitalizations/ 10,000 population 18+ years | 15.2 | 93022 | 17.1 |
| Age-Adjusted ER Rate due to Opioid Use | ER visits/ 10,000 population aged 18+ years | 7.4 | 93022 | 17.1 |
| Age-Adjusted Hospitalization Rate due to Opioid Use | hospitalizations/ 10,000 population 18+ years | 3.1 | 93063 | 6.6 |
| Age-Adjusted ER Rate due to Substance Use | ER visits/ 10,000 population 18+ years | 19.0 | 93022 | 38.7 |
| Age-Adjusted Hospitalization Rate due to Substance Use | hospitalizations/ 10,000 population 18+ years | 4.9 | 91361 | 8.3 |
| Age-Adjusted ER Rate due to Diabetes | ER visits/ 10,000 population under 18 years | 19.3 | 93030 | 42.8 |
| Age-Adjusted Hospitalization Rate due to Diabetes | hospitalizations/ 10,000 population 18+ years | 15.0 | 93060 | 27.6 |
| Age-Adjusted ER Rate due to Long-Term Complications of Diabetes | ER visits/ 10,000 population 18+ years | 3.7 | 93022 | 13.9 |
| Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes | hospitalizations/ 10,000 population 18+ years | 7.3 | 93060 | 14.8 |
| Age-Adjusted ER Rate due to Short-Term Complications of Diabetes | ER visits/ 10,000 population 18+ years | 0.6 | 93065 | 1.0 |
| Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes | hospitalizations/ 10,000 population 18+ years | 5.2 | 93060 | 9.7 |
| Age-Adjusted ER Rate due to Type 2 Diabetes | ER visits/ 10,000 population 18+ years | 16.8 | 93030 | 41.1 |
| Age-Adjusted Hospitalization Rate due to Type 2 Diabetes | hospitalizations/ 10,000 population 18+ years | 11.4 | 93060 | 21.8 |
| Age-Adjusted ER Rate due to Uncontrolled Diabetes | ER visits/ 10,000 population 18+ years | 13.7 | 93030 | 31.7 |
| Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes | hospitalizations/ 10,000 population 18+ years | 2.4 | 93065 | 3.6 |
| Age-Adjusted ER Rate due to Heart Failure | ER visits/ 10,000 population 18+ years | 6.3 | 93065 | 9.7 |
| Age-Adjusted Hospitalization Rate due to Heart Failure | hospitalizations/ 10,000 population 18+ years | 23.9 | 93033 | 40.9 |
| Age-Adjusted ER Rate due to Hypertension | ER visits/ 10,000 population 18+ years | 24.0 | 93030 | 38.6 |
| Age-Adjusted Hospitalization Rate due to Hypertension | hospitalizations/ 10,000 population 18+ years | 3.3 | 93030 | 5.7 |
| Age-Adjusted ER Rate due to Community Acquired Pneumonia | ER visits/ 10,000 population 18+ years | 16.3 | 93030 | 27.3 |
| Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia | hospitalizations/ 10,000 population 18+ years | 8.6 | 93063 | 13.7 |

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Hospitalization and Emergency Room Utilization Indicators by Zip Code

| Health Indicator | Units | Ventura County Value | Zip Code | Value |
|---|--|----------------------|----------|-------|
| Age-Adjusted ER Rate due to Hepatitis | ER visits/ 10,000 population 18+ years | 0.6 | 93060 | 1.8 |
| Age-Adjusted Hospitalization Rate due to Hepatitis | hospitalizations/ 10,000 population 18+ years | 1.0 | 91360 | 1.5 |
| Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza | ER visits/ 10,000 population 18+ years | 21.3 | 93022 | 45.7 |
| Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza | hospitalizations/ 10,000 population 18+ years | 2.3 | 93063 | 3.5 |
| Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury | ER visits/ 10,000 population aged 10-17 years | 72.9 | 93012 | 229.7 |
| Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury | hospitalizations/ 10,000 population aged 10-17 years | 7.5 | 93012 | 15.7 |
| Age-Adjusted ER Rate due to Adult Mental Health | ER visits/ 10,000 population 18+ years | 69.6 | 93030 | 111.6 |
| Age-Adjusted Hospitalization Rate due to Adult Mental Health | hospitalizations/ 10,000 population 18+ years | 22.0 | 93040 | 45.6 |
| Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-Inflicted Injury | ER visits/ 10,000 population 18+ years | 30.1 | 93030 | 55.2 |
| Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-Inflicted Injury | hospitalizations/ 10,000 population 18+ years | 13.9 | 93001 | 26.0 |
| Age-Adjusted ER Rate due to Pediatric Mental Health | ER visits/ 10,000 population aged 10-17 | 25.9 | 91360 | 35.0 |
| Age-Adjusted Hospitalization Rate due to Pediatric Mental Health | hospitalizations/ 10,000 population aged 10-17 | 7.3 | 93003 | 16.0 |
| Age-Adjusted ER Rate due to Dental Problems | ER visits/ 10,000 population | 26.5 | 93022 | 57.0 |
| Age-Adjusted ER Rate due to Dehydration | ER visits/ 10,000 population 18+ years | 11.9 | 93010 | 25.3 |
| Age-Adjusted Hospitalization Rate due to Dehydration | hospitalizations/ 10,000 population 18+ years | 8.7 | 93065 | 13.2 |
| Age-Adjusted ER Rate due to Urinary Tract Infections | ER visits/ 10,000 population 18+ years | 72.9 | 93030 | 122.5 |
| Age-Adjusted Hospitalization Rate due to Urinary Tract Infections | hospitalizations/ 10,000 population 18+ years | 8.9 | 93065 | 13.8 |
| Age-Adjusted ER Rate due to Adult Asthma | ER visits/ 10,000 population 18+ years | 14.3 | 93022 | 35.1 |
| Age-Adjusted Hospitalization Rate due to Adult Asthma | hospitalizations/ 10,000 population 18+ years | 2.0 | 93060 | 4.9 |
| Age-Adjusted ER Rate due to Pediatric Asthma | ER visits/ 10,000 population aged 10-17 years | 48.3 | 93041 | 34.4 |
| Age-Adjusted Hospitalization Rate due to Pediatric Asthma | hospitalizations/ 10,000 population aged 10-17 years | 4.9 | 93003 | 5.0 |
| Age-Adjusted ER Rate due to Asthma | ER visits/ 10,000 population | 23.0 | 93022 | 34.3 |
| Age-Adjusted Hospitalization Rate due to Asthma | hospitalizations/ 10,000 population | 2.7 | 93060 | 4.5 |

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Hospitalization and Emergency Room Utilization Indicators by Zip Code

| Health Indicator | Units | Ventura County Value | Zip Code | Value |
|--|---|----------------------|----------|-------|
| Age-Adjusted ER Rate due to COPD | ER visits/ 10,000 population 18+ years | 9.8 | 93023 | 14.3 |
| Age-Adjusted Hospitalization Rate due to COPD | hospitalizations/ 10,000 population 18+ years | 6.9 | 93063 | 13.8 |
| Age-Adjusted ER Rate due to Unintentional Falls | ER visits/ 10,000 population 18+ years | 165.6 | 93023 | 212.9 |
| Age-Adjusted Hospitalization Rate due to Unintentional Falls | hospitalizations/ 10,000 population 18+ years | 42.0 | 91360 | 54.5 |
| Hospitalization Rate due to Hip Fractures Among Females 65+ | hospitalizations/ 100,000 females 65+ years | 242.4 | 93022 | 718.6 |
| Hospitalization Rate due to Hip Fractures Among Males 65+ | hospitalizations/ 100,000 males 65+ years | 107.2 | 93041 | 428.0 |

Source: California Department of Health Care Access and Information (HCAI)

TABLE 5: NUMBER OF HOSPITALIZATION INDICATORS BY ZIP CODE WITH HIGHEST RATE, 2018-2020

| Number of Hospitalization Indicators by Zip Code with Highest Rate | |
|--|---------------------------------|
| Zip Code | Hospitalization Indicator Count |
| 93022 (Oak View) | 10 |
| 93030 (Oxnard) | 9 |
| 93060 (Santa Paula) | 7 |
| 93065 (Simi Valley) | 5 |
| 93063 (Simi Valley) | 4 |
| 91360 (Thousand Oaks) | 3 |
| 93012 (Camarillo) | 3 |
| 93003 (Ventura) | 2 |
| 93023 (Ojai) | 2 |
| 93041 (Port Hueneme) | 2 |
| 91361 (Thousand Oaks/Westlake) | 1 |
| 93001 (Ventura) | 1 |
| 93010 (Camarillo) | 1 |
| 93033 (Oxnard) | 1 |
| 93040 (Piru) | 1 |

Source: California Office of Statewide Health Planning and Development



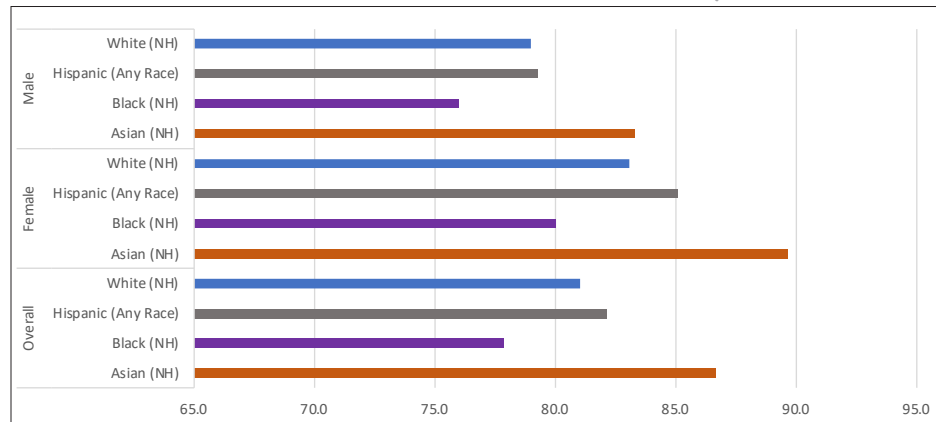
Profile of Ventura County

4.7 Life Expectancy in Ventura County, 2019-2021

Life expectancy is a measure of a population's longevity and overall health. Americans born today can expect to live 77 years while Ventura County residents born today can expect to live 81.3 years, 4.3 years longer than the United States average (Murphy, Kochanek, Xu, & Arias, December 2021). Females in Ventura County can expect to live an average of 4.9 years longer than their male counterparts (83.8 years versus 78.9 years). Figure 24 shows that Asians (Non-Hispanic) living in Ventura County enjoy the longest life expectancy of any race and ethnic group, followed by Hispanics, Whites (Non-Hispanic), and then African Americans (Non-Hispanic); this disparity in life expectancy at birth by race or ethnic group is statistically significant (confidence intervals do not overlap) in Ventura County and is consistent with national life expectancy trends.

Better mortality outcomes in the Hispanic population nationally, as compared to Whites (Non-Hispanic) and Black or African Americans (Non-Hispanic), have been attributed to the healthy migrant effect, which hypothesizes that Hispanics who immigrate can do so because of their better health. Culturally, the Hispanic family structure, lifestyle behaviors and social support networks may be considered a protective factor against the effects of low socioeconomic status in this population (Kochanek, Murphy, Xu, & Tejada-Vera, 2016).

FIGURE 24: LIFE EXPECTANCY BY RACE OR ETHNICITY FOR VENTURA COUNTY, 2019-2021

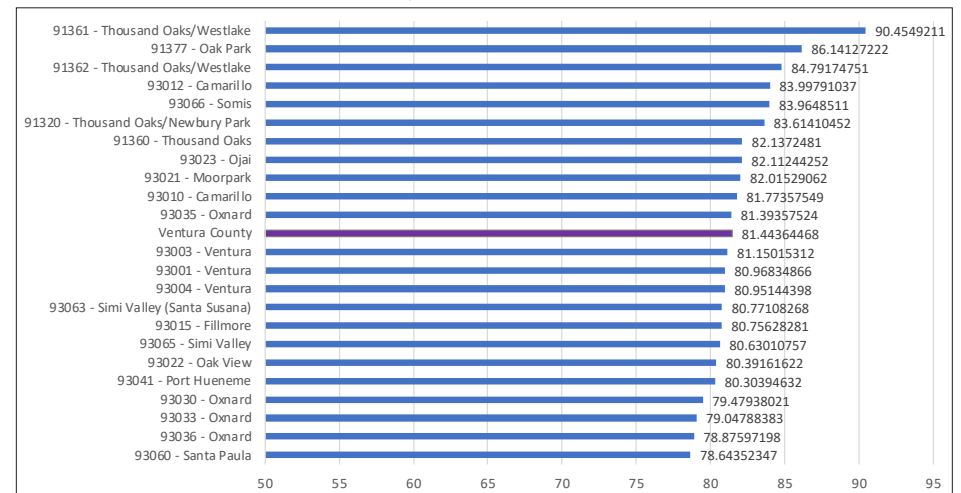


Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022

Disparities in life expectancy also exist by geographic area. Figure 25 shows that place matters when it comes to better health and mortality outcomes. Residents in Thousand Oaks/Westlake (91361) had the highest life expectancy in the county at 90.5 years (93.5 years for females and 87.4 years for males). Residents of Santa Paula (93060) had the lowest life expectancy in the county at 78.6 years (82.0 years for females and 75.5 years for males). This is an 11.9-year difference in life expectancy between these two zip codes.

In the United States, lower income is associated with lower life expectancy; there is a 14.6-year difference in the life expectancy between the richest 1% and the poorest 1% of Americans; even among the poorest individuals, there are geographic differences in life expectancy (Chetty R, 2016). For example, lower income individuals from different zip codes may have different life expectancy depending on the prevalence of smoking or other high-risk behaviors. There were twelve zip codes in Ventura County that had a lower life expectancy than the overall county average. In general, zip codes with residents that benefit from higher socioeconomic status have a higher life expectancy than those residents with lower socioeconomic status..

FIGURE 25: LIFE EXPECTANCY BY ZIP CODE, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022

Profile of Ventura County

4.8 Mortality and Years of Life Lost (Premature Death)

Mortality trends help drive public policy and health priorities; this has been especially true during the past few years in response to the COVID-19 pandemic. The 10 leading causes of death in Ventura County for the 2019-2021 three-year period were diseases of the Heart, Cancer, Alzheimer’s Disease, Accidents, COVID-19, Stroke, Chronic Lower Respiratory Disease, Drug-Induced Deaths, Diabetes, and Chronic Liver Disease and Cirrhosis. Diseases of the Heart and Cancer were the Leading Causes of Death in Ventura County, California, and the United States. To analyze statistically valid rates for comparison purposes by race or ethnicity, it is necessary to include three years of data. However, considering 2020 data for Ventura County, COVID-19 would be the sixth leading cause of death as compared to third leading cause of death in the United States and fourth in California in 2020. For 2021, COVID-19 would surpass accidents and Alzheimer’s disease to become the third leading cause of death in Ventura County.

TABLE 6: LEADING CAUSES OF DEATH, 2019-2021 (VC) AND 2020 (CA AND US)

| Leading Causes of Death, 2015-17 (VC and CA) and 2016 (US) | | | |
|--|--------------------------------------|-----------------------------------|------------------------------------|
| Rank | Ventura County (2019-2020) | California (2020) | United States (2020) |
| 1 | Diseases of the Heart | Diseases of the Heart | Diseases of the Heart |
| 2 | All Cancers | All Cancers | All Cancers |
| 3 | Alzheimer’s Disease | Injuries | COVID-19 |
| 4 | Accidents (Unintentional Injuries) | COVID -19 | Accidents (Unintentional Injuries) |
| 5 | COVID-19 | Alzheimer’s Disease | Cerebrovascular Disease (Stroke) |
| 6 | Cerebrovascular Disease (Stroke) | Cerebrovascular Disease (Stroke) | Chronic Lower Respiratory Disease |
| 7 | Chronic Lower Respiratory Disease | Chronic Lower Respiratory Disease | Alzheimer’s Disease |
| 8 | Drug-Induced Deaths | Drug-Induced Deaths | Diabetes |
| 9 | Diabetes | Chronic Kidney Diseases | Influenza-Pneumonia |
| 10 | Chronic Kidney Disease and Cirrhosis | Diabetes | Kidney Disease |

Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, April 2019 for Ventura County. California Community Burden of Disease Engine (2020 for California). National Vital Statistics Reports, Mortality in the United States, 2020, United States

In the United States, the All-Cause Mortality Rate for the total population increased by 16.8% from 2019 to 2020 (from 715.2 per 100,000 standard population to 835.4) (Murphy, Kochanek, Xu, & Arias, December 2021). Ventura County also experienced a statistically significant increase in the All-Cause Mortality Rate since the previous assessment period. Table 7 shows the Age-Adjusted Death Rate for the top 10 Leading Causes of Death from 2019-2021 as compared to the rate for the previous assessment period in 2015-17. There was a statistically significant increase in the Age-Adjusted Death Rate for Accidents, Drug-Induced Deaths, and Chronic Liver Disease and Cirrhosis. There was a statistically significant decrease in the rate of Death Due to Cancer and Chronic Lower Respiratory Disease; it will be important to monitor these trends over time to see if this is in fact a real decrease because both were common co-morbidities listed on the death certificate for those residents who passed due to COVID-19.

TABLE 7: COMPARISON OF AGE-ADJUSTED DEATH RATES FOR VENTURA COUNTY

| Causes of Death | 2015-17 | 2019-2021 |
|-------------------------------------|---------|-----------|
| All-Cause Mortality | 602.6 | 625.4 |
| Diseases of the Heart | 142.0 | 137.6 |
| All Cancers | 142.1 | 125.2 |
| Alzheimer’s Disease | 43.8 | 43.7 |
| Accidents (Unintentional Injuries) | 32.6 | 43.0 |
| COVID-19 | N/A | 37.3 |
| Cerebrovascular Disease (Stroke) | 38.2 | 35.7 |
| Chronic Lower Respiratory Disease | 32.0 | 26.7 |
| Drug-Induced Deaths | 14.0 | 23.7 |
| Diabetes | 19.6 | 21.8 |
| Chronic Liver Disease and Cirrhosis | 11.2 | 14.9 |

| |
|---|
| Statistically Significant Increase |
| Statistically Significant Decrease |
| No Statistically Significant Difference |

Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

Profile of Ventura County

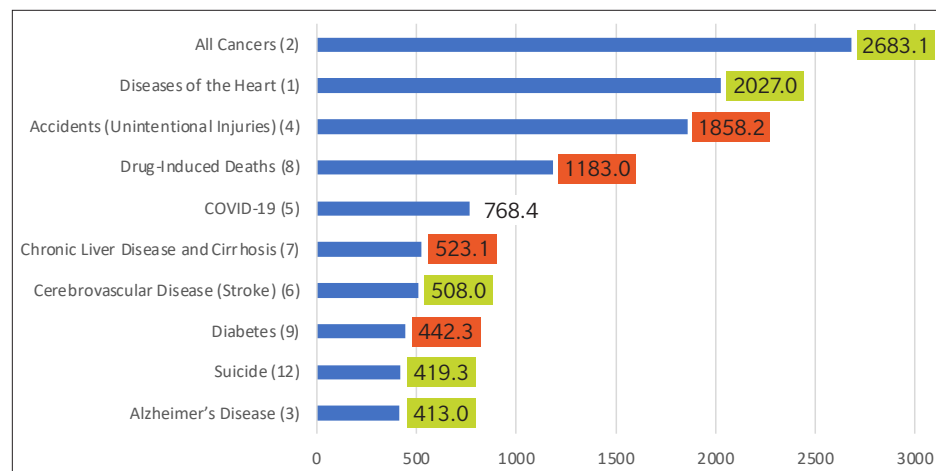
Outside of the pandemic years, the Leading Causes of Death usually do not change significantly from year to year and tend not to shape emerging public health policy. Although the Leading Causes of Death are often related to behaviors such as lack of physical activity, poor nutrition, and tobacco and/or alcohol use, the social determinants of health such as income, education and access to affordable and safe housing play a huge role in health and wellness and should be considered when implementing public health policy to address mortality trends (Sillies, 2009).

Therefore, this assessment takes another approach to analyzing the mortality data by looking at YLL. The Leading Causes of Death show how the aging population is dying, while YLL analysis shows how young people are dying, which moves the focus to prevention. The World Health Organization (WHO) has calculated a standard expected YLL that changes based upon the age at a person’s death (Department of Health Statistics and Information Systems, 2013). For example, if someone died within the first year of life, their YLL would be 91.94 years. However, if someone made it to 92 years, then their YLL would be 6.55 years. The WHO standard expected YLL assumes the first person could have lived to be 91.94 years old, and the second could have lived to be 98.55 years (since he or she was already 92).

There were 19,446 deaths in Ventura County from 2019-2021 and each death was assigned a YLL based upon age at death. This data was used to calculate the Age-Adjusted YLL rate per 100,000 population per year, YLL per Year and Average YLL per Death for Ventura County residents. A premature death occurs when someone does not reach their achievable life expectancy; there were 126,352 YLL Due to Premature Death Per Year in Ventura County (73,965 YLL for males and 52,387 YLL for females). The Age-Adjusted YLL rate Per 100,000 population Per year was 12,939 for All Causes of Death (16,120 for males and 9,950 for females). On average, there were 19.5 YLL Per Death from 2019-2021 among Ventura County residents (21.9 years for males and 16.9 years for females).

Figure 26 shows the Leading Causes of Premature Death in Ventura County based upon the Age-Adjusted YLL rate per 100,000 population per year. Cancer and Coronary Heart Disease still have the top spots in terms of premature death because they accounted for 43.1% of all deaths from 2019-2021. Accidental Deaths ranked third for Premature Deaths, up from fourth in terms of Leading Causes of Death. Drug-Induced Deaths were the fourth Leading Cause of Premature death, up from eighth. Suicide was the ninth Leading Cause of Premature Death, up from twelfth. Alzheimer’s Disease dropped from third in terms of Leading Causes of Death to the tenth Leading Cause of Premature Death.

FIGURE 26: AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021



Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022

*Rates highlighted in green improved and highlighted in orange worsened from previous assessment period using data from 2015-17.

Table 8 shows the Leading Causes of Premature Death for males and females based upon the Age-Adjusted YLL rate Per 100,000 population Per year from 2019-2021. The top five leading causes of premature death are the same for both males and females, however, men are more likely to die a premature death due to suicide, diabetes or motor vehicle traffic crashes and females are more likely to die a premature death due to breast cancer, Alzheimer’s disease and lung cancer.



Profile of Ventura County

TABLE 8: LEADING CAUSES OF PREMATURE DEATH BY GENDER, 2019-2021

| Rank | Ventura County | Male | Female |
|------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | All Cancers | All Cancers | All Cancers |
| 2 | Diseases of the Heart | Diseases of the Heart | Diseases of the Heart |
| 3 | Accidents (Unintentional Injuries) | Accidents (Unintentional Injuries) | Accidents (Unintentional Injuries) |
| 4 | Drug-Induced Deaths | Drug-Induced Deaths | Drug-Induced Deaths |
| 5 | COVID-19 | COVID-19 | COVID-19 |
| 6 | Chronic Liver Disease and Cirrhosis | Chronic Liver Disease and Cirrhosis | Breast Cancer |
| 7 | Cerebrovascular Disease (Stroke) | Suicide | Alzheimer's Disease |
| 8 | Diabetes | Cerebrovascular Disease (Stroke) | Cerebrovascular Disease (Stroke) |
| 9 | Suicide | Motor Vehicle Traffic Crashes | Chronic Liver Disease and Cirrhosis |
| 10 | Alzheimer's Disease | Diabetes | Lung Cancer |

Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

Table 9 shows the leading causes of premature death by race or ethnicity based upon the Age-Adjusted YLL rate Per 100,000 Population Per year from 2019-2021. The top three leading causes of premature death are the same for all race or ethnic groups, which include cancers, accidents and diseases of the heart, only the rank order differs. COVID-19 was the fourth leading cause of premature death for both Hispanics and Asians (Non-Hispanic) while the fourth leading cause of premature deaths for Whites (Non-Hispanic) and Blacks (Non-Hispanic) was drug-induced.

TABLE 9: LEADING CAUSES OF PREMATURE DEATH BY RACE OR ETHNICITY, 2019-2021

| Rank | Hispanic/Latino | White Non-Hispanic | Asian Non-Hispanic | Black Non-Hispanic |
|------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1 | All Cancers | All Cancers | All Cancers | All Cancers |
| 2 | Accidents (Unintentional Injuries) | Accidents (Unintentional Injuries) | Diseases of the Heart | Diseases of the Heart |
| 3 | Diseases of the Heart | Diseases of the Heart | Accidents (Unintentional Injuries) | Accidents (Unintentional Injuries) |
| 4 | COVID-19 | Drug-Induced Deaths | COVID-19 | Drug-Induced Deaths |
| 5 | Drug-Induced Deaths | Chronic Liver Disease and Cirrhosis | Cerebrovascular Disease (Stroke) | Cerebrovascular Disease (Stroke) |
| 6 | Diabetes | Suicide | Diabetes | Suicide |
| 7 | Cerebrovascular Disease (Stroke) | Alzheimer's Disease | Drug-Induced Deaths | Alzheimer's Disease |
| 8 | Chronic Liver Disease and Cirrhosis | Chronic Lower Respiratory Disease | Motor Vehicle Traffic Crashes | Diabetes |
| 9 | Motor Vehicle Traffic Crashes | Cerebrovascular Disease (Stroke) | Alzheimer's Disease | COVID-19 |
| 10 | Alzheimer's Disease | COVID-19 | Chronic Liver Disease and Cirrhosis | Chronic Lower Respiratory Disease |

Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

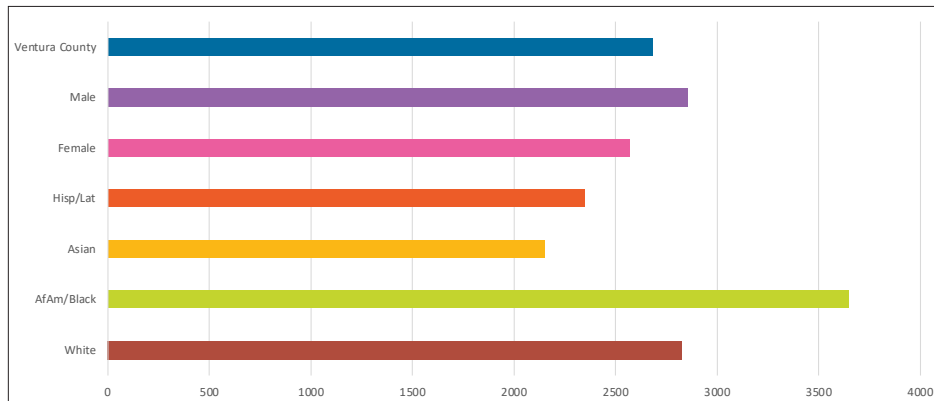
Profile of Ventura County

4.8.1 Premature Deaths from Cancer

Cancer was the Leading Cause of both Death and Premature Death in Ventura County from 2019-2021. Figure 27 shows the Age-Adjusted YLL rate Per 100,000 population Per year from All Cancers combined. Males had a higher rate of Premature death from Cancer than females. Black or African American (Non-Hispanic) experienced the highest Premature Death rate due to Cancer of any race or ethnic group, followed by Whites (Non-Hispanic), Hispanics and then Asians (Non-Hispanic).

Males lost an average of 21 years due to All Cancers compared to 21.1 years for females. Hispanics had the highest Average YLL Per Death from All Cancers (25.5 years) followed by Black or African Americans (Non-Hispanic) (24.3 years), Asians (Non-Hispanic) (22.2 years) and then Whites (Non-Hispanic) (19.4 years). On average, there were 21.1 YLL Per Death from Cancer for all race or ethnic groups combined.

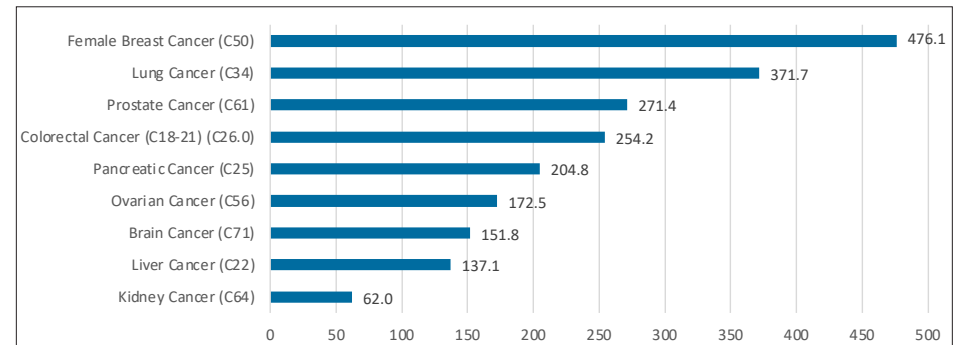
FIGURE 27: ALL CANCERS - AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

Figure 28 shows the Age-Adjusted YLL rate Per 100,000 population Per year by type of cancer. Female Breast Cancer had the highest Premature Death rate and resulted in an average of 22.4 years of life lost Per death. Lung Cancer had the second highest Premature Death rate and resulted in an average of 19.2 YLL Per Death.

FIGURE 28: CANCER - AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

*Codes next to the type of cancer refer to the ICD-10 code

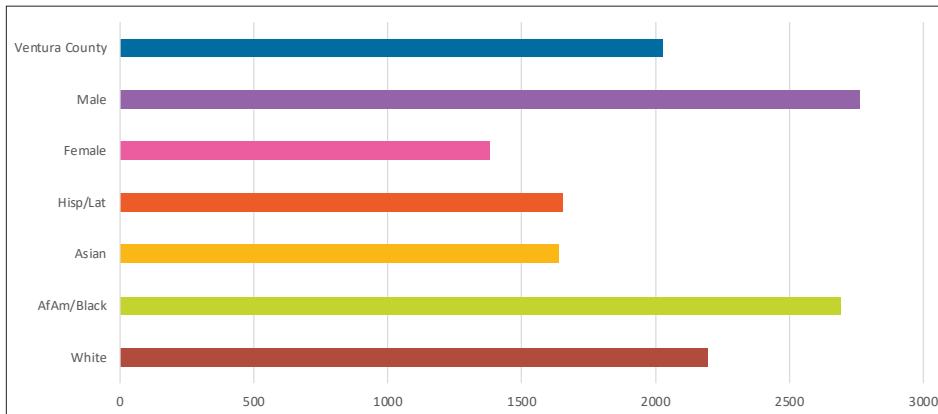


Profile of Ventura County

4.8.2 Premature Deaths from Diseases of the Heart

Diseases of the Heart were the Leading Cause of Death and second Leading Cause of Premature Death in Ventura County from 2019-2021. Figure 29 shows the Age-Adjusted YLL rate Per 100,000 Population Per Year from Diseases of the Heart. Males had a higher rate of Premature Death from Diseases of the Heart than females. Black or African Americans (Non-Hispanic) experienced the highest Premature Death rate of any race or ethnic group followed Whites (Non-Hispanic), Hispanics and then Asians (Non-Hispanic). Males lost an average of 16.8 years due to Heart Disease compared to 11.9 years for females. Black or African Americans (Non-Hispanic) (18.8 years) had the highest average YLL Per Death from Heart Disease followed by Hispanics (17.5 years), Asians (Non-Hispanic) (15.7 years) and then Whites (Non-Hispanic) (13.5 years). On average, there were 14.3 YLL Per Death from Heart Disease.

FIGURE 29: CORONARY HEART DISEASE - AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021

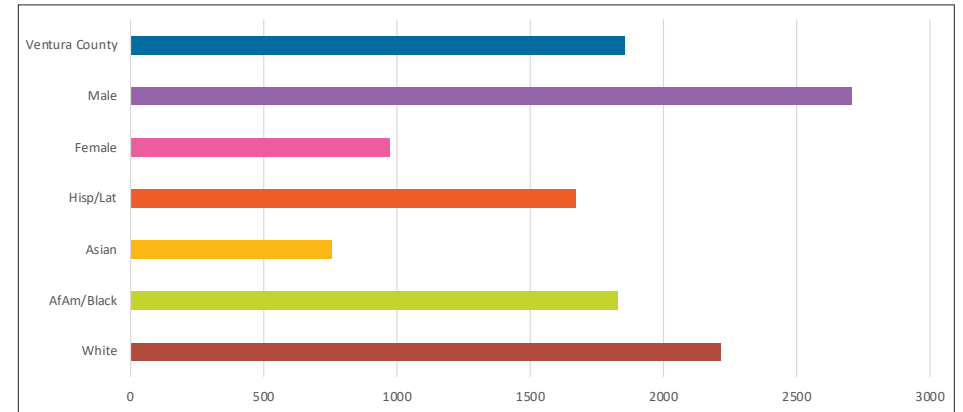


Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

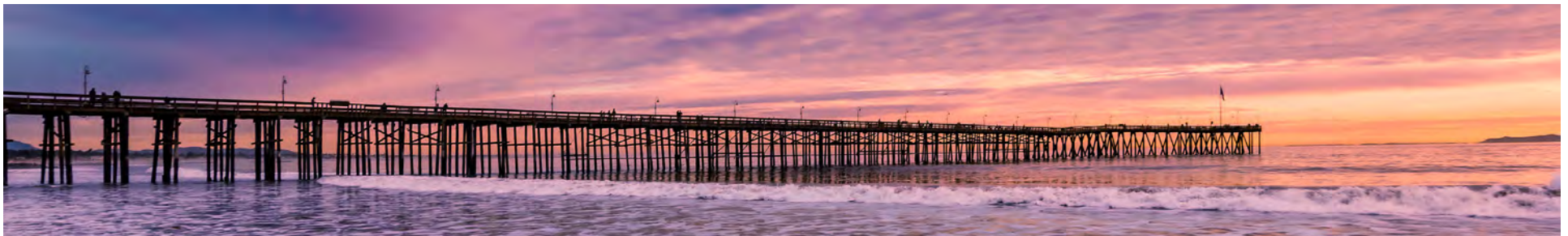
4.8.3 Premature Deaths from Accidents (Unintentional Injuries)

Deaths Due to Accidents (unintentional injuries) were the third Leading Cause of Premature Death, up from fourth as a Leading Cause of Death. Figure 30 shows that males were more likely than females to die a premature death due to an accident (unintentional injury); males lost an average of 43.1 years Per death while females lost an average of 33.7 years Per death. Whites (Non-Hispanics) had higher rates of Premature Death Due to an Accident (Unintentional Injury) than other race or ethnic groups; Hispanics lost an average of 48.3 years Per death compared to 38.3 years for Blacks or African Americans (Non-Hispanic), 36.1 years for Whites (Non-Hispanic), 28.2 years for Asians (Non-Hispanic). On average, there were 40.1 YLL Per Death from Accidents for all race or ethnic groups combined.

FIGURE 30: ACCIDENTS- AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

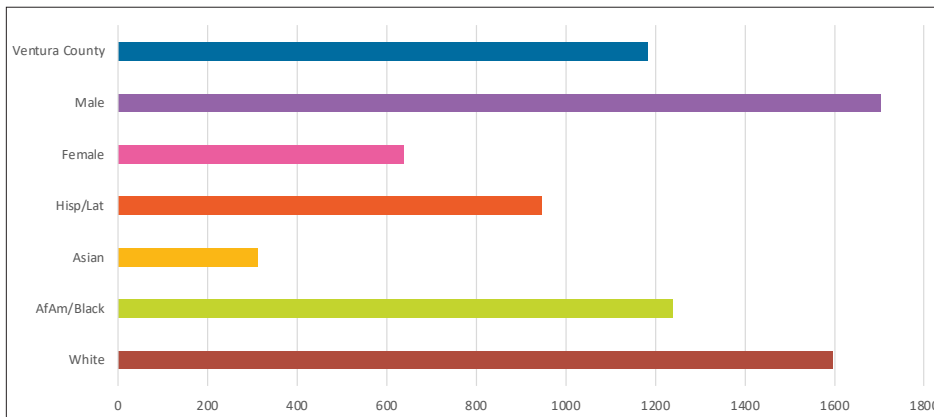


Profile of Ventura County

4.8.4 Drug-Induced Premature Deaths

Drug-Induced Deaths were the eighth Leading Cause of Death but fourth Leading Cause of Premature Death from 2019-2021. Figure 31 shows the Age-Adjusted YLL rate Per 100,000 population Per Year Due to Drug Induced Deaths. Males had a higher rate of Premature Death from Drug-Induced Deaths than females; males lost an average of 49.0 years Due to Drug-Induced Deaths compared to 44.6 years for females. Whites (Non-Hispanic) experienced the highest Premature Death rate of any race or ethnic group followed by Black or African Americans (Non-Hispanic), Hispanics, and then Asians (Non-Hispanic). Hispanics had the highest average YLL Per death from drugs (51.0 years) followed Black or African Americans (Non-Hispanic) (48.0 years), Whites (Non-Hispanic) (46.1 years), and then Asians (Non-Hispanic) (41.3 years). On average, there were 47.7 YLL Per Death from drugs for all race or ethnic groups combined.

FIGURE 31: DRUG-INDUCED- AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021

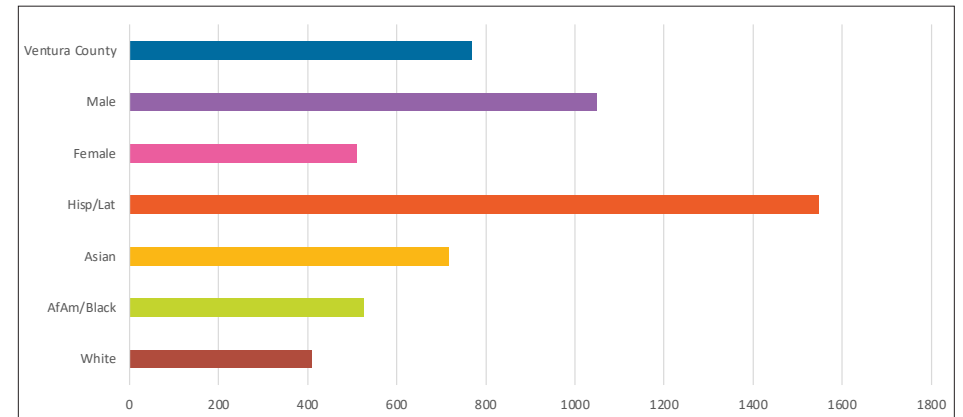


Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

4.8.5 Premature Deaths due to COVID-19

COVID-19 was the fifth Leading Cause of Death and Premature Death in Ventura County from 2019-2021. Figure 32 shows the Age-Adjusted YLL rate Per 100,000 population Per Year from COVID-19. Males had a higher rate of Premature Death from COVID-19 than females; males lost an average of 22.1 years due to COVID-19 compared to 17.2 years for females. Hispanics experienced the highest premature death rate of any race or ethnic group followed by Asians (Non-Hispanic), Black or African Americans (Non-Hispanic), and then Whites (Non-Hispanic). Black or African Americans (Non-Hispanic) had the highest average YLL Per Death from COVID-19 (24.9 years) followed Hispanics (23.6 years), Asians (Non-Hispanic) (18.8 years), and Whites (Non-Hispanic) (15.8 years). On average, there were 20.1 YLL Per Death from COVID-19 for all race or ethnic groups combined.

FIGURE 32: COVID-19 - AVERAGE YEARS OF LIFE LOST PER DEATH, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022

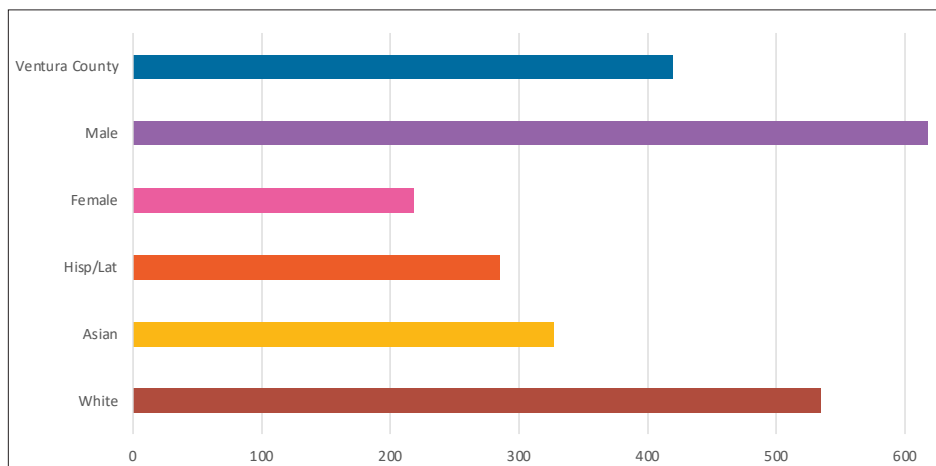


Profile of Ventura County

4.8.6 Premature Deaths due to Suicide

Suicides were the twelfth Leading Cause of Death but ninth Leading Cause of Premature Death from 2019-2021. Figure 33 shows the Age-Adjusted YLL rate Per 100,000 Population Per Year Due to Suicide. Males had a higher rate of Premature Death from Suicide deaths than females; males lost an average of 40.4 years due to Suicide deaths compared to 40.0 years for females. Whites (Non-Hispanic) experienced the highest Premature Death rate of any race or ethnic group followed by Asians (Non-Hispanic), and then Hispanics. Hispanics had the highest Average YLL Per Death from Suicide (57.9 years) followed Asians (Non-Hispanic) (45.2 years) and then Whites (Non-Hispanic) (34.1 years). On average, there were 40.3 YLL Per Death from Suicide for all race or ethnic groups combined.

FIGURE 33: SUICIDE - AGE-ADJUSTED YEARS OF LIFE LOST RATE PER 100,000 POPULATION PER YEAR, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022.

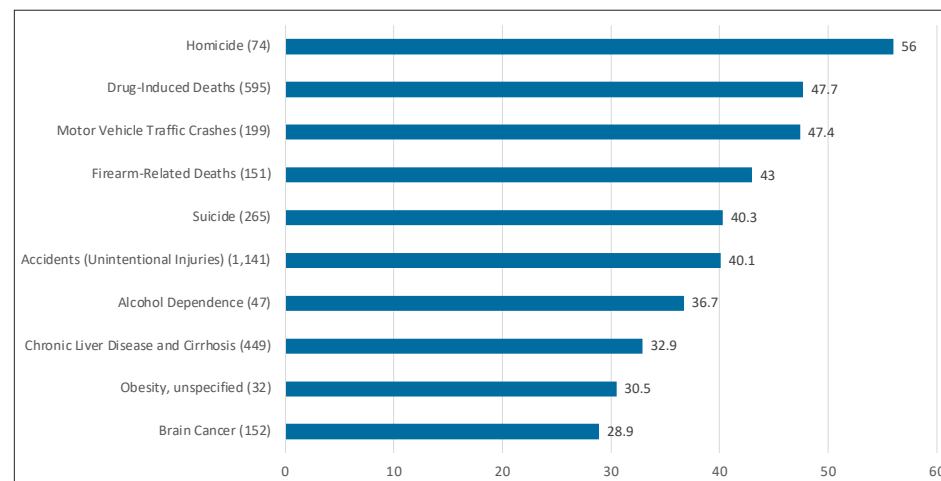


4.8.7 Average Years of Life Lost per Premature Death

Figure 34 shows the top ten causes of Premature Death in terms of the Average YLL Per Death in Ventura County. Homicide has the highest Average YLL Per Death at 56.0 years, which increases to 58.1 years for Hispanics. Drug-Induced Deaths have the second highest Average YLL Per Death at 47.7 years, followed by Motor Vehicle Traffic Crashes at 47.4 years, Firearm-Related Deaths at 43.0 years, Suicide at 40.3 years and Accidents (Unintentional Injuries) at 40.1 years.

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

FIGURE 34: AVERAGE YEARS LIFE LOST PER DEATH, 2019-2021



Source: Vital Records Business Intelligence System (deaths 2019-2021) and Claritas Pop-Facts (2020), analysis by Ventura County Public Health, March 2022. *The number by the cause of death refers to the number of deaths that occurred from 2019-2021.

Disparities

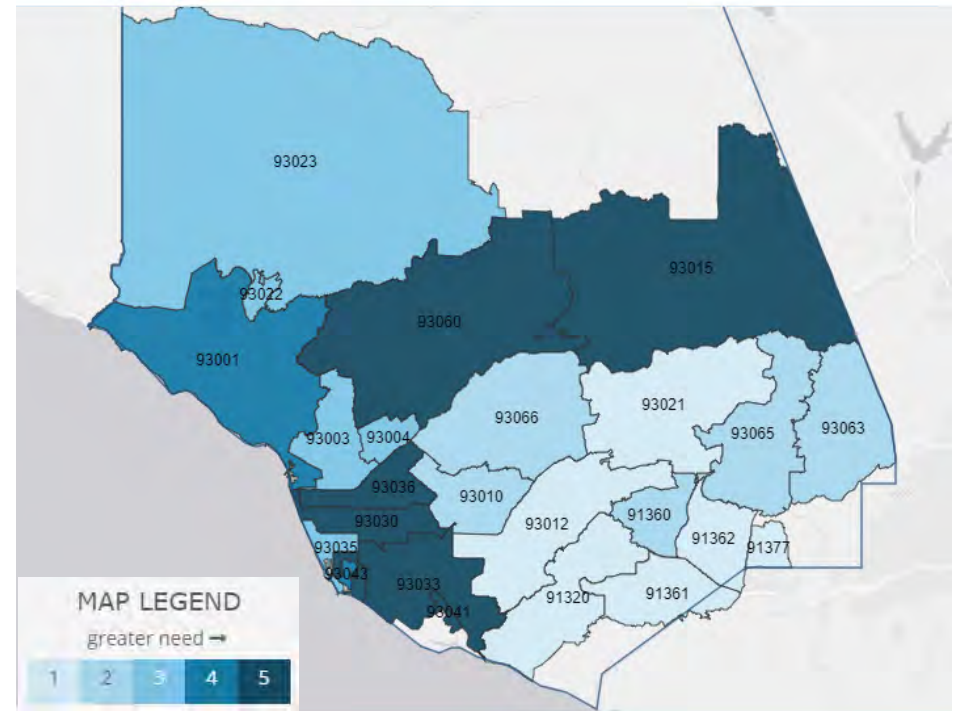
According to the Centers for Disease Control and Prevention, health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Those disparities that are systematic and avoidable and therefore, considered unjust or unfair, are considered health inequities. VCCHIC wants to lessen the disparities by focusing on achieving health equity. “Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

5.1 Health Equity Index

All communities can be described by various social and economic factors that are well known to be strong determinants of health outcomes, as discussed in Section 4 of this report. Healthy Communities Institute developed the Health Equity Index (formerly, SocioNeeds® Index) to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health — income, poverty, unemployment, occupation, educational attainment, and linguistic barriers — that are associated with poor health outcomes including preventable hospitalizations and premature death. Within Ventura County, zip codes are ranked based on their index value to identify the relative levels of need. Those geographic areas with the highest values (from 0-100) are estimated to have the highest socioeconomic need which can be correlated with preventable hospitalizations and premature death (Healthy Communities Institute, 2019).

Figure 35 shows that Oxnard (93030, 93033 and 93036), Santa Paula (93060), and Fillmore (93015) are the areas within the county that have the highest socioeconomic needs. In general, the areas of the county with higher socioeconomic needs (highlighted above) have a lower average life expectancy than the Ventura County average of 81.4 years. Conversely, those areas with lower socioeconomic needs such as Oak Park (93777) and Thousand Oaks/Westlake (91361 and 91362) have life expectancies of 84+ years.

FIGURE 35: HEALTH EQUITY INDEX, VENTURA COUNTY, 2021



Source: Health Matters in Ventura County

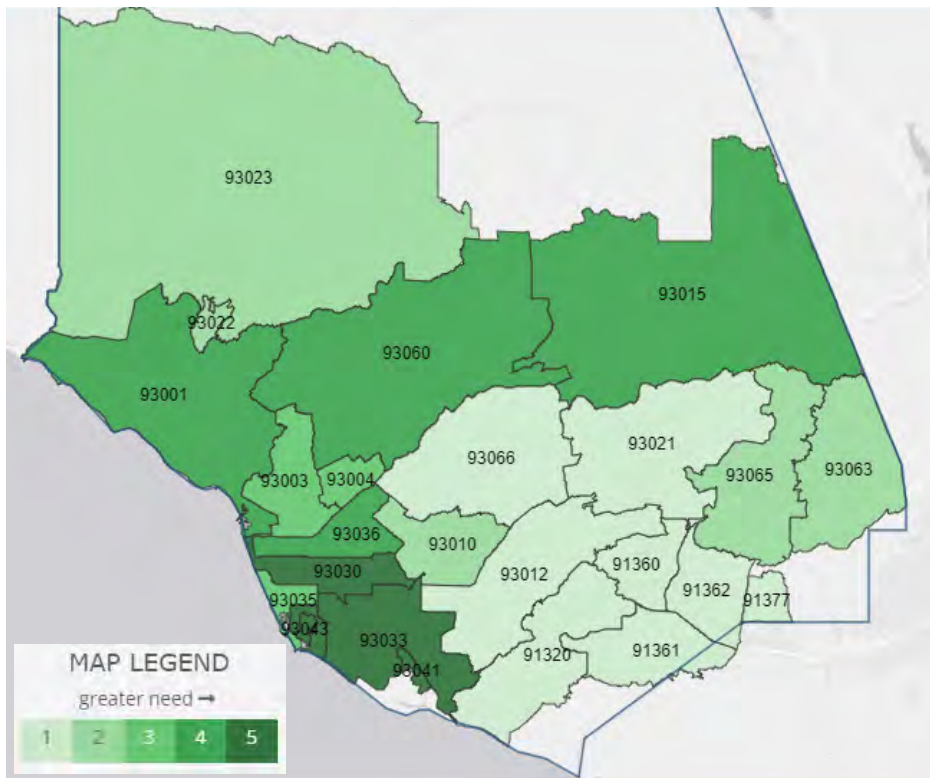


Disparities

5.2 Food Insecurity Index

Conduent's Food Insecurity Index (FII) estimates areas of low food accessibility correlated with social and economic hardship. In this index, zip codes are ranked based on their value to identify the relative levels of need, as illustrated by the map in Figure 36. According to the 2021 FII for Ventura County, the following zip codes have the highest level of food insecurity (as indicated by the darkest shades of green): 93033, 93043, 93041, and 93030. See Appendix A for a detailed FII methodology.

FIGURE 36: FOOD INSECURITY INDEX, VENTURA COUNTY, 2021

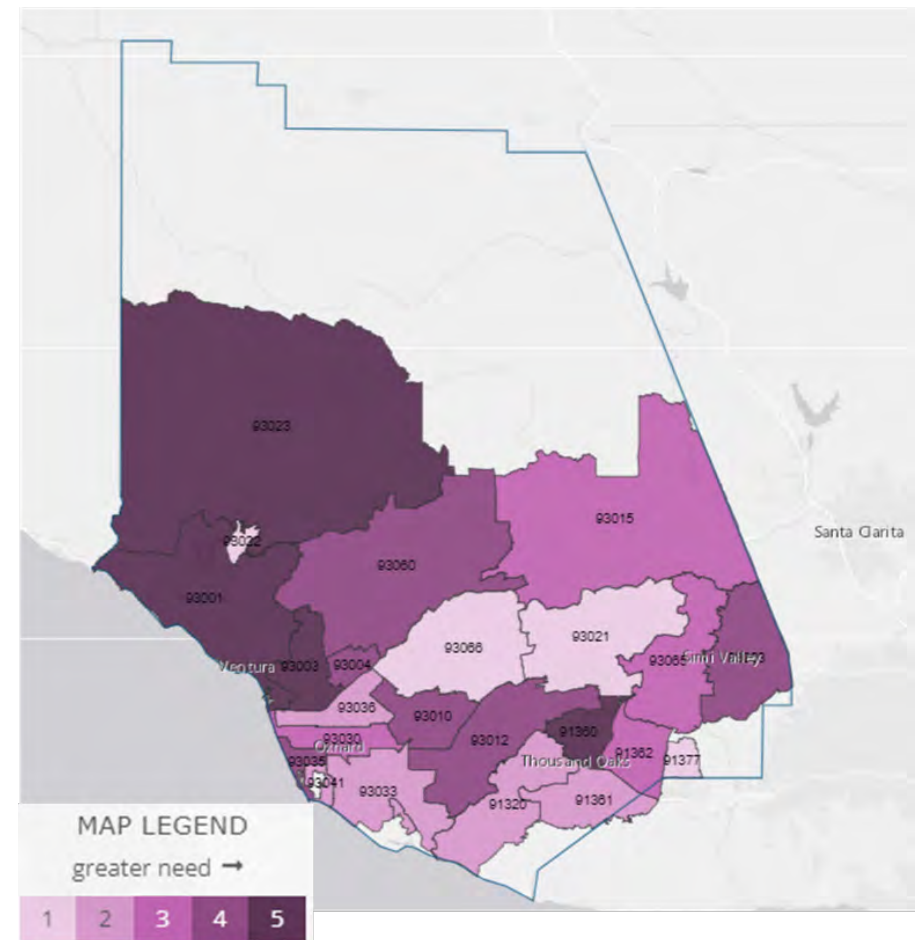


Source: Health Matters in Ventura County

5.3 Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 37. The following zip codes are estimated to have the highest need (as indicated by the darkest shades of purple): 93003, 93023, 91360, and 93001. See Appendix A for more detailed MHI methodology.

FIGURE 37: MENTAL HEALTH INDEX, VENTURA COUNTY, 2021



Source: Health Matters in Ventura County

Disparities

5.4 Index of Disparity

Critical components in assessing the needs of a community are identifying barriers and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for Ventura County to address the prioritized health needs. Healthy Communities Institute uses the Index of Disparity, which is a tool used to summarize disparities across groups within a population, across all indicators.

Table 10 identifies secondary data health indicators with race or ethnic disparities in Ventura County. Table 10 lists the indicators with the greatest, significant race or ethnic disparities and highlights the groups that were impacted. Table 11 displays the number of significant health indicators for each race or ethnic group. Hispanic/Latino populations had the greatest impact, with disparities in 18 indicators. This is followed by the Black/African American population with 17 indicators and the White population with 14 indicators.

Upon further examination, the Black/African American population is predominately experiencing disparities related to asthma, diabetes, and substance abuse. Among the significant health indicators, Black/African American populations experience the highest rates of Age-Adjusted Emergency Room (ER) visits due to Asthma, with 44.5 ER visits per 10,000 population. This is in comparison to the Ventura County rate of 23.0 ER visits per 10,000 population. The Black/African American population 18+ has the highest rate of Age-Adjusted ER visits due to Adult Suicide and Intentional Self-inflicted Injury, with a rate of 60.5 ER visits per 10,000 population. This is in comparison to the Ventura County rate of 30.1 ER visits per 10,000 population. The Hispanic/Latino population is experiencing disparities in diabetes and obesity. Among the significant health indicators, Hispanic/Latino populations experience the highest rates of Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes, with a rate of 12.0 hospitalizations per 10,000 population. This is compared to the Ventura County rate of 7.3 hospitalizations per 10,000. Additionally, 48.4% of the Hispanic/Latino adult population is considered obese, compared to the average of 25.6% of adults in Ventura County. The White population is predominately experiencing higher rates of substance use ER visits and hospitalizations. Among the significant health indicators, White populations experience a higher rate of Age-Adjusted Emergency Department (ED) visits due to Heroin Overdose (26.0 ED visits per 100,000 residents) compared to Ventura County overall (11.5 ED visits per 100,000 residents).



Disparities

TABLE 10: INDICATORS WITH SIGNIFICANT RACE OR ETHNIC DISPARITIES, 2016-2020

| Disparities by Race or Ethnicity | |
|---|--|
| Health Indicator | Population Experiencing Disparities |
| Children Living Below Poverty Level | American Indian/Alaska Native (43.3%), Hispanic/Latino (17.1%), Other Race (20.0%) |
| Families Living Below Poverty Level | American Indian/Alaska Native (17.4%), Hispanic/Latino (10.0%), Other Race (10.7%) |
| People 65+ Living Below Poverty Level | Hispanic/Latino (11.6%), Two or More Races (12.4%) |
| People Living Below Poverty Level | American Indian/Alaska Native (22.7%), Hispanic/Latino (12.0%), Other Race (13.4%) |
| People 25+ with a Bachelor's Degree or Higher | American Indian/Alaska Native (13.6%), Native Hawaiian/Pacific Islander (16.1%), Other Race (14.1%), Two or More Races (24.1%) |
| Juvenile Arrest Rate | Black or African American (41.3), Hispanic/Latino (11.4) |
| Adult Arrest Rate | Black or African American (135.2), Hispanic/Latino (55.7) |
| Deaths in Custody | White (0.2) |
| Substantiated Child Abuse Rate | Hispanic/Latino (6.2) |
| Age-Adjusted ED Visit Rate due to Heroin Overdose | White (26.0) |
| Babies with Very Low Birth Weight | Asian (1.5%), White (1.3%) |
| Adults Who Are Obese | Hispanic/Latino (48.4%) |
| Age-Adjusted ER Rate due to Asthma | Black/African American (44.5) |
| Age-Adjusted ER Rate due to Adult Asthma | Black/African American (40.8) |
| Age-Adjusted ER Rate due to COPD | Black/African American (22.3), White (11.2) |
| Age-Adjusted Hospitalization Rate due to Substance Use | Black/African American (8.9), White (6.1) |
| Age-Adjusted Hospitalization Rate due to Opioid Use | Black/African American (5.9) |
| Age-Adjusted ER Rate due to Diabetes | Black/African American (32.8), White (21.7), Hispanic/Latino (29.8) |
| Age-Adjusted Hospitalization Rate due to Diabetes | Black/African American (27.7), White (16.3), Hispanic/Latino (20.8) |
| Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes | Hispanic/Latino (12.0) |
| Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes | Black/African American (9.7), White (6.2) |
| Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes | Black/African American (5.4), Hispanic/Latino (3.5) |
| Age-Adjusted ER Rate due to Uncontrolled Diabetes | Black/African American (24.5), White (15.2), Hispanic/Latino (21.1) |
| Age-Adjusted Hospitalization Rate due to Type 2 Diabetes | Black/African American (20.3), Hispanic/Latino (18.3) |
| Age-Adjusted ER Rate due to Type 2 Diabetes | Black/African American (29.4), White (18.3), Hispanic/Latino (27.9) |
| Age-Adjusted Hospitalization Rate due to Hypertension | Black/African American (7.9), Hispanic/Latino (4.4) |
| Age-Adjusted Hospitalization Rate due to Adult Mental Health | Black/African American (47.2), White (26.9) |
| Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury | Black/African American (60.5), White (38.4) |
| Hospitalization Rate due to Hip Fractures Among Females 65+ | Hispanic/Latino (407.7), White (607.4) |
| Hospitalization Rate due to Hip Fractures Among Males 65+ | Hispanic/Latino (224.1), White (305.1) |

TABLE 8: SUBGROUPS WITH MOST DISPARITIES, 2016-2020

| Subgroups with Most Disparities | |
|----------------------------------|------------------------|
| Race or Ethnicity Group | Health Indicator Count |
| Hispanic/Latino | 18 |
| Black/African American | 17 |
| White | 14 |
| American Indian/Alaska Native | 4 |
| Other | 4 |
| Two or More Races | 2 |
| Asian | 1 |
| Native Hawaiian/Pacific Islander | 1 |

Sources: American Community Survey (2016-2020); California Health Interview Survey (2018-2020); Child Welfare Dynamic Reporting System (2020); California Department of Justice (2020); California Opioid Overdose Surveillance Dashboard (2020); California Department of Public Health (2016-2018), California Department of Health Care Access and Information (2018-2020)

Primary Data Collection

6.1 Community Survey Key Findings

The 2022 Community Health Assessment Survey was designed and disseminated by VCCHIC. Furthermore, VCCHIC participated in a Centers for Disease Control and Prevention health equity pilot which required that they include survey questions on racial trauma and discrimination. A total of 3,066 responses were collected. This was a convenience sample, which means results may be vulnerable to selection bias; however, the results are applicable to the population of Ventura County.

6.1.1 Demographics of Survey Respondents

VCCHIC members went to great lengths to collect surveys from socially marginalized populations. Demographics of survey respondents are as follows:

- All age groups were represented in the survey - 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (22%), 45-54 (16%), 55-64 (14%), and 65+ (14%)
- Gender Identity – Female/Woman (77%), Male/Man (20%), Another Gender Identity or Prefer Not to Answer (3%)
- Household Income – 25% of respondents had a household income less than \$30K per year
- Race or ethnicity – 63% of respondents were Hispanic/Latino (4% Indigenous from Mexico, Central or South America), 30% Non-Hispanic White, 4% Non-Hispanic Asian, 1% Non-Hispanic Black, 1% Non-Hispanic American Indian or Alaska Native, 1% another race or ethnicity
- Marital Status – Married (48%), Not Married/Single (33%), Domestic Partner (9%)
- Education – Less than high school graduate (11%), high school graduate or GED (13%)
- Language – Spanish (23%), English (72%), Mixtec (2%); 16% of surveys were completed in Spanish
- Military – Currently serve or served in the past (4%)
- Physical or Mental Disability - 12%
- Insurance – Medi-Cal (18%), No insurance (7%), Cash Pay (6%)
- Industry/Business – Agriculture (5%), Construction (1%), Education (6%), Food Service or Retail (5%), Government (30%), Healthcare (39%), Technology (2%)

6.1.2 Overall Survey Results

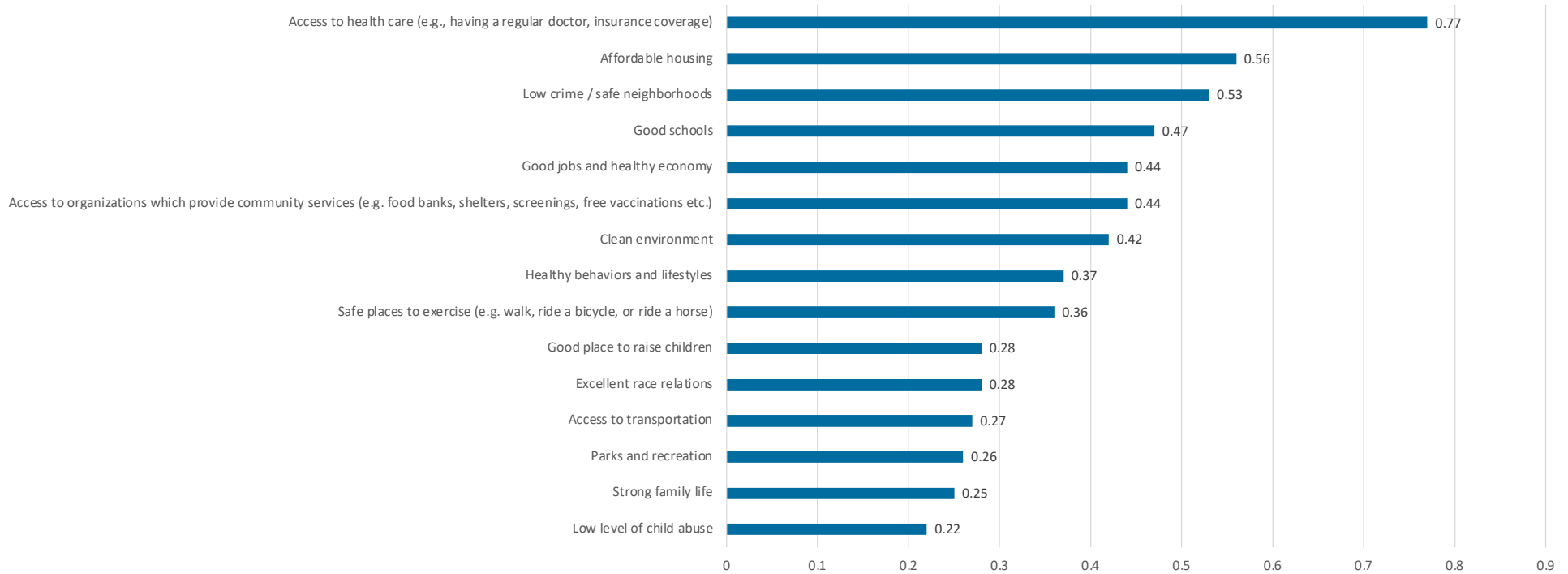
Survey responses of what makes a healthy community can be seen in Figure 38. Access to health care was the number one response for survey participants and has remained a consistent response from the 2016 needs assessment. The top five responses to the survey question about what residents consider to be components of a healthy community include- affordable housing, low crime/safe neighborhoods, good schools, good jobs and healthy economy. Additionally, the top five responses demonstrate that residents view affordable housing, low crime, good schools, and economic opportunities as means of improving overall health in the community.

Access to health care was most important to residents 18-24 years old (83%), residents with a household income between \$30-39K (81%), residents identifying as another gender identify rather than female/woman or male/man (up to 100%), residents of Hispanic or Latino ethnicity (79%), and residents with a high school diploma or GED (83.4%).



Primary Data Collection

FIGURE 38: RESPONSES TO “WHAT DO YOU THINK MAKES A HEALTHY COMMUNITY?”



In 2016, mental health ranked fourth for the most important health problem but rose to first place in both 2019 and 2022. Figure 39 shows the top responses for the most important health problems within the community. The top five health priorities include: Mental Health, Cancer, Aging Complications, Diabetes, and Heart Disease and Stroke. The community health survey was distributed during the COVID-19 pandemic. Despite this, COVID-19 was not ranked as one of the top five health topics by survey respondents.

Mental Health was identified most by residents 45-54 years old (79%), residents with a household income more than \$150K (84%), residents identifying as another gender identify rather than female/woman or male/man (up to 100%), residents of Non-Hispanic or Latino ethnicity (83%), and residents with a doctoral degree (91%).



Primary Data Collection

FIGURE 39: MOST IMPORTANT HEALTH PROBLEMS FOR SURVEY PARTICIPANTS

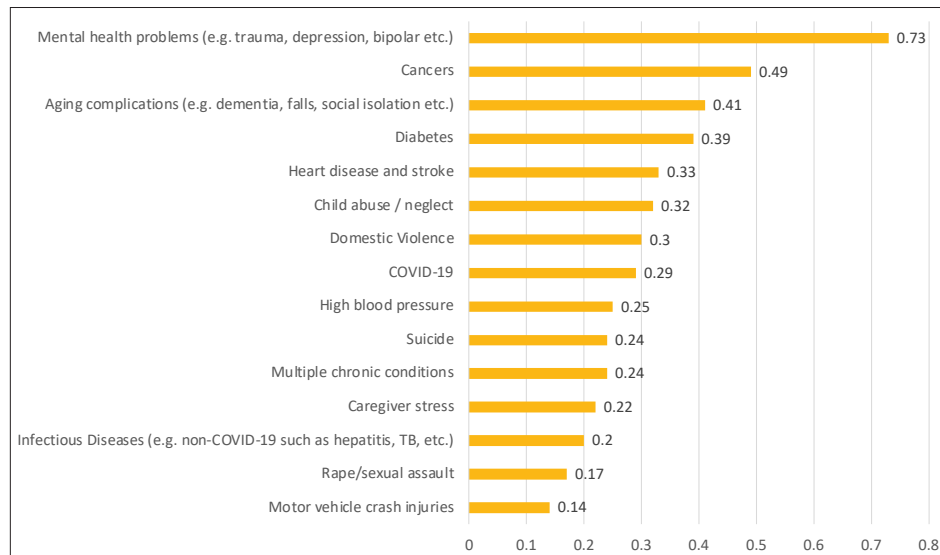


FIGURE 40: RISKY BEHAVIORS RANKED IN THE COMMUNITY

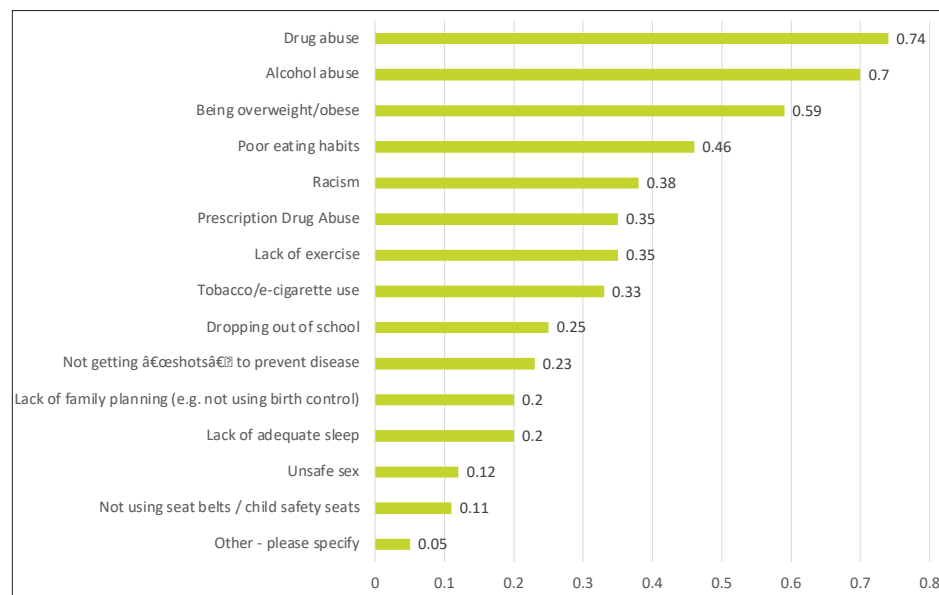
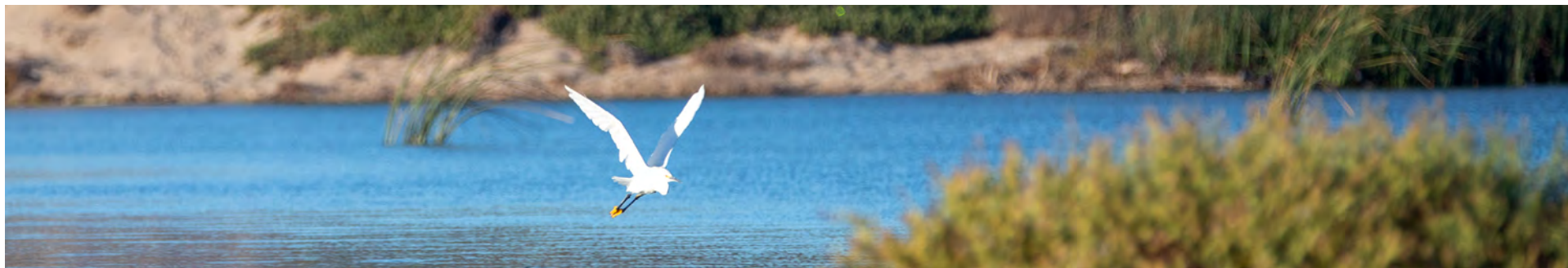


Figure 40 shows the top risky behaviors survey respondents identified. There have been no significant changes in the arrangement of health topics from 2016-2022. Drug Abuse, Alcohol Abuse, being Overweight/Obese, Poor Eating Habits, and Racism are consistent risky health behaviors that are affecting residents living in Ventura County.

Drug Abuse was identified as a risky behavior most by residents 45-54 years old (81%), residents with a household income more than \$150K (79%), residents identifying as gender non-binary, gender non-conforming (77%), residents of Hispanic or Latino ethnicity (75%), and residents with some college but no degree (78%).

Figure 41 shows survey responses of what issues should be addressed. The top five areas that need to be addressed include cost of healthcare services, poor housing conditions or lack of housing, environmental exposures, lack of good paying jobs, and lack of options for childcare services or lack of support for childcare. Addressing high healthcare costs was most important to residents 55-64 years old (74%), residents with a household income between \$80-89K (82%), residents identifying as another gender identify (83.3%), residents of Non-Hispanic or Latino ethnicity (79%), and residents with an associate degree (75%).



Primary Data Collection

FIGURE 41: WHAT RESIDENTS WOULD LIKE TO SEE ADDRESSED IN COMMUNITY



Providing Care to a Family Member or Friend

Research has shown that the health and wellness of someone who provides regular care for a chronically ill, disabled, or elderly family member, is negatively impacted (Caregiver Burden, 2022). Respondents were asked whether or not they provided regular care to a family member or friend. Figure 42 shows almost 30% of respondents indicated they did provide this type of assistance. Table 12 shows most were providing care to a person 65 years or older.

FIGURE 42: PROVIDING REGULAR CARE TO A FAMILY MEMBER OR FRIEND (N=2,950)

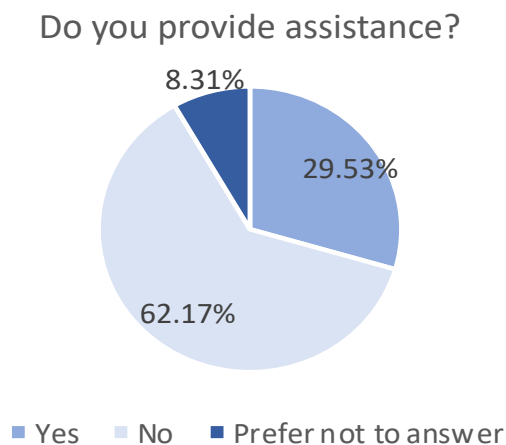


TABLE 12: WHO IS PROVIDED ASSISTANCE?

| Who is provided assistance? | Percentage |
|---|------------|
| Child (under 18) with a disability | 16% |
| Person under 65 years with a disability | 29% |
| Person 65 or older | 53% |
| Person 65 or older with dementia | 12% |
| Other | 13% |

Centers for Disease Control and Prevention (CDC) Health Equity Pilot Questions on Trauma and Discrimination

VCCHIC was one of seven participating sites in a national health equity pilot to identify gaps between what is currently being measured and what can be measured while considering additional data collection methods for identifying root causes and key drivers of structural inequalities (Centers for Disease Control and Prevention, 2022). As a result of participation in this pilot, the following questions were integrated into the health assessment survey.

- In your day-to-day life, how often have any of the following things happened to you?
 - > Follow-up: What do you think is the main reason for these experiences? You may select more than one option.
- Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

Figure 43 shows that residents are most likely to experience being treated with less courtesy or respect than other people, people acting as if they are not smart, and receiving poorer service than other people at restaurants or stores. Residents indicated that they believe the main reason these experiences happen is because of their gender (30%), their ancestry or national origin (21.5%), and their race (13.4%); sexual orientation (0.2%) and religion (1.2%) were least likely to be selected as reasons for these experiences.

Primary Data Collection

FIGURE 43: PEOPLE TREATING YOU DIFFERENTLY? (N=2,545)

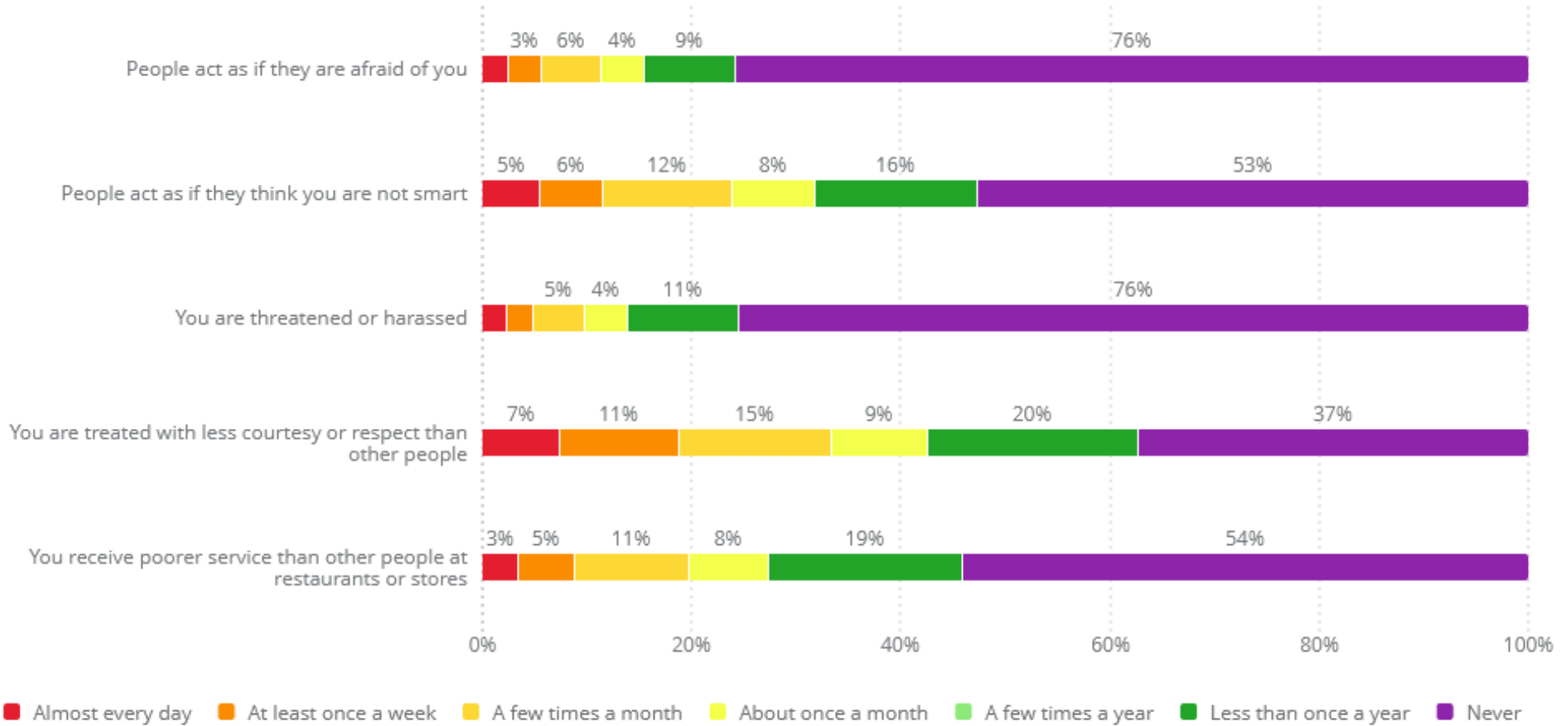


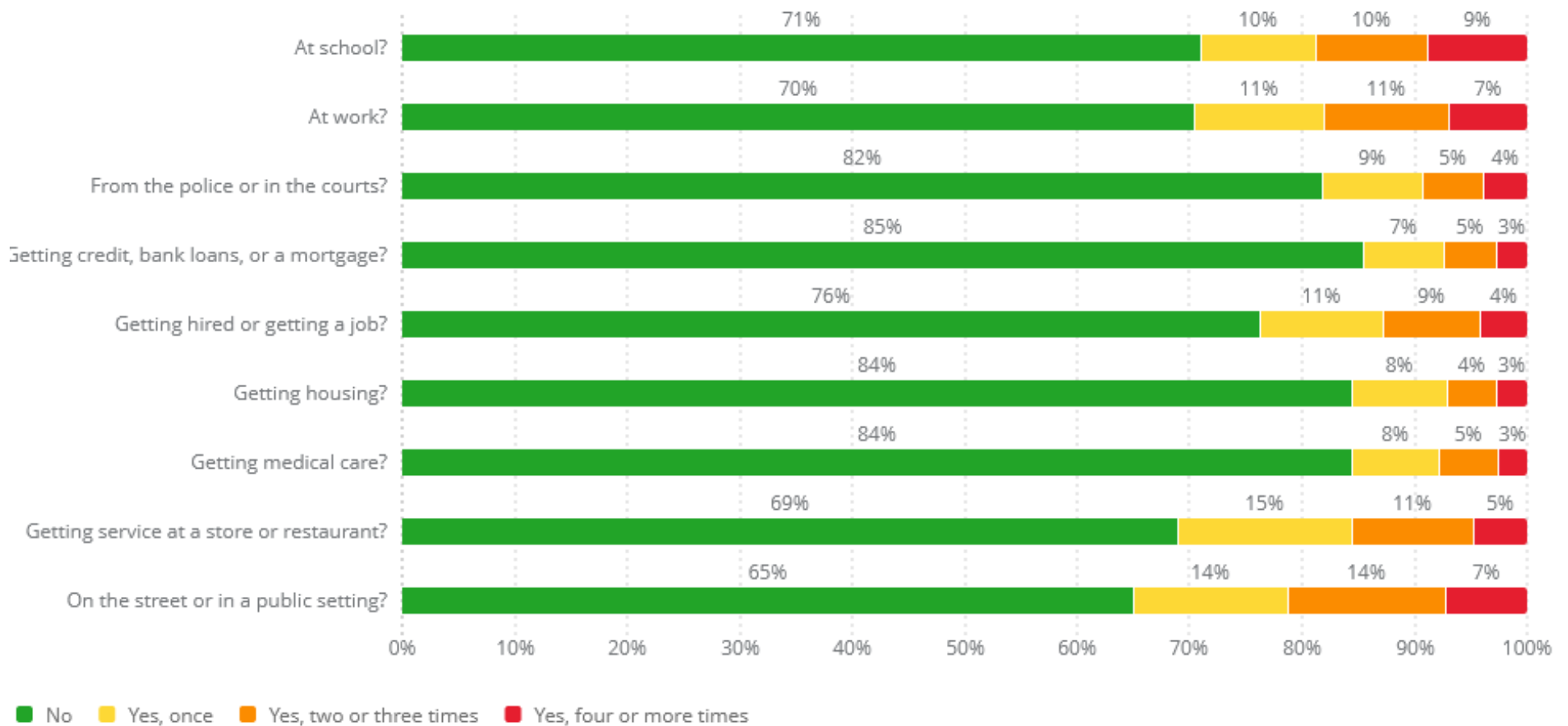
Figure 44 shows where residents are most likely to feel they have experienced discrimination based upon their race, ethnicity, or color. Residents indicated that they are most likely to experience discrimination on the street or in a public setting, getting service at a store or restaurant, at work and at school.

Residents who were more likely to indicate that they were experiencing discrimination on the street or in a public setting included residents 25-34 years old (49%), residents with a household income between \$70-79K (50%), residents identifying as gender non-binary, gender non-conforming (46%), residents of Black or African American race (57%).



Primary Data Collection

FIGURE 44: DISCRIMINATION DUE TO RACE, ETHNICITY, OR COLOR? (N=2,537)



6.2 Focus Group Discussion Findings

One of the key objectives of this assessment was to engage the community, including socially marginalized populations, and other stakeholders to share their perceptions on the health needs for Ventura County residents. Throughout the month of February 2022, VCCHIC members facilitated more than fifteen focus groups. Focus group participants included persons from the black community, monolingual Hispanic or Latino Spanish speakers, older adults, LGBTQIA+ persons, students, and those accessing mental health and substance use treatment services among others. In collaboration with California State Channel Islands University and Pacifica High

School in Oxnard, CA, VCCHIC was also able to receive input from local high school and college students about the issues impacting them.

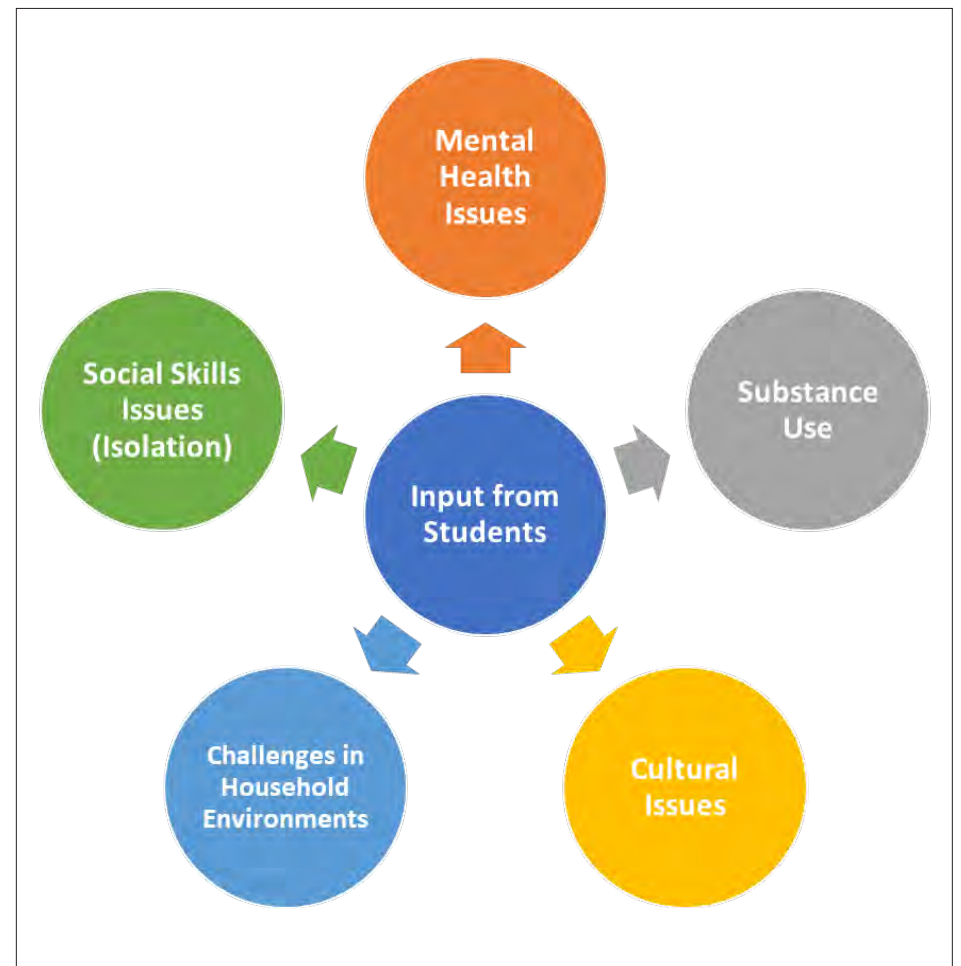
Figures 45 and 46 outline the key themes from the Community and Stakeholder Focus Groups. Similar to the primary data collected through the survey, focus group participants were concerned with mental health across the lifespan, access to healthcare and substance use issues. Additional impacts exacerbated by the COVID-19 pandemic included social isolation, learning loss, cultural issues, and challenges in the household environments. Quotes from focus group discussions can be found in Section 10 in the corresponding prioritized health need.

Primary Data Collection

FIGURE 45: KEY THEMES FROM COMMUNITY AND STAKEHOLDER FOCUS GROUPS



FIGURE 46: KEY THEMES FROM FOCUS GROUPS – PACIFICA HIGH SCHOOL AND CALIFORNIA STATE CHANNEL ISLANDS STUDENT



Identification of Significant Health Needs

Secondary data used in this assessment consisted of community health indicators, while primary data consisted of focus group discussions, and a community survey. Findings from these data sources as well as from Life Expectancy and Years of Life Lost analysis were combined to identify the significant health needs for Ventura County.

7.1 Criteria for Significant Health Needs

Health needs were determined to be significant if they met certain criteria in at least one of the three data sources: included in the top ten highest scoring health needs based on secondary data analysis, frequency by which the topic was discussed within/across focus groups, identification as a priority issue by 25% or more of survey respondents and determined to be a significant health need based on Life Expectancy and Years of Life Lost analysis results. Figure 47 summarizes these criteria.

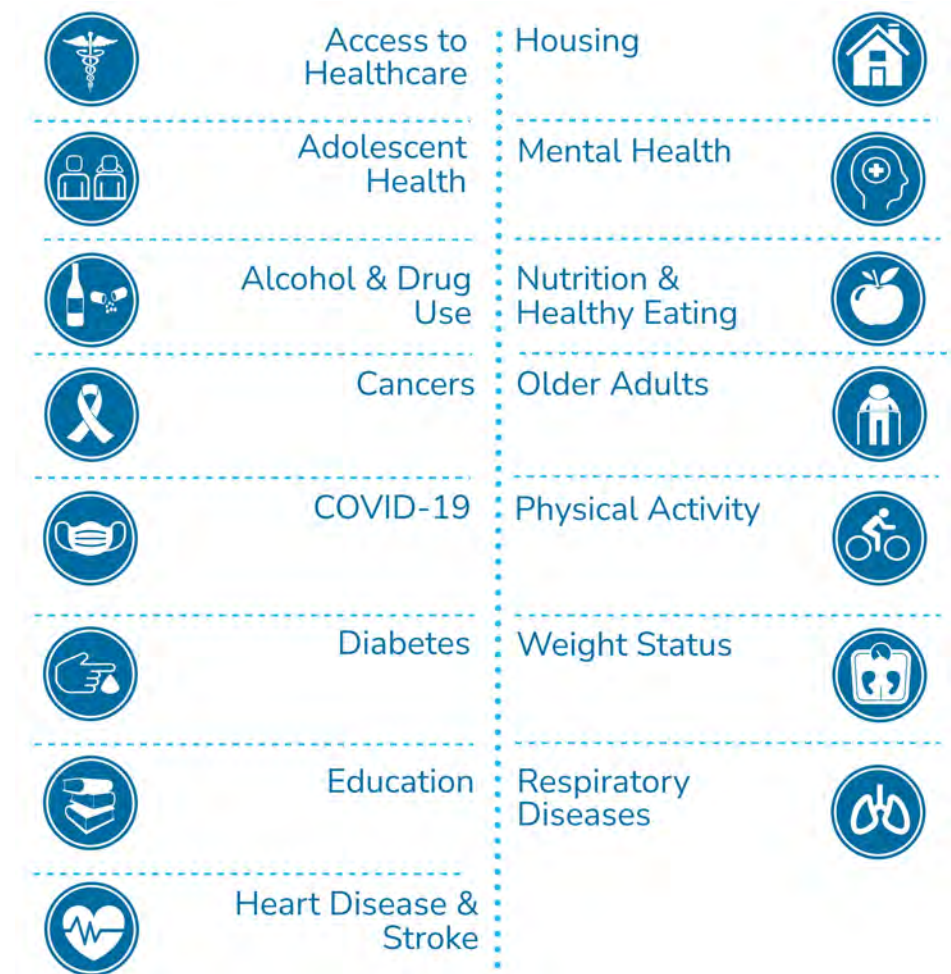
FIGURE 47: VISUAL OF DATA SYNTHESIS APPROACH



7.2 Significant Health Needs

Based on the criteria shown in Figure 48, fifteen needs emerged as significant. Figure 48 shows those significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for VCCHIC CHNA.

FIGURE 48: SIGNIFICANT HEALTH NEEDS



Data Synthesis

To gain a comprehensive understanding of the significant health needs, the findings from all four data sources were analyzed for areas of overlap.

8.1 Overlapping Evidence of Need

Table 13 outlines the 15 significant health needs (in alphabetical order) alongside the corresponding data sets that identified the need as significant. Secondary data identified nine needs as significant, focus group participants identified seven topic areas of greater need, the community survey identified 15 needs as significant and life expectancy analysis identified eight needs as significant.

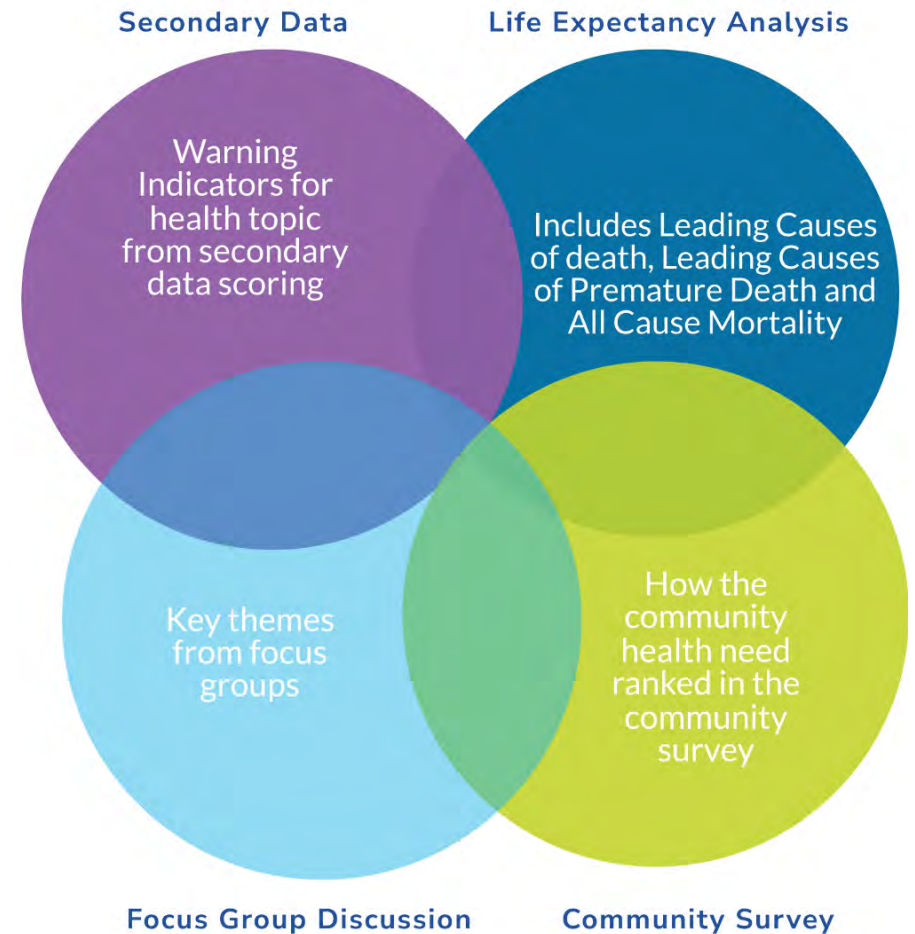
TABLE 13: OVERLAPPING EVIDENCE OF NEED

| Health/Quality of Life Category | Data Source(s) |
|---------------------------------|---|
| Access to Health Care | Secondary Data, Community Survey, Focus Groups |
| Adolescent Health | Secondary Data, Community Survey, Focus Groups |
| Alcohol & Drug Use | Secondary Data, Community Survey, Focus Groups |
| Cancers | Community Survey, Life Expectancy |
| COVID-19 | Community Survey, Life Expectancy |
| Diabetes | Community Survey, Life Expectancy |
| Education | Community Survey, Focus Groups |
| Heart Disease & Stroke | Secondary Data, Community Survey, Life Expectancy |
| Mental Health | Community Survey, Focus Groups, Life Expectancy |
| Nutrition and Healthy Eating | Secondary Data, Community Survey |
| Older Adults | Secondary Data, Community Survey, Focus Groups, Life Expectancy |
| Physical Activity | Secondary Data, Community Survey |
| Prevention & Safety | Secondary Data, Community Survey, Focus Groups, Life Expectancy |
| Weight Status | Secondary Data, Community Survey |
| Respiratory Diseases | Community Survey, Life Expectancy |

8.2 Venn Diagram

The Venn Diagram in Figure 49 demonstrates the overlay of data from secondary, primary (focus groups and community survey) and life expectancy sources to define the prioritized health needs.

FIGURE 49. DATA SYNTHESIS RESULTS

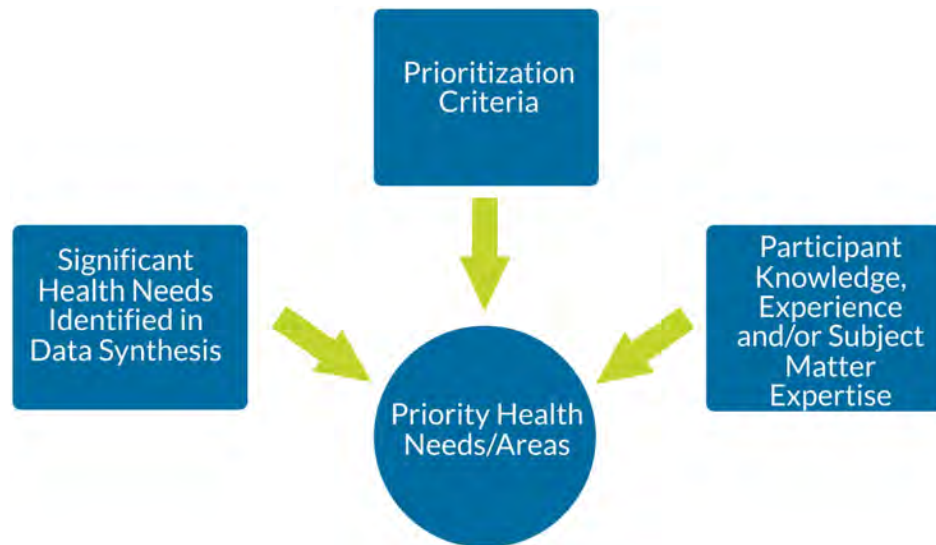


Prioritization

VCCHIC convened a meeting of collaborative founding members to participate in a presentation of data facilitated by HCI to target activities that address pressing health needs. An additional meeting was convened to allow participants to complete an online scoring survey. Participants ranked each health need based on a set of criteria. The process was conducted virtually to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

After reviewing the scoring results and supporting evidence the founding members identified three priority areas to be considered for subsequent implementation planning. Figure 50 illustrates how prioritization exercise participants use their knowledge and subject matter experience in light of prioritization criteria to prioritize the significant health needs identified during the data synthesis process.

FIGURE 50: CONSIDERATIONS FOR PRIORITIZATION



9.1 Process

VCCHIC founding members attended a secondary and primary data presentation and virtual prioritization activity on April 19 and 26 of 2022. There was a total of 14 individuals representing local hospital systems, the health department, community-based organizations, and nonprofits.

During the April 19th meeting, the group reviewed and discussed the results of HCI's primary and secondary data as well as life expectancy and years of life lost analyses. Synthesis of these data lead to the significant health needs introduced to the group. In the April 26th meeting, the group revisited the significant health needs with a robust discussion and determined to roll all but two of them into seven overarching health topics. COVID-19 and Respiratory Diseases were the non-prioritized health topics for the 2022 community health assessment. The group determined that COVID-19 would be described in its own dedicated section. Further, the group determined that Respiratory Diseases had so few areas of overlap between the four analyses conducted and limited ability to combine with another significant health need as to warrant elimination.

Following the discussion, participants were provided with a survey link to assign a score to each health topic based on the prioritization criteria. The group agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

1. Magnitude of the Issue
 - a. How many people in the community are or will be impacted?
 - b. How does the identified need impact health and quality of life?
 - c. Has the need changed over time?
2. Ability to Impact
 - a. Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
 - b. Do collaborative partners have the expertise or resources to address the identified health need?
 - c. Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

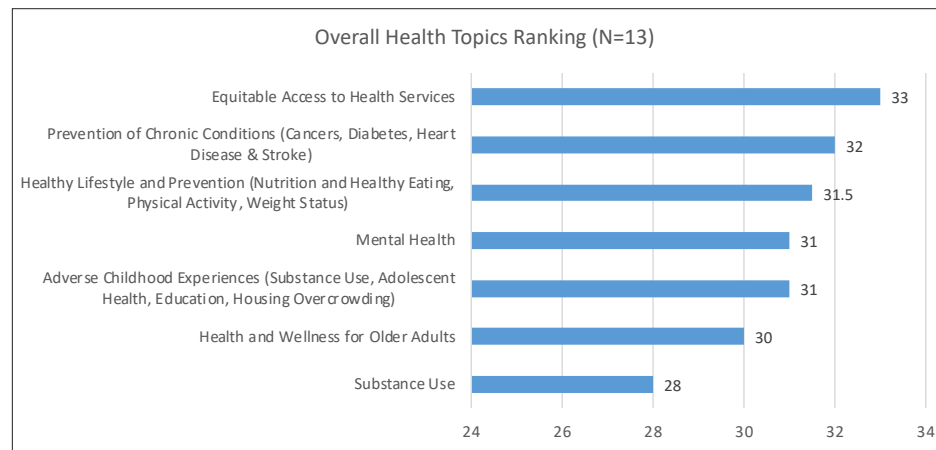
Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater likelihood for that topic to be prioritized. For example, participants assigned a score of 1-3 to each topic based on whether the magnitude was (1) least concerning, (2) somewhat concerning or (3) most concerning. Along a similar line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their

Prioritization

own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Figure 51 below. For those topics with identical scores, the health needs are listed in alphabetical order.

FIGURE 51: AGGREGATE RESULTS OF ONLINE PRIORITIZATION ACTIVITY

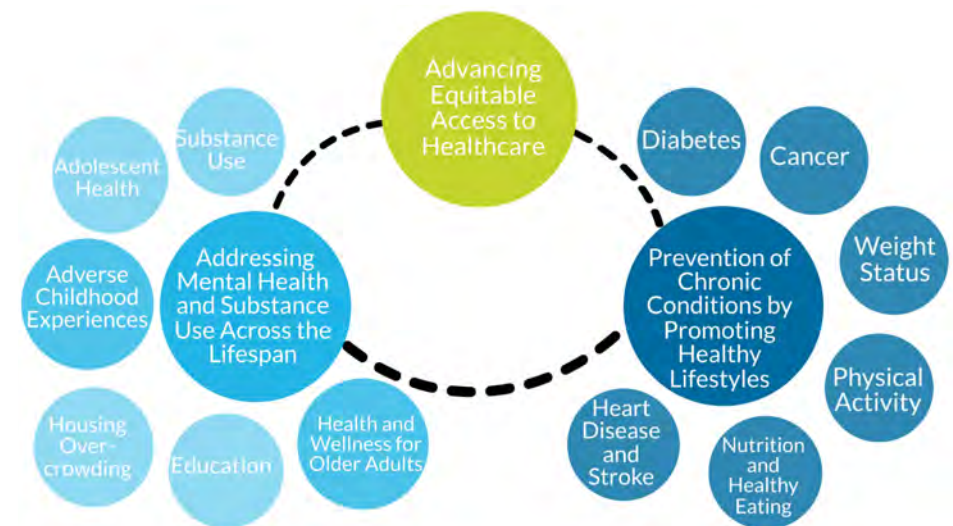


On May 3, 2022 VCCHIC founding members convened a final working group session to review the aggregate results for the online prioritization activity. After some discussion, they further combined significant health needs into three prioritized health topics for subsequent implementation planning by VCCHIC partners. These three health priorities are:

- **Addressing Mental Health and Substance Abuse Across the Lifespan**
- **Prevention of Chronic Conditions by Promoting Healthy Lifestyles**
- **Advancing Equitable Access to Healthcare**

Figure 52 shows the sub-topics included in each of the three prioritized health needs and their relationships with associated topics. Addressing Mental Health and Substance Use Across the Lifespan, for example, has two subtopics — Adverse Childhood Experiences, which includes Adolescent Health, Substance Use, Housing Overcrowding and Education; and Health and Wellness for Older Adults. Similarly, Prevention of Chronic Conditions by Promoting Healthy Lifestyles includes chronic disease related sub-topics like Diabetes, Cancer, Weight Status, Physical Activity, Heart Disease and Stroke and Nutrition and Healthy Eating. Advancing Equitable Access to Healthcare stands alone as a topic without associated subtopics

FIGURE 52: PRIORITIZED SIGNIFICANT HEALTH NEEDS



Many of the selected health needs are consistent with the priority areas that emerged from the previous CHNA process. VCCHIC plans to build upon efforts that emerged from its previous CHNA process, collaborating with other facilities and community partners, to address the three priority health needs.

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health need for the Ventura County Community Improvement Health Collaborative.

Prioritized Significant Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from primary data. The three prioritized health needs are presented in alphabetical order.

10.1 Addressing Mental Health and Substance Abuse Across the Lifespan

Overview

Mental Health and Substance Use Across the Lifespan consists of two related sub-topics: Adverse Childhood Experiences and Health and Wellness for Older Adults. The founding members of VCCHIC determined that based on their collective experience in mental health supported by extensive research and hospital-based care in the community, that four of the identified significant health needs were directly and indelibly impacted by childhood trauma. The group posited that by developing upstream implementation strategies targeted at addressing childhood experiences they could have a downstream impact on Substance Abuse, Adolescent Health, Education and some Housing issues (The Center on the Developing Child, 2022).

Mental Health

Mental Health

Secondary Data Score: **1.26**

Key Themes from Community Input


- Mental health problems (trauma, depression, bipolar, etc.) was the #1 most important health problem by both the general population (74%) and student respondents (82%)
- Mental health issues across the life span discussed in focus groups
- Suicide was most important health problem for 32% of student respondents

Warning Indicators

- Alzheimer's Disease or Dementia: Medicare Population
- Depression: Medicare Population
- Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury

Life Expectancy Analysis

Suicide ranked #7 in leading causes of premature death (2019-2021) for males and #9 overall for Ventura County



Secondary Data

From the secondary data scoring results, Mental Health & Mental Disorders scored low, with a score of 1.26. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 14 below. See Appendix B for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 14. DATA SCORING RESULTS FOR MENTAL HEALTH AND MENTAL DISORDERS

| SCORE | MENTAL HEALTH & MENTAL DISORDERS | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|---|----------------|------------|------|-------------|---------------|-------|
| 2.12 | Alzheimer's Disease or Dementia: Medicare Population (%) 2018 | 10.3 | 10.5 | 10.8 | | | |
| 2.12 | Depression: Medicare Population (%) 2018 | 17.2 | 16.2 | 18.4 | | | |
| 1.85 | Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury (hospitalizations/10,000 pop) 2016-2018* | 14.7 | 13.6 | -- | -- | -- | -- |
| 1.76 | Adults with Likely Serious Psychological Distress (%) 2019-2020 | 11.4 | 12.6 | -- | | -- | |
| 1.76 | Youth Depression (%) 2017-2019 | 36 | 32 | -- | -- | -- | -- |

* For more updated hospitalization rates, please see Section 4.6

From the secondary data results, there are several indicators within this topic that raise concern for Ventura County. The worst performing indicators are Alzheimer's Disease or Dementia in the Medicare Population and Depression in the Medicare Population. These indicators measure the percentage of adults in the Medicare population that have been diagnosed with Alzheimer's or Dementia or Depression, respectively. Ventura County's values of 10.3% and 17.2% rank within the worst quartile for all California Counties. Further, Depression within the Medicare Population has increased significantly over recent years. The percent of Adults with Likely Serious Psychological Distress in Ventura County is higher than the state (11.4% vs. 12.6%, respectively) and has been increasing significantly over time.

Prioritized Significant Health Needs

Primary Data

Mental health problems (trauma, depression, bipolar) were ranked the most important health problem for both the general (74%) and student (82%) populations. Additionally, Suicide was the most important health problem for just under a third (32%) of students surveyed. Mental health issues across the lifespan—for children, adolescents, adults, and older adults—were discussed extensively among focus group participants. Student focus groups further mentioned a loss or a change in social skills due to pandemic-related isolation, while community and stakeholder focus groups focused on the social isolation of homebound older adults who avoided social situations for fear they might result in contracting COVID-19.

Life Expectancy

Suicide ranked the seventh Leading Cause of Premature Death for males in the 2019-2021 period and ninth overall for Ventura County (Table 8). Suicide also ranked the sixth Leading Cause of Premature Death for White (Non-Hispanics) (Table 9) with Whites leading all other race or ethnic groups in the Age-Adjusted YLL with 534.6 years lost. Males outpace females in Age-Adjusted YLL with 617.3 years lost (Figure 33).



Adverse Childhood Experiences

As shown through survey and focus group data described in previous sections, Ventura County residents have experienced increased stress about their finances, housing situation, and employment. Further, residents have been concerned about their overall mental and physical health, and in some cases, increased their use of harmful substances during the pandemic.

This type of stress in a family environment can lead to abuse and neglect but even witnessing parental conflict, mental illness, or substance abuse as a child can have negative long-term impacts on learning, behavior, and health. Adverse childhood experiences (ACEs) can create toxic levels of stress that may affect brain development and lead to increased risk for smoking, alcoholism, depression, heart disease, and other health issues (Adverse Childhood Experiences, 2022). During the COVID-19 pandemic, a study of college-aged adults found that a higher level of ACEs was associated with higher levels of depression in adults but that having a stable caregiver, stable home routine, etc. as a child was associated with lower levels of depression (Doom, 2021).

Table 15 shows the percentage of adults with and without Adverse Childhood Experiences (ACEs) before age 18, by presence of children in the household and number of ACEs. Among Ventura County adults ages 18 and older living in households with children in 2011-2017, 18% were exposed to four or more ACEs which puts them at higher risk of exposing their own children to ACEs.

TABLE 15: PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ADULT RETROSPECTIVE): 2011-2017

| Ventura County | Percent | | |
|----------------|--------------------------|-----------------------------|----------------|
| | Households with Children | Households without Children | All Households |
| Number of ACEs | | | |
| 1-3 ACEs | 47% | 46% | 46% |
| 4 or more ACEs | 18% | 15% | 17% |

Data Source: As cited on kidsdata.org, UC Davis Violence Prevention Research Program, tabulation of data from the California Behavioral Risk Factor Surveillance System and American Community Survey (Apr. 2020).

Prioritized Significant Health Needs

Substance Abuse (Alcohol & Drug Use)

Alcohol & Drug Use

Key Themes from Community Input

- 36% of general population and 31% students surveyed declared prescription drug use an important risky behavior
- Ranked #1 and #2 risky behaviors in the community for all respondents

Secondary Data Score: **1.71**



Warning Indicators



- Alcohol-Impaired Driving Deaths
- Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)
- Liquor Store Density

Secondary Data

From the secondary data scoring results, Substance Use had the highest data score of all topic areas, with a score of 1.71. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 16 below. See Appendix B for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 16. DATA SCORING RESULTS FOR ALCOHOL & DRUG USE

| SCORE | SUBSTANCE USE | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|---|----------------|------------|------------------------|-------------|---------------|-------|
| 2.53 | Alcohol-Impaired Driving Deaths (%) 2015-2019 | 35 | 28.7 | 27 *HP2030: 28.3 | | | |
| 2.47 | Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone) (per 100,000 residents) 2020 | 11.1 | 10 | -- | | -- | |
| 2.24 | Liquor Store Density (stores/100,000 pop) 2019 | 14.7 | 10.5 | 10.5 | | | |
| 2.18 | Age-Adjusted Death Rate due to All Opioid Overdose (per 100,000 residents) 2020 | 17.1 | 13.5 | -- | | -- | |
| 2.18 | Age-Adjusted Death Rate due to Heroin Overdose (per 100,000 residents) 2020 | 4 | 2.4 | *HP2030: 4.2 | | -- | |
| 2.18 | Age-Adjusted Death Rate due to Prescription Opioid Overdose (per 100,000 residents) 2020 | 14.6 | 11.8 | -- | | -- | |
| 2.12 | Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin) (per 100,000 residents) 2020 | 29.9 | 29 | -- | | -- | |

From the secondary data results, there are several indicators within this topic that are cause for concern. The worst performing indicator is Alcohol-Impaired Driving Deaths, which measures the percentage of motor vehicle crash deaths with alcohol involvement. The value for Ventura County, 35%, is higher than the state value (28.7%) and the U.S. Value (27%). Further, the county has not met the Healthy People 2030 target of 28.3%. Age-adjusted death rates due to all opioid overdose (17.1) per 100,000 residents is higher than the state rate (13.5). Most indicators of concern within this topic area have seen statistically significant increases over time; Alcohol Impaired Driving Deaths and Liquor Store Density are exceptions, with Ventura County seeing a non-statistically significant decrease in these indicator values over time.

Primary Data

Alcohol & Drug Use were ranked the top risky behaviors by both general and student survey respondents, with 79% of student respondents identifying



Substance Use increase and normalization is higher than ever.



- Focus Group Participant

Alcohol Use as the most important risky behavior in the community. Additionally, 36% of general respondents and 31% of student respondents declared prescription drug use an important risky behavior. Substance use was mentioned in multiple focus group discussions throughout the county. One focus group mentioned that substance use had seemed to increase, and that normalization of use was notably higher. Other focus group members indicated that alcohol and drug use could be seen in increasingly younger children, particularly girls, and that peer pressure created an enticement toward substance use. They further noted that creating an open dialogue on campuses about the associated risks of substance use could help address the problem.



At a very early age they are starting to consume drugs and alcohol. So now you see a lot younger people.



- Focus Group Participant

Prioritized Significant Health Needs

Adolescent Health

Adolescent Health

Key Themes from Community Input



- CSUCI and Pacifica HS top #1 and #2 ranked risky behaviors are drug (65%) & alcohol abuse (79%).
- Poor eating habits (56%) and being overweight/obese (51%) were #3 and #4 ranked risky behaviors.

Secondary Data Score: **1.55**



Warning Indicators



- Children and Teens who Engage in Regular Physical Activity
- Teens who are Overweight or Obese
- 7th Grade Students who are Physically Fit

Secondary Data

From the secondary data scoring results, Adolescent Health had the fourth highest data score of all topic areas, with a score of 1.55. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 17 below. See Appendix B for the full list of indicators categorized within this topic, including the source from which each indicator was derived.

TABLE 17. DATA SCORING RESULTS FOR ADOLESCENT HEALTH

| SCORE | ADOLESCENT HEALTH | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 2.03 | Children and Teens who Engage in Regular Physical Activity (%) 2015-2016 | 11.2 | 16.5 | -- | | -- | -- |
| 2.03 | Teens who are Overweight or Obese (%) 2015-2016 | 67.2 | 38.2 | -- | | -- | -- |
| 1.76 | 7th Grade Students who are Physically Fit (%) 2018-2019 | 64.4 | 61 | -- | | -- | |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight (%) 2018-2019 | 64.1 | 62.2 | -- | | -- | |
| 1.76 | Teens who have Ever Used Inhalants: 7th Graders (%) 2017-2019 | 4 | 3.6 | -- | -- | -- | -- |
| 1.76 | Teens who have Ever Used Recreational Prescription Drugs: 9th Graders (%) 2017-2019 | 10 | 8.8 | -- | -- | -- | -- |
| 1.76 | Teens who Use Alcohol or Drugs: 7th Graders (%) 2017-2019 | 7.8 | 7 | -- | -- | -- | -- |
| 1.76 | Teens who Use Alcohol: 7th Graders (%) 2017-2019 | 4.7 | 4.2 | -- | -- | -- | -- |
| 1.76 | Youth Depression (%) 2017-2019 | 36 | 32 | -- | -- | -- | -- |

From the secondary data results, there are several indicators within this topic that raise concern for Ventura County. The worst performing indicator is Children and Teens Who Engage in Regular Physical Activity, which measures the percentage of physically active people aged 0-18 in the community. The value for Ventura County, 11.2%, is lower than the state value (16.5%). Understandably, the percentage of teens that are Overweight or Obese (67.2%) is nearly double the California State Value (38.2%). 7th Grade Students who are Physically Fit has decreased, although non-significantly, over time while 9th Grade Students Who are at a Healthy Weight or Underweight has increased non-significantly over the same period of time.

Primary Data

Community feedback from the survey showed that more than half (56%) of respondents ranked poor eating habits and being overweight or obese (51%) as important risky behaviors and were voted as the top #3 and #4 ranked risk behaviors overall. Alcohol and drug use are also areas of grave concern related to adolescent health with focus group respondents indicating increasingly earlier use of alcohol and drugs among children and teens.



One of the other challenges that I personally noticed coming in back from zoom into in person school was just a big change in expectations. Because over zoom, I feel like you could definitely get away with a lot or not do as good on an assignment. And the teachers just gave you so much leeway...but then when we came back...suddenly, it was like, there was [no room for] excuses anymore.



- Key Themes from Focus Group Discussions

The direct impacts of the COVID-19 pandemic on the adolescent population are difficult to ascertain. Thirty-eight percent of general community survey respondents reported that their child or children's mental health was worse after COVID-19 than before while 14% reported it was better. Focus groups comprised of adolescents centered around the challenges of virtual learning, and expectations to develop adult-level time management skills in order to maintain academic standards. Students found it difficult to get help from educators who pre-recorded class sessions or felt too embarrassed to ask questions during live sessions. One focus group participant described the juxtaposition between the dramatically more lenient and permissive attitudes of educators in the virtual school environment and those expectations once students returned to in-person learning. Further, adolescent focus group members shared that social isolation, increased responsibilities at home to care for younger siblings, and toxic household environments put pressure on already existing mental health challenges.

Prioritized Significant Health Needs

Education

Education

Key Themes from Community Input



- Lost learning related to COVID-19 pandemic
- Lack of knowledge of how to access health based resources

Secondary Data Score: **1.21**



Warning Indicators



- Student-to-teacher ratio
- High school graduation rate

Primary Data

Although the data score for education in Ventura County (1.21) failed to reach the 1.5 threshold required for elevation as a significant health need through the secondary data analysis, it is worth noting that in Ventura County there are 23.7 students per teacher while the national ratio is 16.3. Further, high-school graduation rates in the 2020-2021 period in Ventura County (83.3%) fell below Healthy People 2030 goals (90.7%). Focus group members pointed to learning loss during the pandemic as a key issue. Twenty-five percent of student community survey respondents voted lack of free early childhood education for families in need as an issue they would most like to see addressed in the community.

Lack of health resources education came up in both focus group discussions and community survey results. Thirty-one percent of survey respondents indicated the issue they would most like to see addressed in the community was information on how to make correct health decisions. A lack of knowledge of available resources related to addressing health needs was also a topic of conversation in focus groups.

Housing

Housing

Key Themes from Community Input



- Challenges in household environments discussed in focus groups
- Affordable housing voted #2 feature of a healthy community by all respondents.
- Poor housing conditions or lack of housing was #2 issue residents would most like to see addressed.

Secondary Data Score: **N/A**



Secondary Data Indicators



- Severe Housing Problems

Primary Data

Affordable housing ranked among Ventura County residents surveyed as the second most important attribute of a healthy community followed immediately by low crime/safe neighborhoods. Further, approximately half of residents surveyed indicated that poor housing conditions or lack of housing were the issue they would most like to see addressed in the community.



Prioritized Significant Health Needs

Health and Wellness for Older Adults

Older Adults

Secondary Data Score: **1.59**



Key Themes from Community Input



- Social skills issues (isolation) discussed in focus groups
- 41% of general survey respondents chose aging complications (dementia, falls, social isolation) as an important community health problem

Warning Indicators



- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Asthma: Medicare Population
- Atrial Fibrillation: Medicare Population

Life Expectancy Analysis



- Alzheimer's disease ranked #10 leading cause of premature death (2019-2021) and #3 leading cause of death in Ventura County.

Secondary Data

Older adult health and wellness is threatened by chronic diseases and an associated lack of healthy behaviors exacerbated by mental health challenges. Older adults in the county have a higher rate of Rheumatoid Arthritis or Osteoarthritis (34.5%) in the Medicare population as compared with the state rate (31.2%). In the same population, rates of Asthma (6%), Atrial Fibrillation (8.4%), Hyperlipidemia (48.5%), Hypertension (55.4%) and Stroke (3.9%) are all higher in Ventura County than in the state of California.



The Older Adult population in Ventura County falls behind the state values and short of Healthy People 2030 objectives relating to some healthy behaviors, particularly preventative care. Data shows that only 64.8% of Adults 65+ in Ventura County have received an influenza vaccine as compared with 69.3% in the state. Men 65+ in Ventura have a lower rate of receiving preventative services (30.1%) as compared with their national counterparts (32.4%) while women in Ventura County (36%) considerably outpace other women in the nation in receiving recommended preventative services (28.4%). Colon cancer screenings (67.2%), though marginally better than national rates (66.4%) still fall short of HP 2030 goals (74.4%).

Mental health related indicators also show cause for concern in older adults in Ventura County. Although Alzheimer's Disease and Dementia in the Medicare population in Ventura (10.3%) are comparable to state (10.5%) and national (10.8%) rates, depression in Ventura (17.2%) is a full percentage point higher than in the state (16.2%). The isolation of people 65+ described in focus group discussions as well as the community survey may provide a partial explanation for the mental health disorders demonstrated in the secondary data. In the most recent (2016-2020) American Communities Survey (ACS) data 28,318 people 65+ (21.5% of the population) were counted as living alone while 9,961 (7.7%) live below the poverty line. The latter rate is significantly lower than the state (10.3%) and national (9.3%) poverty rates for people over 65 years old.

TABLE 18. DATA SCORING RESULTS FOR OLDER ADULTS

| SCORE | OLDER ADULTS | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 2.65 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population (%) 2018 | 34.5 | 31.2 | 33.5 | | | |
| 2.56 | Asthma: Medicare Population (%) 2018 | 6 | 5.3 | 5 | | | |
| 2.18 | Atrial Fibrillation: Medicare Population (%) 2018 | 8.4 | 7.5 | 8.4 | | | |
| 2.18 | Hyperlipidemia: Medicare Population (%) 2018 | 48.5 | 45.3 | 47.7 | | | |
| 2.12 | Alzheimer's Disease or Dementia: Medicare Population (%) 2018 | 10.3 | 10.5 | 10.8 | | | |
| 2.12 | Depression: Medicare Population (%) 2018 | 17.2 | 16.2 | 18.4 | | | |

Prioritized Significant Health Needs

Primary Data



[The older adults] that we serve are already isolated. But they became further isolated [and] we noticed a couple of outcomes related to that...a lot of dementia symptoms and mental health symptoms were exacerbated.

- Focus Group Participant



Forty-one percent of general community survey respondents voted aging complications like dementia, falls and social isolation to be the most important health problems in the community. Just under 30% of those surveyed in the community provide regular care to a family member or friend. More than half of those, provide care to an older adult. Nearly 30% care for an older adult with a disability and just under 15% care for an older adult with dementia. Community and stakeholder focus group participants noted social isolation as a fundamental issue among older adults in Ventura County.



With people being online, for [a] year, we would be more anxious with social interactions, especially in the beginning, when we were coming back.

- Focus Group Participant



10.2 Prevention of Chronic Conditions by Promoting Healthy Lifestyles

Overview

Prevention of Chronic Conditions by Promoting Healthy Lifestyles consists of six related health sub-topics: Cancer; Diabetes; Heart Disease & Stroke; Nutrition & Healthy Eating; Physical Activity; and Weight Status. Cancer and Diabetes were identified as significant health needs in both the community survey and life expectancy analysis. Heart Disease & Stroke was identified as a significant health need in secondary data, the community survey as well as the life expectancy analysis while Nutrition & Healthy Eating, Physical Activity and Weight Status were each identified by secondary data and the Community Survey results (see Data Synthesis, Table X and Figure X).

Cancer

Cancer

Key Themes from Community Input



- Nearly half of general and student survey respondents consider cancers to be the most important health problem in the community

Life Expectancy Analysis



- Ranked the second leading cause of death (2019-2021)
- Leading cause of premature death (2019-2021)

Secondary Data Score: **1.33**



Warning Indicators



- Prostate Cancer Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate
- Age-Adjusted Death Rate due to Colorectal Cancer
- Breast Cancer Incidence Rate

Secondary Data

Though secondary data scoring for cancer (1.33) in Ventura County fell short of the 1.5 threshold, a few indicators are worthy of attention. Prostate Cancer Incidence per 100,000 males is higher in Ventura County (103.4) than California (92.3). Oral Cavity and Pharynx Cancer Incidence follows a similar trend while the Age-Adjusted Death Rate due to Colorectal Cancer per 100,000 population in Ventura County (13.1) is both higher than the state rate (12.2) and falls dramatically short of the HP 2030 goals (8.9). Finally, the Breast Cancer Incidence Rate per 100,000 females is higher in Ventura County (129.2) than both the state (121.8) and national (126.8) rates.

Primary Data

In both the general and student populations, nearly half of survey respondents indicated cancers to be the most important health problem in the community. Approximately 40% of both general and student populations voted environmental exposures like pesticides and smoke as a problem they would like to see addressed in the community.

Life Expectancy

All Cancers in Ventura County follow both state and national trends, ranking second as a leading cause of death and the leading cause of premature death in the 2019-2021 time-period (Table 6). Encouragingly, the All-Cause Age-Adjusted Death Rate for All Cancers (Table 7) has significantly decreased in 2019-2021 (125.2) over the previous period (142.1).

Prioritized Significant Health Needs

Diabetes

Diabetes

Key Themes from Community Input



- Approximately 40% of general and student survey respondents voted diabetes the most important health problem in the community
- General survey respondents voted related health behaviors like poor eating habits (47%) and lack of exercise (36%) the most important risky behaviors in the community.

Secondary Data Score: **1.23**



Warning Indicators



- Adults with diabetes
- **Life Expectancy Analysis**
- Diabetes is the 9th leading cause of death (2019-2021) in Ventura County
- It is the 10th leading cause of death for males.



Primary Data

The community survey showed similar trends between general and student respondents concerning diabetes and related health behaviors. Approximately 40% of survey respondents in both groups ranked diabetes the most important health problem in the community. Similarly, poor eating habits was declared the most important risky behavior in the community by 47% of general survey respondents and 56% of students surveyed. Lack of exercise came to the top for 36% of respondents in both groups. Lack of sufficient food or healthy food options was what 32% of general and 46% of student survey respondents wanted most to see addressed in the community. Nearly one-third of the general survey respondents wanted to see a lack of safe places to exercise (walk, ride a bike or ride a horse) addressed.

Life Expectancy

Though the Age-Adjusted Death Rate has not seen a statistically significant increase in 2019-2021 (21.8) over the previous period (19.6) (Table 7), diabetes rose in the rankings to be the ninth Leading Cause of Premature Death in Ventura County during the 2019-2021 time period (Table 6). Further, the Age-Adjusted YLL Rate Per 100,000 population for Diabetes is 442.3 years (Figure 26). Diabetes is the eighth Leading Cause of Premature Death overall for Ventura County (Table 8), the sixth Leading Cause of Premature Death for both Asian and Hispanic/Latino populations and eighth for Black or African American populations (Table 9).

Heart Disease & Stroke

Heart Disease & Stroke

Key Themes from Community Input



- Approximately one-third of all survey respondents declared it one of the most important health problems in the community.
- Associated risk behaviors in the general population: overweight and obese (59%) and lack of exercise (36%)

Secondary Data Score: **1.45**



Warning Indicators



- Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
- Atrial Fibrillation: Medicare Population
- Hyperlipidemia: Medicare Population

Life Expectancy Analysis



- Diseases of the heart ranked #1 leading cause of death (2019-2021) and #2 cause of premature death in the same time period.
- Stroke ranked #6 leading cause of death and #7 cause of premature death

Secondary Data

Results of the secondary data analysis show several warning indicators of interest including the Age-Adjusted Death Rate due to Stroke earning the top score (2.21) with 39 deaths per 100,000 population. The rate is higher than both the California (36.9) and U.S. (37.3) and falls well above the HP 2030 goal (33.4). Percentages of the Medicare population who have been diagnosed with Atrial Fibrillation (8.4%) and Hyperlipidemia (48.5%) in Ventura County are among the worst in the state and these percentages have been increasing significantly over time.



Prioritized Significant Health Needs

TABLE 19. DATA SCORING RESULTS FOR HEART DISEASE & STROKE

| SCORE | HEART DISEASE & STROKE | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|-----------------------|-------------|---------------|-------|
| 2.21 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (deaths/100,000 pop) 2016-2018 | 39 | 36.9 | 37.3 *HP2030: 33.4 | | -- | |
| 2.18 | Atrial Fibrillation: Medicare Population (%) 2018 | 8.4 | 7.5 | 8.4 | | | |
| 2.18 | Hyperlipidemia: Medicare Population (%) 2018 | 48.5 | 45.3 | 47.7 | | | |
| 2.06 | Stroke: Medicare Population (%) 2018 | 3.9 | 3.5 | 3.8 | | | |
| 1.94 | Adults who Have Taken Medications for High Blood Pressure (%) 2019 | 68.9 | | 76.2 | | | -- |
| 1.94 | Hypertension: Medicare Population (%) 2018 | 55.4 | 53 | 57.2 | | | |

Primary Data

Approximately a third of all survey respondents voted heart disease and stroke the most important health problem in the community. High blood pressure was voted most important by a quarter of all respondents. Health behaviors like lack of exercise (36%) and being overweight or obese (59%) were viewed by the general population as the most important risk behaviors in the community. Similarly, lack of sufficient or healthy food options (32%) and safe places to exercise (30%) were issues respondents wanted most to see addressed in the community.

Life Expectancy

Diseases of the Heart earned the top ranking in analysis of Leading Causes of Death (Table 6) and second Leading Cause of Premature Death for the 2019-2021 time period (Table 8). Though a few seats lower, Stroke made the top ten list ranking as the sixth Leading Cause of Death (Table 6) and seventh Leading Cause of Premature Death (Table 8) in the 2019-2021 period.

Nutrition & Healthy Eating

Nutrition & Healthy Eating

Key Themes from Community Input

- 47% of general survey respondents and 56% of students voted poor eating habits the most important risky health behavior in the community.

Secondary Data Score: **1.52**

Warning Indicators

- Adults who Drink Sugar-Sweetened Beverages
- Child and Teen Fruit Consumption
- WIC Certified Stores

Secondary Data

Secondary data results for Ventura County related to Nutrition and Healthy Eating demonstrate some concerning trends. Adults who consume sugary drinks in Ventura (14.1%) is higher than the state (11%) while Child and Teen Fruit Consumption is lower at the county level (63.1%) than the state (64.3%) level.

TABLE 20. DATA SCORING RESULTS FOR NUTRITION & HEALTHY EATING

| SCORE | NUTRITION & HEALTHY EATING | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 1.85 | Adults who Drink Sugar-Sweetened Beverages (%) 2015-2016 | 14.1 | 11 | -- | | -- | -- |
| 1.68 | Child and Teen Fruit Consumption (%) 2014-2015 | 63.1 | 64.3 | -- | | -- | -- |
| 1.50 | WIC Certified Stores (stores/100,000 pop) 2016 | 0.1 | -- | -- | | | -- |

Primary Data

Health behaviors and lifestyles was a key defining feature of a healthy community for 38% of general survey respondents and more than half (52%) of students surveyed. Consistent with this focus, approximately half of all general Ventura County residents (47%) surveyed and 56% of students voted poor eating habits the most important risky health behavior in the community. Access to community organizations that provide food security to families (food banks) was an important feature of a healthy community for 43% of general survey respondents and 58% of students.

Prioritized Significant Health Needs

Physical Activity

Physical Activity

Key Themes from Community Input



- 38% of people surveyed think safe places to exercise is a key element of a healthy community.
- 36% of survey respondents consider lack of exercise the most important risky behavior.

Secondary Data Score: **1.46**



Warning Indicators



- Children and Teens who Engage in Regular Physical Activity
- Fast Food Restaurant Density
- 7th Grade Students who are Physically Fit
- 9th Grade Students who are at a Healthy Weight or Underweight
- Children with Low Access to a Grocery Store
- People with Low Access to a Grocery Store

Secondary Data

A total of ten warning indicators (indicators with a score of 1.5 or above) related to physical activity resulted from secondary data analysis. The highest scoring indicators and associated trends are shown in Table 21. The Percent of Workers who Walk to Work is lower in Ventura County (1.6) than in either the state (2.5) or the U.S. (2.6) and percentages have decreased significantly over time. Children and Teens who Engage in Regular Physical Activity in Ventura County (11.6%) is also dramatically lower than the state rate (16.5%). The percentage of 7th Grade Students who are Physically Fit (64.4%) is higher than the state (61%) but has decreased non-significantly over time.

TABLE 21. DATA SCORING RESULTS FOR PHYSICAL ACTIVITY

| SCORE | PHYSICAL ACTIVITY | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 2.35 | Workers who Walk to Work (%) 2016-2020 | 1.6 | 2.5 | 2.6 | | | |
| 2.03 | Children and Teens who Engage in Regular Physical Activity (%) 2015-2016 | 11.2 | 16.5 | -- | | -- | -- |
| 1.85 | Farmers Market Density (markets/1,000 pop) 2018 | 0.01 | -- | -- | -- | -- | |
| 1.85 | Fast Food Restaurant Density (restaurants/1,000 pop) 2016 | 0.7 | -- | -- | | | |
| 1.76 | 7th Grade Students who are Physically Fit (%) 2018-2019 | 64.4 | 61 | -- | | -- | |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight (%) 2018-2019 | 64.1 | 62.2 | -- | | -- | |

Primary Data

Physical activity and safe places to exercise was a recurrent theme throughout community survey responses. Ventura County residents surveyed ranked healthy behaviors and lifestyles a key feature of a healthy community in both the general (38%) and student (52%) populations. Parks and recreation areas were important as a defining feature of a healthy community to more than a quarter of residents surveyed. While being overweight/obese (59%) and lack of exercise (36%) were among the most important risky behaviors in the community, 30% of residents wanted to see the lack of safe places to exercise addressed through the community health needs assessment.



Prioritized Significant Health Needs

Weight Status

Weight Status

Secondary Data Score: **1.48**



Key Themes from Community Input



- 59% of general survey respondents and 51% of students consider being overweight/obese the most risky health behavior in the community.

Warning Indicators



- Teens who are Overweight or Obese
- 9th Grade Students who are at a Healthy Weight or Underweight
- 5th Grade Students who are at a Healthy Weight or Underweight

Secondary Data

Secondary data results related to weight status for teens in Ventura County is of notable concern with 67.2% of teens who are overweight or obese as compared with the state rate of 38.2%. This percentage is ranked among the worst compared to other California counties. The percentages of 9th Grade Students (64.1%) and fifth Grade Students (59.2%) who are at a Healthy Weight or Underweight in Ventura County are slightly higher than those for the state (62.2% and 58.7%, respectively). However, these indicators have seen a non-significant increase over recent time periods.

TABLE 22. DATA SCORING RESULTS FOR WEIGHT STATUS

| SCORE | WEIGHT STATUS | VENTURA COUNTY | CALIFORNIA | U.S. | CA COUNTIES | U.S. COUNTIES | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 2.03 | Teens who are Overweight or Obese (%) 2015-2016 | 67.2 | 38.2 | -- | | -- | -- |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight (%) 2018-2019 | 64.1 | 62.2 | -- | | -- | |
| 1.65 | 5th Grade Students who are at a Healthy Weight or Underweight (%) 2018-2019 | 59.2 | 58.7 | -- | | -- | |
| 1.41 | Adults Happy with Weight (%) 2021 | 21.8 | 22.1 | 21.4 | | -- | -- |



Primary Data

Physical Activity and Nutrition and Healthy Eating, described in independent sections, relate closely with weight status in the qualitative data collected through the community survey. As also described in those sections, healthy behaviors and lifestyles was a top definition of a healthy community for 38% of the general population and 52% of students. In isolation, weight status or obesity scored high with Ventura County residents as the most important risky behavior in the community for the general population (59%) as well as students (51%).

Prioritized Significant Health Needs

10.3 Advancing Equitable Access to Healthcare

Overview

Advancing Equitable Access to Healthcare was identified as a significant health need through three data sources, the community survey, focus groups and secondary data (see Data Synthesis, Table 13 and Figure 49).

Access to Healthcare

Key Themes from Community Input



- Voted #1 feature of a health community by both general population (76%) and student (89%) respondents.
- Focus groups mentioned lack of knowledge of available community resources.

Secondary Data Score: **1.43**



Warning Indicators



- Adults who have had a Routine Checkup
- Adults with Health Insurance: 18-64
- Adults without Health Insurance

Secondary Data

Historical challenges related to healthcare access and quality continue to demonstrate in secondary data analysis results as warning indicators. Adults (ages 18-64) with Health Insurance in Ventura County (86.6%) falls below state values (89.8%). Perhaps associated to the lack of health insurance coverage is the low rate of adults who have had a Routine Check-up (68.4%) as compared to the U.S. rate (76.6%). Further, adults who delayed receiving care or had difficulty in obtaining care was higher in Ventura County (24.3%) than in California (19.6%). Of further concern, the Non-Physician Primary Care Provider Rate in Ventura County (45.9 providers/100,000 pop) is much lower than the state average (67.5 providers/100,000 pop), although Ventura County has seen a significant increase in this rate over recent years.

TABLE 23. DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

| SCORE | HEALTH CARE ACCESS & QUALITY | VENTURA COUNTY | CALIFORNIA | U.S. | CA Counties | U.S. Counties | Trend |
|-------|--|----------------|------------|------|-------------|---------------|-------|
| 2.29 | Adults who have had a Routine Checkup (%) 2019 | 68.4 | -- | 76.6 | | | -- |
| 2.29 | Adults with Health Insurance: 18-64 (%) 2018-2020 | 86.6 | 89.8 | -- | | -- | |
| 1.94 | Adults without Health Insurance (%) 2019 | 16.6 | -- | 13 | | | -- |
| 1.85 | Non-Physician Primary Care Provider Rate (providers/100,000 pop) 2020 | 45.9 | 67.5 | -- | | | |
| 1.76 | Adults Delayed or had Difficulty Obtaining Care (%) 2017-2018 | 24.3 | 19.6 | -- | | -- | |
| 1.76 | Children with Health Insurance (%) 2019 | 95.9 | 96.4 | 94.3 | | -- | -- |

Primary Data

Access to healthcare was top of mind for community respondents with 76% of the general population and 89% of students ranking it the top attribute of a healthy community. Access to organizations that provide community services (58%) and transportation (36%) were more of a defining characteristic of a healthy community for students than general residents. Both groups, however, determined healthcare costs (insurance, copays and prescriptions) to be the top health concern they would most like to see addressed in the community. Finally, almost one-third of students voted lack of information to make correct health decisions the issue they would most like to see addressed in the community.

“While many opportunities were given to community members to access various services virtually, many families and community members do not have the access to technology or the knowledge of how to utilize virtual platforms.”
- Focus Group Participant

COVID-19 Impacts Snapshot

Introduction

At the time that VCCHIC began its collaborative CHNA process, Ventura County and the state of California were in a period of the novel coronavirus (COVID-19) pandemic that is hoped to be in its final phases. The process for conducting the assessment remained fundamentally the same as that conducted in 2019 with the exception of some adjustments made during the primary data collection to ensure the health and safety of those participating.

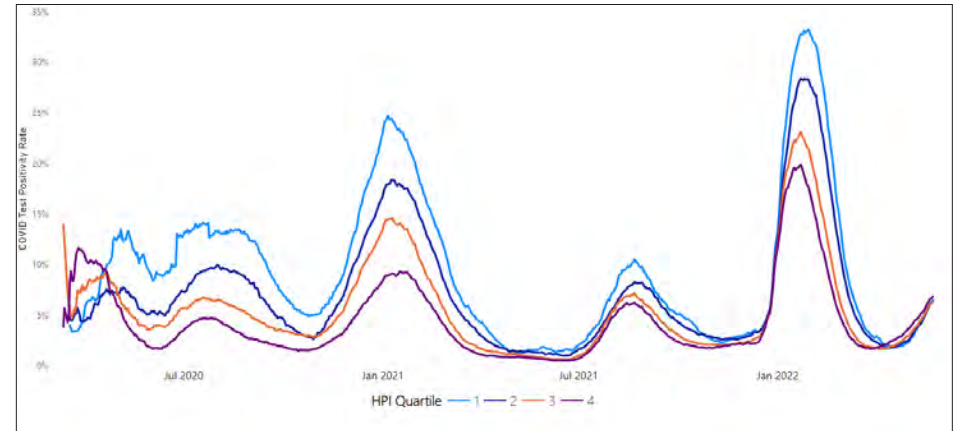
Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Later that month, stay-at-home orders were placed by the California Governor and unemployment rates soared as companies were impacted and began mass layoffs.

COVID-19 Cases and Deaths in Ventura County

The COVID-19 pandemic impacts to communities with less favorable societal and living conditions has highlighted many of the existing health inequities within Ventura County. The State of California, as part of the California for All plan, and its commitment to health equity, identifies the most disproportionately impacted communities through the Healthy Places Index. The Healthy Places Index (HPI) maps data on health-related social conditions, and are divided into quartiles, with Quartile 1 (HPI 1) having less healthy conditions, and Quartile 4 having more healthy conditions. Figure 53 shows the positivity rates for COVID-19 in Ventura County across the various HPI groups. Unfortunately, HPI quartile 1 (having less healthy conditions) throughout the pandemic had the highest positivity rates. It is also important to note that during our largest surges (January 2021 and January 2022), the positivity rates for HPI 1 were considerably higher than the other quartiles.

FIGURE 53: 30 DAY COVID POSITIVITY RATES ACROSS HEALTHY PLACES INDEX GROUPS

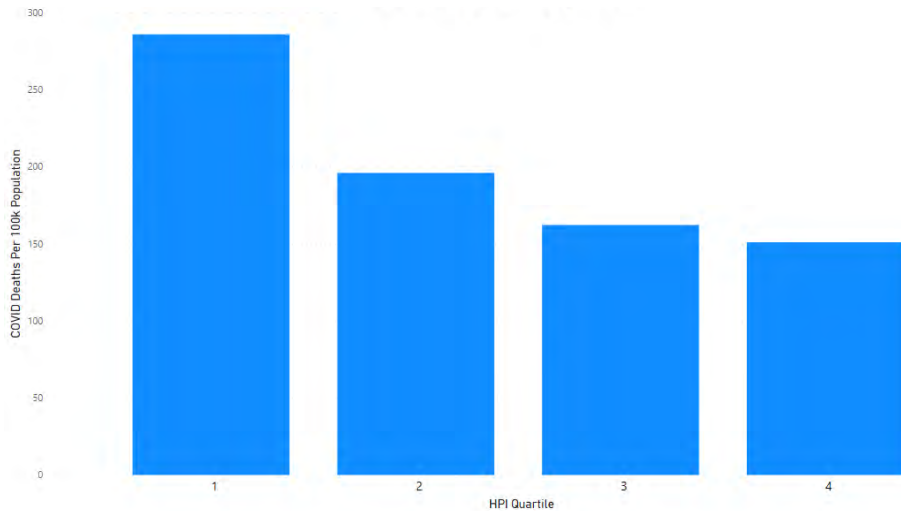


Source: Ventura County Public Health Communicable Disease Program

In addition to positivity rates being disproportionately higher among HPI 1, deaths are significantly higher as well, as shown in Figure 2. The mortality rate (per 100k) is nearly double for HPI 1, compared to HPI 4, with HPI 4 having the healthiest conditions. Both the positivity rate and the mortality rates for HPI 1 can be attributed to factors such as access to healthcare. Individuals who have access to a primary care physician on a regular basis will likely have common comorbidity conditions as it relates to COVID-19 deaths under control, such as Type II diabetes, and obesity. In addition to access to healthcare, transportation plays a crucial role in healthy communities as well. Those who rely on public transportation will have a more difficult time seeking care the medical facility is too far, or if the hours of public transportation make it an inconvenience to go see a doctor. Many individuals who are a part of the lower HPI quartiles also may not have benefits such as sick leave, or paid leave, that will allow them to stay home and rest if they are not feeling well, or able to go see a doctor, without the risk of a reduced paycheck. These conditions not only pose a higher risk of infection of COVID-19, but lead to COVID-19 related deaths as well.

COVID-19 Impacts Snapshot

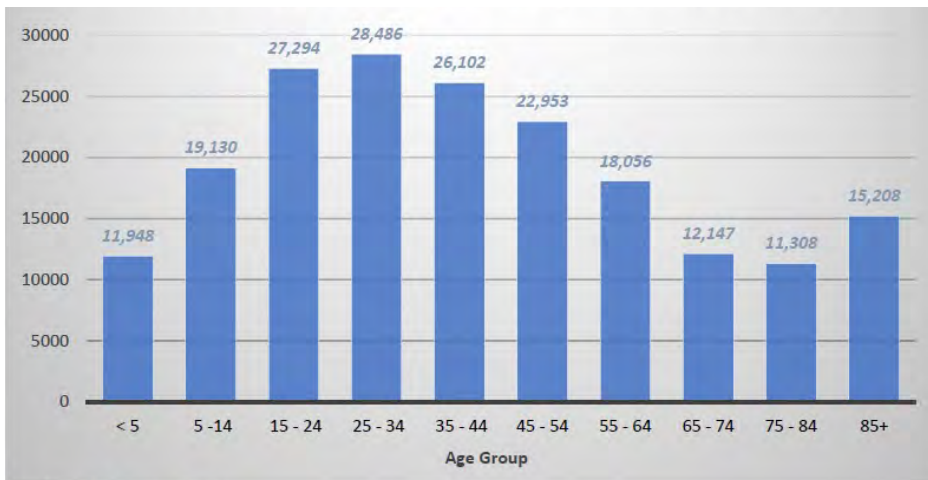
FIGURE 54: VENTURA COUNTY COVID-19 DEATH RATE PER 100K



Source: Ventura County Public Health Communicable Disease Program

COVID-19 rates by age group showed that the 25-34 age group had the highest rate of COVID-19 followed by the 15-24 age group. The 75-84 age group had the lowest rate. Figure 55 depicts COVID-19 case rates per 100K, by age group:

FIGURE 55: VENTURA COUNTY COVID-19 CASE RATE PER 100K BY AGE GROUP



Population Data Source: Claritas

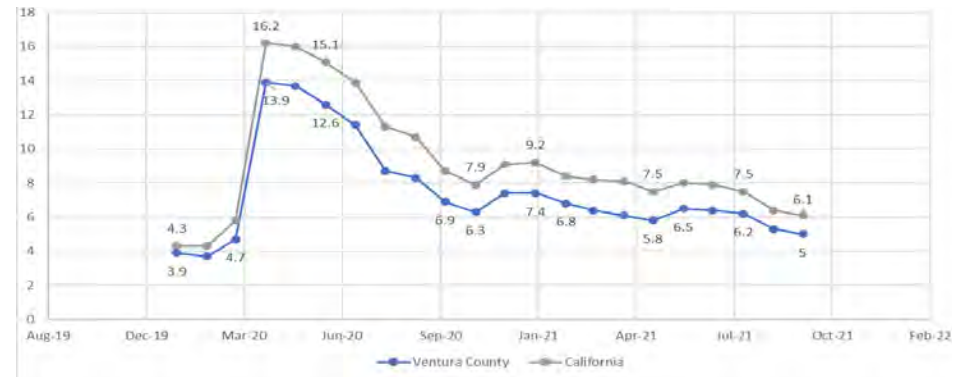
Source: Ventura County Public Health Communicable Disease Program

COVID-19 was the fifth leading cause of death (Table 6) and of premature death (Table 8) in Ventura County for 2019-2021. For current cases and deaths due to COVID-19 visit the Ventura County Public Health website Health Matters in Ventura County (<https://www.healthmattersinvc.org/>), the California COVID-19 dashboard (<https://covid19.ca.gov/>) or the Ventura County Recovers website (<https://www.venturacountyrecovers.org/>).

Ventura County Unemployment Rates

Unemployment rates rose between March and April 2020 for Ventura County when stay-at-home orders were first announced. Illustrated in Figure 54 below, as counties began slowly reopening some businesses in late-2020, the unemployment rate gradually began to go down. As of late 2021, unemployment rates have stabilized but still exceed pre-pandemic rates. When unemployment rates rise, there is a potential impact on health insurance coverage and healthcare access if jobs are lost include employer-sponsored healthcare.

FIGURE 54: UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, DEC 2019-OCT 2021



COVID-19 Impacts Snapshot

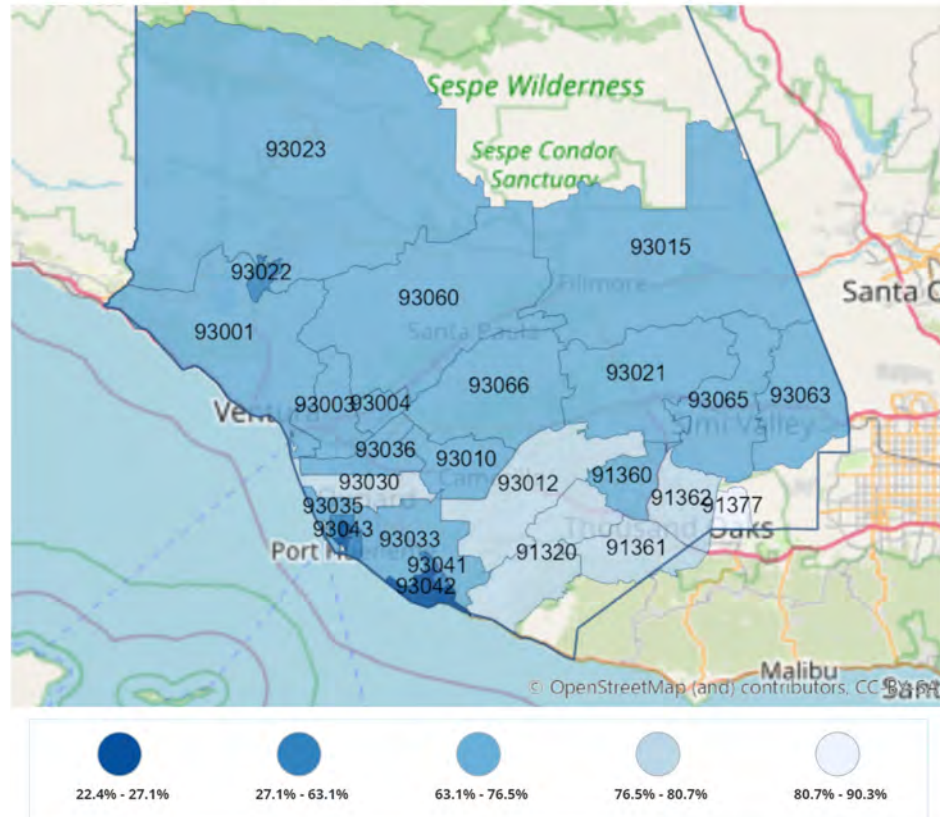
Ventura County Vaccination Rates

Vaccinations were available to select groups of individuals starting in December 2020 and became more widely available to all adults in early 2021. Figure 55 shows the percent of persons eligible for the COVID-19 vaccinations who are fully vaccinated by zip code. Despite availability of vaccinations, new cases, hospitalizations, and deaths continue to occur throughout Ventura County, California, the U.S., and worldwide. Upon completion of this report in June 2022, the pandemic was considered a health crisis across the United States and in most countries.

FIGURE 55: PERSONS FULLY VACCINATED AGAINST COVID-19 BY ZIP CODE

Measurement Period: Apr 19, 2022

Data Source: California Department of Public Health



May 23, 2022

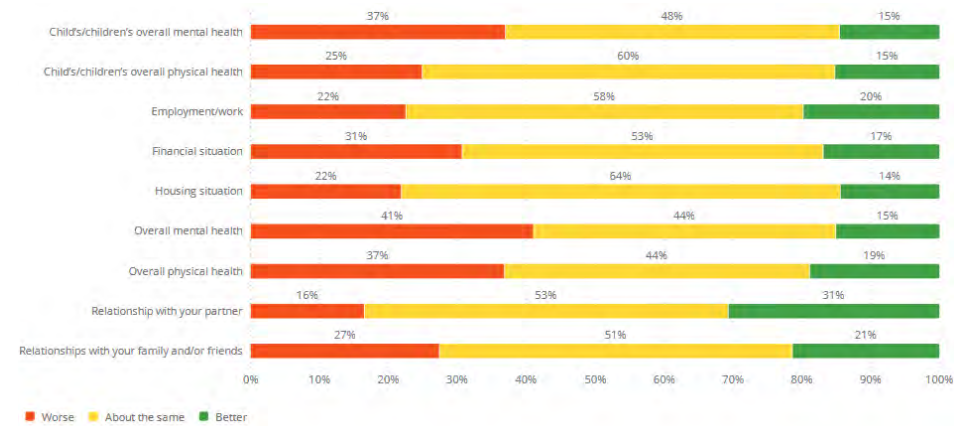
www.healthmattersinc.org

Source: California Department of Public Health

Ventura County Community Feedback

In collaboration with Ventura County Behavioral Health, VCCHIC added several questions to the community survey to assess the impact of the pandemic on relationships, mental health, physical health, and sources of stress for residents in Ventura County. Figure 56 below shows how residents responded when asked about how they feel now compared to before COVID-19 regarding their children's mental and physical health, employment/work, their finances, their housing, their overall mental and physical health, and their relationships with partners, family, and friends.

FIGURE 56: COMPARED TO BEFORE COVID-19, PLEASE TELL US HOW YOU FEEL TODAY ABOUT YOUR... (N=2,577)



COVID-19 Impacts Snapshot

Mental Health and Stress

Survey respondents who indicated a decline in mental health since the onset of the COVID-19 pandemic included residents 18-24 years old (43%), residents with a household income between \$100-149K (48%), residents identifying as gender non-binary, gender non-conforming or another gender category (50%), residents of Asian race (45%). Six percent of respondents indicated they had suicidal thoughts and of those, 9% had made a suicide attempt. Unfortunately, only 39% of those respondents that had attempted suicide sought medical attention afterwards which indicates that most individuals may not be receiving necessary prevention resources to ensure that another attempt is not made.

Figure 57 shows how residents responded when asked about their consumption of substances including marijuana, alcohol, drugs, prescription drugs, and other tobacco related products including vaping. Since the onset of the COVID-19 pandemic residents were more likely to have an increased consumption of alcohol, marijuana, and tobacco products or misuse prescription medication

Residents who indicated increased consumption of alcohol included residents 45-54 years old (18%), residents with a household income of \$150K or more (23%), residents identifying as gender non-binary, gender non-conforming (19%), residents of Black or African American race (24%).

FIGURE 57: COMPARED TO BEFORE COVID-19, PLEASE TELL US HOW MUCH MORE OR LESS YOU CONSUME... (N=2,576)

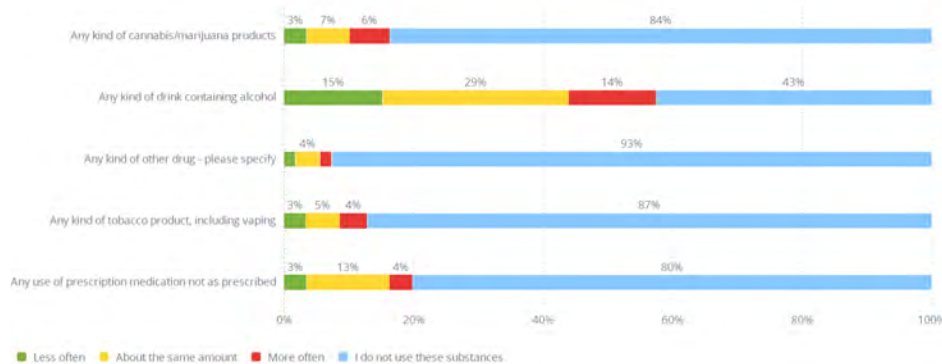
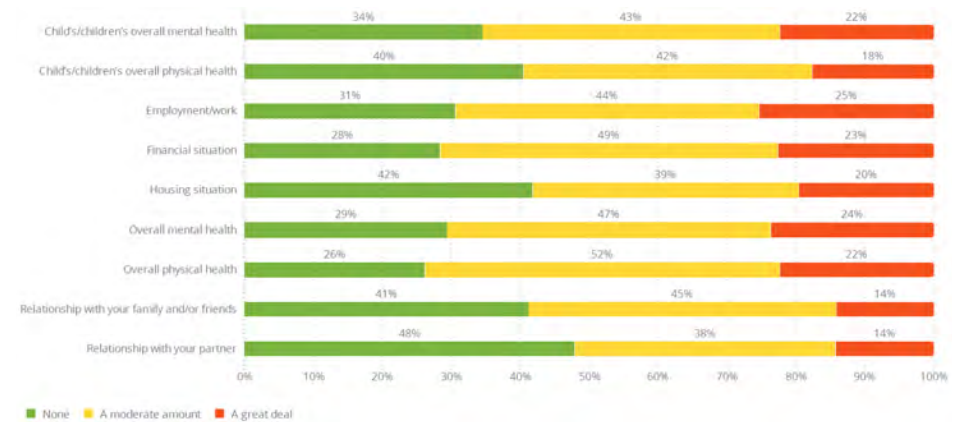


Figure 58 shows survey respondents' level of stress in relation to children's mental and physical health, employment/work, their finances, housing, mental and physical health, and relationships with partners, family, and friends. Residents were more likely to experience high levels of stress related to their employment/work, overall mental health, and financial situation.

Residents who indicated high stress levels related to their employment/work included residents 35-44 years old (26%), residents with a household income between \$90-99K (28%), residents identifying as gender non-binary, gender non-conforming (42%), residents of Black or African American race (41%).

FIGURE 58: PLEASE TELL US HOW MUCH STRESS YOU HAVE RELATED TO YOUR... (N=2,528)



COVID-19 Impacts Snapshot

Mental Health and Health Care Access

Residents were asked whether or not they or a close family member were able to access needed mental health or other health care services in the last 12 months. Figures 59 and 60 show that 50% of residents needed mental health services and 47% of residents needed other health care services; 46% of residents who needed both mental health and other health care services were not able to access them during the pandemic.

The most common reasons for not accessing needed mental health and other health care services were:

Mental Health Services

- Cost – too expensive/can't pay
- Limited access or was closed due to COVID-19
- Did not feel cared for, respected, or understood

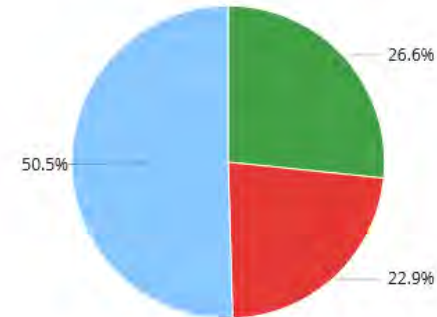
Other Health Services

- Limited access or was closed due to COVID-19
- Cost – too expensive/can't pay
- Timing of services was not convenient for me



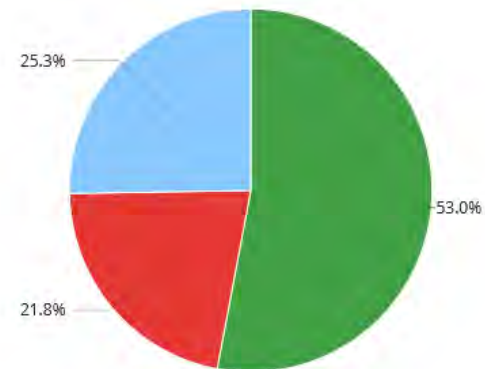
FIGURE 59 AND 60: MENTAL HEALTH AND OTHER HEALTH CARE SERVICE AVAILABILITY IN PAST 12 MONTHS

Mental Health Service Availability ⓘ >



- Yes, I received all the care I needed
- No, I did not receive all the care I needed
- I did not need services in the last 12 months

Other Health Service Availability ⓘ >



- Yes, I received all the care I needed
- No, I did not receive all the care I needed
- I did not need services in the last 12 months

Community Resources to Address Priority Health Issues

VCPH has partnered with 211 Ventura County to connect residents to health information, social services, and referrals through their comprehensive resource database. This resource inventory is available publicly to all constituents of VCCHIC and their partners. The community resources are searchable by topic area such as housing, food, income and expenses, transportation, education or by target population such as children and family, youth, and seniors. Therefore, VCCHIC has made a direct link to all of the resources available through 211 Ventura County on the Health Matters in Ventura County website and can be found at the url <https://www.healthmattersinvc.org/211resources>. The resource library will be updated regularly as 211 Ventura County updates their database. Links to the 211 Ventura County social need topics can also be accessed through Appendix D in this report.



Conclusion

The preceding community health needs assessment (CHNA) describes barriers to health faced by the community, throwing into focus its priority health issues and providing information necessary to all levels of stakeholders to build upon each other's work in a coordinated, collaborative manner. VCCHIC has established clear priorities based on the results of this community health assessment to improve health outcomes for the residents of Ventura County. Over the next year, VCCHIC organizations will work together on the development of strategies to address the priorities outlined in the report. In collaboration with community stakeholders and residents, VCCHIC hopes to realize its vision of becoming the healthiest county in the nation by 2030.



Ventura County's Impact Report: Evaluation since Prior CHNA

| Significant Health Need Identified in Preceding CHNA | Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy | Was Activity Implemented (Yes/No) | Results, Impact & Data Sources |
|--|---|-----------------------------------|--|
| Improve Access to Health Services | From 2019 to 2022, VCCHIC will build a Community Information Exchange (CIE) which can be adopted by participating hospitals and other community-based organizations (CBO) to increase intra- and inter-agency referrals and tracking of high risk/high need clients. | Yes – In Progress | <p>VCCHIC started the CIE workgroup to begin working on this project in January 2020. Unfortunately, due to COVID-19, the work of the collaborative was put on hold to respond to the pandemic. In March 2021, Ventura County Public Health (founding member of VCCHIC) was able to secure \$4.8M in start-up funding for this project. As a result, the planning process for the CIE quickly took hold. Outcomes for the project thus far include:</p> <ul style="list-style-type: none"> • Established a charter for the project signed off by founding and supporting members of the collaborative. • Established 15-member governance board including hospitals, FQHCs, public health, CBOs, social services agencies, and other providers in the community to oversee the planning for the CIE. • Contracted with Public Health Institute to oversee governance and planning activities. • Contracted with Interface/211 to engage CBOs and social services agencies from beginning to ensure their voice is included in planning. • Contracted with technology consultant, Intrepid Ascent, to facilitate the process to develop the technological requirements for the request for proposals to develop the CIE technology infrastructure. |
| Address Social Needs | <p>From 2019 to 2022, VCCHIC will reduce food insecurity by 2% from baseline (7.6% to 7.4% for county and 15.4% to 15.1% of children in 2017) by screening for food insecurity at provider practices and hospitals to connect high need/high risk clients to federal/state/local food access programs and food resources for their unmet needs.</p> | No | <p>Pilot projects were started with Community Memorial Health System and Ventura County Health Care Agency Ambulatory Clinics to administer food insecurity screening in the clinical environments and make referrals to Ventura County Public to for enrollment in CalFRESH and/or WIC.</p> <p>Unfortunately, the projects were suspended due to the COVID-19 pandemic because of the adoption of mostly telehealth appointments early in the pandemic.</p> |



Ventura County’s Impact Report: Evaluation since Prior CHNA

| <p>Improve Health and Wellness for Older Adults</p> | <p>From 2019-2022, VCCHIC will implement a Community Based Care Transition Program per Section 3026 of the Affordable Care Act to support medically fragile 65+ year adults and their caregivers after an acute care hospitalization to reduce hospital re-admissions and improve the provision of value-based services.</p> | <p>Yes — In Progress</p> | <ul style="list-style-type: none"> • 2 hospitals have implemented Caregiver Navigator Program and have dedicated professional staff dedicated to Caregivers. (Dignity, Community Memorial Health System) • 1 hospital (Simi Adventist) has an RN who follows up with Caregivers and provides some resources. • Between the two hospitals 318 Caregivers have been served impacting over 636 family members and 318 patients. (I am confirming exact numbers. CMHS has served 184 caregivers and Dignity has served 134 caregivers. • Early data shows that depression and anxiety have decreased after meeting with a Navigator and resilience has been stable. • VCCHIC member started a Caregiver Roundtable/Coalition and met to identify all caregiving issues in our county. We plan to meet quarterly and to continue identifying strategies to improving caregiving resources in our county. • VCCHIC members helped spearhead a monthly series for Health and Wellness Seminars with VCAAA that can be accessed by Caregivers for free that address topics with experts including Legal Services, In-Home Care, Caregiver Resources, Long term Care Ombudsman, Alzheimer’s diseases, Neurological services and more. • As of March 2022, we have a total of 141 baseline assessments and 37 post-assessments. <p>Participants are asked: In the past 6 months, how many times have you visited the: Emergency room (ER)? Inpatient Hospitalization?</p> <table border="1" data-bbox="961 753 1982 1143"> <thead> <tr> <th rowspan="3"></th> <th colspan="3">Baseline — At the start of the Caregiver</th> <th colspan="3">Post-Assessment — 6 Months later</th> </tr> <tr> <th colspan="3">(n=141)</th> <th colspan="3">(n=37)</th> </tr> <tr> <th>Mean (Average)</th> <th>Minimum</th> <th>Maximum</th> <th>Mean (Average)</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Care Recipient</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ER</td> <td>0.37</td> <td>0</td> <td>2</td> <td>0.06</td> <td>0</td> <td>2</td> </tr> <tr> <td>Inpatient Hospitalization</td> <td>0.49</td> <td>0</td> <td>5</td> <td>0.21</td> <td>0</td> <td>2</td> </tr> <tr> <td>Caregiver</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ER</td> <td>0.22</td> <td>0</td> <td>5</td> <td>0.06</td> <td>0</td> <td>1</td> </tr> <tr> <td>Inpatient Hospitalization</td> <td>0.33</td> <td>0</td> <td>7</td> <td>0.06</td> <td>0</td> <td>1</td> </tr> </tbody> </table> | | Baseline — At the start of the Caregiver | | | Post-Assessment — 6 Months later | | | (n=141) | | | (n=37) | | | Mean (Average) | Minimum | Maximum | Mean (Average) | Minimum | Maximum | Care Recipient | | | | | | | ER | 0.37 | 0 | 2 | 0.06 | 0 | 2 | Inpatient Hospitalization | 0.49 | 0 | 5 | 0.21 | 0 | 2 | Caregiver | | | | | | | ER | 0.22 | 0 | 5 | 0.06 | 0 | 1 | Inpatient Hospitalization | 0.33 | 0 | 7 | 0.06 | 0 | 1 |
|---|--|---|---|----------------|--|---------|--|----------------------------------|--|--|---------|--|--|--------|--|--|----------------|---------|---------|----------------|---------|---------|-----------------------|--|--|--|--|--|--|-----------|------|---|---|------|---|---|----------------------------------|------|---|---|------|---|---|------------------|--|--|--|--|--|--|-----------|------|---|---|------|---|---|----------------------------------|------|---|---|------|---|---|
| | Baseline — At the start of the Caregiver | | | | Post-Assessment — 6 Months later | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (n=141) | | | | (n=37) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mean (Average) | Minimum | Maximum | Mean (Average) | Minimum | Maximum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Care Recipient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ER | 0.37 | 0 | 2 | 0.06 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Hospitalization | 0.49 | 0 | 5 | 0.21 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caregiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ER | 0.22 | 0 | 5 | 0.06 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Hospitalization | 0.33 | 0 | 7 | 0.06 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Significant Health Need Identified in Preceding CHNA</p> | <p>Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy</p> | <p>Was Activity Implemented (Yes/No)</p> | <p>Results, Impact & Data Sources</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Reduce the Burden of Chronic Disease Reduce the Impact of Behavioral Health Issues</p> | <p>These prioritized health needs were not selected because VCCHIC has identified other community stakeholders that are currently leading interventions to address these health needs in the county, including Ventura County Behavioral Health. Further, the prioritized strategies that have been chosen are upstream strategies that target root causes of the poor health outcomes that affect vulnerable populations in the county such as food insecurity. These strategies need to be implemented county-wide through collaborative and collateral action and require all the partners to engage in extensive sharing of technology and data in a HIPAA compliant manner. Given the wide scope of the selected strategies, VCCHIC partnership will need to focus its resources and expertise on the selected priorities to demonstrate impact. That focus will require concerted efforts and time and leave VCCHIC with no resources to take on the remaining priorities in this iteration of the joint CHIS.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained through a community survey, focus groups and key informant interviews.

Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health topics and then synthesized for a comprehensive overview of the health needs in the VCCHIC Service Area.

Secondary Data Sources

The main source for the secondary data, or data that have been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national sources used in Ventura County's Community Health Needs Assessment:

Ventura County

- American Community Survey
- American Lung Association
- California Department of Education
- California Department of Health Care Access and Information
- California Department of Justice
- California Department of Public Health
- California Department of Public Health, Immunization Branch
- California Department of Public Health, STD Control Branch
- California Health Interview Survey
- California Health Interview Survey, Neighborhood Edition
- California Healthy Kids Survey
- California Opioid Overdose Surveillance Dashboard
- California Secretary of State
- California State Highway Patrol
- CDC - PLACES
- Centers for Disease Control and Prevention

- Centers for Medicare & Medicaid Services
- Child Welfare Dynamic Report System
- Claritas Pop-Facts
- Claritas Consumer Profiles
- Controlled Substance Utilization Review and Evaluation System
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- Lucile Packard Foundation for Children's Health
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. This database, maintained by researchers and analysts at HCI, includes over 241 community indicators from at least 32 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations.

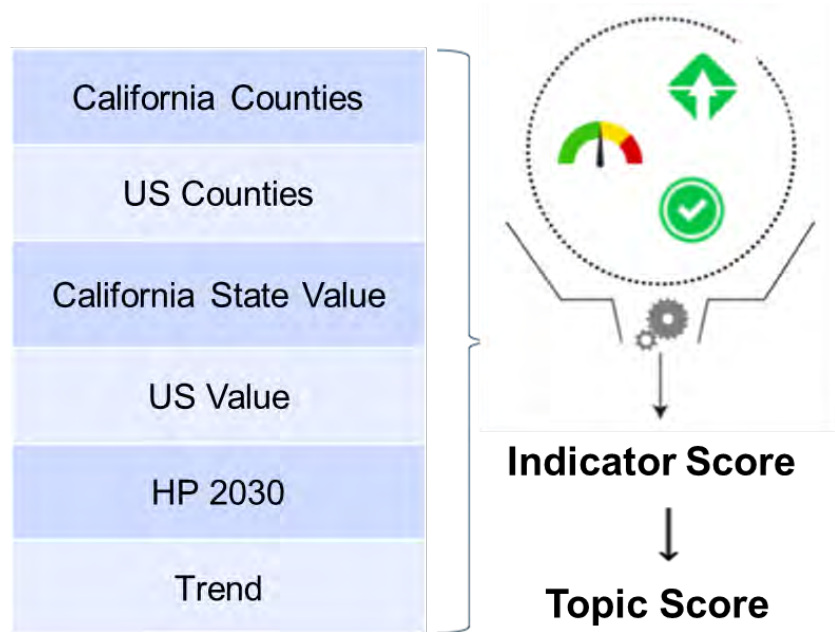
Secondary Data Scoring

HCI's Data Scoring Tool (Figure 70) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of California and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3

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the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs. APPENDIX B. Secondary Data Methodology

FIGURE 70: SUMMARY OF TOPIC SCORING ANALYSIS



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined in the Ventura County Service Area. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the county, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity listed below in SECTION 5: Disparities.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

Zip Codes and Zip Code Tabulation Areas

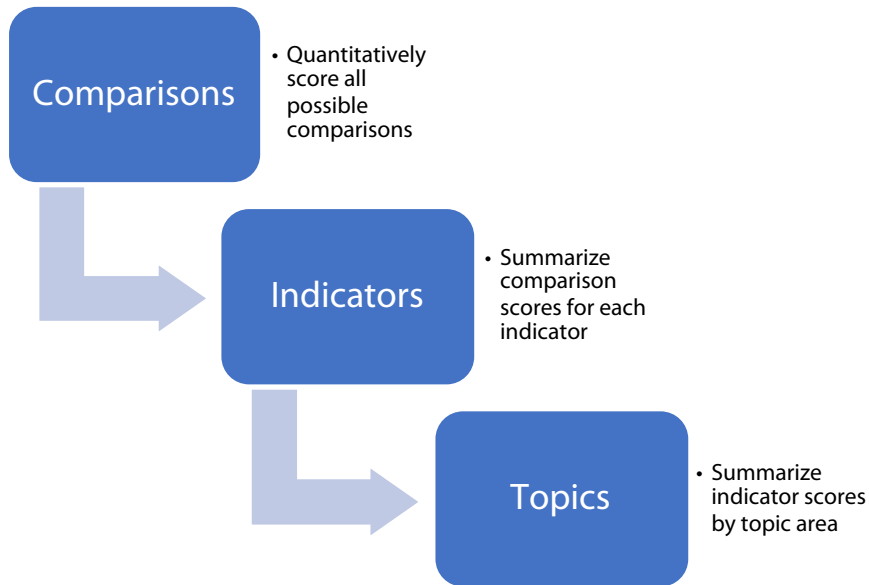
This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment covers ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.



SECONDARY DATA SCORING

Data scoring is done in three stages:



For each indicator, in VCCHIC’s service area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

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Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

The health and quality of life topic areas are described as follows:

| Quality of Life | Health | |
|-----------------|------------------------------------|----------------------------------|
| Community | Adolescent Health | Maternal, Fetal & Infant Health |
| Economy | Alcohol & Drug Use | Men’s Health |
| Education | Cancer | Mental Health & Mental Disorders |
| Environment | Children’s Health | Older Adults |
| Transportation | Diabetes | Oral Health |
| | Disabilities | Prevention & Safety |
| | Environmental Health | Physical Activity |
| | Family Planning | Respiratory Diseases |
| | Health Care Access and Quality | Tobacco Use |
| | Heart Disease & Stroke | Women’s Health |
| | Immunization & Infectious Diseases | Wellness & Lifestyle |
| | | Weight Status |

Data Scoring Results

The following tables list each indicator by topic area for VCCHIC’s service area. Secondary data for this report are up to date as of April 19, 2022.

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| SCORE | ADOLESCENT HEALTH | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------|--|---|----------------|--------|------------|------|--------------------|-------------------------|--------|
| 2.03 | Children and Teens who Engage in Regular Physical Activity | percent | 11.2 | | 16.5 | | 2015-2016 | | 10 |
| 2.03 | Teens who are Overweight or Obese | percent | 67.2 | | 38.2 | | 2015-2016 | | 10 |
| 1.76 | 7th Grade Students who are Physically Fit | percent | 64.4 | | 61 | | 2018-2019 | | 3 |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight | percent | 64.1 | | 62.2 | | 2018-2019 | | 3 |
| 1.76 | Teens who have Ever Used Inhalants: 7th Graders | percent | 4 | | 3.6 | | 2017-2019 | | 11 |
| 1.76 | Teens who have Ever Used Recreational Prescription Drugs: 9th Graders | percent | 10 | | 8.8 | | 2017-2019 | | 11 |
| 1.76 | Teens who Use Alcohol or Drugs: 7th Graders | percent | 7.8 | | 7 | | 2017-2019 | | 11 |
| 1.76 | Teens who Use Alcohol: 7th Graders | percent | 4.7 | | 4.2 | | 2017-2019 | | 11 |
| 1.76 | Youth Depression | percent | 36 | | 32 | | 2017-2019 | | 11 |
| 1.71 | Teens who have Used Alcohol | percent | 35.9 | | 23.3 | | 2013-2014 | | 9 |
| 1.68 | Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury | ER visits/ 10,000 population aged 10-17 | 50.3 | | 40.3 | | 2016-2018 | African/American, White | 4 |
| 1.65 | Youth Connectedness to School | percent | 43.3 | | | | 2017-2019 | | 11 |
| 1.59 | Teens who Binge Drink: 11th Graders | percent | 8.2 | | 8 | | 2017-2019 | | 11 |
| 1.59 | Teens who have Ever Used Inhalants: 9th Graders | percent | 4 | | 3.9 | | 2017-2019 | | 11 |
| 1.59 | Teens who have Ever Used Recreational Prescription Drugs: 11th Graders | percent | 12 | | 11.4 | | 2017-2019 | | 11 |
| 1.59 | Teens who Smoke: 11th Graders | percent | 2.1 | | 2 | | 2017-2019 | | 11 |
| 1.59 | Teens who Smoke: 7th Graders | percent | 1.1 | | 1 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol or Drugs: 9th Graders | percent | 15.2 | | 15 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol: 11th Graders | percent | 16.8 | | 16 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol: 9th Graders | percent | 10 | | 9.3 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Marijuana: 9th Graders | percent | 10.3 | | 10 | | 2017-2019 | | 11 |
| 1.59 | Youth Gang Membership | percent | 4.3 | | 4.2 | | 2017-2019 | | 11 |
| 1.41 | Teens who have Ever Used Inhalants: 11th Graders | percent | 3 | | 3.2 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Alcohol or Drugs: 11th Graders | percent | 23 | | 23 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Marijuana: 11th Graders | percent | 14.6 | | 16 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Marijuana: 7th Graders | percent | 4 | | 4 | | 2017-2019 | | 11 |
| 1.24 | Teens who Smoke: 9th Graders | percent | 1.5 | | 2 | | 2017-2019 | | 11 |

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|-------|---|--|-----------------------|---------------|-------------------|-------------|---------------------------|-----------------------------|---------------|
| 0.97 | Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury | hospitalizations/ 10,000 population aged 10-17 | 8.7 | | 12.9 | | 2016-2018 | | 4 |
| 0.82 | Children and Teens with Asthma | percent | 8.7 | | 14.6 | | 2015-2016 | | 9 |
| 0.62 | Teen Birth Rate: 15-19 | live births/ 1,000 females aged 15-19 | 13.4 | | 14.2 | 18.8 | 2016-2018 | | 6 |
| | | | | | | | | | |
| SCORE | ALCOHOL & DRUG USE | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.53 | Alcohol-Impaired Driving Deaths | percent of driving deaths with alcohol involvement | 35 | 28.3 | 28.7 | 27 | 2015-2019 | | 22 |
| 2.47 | Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone) | Rate per 100,000 residents | 11.1 | | 10 | | 2020 | | 12 |
| 2.24 | Liquor Store Density | stores/ 100,000 population | 14.7 | | 10.5 | 10.5 | 2019 | | 30 |
| 2.18 | Age-Adjusted Death Rate due to All Opioid Overdose | Rate per 100,000 residents | 17.1 | | 13.5 | | 2020 | | 12 |
| 2.18 | Age-Adjusted Death Rate due to Heroin Overdose | deaths/ 100,000 population | 4 | 4.2 | 2.4 | | 2020 | | 12 |
| 2.18 | Age-Adjusted Death Rate due to Prescription Opioid Overdose | Rate per 100,000 residents | 14.6 | | 11.8 | | 2020 | | 12 |
| 2.12 | Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin) | Rate per 100,000 residents | 29.9 | | 29 | | 2020 | | 12 |
| 2.03 | Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use | hospitalizations/ 10,000 population aged 10-17 | 3.4 | | 2.6 | | 2016-2018 | | 4 |
| 2.03 | Age-Adjusted Hospitalization Rate due to Adult Alcohol Use | hospitalizations/ 10,000 population 18+ years | 14.9 | | 12.4 | | 2016-2018 | White | 4 |
| 2.03 | Age-Adjusted Hospitalization Rate due to Opioid Use | hospitalizations/ 10,000 population 18+ years | 3.5 | | 2.5 | | 2016-2018 | White | 4 |
| 2.03 | Age-Adjusted Hospitalization Rate due to Substance Use | hospitalizations/ 10,000 population 18+ years | 6.2 | | 4.5 | | 2016-2018 | White | 4 |
| 1.94 | Death Rate due to Drug Poisoning | deaths/ 100,000 population | 16.4 | | 13.8 | 21 | 2017-2019 | | 22 |
| 1.85 | Age-Adjusted ER Rate due to Adolescent Alcohol Use | ER visits/ 10,000 population aged 10-17 | 19 | | 11.3 | | 2016-2018 | White | 4 |
| 1.82 | Age-Adjusted Death Rate due to Drug Use | deaths/ 100,000 population | 15.6 | | 13.1 | | 2016-2018 | | 6 |
| 1.82 | Age-Adjusted ED Visit Rate due to All Drug Overdose | Rate per 100,000 residents | 133.7 | | 130.7 | | 2020 | | 12 |
| 1.76 | Adults who Binge Drink: Last 30 Days | percent | 17.6 | | | 16.7 | 2019 | | 15 |
| 1.76 | Teens who have Ever Used Inhalants: 7th Graders | percent | 4 | | 3.6 | | 2017-2019 | | 11 |
| 1.76 | Teens who have Ever Used Recreational Prescription Drugs: 9th Graders | percent | 10 | | 8.8 | | 2017-2019 | | 11 |
| 1.76 | Teens who Use Alcohol or Drugs: 7th Graders | percent | 7.8 | | 7 | | 2017-2019 | | 11 |

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|------|---|--|-------|--|------|------|-----------|-------|----|
| 1.76 | Teens who Use Alcohol: 7th Graders | percent | 4.7 | | 4.2 | | 2017-2019 | | 11 |
| 1.71 | Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin) | Rate per 100,000 residents | 9.2 | | 7.9 | | 2020 | | 12 |
| 1.71 | Teens who have Used Alcohol | percent | 35.9 | | 23.3 | | 2013-2014 | | 9 |
| 1.68 | Age-Adjusted ER Rate due to Opioid Use | ER visits/ 10,000 population 18+ years | 7.6 | | 5.2 | | 2016-2018 | White | 4 |
| 1.59 | Teens who Binge Drink: 11th Graders | percent | 8.2 | | 8 | | 2017-2019 | | 11 |
| 1.59 | Teens who have Ever Used Inhalants: 9th Graders | percent | 4 | | 3.9 | | 2017-2019 | | 11 |
| 1.59 | Teens who have Ever Used Recreational Prescription Drugs: 11th Graders | percent | 12 | | 11.4 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol or Drugs: 9th Graders | percent | 15.2 | | 15 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol: 11th Graders | percent | 16.8 | | 16 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Alcohol: 9th Graders | percent | 10 | | 9.3 | | 2017-2019 | | 11 |
| 1.59 | Teens who Use Marijuana: 9th Graders | percent | 10.3 | | 10 | | 2017-2019 | | 11 |
| 1.50 | Age-Adjusted ER Rate due to Adult Alcohol Use | ER visits/ 10,000 population 18+ years | 44.8 | | 41 | | 2016-2018 | White | 4 |
| 1.41 | Age-Adjusted ED Visit Rate due to Heroin Overdose | Rate per 100,000 residents | 11.5 | | 9.8 | | 2020 | White | 12 |
| 1.41 | Teens who have Ever Used Inhalants: 11th Graders | percent | 3 | | 3.2 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Alcohol or Drugs: 11th Graders | percent | 23 | | 23 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Marijuana: 11th Graders | percent | 14.6 | | 16 | | 2017-2019 | | 11 |
| 1.41 | Teens who Use Marijuana: 7th Graders | percent | 4 | | 4 | | 2017-2019 | | 11 |
| 1.35 | Age-Adjusted Hospitalization Rate due to All Drug Overdose | Rate per 100,000 residents | 46.1 | | 50.4 | | 2020 | | 12 |
| 1.32 | Age-Adjusted Drug and Opioid-Involved Overdose Death Rate | Deaths per 100,000 population | 17.9 | | 16.5 | 23.5 | 2018-2020 | | 16 |
| 1.32 | Age-Adjusted ER Rate due to Substance Use | ER visits/ 10,000 population 18+ years | 21.7 | | 21.7 | | 2016-2018 | White | 4 |
| 1.26 | Opioid Prescription Patients | percent | 2.6 | | | | Q4 2021 | | 21 |
| 1.26 | Quarterly Opioid Prescription Rate | prescriptions per 10,000 population | 319.1 | | | | Q4 2021 | | 21 |
| 0.97 | Age-Adjusted Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents | per 100,000 population | 1.5 | | 1.7 | | 2020 | | 12 |
| 0.82 | Age-Adjusted Hospitalization Rate due to Heroin Overdose | Rate per 100,000 residents | 1 | | 1.8 | | 2020 | | 12 |
| | | | | | | | | | |

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| SCORE | CANCER | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------|--|-----------------------------------|----------------|--------|------------|-------|--------------------|------------------------|--------|
| 2.18 | Prostate Cancer Incidence Rate | <i>cases/ 100,000 males</i> | 103.4 | | 92.3 | 106.2 | 2014-2018 | Black/African American | 26 |
| 2.00 | Oral Cavity and Pharynx Cancer Incidence Rate | <i>cases/ 100,000 population</i> | 12.1 | | 10.2 | 11.9 | 2014-2018 | White | 26 |
| 1.68 | Age-Adjusted Death Rate due to Colorectal Cancer | <i>deaths/ 100,000 population</i> | 13.1 | 8.9 | 12.2 | | 2016-2018 | | 6 |
| 1.59 | Breast Cancer Incidence Rate | <i>cases/ 100,000 females</i> | 129.2 | | 121.8 | 126.8 | 2014-2018 | White | 26 |
| 1.47 | Age-Adjusted Death Rate due to Prostate Cancer | <i>deaths/ 100,000 males</i> | 19.5 | 16.9 | 19.7 | | 2016-2018 | | 6 |
| 1.47 | Cervical Cancer Incidence Rate | <i>cases/ 100,000 females</i> | 7.4 | | 7.3 | 7.7 | 2014-2018 | | 26 |
| 1.41 | Mammogram in Past 2 Years: 50-74 | <i>percent</i> | 73.6 | 77.1 | | 74.8 | 2018 | | 15 |
| 1.32 | Age-Adjusted Death Rate due to Breast Cancer | <i>deaths/ 100,000 females</i> | 18.1 | 15.3 | 18.6 | | 2016-2018 | | 6 |
| 1.24 | Cervical Cancer Screening: 21-65 | <i>Percent</i> | 84.1 | 84.3 | | 84.7 | 2018 | | 15 |
| 1.24 | Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year | <i>percent</i> | 67.2 | 74.4 | | 66.4 | 2018 | | 15 |
| 1.12 | Colorectal Cancer Incidence Rate | <i>cases/ 100,000 population</i> | 34.4 | | 34.8 | 38 | 2014-2018 | | 26 |
| 1.06 | Age-Adjusted Death Rate due to Cancer | <i>deaths/ 100,000 population</i> | 136.2 | 122.7 | 134.4 | | 2016-2018 | | 6 |
| 0.88 | Adults with Cancer | <i>percent</i> | 6 | | | 7.1 | 2019 | | 15 |
| 0.71 | Age-Adjusted Death Rate due to Lung Cancer | <i>deaths/ 100,000 population</i> | 24.4 | 25.1 | 25.8 | | 2016-2018 | | 6 |
| 0.65 | Lung and Bronchus Cancer Incidence Rate | <i>cases/ 100,000 population</i> | 39.3 | | 40.3 | 57.3 | 2014-2018 | White | 26 |
| | | | | | | | | | |
| SCORE | CHILDREN'S HEALTH | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.76 | Children with Health Insurance | <i>percent</i> | 95.9 | | 96.4 | 94.3 | 2019 | | 1 |
| 1.76 | Teens who have Ever Used Inhalants: 7th Graders | <i>percent</i> | 4 | | 3.6 | | 2017-2019 | | 11 |
| 1.76 | Teens who have Ever Used Recreational Prescription Drugs: 9th Graders | <i>percent</i> | 10 | | 8.8 | | 2017-2019 | | 11 |
| 1.68 | Child and Teen Fruit Consumption | <i>percent</i> | 63.1 | | 64.3 | | 2014-2015 | | 9 |
| 1.65 | 5th Grade Students who are at a Healthy Weight or Underweight | <i>percent</i> | 59.2 | | 58.7 | | 2018-2019 | | 3 |
| 1.59 | Teens who have Ever Used Inhalants: 9th Graders | <i>percent</i> | 4 | | 3.9 | | 2017-2019 | | 11 |
| 1.59 | Teens who have Ever Used Recreational Prescription Drugs: 11th Graders | <i>percent</i> | 12 | | 11.4 | | 2017-2019 | | 11 |
| 1.50 | Children with Low Access to a Grocery Store | <i>percent</i> | 4 | | | | 2015 | | 31 |
| 1.50 | Food Insecure Children Likely Ineligible for Assistance | <i>percent</i> | 28 | | 32 | 23 | 2019 | | 23 |

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|-------|--|--|----------------|--------|------------|------|--------------------|---|--------|
| 1.47 | Kindergartners with Required Immunizations | percent | 95.5 | | 94.3 | | 2019-2020 | | 7 |
| 1.41 | Children who Visited a Dentist | percent | 92.7 | | 91.9 | | 2017-2018 | | 10 |
| 1.41 | Teens who have Ever Used Inhalants: 11th Graders | percent | 3 | | 3.2 | | 2017-2019 | | 11 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Pediatric Mental Health | hospitalizations/ 10,000 population under 18 years | 16.6 | | 19.5 | | 2016-2018 | White | 4 |
| 1.32 | Children with Influenza Vaccination | percent | 52.7 | | 51 | | 2015-2016 | | 10 |
| 1.24 | Children who are Overweight for Age | percent | 12.9 | | 14.9 | | 2017-2018 | | 10 |
| 1.15 | Age-Adjusted ER Rate due to Pediatric Asthma | ER visits/ 10,000 population under 18 years | 21.9 | | 32.1 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 1.09 | Substantiated Child Abuse Rate | cases/ 1,000 children | 4.7 | 8.7 | 6.8 | | 2020 | | 18 |
| 0.97 | Age-Adjusted ER Rate due to Pediatric Mental Health | ER visits/ 10,000 population under 18 years | 26.1 | | 33.4 | | 2016-2018 | Black/African American; White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Pediatric Asthma | hospitalizations/ 10,000 population under 18 years | 3.8 | | 6.8 | | 2016-2018 | White | 4 |
| 0.82 | Children and Teens with Asthma | percent | 8.7 | | 14.6 | | 2015-2016 | | 9 |
| 0.71 | Projected Child Food Insecurity Rate | percent | 13.4 | | 16.8 | | 2021 | | 23 |
| 0.44 | Child Food Insecurity Rate | percent | 10.4 | | 13.6 | 14.6 | 2019 | | 23 |
| | | | | | | | | | |
| SCORE | COMMUNITY | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.53 | Alcohol-Impaired Driving Deaths | percent of driving deaths with alcohol involvement | 35 | 28.3 | 28.7 | 27 | 2015-2019 | | 22 |
| 2.35 | Workers who Walk to Work | percent | 1.6 | | 2.5 | 2.6 | 2016-2020 | Two or More Races | 1 |
| 2.12 | Workers Commuting by Public Transportation | percent | 1 | 5.3 | 4.6 | 4.6 | 2016-2020 | | 1 |
| 1.94 | People 65+ Living Alone (Count) | people | 28318 | | | | 2016-2020 | | 1 |
| 1.91 | Workers Commuting by Public Transit | percent | 1.1 | | 5 | | 2022 | | 19 |
| 1.88 | Juvenile Arrest Rate | arrests/ 1,000 population aged 0-17 | 8.7 | | 4.4 | | 2019 | | 5 |
| 1.85 | Voter Engagement | Percent of adults | 62.2 | | 65.6 | | 2020 | | 9 |
| 1.82 | Bicycle-Involved Collision Rate | collisions/ 100,000 population | 30.4 | | 28.9 | | 2017 | | 14 |
| 1.74 | Drivers who Drive Alone to Work | percent | 79 | | 73.8 | | 2022 | | 19 |
| 1.71 | Adult Arrest Rate | arrests/ 1,000 population 18+ | 43 | | 27.1 | | 2020 | | 5 |

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| 1.71 | Social Associations | <i>membership associations/ 10,000 population</i> | 6.1 | | 5.9 | 9.3 | 2018 | | 22 |
| 1.68 | Workers who Drive Alone to Work | <i>percent</i> | 77.7 | | 72.1 | 74.9 | 2016-2020 | | 1 |
| 1.65 | Mean Travel Time to Work | <i>minutes</i> | 26.9 | | 29.8 | 26.9 | 2016-2020 | | 1 |
| 1.65 | Youth Connectedness to School | <i>percent</i> | 43.3 | | | | 2017-2019 | | 11 |
| 1.59 | Youth Gang Membership | <i>percent</i> | 4.3 | | 4.2 | | 2017-2019 | | 11 |
| 1.47 | Solo Drivers with a Long Commute | <i>percent</i> | 34.5 | | 42.2 | 37 | 2015-2019 | | 22 |
| 1.38 | Average Commute Time | <i>minutes</i> | 29 | | 33 | | 2022 | | 19 |
| 1.35 | Hate Crime Offenses | <i>offenses</i> | 15 | | | | 2020 | | 5 |
| 1.18 | Voter Turnout: Presidential Election | <i>percent</i> | 85.9 | | 80.7 | | 2020 | | 13 |
| 1.15 | Deaths in Custody | <i>per 10,000 population</i> | 0.1 | | 0.3 | | 2020 | | 5 |
| 1.15 | Households with Wireless Phone Service | <i>percent</i> | 97.6 | | 97.7 | 97 | 2020 | | 20 |
| 1.09 | Families Below Poverty | <i>percent</i> | 6.2 | | 9.4 | | 2022 | | 19 |
| 1.09 | Substantiated Child Abuse Rate | <i>cases/ 1,000 children</i> | 4.7 | 8.7 | 6.8 | | 2020 | | 18 |
| 0.97 | Households with a Smartphone | <i>percent</i> | 84.8 | | 84.1 | 81.9 | 2021 | | 20 |
| 0.97 | Households with No Car and Low Access to a Grocery Store | <i>percent</i> | 0.7 | | | | 2015 | | 31 |
| 0.94 | Homeownership | <i>percent</i> | 59.4 | | 51 | 56.9 | 2016-2020 | | 1 |
| 0.94 | People 65+ Living Alone | <i>percent</i> | 21.5 | | 22.3 | 26.3 | 2016-2020 | | 1 |
| 0.85 | Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions | <i>deaths/ 100,000 population</i> | 8.7 | 10.1 | 9.8 | 11.5 | 2016-2018 | | 6 |
| 0.71 | Households with One or More Types of Computing Devices | <i>percent</i> | 93.4 | | 94.3 | 91.9 | 2016-2020 | | 1 |
| 0.71 | People 25+ with a Bachelor's Degree or Higher | <i>percent</i> | 33.9 | | 34.7 | 32.9 | 2016-2020 | American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other, Two or More Races | 1 |
| 0.53 | Households with an Internet Subscription | <i>percent</i> | 89.8 | | 89.1 | 85.5 | 2016-2020 | | 1 |
| 0.53 | Persons with an Internet Subscription | <i>percent</i> | 91.5 | | 91.3 | 88.5 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |
| 0.53 | Violent Crime Rate | <i>crimes/ 100,000 population</i> | 200.4 | | 437 | | 2020 | | 5 |
| 0.47 | Children Living Below Poverty Level | <i>percent</i> | 12.2 | | 16.8 | 17.5 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |

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| 0.35 | Per Capita Income | dollars | 39403 | | 38576 | 35384 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Native Hawaiian/Pacific Islander, Other, Two or More Races | 1 |
| 0.35 | Youth not in School or Working | percent | 1 | | 1.6 | 1.8 | 2016-2020 | | 1 |
| 0.29 | People Living Below Poverty Level | percent | 8.9 | 8 | 12.6 | 12.8 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |
| 0.18 | Single-Parent Households | percent | 18.2 | | 22.4 | 25.3 | 2016-2020 | | 1 |
| 0.00 | Median Household Income | dollars | 89295 | | 78672 | 64994 | 2016-2020 | Hispanic/Latino, Other | 1 |
| | | | | | | | | | |
| SCORE | DIABETES | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.12 | Adults with Diabetes | percent | 11.1 | | 10.5 | | 2019-2020 | | 9 |
| 1.38 | Age-Adjusted Death Rate due to Diabetes | deaths/ 100,000 population | 19.3 | | 21.2 | 21.3 | 2016-2018 | | 6 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Type 2 Diabetes | hospitalizations/ 10,000 population 18+ years | 9.9 | | 11.8 | | 2016-2018 | Hispanic, White | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes | hospitalizations/ 10,000 population 18+ years | 2.6 | | 3 | | 2016-2018 | Hispanic | 4 |
| 1.18 | Diabetes: Medicare Population | percent | 26.1 | | 27.2 | 27 | 2018 | | 17 |
| 1.15 | Age-Adjusted ER Rate due to Diabetes | ER visits/ 10,000 population 18+ years | 20.7 | | 28.1 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 1.15 | Age-Adjusted ER Rate due to Type 2 Diabetes | ER visits/ 10,000 population 18+ years | 18.3 | | 24.9 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 1.15 | Age-Adjusted Hospitalization Rate due to Diabetes | hospitalizations/ 10,000 population 18+ years | 13.2 | | 15.8 | | 2016-2018 | Hispanic, White | 4 |
| 1.15 | Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes | hospitalizations/ 10,000 population 18+ years | 6.8 | | 8.3 | | 2016-2018 | Hispanic | 4 |
| 1.15 | Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes | hospitalizations/ 10,000 population 18+ years | 3.9 | | 4.5 | | 2016-2018 | White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Long-Term Complications of Diabetes | ER visits/ 10,000 population 18+ years | 3.5 | | 5.3 | | 2016-2018 | Black/African American, Hispanic | 4 |
| 0.97 | Age-Adjusted ER Rate due to Short-Term Complications of Diabetes | ER visits/ 10,000 population 18+ years | 0.4 | | 0.7 | | 2016-2018 | | 4 |
| 0.97 | Age-Adjusted ER Rate due to Uncontrolled Diabetes | ER visits/ 10,000 population 18+ years | 13.1 | | 17.4 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| | | | | | | | | | |

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| SCORE | ECONOMY | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------------|---|------------------------------|----------------|--------|------------|------|--------------------|---|--------|
| 2.53 | Renters Spending 30% or More of Household Income on Rent | <i>percent</i> | 58.8 | | 54.2 | 49.1 | 2016-2020 | | 1 |
| 1.94 | People 65+ Living Below Poverty Level (Count) | <i>people</i> | 9961 | | | | 2016-2020 | | 1 |
| 1.76 | Mortgaged Owners Spending 30% or More of Household Income on Housing | <i>percent</i> | 37.7 | | 36.9 | 26.5 | 2019 | | 1 |
| 1.59 | Households with Student Loans Debt | <i>percent</i> | 11.2 | | 11.7 | 11.1 | 2021 | | 20 |
| 1.50 | Food Insecure Children Likely Ineligible for Assistance | <i>percent</i> | 28 | | 32 | 23 | 2019 | | 23 |
| 1.41 | Severe Housing Problems | <i>percent</i> | 23.3 | | 26.4 | 18 | 2013-2017 | | 22 |
| 1.35 | Students Eligible for the Free Lunch Program | <i>percent</i> | 46.3 | | 52.7 | 38.5 | 2020-2021 | | 27 |
| 1.32 | Households that are Asset Limited, Income Constrained, Employed (ALICE) | <i>percent</i> | 34.1 | | 35.2 | | 2016 | | 33 |
| 1.24 | Households that Used Check Cashing, Cash Advance, or Title Loan Shops | <i>percent</i> | 5.4 | | 5.5 | 6 | 2021 | | 20 |
| 1.24 | Unemployed Workers in Civilian Labor Force | <i>percent</i> | 4.5 | | 5.4 | 3.9 | 11/1/2021 | | 29 |
| 1.15 | Low-Income and Low Access to a Grocery Store | <i>percent</i> | 3.3 | | | | 2015 | | 31 |
| 1.09 | Families Below Poverty with Children | <i>percent</i> | 4.3 | | 6.9 | | 2022 | | 19 |
| 1.06 | Households with a 401k Plan | <i>percent</i> | 44.3 | | 42.3 | 39.2 | 2021 | | 20 |
| 1.06 | Size of Labor Force | <i>persons</i> | 412299 | | | | 44501 | | 29 |
| 0.97 | Adults who Feel Overwhelmed by Financial Burdens | <i>percent</i> | 13.1 | | 13.9 | 14.4 | 2021 | | 20 |
| 0.97 | Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold | <i>percent</i> | 57.4 | | 51.6 | | 2016 | | 33 |
| 0.97 | Households that are Below the Federal Poverty Level | <i>percent</i> | 8.5 | | 13.2 | | 2016 | | 33 |
| 0.97 | Households with a Savings Account | <i>percent</i> | 74 | | 72.2 | 70.2 | 2021 | | 20 |
| 0.94 | Homeownership | <i>percent</i> | 59.4 | | 51 | 56.9 | 2016-2020 | | 1 |
| 0.94 | People 65+ Living Below Poverty Level | <i>percent</i> | 7.7 | | 10.3 | 9.3 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |
| 0.88 | Overcrowded Households | <i>percent of households</i> | 6.2 | | 8.2 | | 2016-2020 | | 1 |
| 0.71 | Projected Child Food Insecurity Rate | <i>percent</i> | 13.4 | | 16.8 | | 2021 | | 23 |
| 0.71 | Projected Food Insecurity Rate | <i>percent</i> | 9.6 | | 12.1 | | 2021 | | 23 |
| 0.47 | Children Living Below Poverty Level | <i>percent</i> | 12.2 | | 16.8 | 17.5 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |

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| 0.47 | Families Living Below Poverty Level | <i>percent</i> | 6.1 | | 9 | 9.1 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |
| 0.44 | Child Food Insecurity Rate | <i>percent</i> | 10.4 | | 13.6 | 14.6 | 2019 | | 23 |
| 0.44 | Food Insecurity Rate | <i>percent</i> | 7.8 | | 10.2 | 10.9 | 2019 | | 23 |
| 0.35 | People Living 200% Above Poverty Level | <i>percent</i> | 76.2 | | 70.6 | 70.2 | 2016-2020 | | 1 |
| 0.35 | Per Capita Income | <i>dollars</i> | 39403 | | 38576 | 35384 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Native Hawaiian/Pacific Islander, Other, Two or More Races | 1 |
| 0.35 | Youth not in School or Working | <i>percent</i> | 1 | | 1.6 | 1.8 | 2016-2020 | | 1 |
| 0.29 | People Living Below Poverty Level | <i>percent</i> | 8.9 | 8 | 12.6 | 12.8 | 2016-2020 | American Indian/Alaska Native, Hispanic/Latino, Other | 1 |
| 0.29 | Persons with Disability Living in Poverty (5-year) | <i>percent</i> | 17.1 | | 22.9 | 25.4 | 2016-2020 | | 1 |
| 0.00 | Median Household Income | <i>dollars</i> | 89295 | | 78672 | 64994 | 2016-2020 | Hispanic/Latino, Other | 1 |
| | | | | | | | | | |
| SCORE | EDUCATION | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.38 | Student-to-Teacher Ratio | <i>students/ teacher</i> | 23.7 | | 22.6 | 16.3 | 2020-2021 | | 27 |
| 1.82 | High School Graduation | <i>percent</i> | 83.3 | 90.7 | 83.6 | | 2020-2021 | | 3 |
| 1.76 | 6th Grade Students Proficient in Math | <i>percent</i> | 31.6 | | 30.8 | | 2021 | | 3 |
| 1.76 | 8th Grade Students Proficient in Math | <i>percent</i> | 31.1 | | 30.8 | | 2021 | | 3 |
| 1.65 | Youth Connectedness to School | <i>percent</i> | 43.3 | | | | 2017-2019 | | 11 |
| 1.50 | 11th Grade Students Proficient in English/Language Arts | <i>percent</i> | 58.2 | | 59.2 | | 2021 | | 3 |
| 1.44 | Population Age 25+: Bachelor's Degree | <i>percent</i> | 20.6 | | 21.1 | | 2021 | | 19 |
| 1.32 | 7th Grade Students Proficient in English/Language Arts | <i>percent</i> | 54.7 | | 50 | | 2021 | | 3 |
| 1.32 | 7th Grade Students Proficient in Math | <i>percent</i> | 36.9 | | 34.4 | | 2021 | | 3 |
| 1.18 | 11th Grade Students Proficient in Math | <i>percent</i> | 36 | | 34.4 | | 2021 | | 3 |
| 1.00 | 4th Grade Students Proficient in Math | <i>percent</i> | 41.6 | | 35.9 | | 2021 | | 3 |
| 1.00 | 6th Grade Students Proficient in English/Language Arts | <i>percent</i> | 47.9 | | 43.6 | | 2021 | | 3 |
| 1.00 | 8th Grade Students Proficient in English/Language Arts | <i>percent</i> | 52.4 | | 47.4 | | 2021 | | 3 |

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| 0.82 | 3rd Grade Students Proficient in Math | percent | 45.8 | | 39.7 | | 2021 | | 3 |
| 0.82 | 5th Grade Students Proficient in Math | percent | 34.4 | | 30.1 | | 2021 | | 3 |
| 0.71 | People 25+ with a Bachelor's Degree or Higher | percent | 33.9 | | 34.7 | 32.9 | 2016-2020 | American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other, Two or More Races | 1 |
| 0.53 | 3rd Grade Students Proficient in English/Language Arts | percent | 47.1 | | 39.8 | | 2021 | | 3 |
| 0.53 | 4th Grade Students Proficient in English/Language Arts | percent | 48.3 | | 41.5 | | 2021 | | 3 |
| 0.53 | 5th Grade Students Proficient in English/Language Arts | percent | 52.7 | | 46.5 | | 2021 | | 3 |
| | | | | | | | | | |
| SCORE | ENVIRONMENTAL HEALTH | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.56 | Asthma: Medicare Population | percent | 6 | | 5.3 | 5 | 2018 | | 17 |
| 2.24 | Liquor Store Density | stores/ 100,000 population | 14.7 | | 10.5 | 10.5 | 2019 | | 30 |
| 1.85 | Farmers Market Density | markets/ 1,000 population | 0 | | | | 2018 | | 31 |
| 1.85 | Fast Food Restaurant Density | restaurants/ 1,000 population | 0.7 | | | | 2016 | | 31 |
| 1.71 | Adult Arrest Rate | arrests/ 1,000 population 18+ | 43 | | 27.1 | | 2020 | | 5 |
| 1.68 | Annual Ozone Air Quality | Grade | F | | | | 2017-2019 | | 2 |
| 1.65 | Annual Particle Pollution | Grade | F | | | | 2017-2019 | | 2 |
| 1.50 | Children with Low Access to a Grocery Store | percent | 4 | | | | 2015 | | 31 |
| 1.50 | Grocery Store Density | stores/ 1,000 population | 0.2 | | | | 2016 | | 31 |
| 1.50 | People with Low Access to a Grocery Store | percent | 15.9 | | | | 2015 | | 31 |
| 1.50 | WIC Certified Stores | stores/ 1,000 population | 0.1 | | | | 2016 | | 31 |
| 1.41 | Severe Housing Problems | percent | 23.3 | | 26.4 | 18 | 2013-2017 | | 22 |
| 1.35 | Number of Extreme Heat Events | events | 6 | | | | 2019 | | 28 |
| 1.35 | Number of Extreme Precipitation Days | days | 19 | | | | 2019 | | 28 |
| 1.35 | PBT Released | pounds | 2423 | | | | 2020 | | 32 |
| 1.35 | Weeks of Moderate Drought or Worse | weeks per year | 5 | | | | 2020 | | 28 |
| 1.32 | People 65+ with Low Access to a Grocery Store | percent | 2.1 | | | | 2015 | | 31 |
| 1.32 | Recreation and Fitness Facilities | facilities/ 1,000 population | 0.1 | | | | 2016 | | 31 |
| 1.15 | Age-Adjusted ER Rate due to Pediatric Asthma | ER visits/ 10,000 population under 18 years | 21.9 | | 32.1 | | 2016-2018 | Black/African American, Hispanic, White | 4 |

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|-------|---|--|-----------------------|---------------|-------------------|-------------|---------------------------|--|---------------|
| 1.15 | Low-Income and Low Access to a Grocery Store | percent | 3.3 | | | | 2015 | | 31 |
| 1.06 | Number of Extreme Heat Days | days | 10 | | | | 2019 | | 28 |
| 0.97 | Age-Adjusted ER Rate due to Adult Asthma | ER visits/ 10,000 population 18+ years | 11.5 | | 16.8 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Asthma | ER visits/ 10,000 population | 14.2 | | 20.8 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Adult Asthma | hospitalizations/ 10,000 population 18+ years | 2.1 | | 2.8 | | 2016-2018 | | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Asthma | hospitalizations/ 10,000 population | 2.5 | | 3.8 | | 2016-2018 | White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Pediatric Asthma | hospitalizations/ 10,000 population under 18 years | 3.8 | | 6.8 | | 2016-2018 | White | 4 |
| 0.97 | Households with No Car and Low Access to a Grocery Store | percent | 0.7 | | | | 2015 | | 31 |
| 0.88 | Adults with Current Asthma | percent | 8.2 | | | 8.9 | 2019 | | 15 |
| 0.88 | Overcrowded Households | percent of households | 6.2 | | 8.2 | | 2016-2020 | | 1 |
| 0.76 | Food Environment Index | | 8.9 | | 8.8 | 7.8 | 2021 | | 22 |
| 0.62 | Access to Exercise Opportunities | percent | 97.7 | | 93.1 | 84 | 2020 | | 22 |
| 0.56 | Adults with Asthma | percent | 10.8 | | 16.1 | 14.2 | 2020 | | 9 |
| | | | | | | | | | |
| SCORE | HEALTH CARE ACCESS & QUALITY | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.29 | Adults who have had a Routine Checkup | percent | 68.4 | | | 76.6 | 2019 | | 15 |
| 2.29 | Adults with Health Insurance: 18-64 | percent | 86.6 | | 89.8 | | 2018-2020 | | 9 |
| 1.94 | Adults without Health Insurance | percent | 16.6 | | | 13 | 2019 | | 15 |
| 1.85 | Non-Physician Primary Care Provider Rate | providers/ 100,000 population | 45.9 | | 67.5 | | 2020 | | 22 |
| 1.76 | Adults Delayed or had Difficulty Obtaining Care | percent | 24.3 | | 19.6 | | 2017-2018 | | 10 |
| 1.76 | Children with Health Insurance | percent | 95.9 | | 96.4 | 94.3 | 2019 | | 1 |
| 1.53 | People with a Usual Source of Health Care | percent | 86.9 | | 87 | | 2018-2020 | Black/African American, non-Hispanic, Native Hawaiian/Pacific Islander, non-Hispanic | 9 |
| 1.50 | Adults with Health Insurance (5-year): 19+ | percent | 87.5 | | 89.8 | 87.7 | 2016-2020 | | 1 |
| 1.41 | Children who Visited a Dentist | percent | 92.7 | | 91.9 | | 2017-2018 | | 10 |
| 1.29 | People Delayed or had Difficulty Obtaining Care | percent | 12.9 | 3.3 | 14.1 | | 2019-2020 | | 9 |

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| 1.15 | Children and Teens Delayed or had Difficulty Obtaining Care | percent | 6.9 | | 7.7 | | 2015-2016 | | 10 |
| 1.09 | Primary Care Provider Rate | providers/ 100,000 population | 78.2 | | 79.8 | | 2018 | | 22 |
| 0.88 | Adults who Visited a Dentist | percent | 68 | | | 66.5 | 2018 | | 15 |
| 0.82 | Adults Needing and Receiving Behavioral Health Care Services | percent | 67 | | 54.6 | | 2019-2020 | | 9 |
| 0.74 | Dentist Rate | dentists/ 100,000 population | 92.8 | | 87 | | 2019 | | 22 |
| 0.62 | Mental Health Provider Rate | providers/ 100,000 population | 396.5 | | 373.4 | | 2020 | | 22 |
| | | | | | | | | | |
| SCORE | HEART DISEASE & STROKE | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.21 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | deaths/ 100,000 population | 39 | 33.4 | 36.9 | 37.3 | 2016-2018 | | 6 |
| 2.18 | Atrial Fibrillation: Medicare Population | percent | 8.4 | | 7.5 | 8.4 | 2018 | | 17 |
| 2.18 | Hyperlipidemia: Medicare Population | percent | 48.5 | | 45.3 | 47.7 | 2018 | | 17 |
| 2.06 | Stroke: Medicare Population | percent | 3.9 | | 3.5 | 3.8 | 2018 | | 17 |
| 1.94 | Adults who Have Taken Medications for High Blood Pressure | percent | 68.9 | | | 76.2 | 2019 | | 15 |
| 1.94 | Hypertension: Medicare Population | percent | 55.4 | | 53 | 57.2 | 2018 | | 17 |
| 1.74 | Adults with Heart Disease | percent | 6.9 | | 6.8 | | 2017-2018 | | 10 |
| 1.68 | Age-Adjusted Hospitalization Rate due to Heart Attack | hospitalizations/ 10,000 population 35+ years | 24.9 | | 23.6 | | 2014 | | 28 |
| 1.68 | Ischemic Heart Disease: Medicare Population | percent | 26.3 | | 24.7 | 26.8 | 2018 | | 17 |
| 1.41 | Cholesterol Test History | percent | 86.3 | | | 87.6 | 2019 | | 15 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Hypertension | hospitalizations/ 10,000 population 18+ years | 2.7 | | 3.5 | | 2016-2018 | Black/African American, Hispanic | 4 |
| 1.24 | High Cholesterol Prevalence: Adults 18+ | percent | 31.9 | | | 33.6 | 2019 | | 15 |
| 1.21 | Age-Adjusted Death Rate due to Coronary Heart Disease | deaths/ 100,000 population | 82.3 | 71.1 | 85.1 | 92.7 | 2016-2018 | | 6 |
| 1.18 | Heart Failure: Medicare Population | percent | 13.1 | | 13.9 | 14 | 2018 | | 17 |
| 1.15 | Age-Adjusted ER Rate due to Hypertension | ER visits/ 10,000 population 18+ years | 24 | | 27.7 | | 2016-2018 | Black/African American, Hispanic | 4 |
| 1.15 | Age-Adjusted Hospitalization Rate due to Heart Failure | hospitalizations/ 10,000 population 18+ years | 25.5 | | 29.3 | | 2016-2018 | Black/African American, Hispanic | 4 |

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| 1.06 | Age-Adjusted Death Rate due to Heart Attack | <i>deaths/ 100,000 population 35+ years</i> | 42.2 | | 41 | | 2019 | | 28 |
| 0.97 | Age-Adjusted ER Rate due to Heart Failure | <i>ER visits/ 10,000 population 18+ years</i> | 6.6 | | 10.5 | | 2016-2018 | Black/African American | 4 |
| 0.82 | High Blood Pressure Prevalence | <i>percent</i> | 21.9 | 27.7 | 25.1 | | 2020 | | 9 |
| 0.71 | Adults who Experienced a Stroke | <i>percent</i> | 2.7 | | | 3.4 | 2019 | | 15 |
| 0.71 | Adults who Experienced Coronary Heart Disease | <i>percent</i> | 4.9 | | | 6.2 | 2019 | | 15 |
| | | | | | | | | | |
| SCORE | IMMUNIZATIONS & INFECTIOUS DISEASES | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.68 | Adults 65+ with Influenza Vaccination | <i>percent</i> | 64.8 | | 69.3 | | 2015-2016 | | 10 |
| 1.53 | Persons Living and Diagnosed with HIV who are in Care | <i>percent</i> | 74.4 | | 75 | | 2019 | | 6 |
| 1.50 | Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza | <i>ER visits/ 10,000 population 18+ years</i> | 17.1 | | 16.8 | | 2016-2018 | Hispanic, White | 4 |
| 1.50 | Age-Adjusted Hospitalization Rate due to Hepatitis | <i>hospitalizations/ 10,000 population 18+ years</i> | 1.1 | | 1 | | 2016-2018 | | 4 |
| 1.47 | Kindergartners with Required Immunizations | <i>percent</i> | 95.5 | | 94.3 | | 2019-2020 | | 7 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia | <i>hospitalizations/ 10,000 population 18+ years</i> | 10.4 | | 11.1 | | 2016-2018 | | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza | <i>hospitalizations/ 10,000 population 18+ years</i> | 2.1 | | 2.1 | | 2016-2018 | | 4 |
| 1.32 | Children with Influenza Vaccination | <i>percent</i> | 52.7 | | 51 | | 2015-2016 | | 10 |
| 1.32 | Chlamydia Incidence Rate | <i>cases/ 100,000 population</i> | 398.5 | | 594.7 | 551 | 2019 | | 8 |
| 1.29 | Congenital Syphilis Incidence Rate | <i>cases/ 100,000 live births</i> | 45.3 | 21 | 99.9 | | 2019 | | 8 |
| 1.18 | COVID-19 Daily Average Incidence Rate | <i>cases per 100,000 population</i> | 6 | | 6.6 | 7.7 | 4/1/2022 | | 24 |
| 1.18 | HIV Diagnosis Rate | <i>cases/ 100,000 population</i> | 5.3 | | 11 | | 2019 | | 6 |
| 1.15 | Age-Adjusted ER Rate due to Hepatitis | <i>ER visits/ 10,000 population 18+ years</i> | 0.7 | | 0.7 | | 2016-2018 | | 4 |
| 1.15 | Death Rate Among Persons with Diagnosed HIV Infection | <i>deaths/ 100,000 population</i> | 1.9 | | 4.8 | | 2019 | | 6 |
| 1.09 | Tuberculosis Incidence Rate | <i>cases/ 100,000 population</i> | 2.1 | 1.4 | 4.3 | | 2020 | | 6 |
| 1.03 | Gonorrhea Incidence Rate | <i>cases/ 100,000 population</i> | 89.3 | | 201.7 | 187.8 | 2019 | | 8 |
| 1.03 | Syphilis Incidence Rate | <i>cases/ 100,000 population</i> | 9.1 | | 20.6 | 11.9 | 2019 | | 8 |
| 0.97 | Adults who Agree Vaccine Benefits Outweigh Possible Risks | <i>Percent</i> | 51.7 | | 50.8 | 49.4 | 2021 | | 20 |

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| 0.97 | Age-Adjusted ER Rate due to Community Acquired Pneumonia | <i>ER visits/ 10,000 population 18+ years</i> | 18 | | 21.4 | | 2016-2018 | Black/African American, White | 4 |
| 0.88 | Overcrowded Households | <i>percent of households</i> | 6.2 | | 8.2 | | 2016-2020 | | 1 |
| 0.82 | COVID-19 Daily Average Case-Fatality Rate | <i>deaths per 100 cases</i> | 1.4 | | 9.3 | 16 | 4/1/2022 | | 24 |
| 0.56 | Age-Adjusted Death Rate due to Influenza and Pneumonia | <i>deaths/ 100,000 population</i> | 9 | | 14.6 | 14.2 | 2016-2018 | | 6 |
| 0.53 | Persons Fully Vaccinated Against COVID-19 | <i>percent</i> | 71.6 | | | | 3/25/2022 | | 16 |
| | | | | | | | | | |
| SCORE | MATERNAL, FETAL & INFANT HEALTH | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.56 | Any In-Hospital Breastfeeding | <i>percent</i> | 96.2 | | | | 2019 | | 6 |
| 1.50 | WIC Certified Stores | <i>stores/ 1,000 population</i> | 0.1 | | | | 2016 | | 31 |
| 1.38 | Babies with Very Low Birth Weight | <i>percent</i> | 1.2 | | 1.2 | 1.4 | 2013 | | 6 |
| 1.29 | Congenital Syphilis Incidence Rate | <i>cases/ 100,000 live births</i> | 45.3 | 21 | 99.9 | | 2019 | | 8 |
| 1.26 | In-Hospital Exclusive Breastfeeding | <i>percent</i> | 80.9 | | | | 2019 | Hispanic | 6 |
| 1.18 | Mothers who Breastfeed | <i>percent</i> | 96.4 | | 94 | | 2015-2017 | | 6 |
| 1.18 | Mothers who Received Early Prenatal Care | <i>percent</i> | 84.2 | | 83.5 | | 2015-2017 | | 6 |
| 0.91 | Infant Mortality Rate | <i>deaths/ 1,000 live births</i> | 3.9 | 5 | 3.9 | 5.8 | 2016-2018 | | 6 |
| 0.62 | Teen Birth Rate: 15-19 | <i>live births/ 1,000 females aged 15-19</i> | 13.4 | | 14.2 | 18.8 | 2016-2018 | | 6 |
| 0.56 | Babies with Low Birth Weight | <i>percent</i> | 5.8 | | 6.9 | 8.2 | 2016-2018 | | 6 |
| 0.53 | Preterm Births | <i>percent</i> | 7.4 | 9.4 | 8.7 | | 2016 | | 25 |
| | | | | | | | | | |
| SCORE | MENTAL HEALTH & MENTAL DISORDERS | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.12 | Alzheimer's Disease or Dementia: Medicare Population | <i>percent</i> | 10.3 | | 10.5 | 10.8 | 2018 | | 17 |
| 2.12 | Depression: Medicare Population | <i>percent</i> | 17.2 | | 16.2 | 18.4 | 2018 | | 17 |
| 1.85 | Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury | <i>hospitalizations/ 10,000 population 18+ years</i> | 14.7 | | 13.6 | | 2016-2018 | White | 4 |
| 1.76 | Adults with Likely Serious Psychological Distress | <i>percent</i> | 11.4 | | 12.6 | | 2019-2020 | | 9 |
| 1.76 | Youth Depression | <i>percent</i> | 36 | | 32 | | 2017-2019 | | 11 |
| 1.68 | Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury | <i>ER visits/ 10,000 population aged 10-17</i> | 50.3 | | 40.3 | | 2016-2018 | Black/African American; White | 4 |

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|-------------|---|---|-----------------------|---------------|-------------------|-------------|---------------------------|-------------------------------|---------------|
| 1.68 | Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury | <i>ER visits/ 10,000 population 18+ years</i> | 20.6 | | 18.5 | | 2016-2018 | Black/African American, White | 4 |
| 1.50 | Age-Adjusted Hospitalization Rate due to Adult Mental Health | <i>hospitalizations/ 10,000 population 18+ years</i> | 33.7 | | 38.4 | | 2016-2018 | White | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Pediatric Mental Health | <i>hospitalizations/ 10,000 population under 18 years</i> | 16.6 | | 19.5 | | 2016-2018 | White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Adult Mental Health | <i>ER visits/ 10,000 population 18+ years</i> | 70.5 | | 85.8 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Pediatric Mental Health | <i>ER visits/ 10,000 population under 18 years</i> | 26.1 | | 33.4 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury | <i>hospitalizations/ 10,000 population aged 10-17</i> | 8.7 | | 12.9 | | 2016-2018 | | 4 |
| 0.82 | Adults Needing and Receiving Behavioral Health Care Services | <i>percent</i> | 67 | | 54.6 | | 2019-2020 | | 9 |
| 0.71 | Adults Ever Diagnosed with Depression | <i>percent</i> | 16 | | | 18.8 | 2019 | | 15 |
| 0.71 | Poor Mental Health: 14+ Days | <i>percent</i> | 11.5 | | | 13.6 | 2019 | | 15 |
| 0.62 | Age-Adjusted Death Rate due to Suicide | <i>deaths/ 100,000 population</i> | 10.5 | 12.8 | 10.6 | 13.9 | 2016-2018 | | 6 |
| 0.62 | Mental Health Provider Rate | <i>providers/ 100,000 population</i> | 396.5 | | 373.4 | | 2020 | | 22 |
| 0.53 | Adults Needing Help With Mental, Emotional or Substance Abuse Problems | <i>percent</i> | 16 | | 20.9 | | 2020 | | 9 |
| | | | | | | | | | |
| SCORE | NUTRITION & HEALTHY EATING | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.85 | Adults who Drink Sugar-Sweetened Beverages | <i>percent</i> | 14.1 | | 11 | | 2015-2016 | | 10 |
| 1.68 | Child and Teen Fruit Consumption | <i>percent</i> | 63.1 | | 64.3 | | 2014-2015 | | 9 |
| 1.50 | WIC Certified Stores | <i>stores/ 1,000 population</i> | 0.1 | | | | 2016 | | 31 |
| 1.32 | Adults Who Frequently Used Quick Service Restaurants: Past 30 Days | <i>Percent</i> | 39.9 | | 40.3 | 41.2 | 2021 | | 20 |
| 1.24 | Adults who Frequently Cook Meals at Home | <i>Percent</i> | 35.2 | | 35.1 | 34.4 | 2021 | | 20 |
| | | | | | | | | | |
| SCORE | OLDER ADULTS | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.65 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | <i>percent</i> | 34.5 | | 31.2 | 33.5 | 2018 | | 17 |
| 2.56 | Asthma: Medicare Population | <i>percent</i> | 6 | | 5.3 | 5 | 2018 | | 17 |
| 2.18 | Atrial Fibrillation: Medicare Population | <i>percent</i> | 8.4 | | 7.5 | 8.4 | 2018 | | 17 |

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| 2.18 | Hyperlipidemia: Medicare Population | <i>percent</i> | 48.5 | | 45.3 | 47.7 | 2018 | | 17 |
| 2.12 | Alzheimer's Disease or Dementia: Medicare Population | <i>percent</i> | 10.3 | | 10.5 | 10.8 | 2018 | | 17 |
| 2.12 | Depression: Medicare Population | <i>percent</i> | 17.2 | | 16.2 | 18.4 | 2018 | | 17 |
| 2.06 | Stroke: Medicare Population | <i>percent</i> | 3.9 | | 3.5 | 3.8 | 2018 | | 17 |
| 2.03 | Hospitalization Rate due to Hip Fractures Among Females 65+ | <i>hospitalizations/ 100,000 females 65+ years</i> | 658.4 | | 537.1 | | 2016-2018 | | 4 |
| 1.94 | Chronic Kidney Disease: Medicare Population | <i>percent</i> | 23.6 | | 24.3 | 24.5 | 2018 | | 17 |
| 1.94 | Hypertension: Medicare Population | <i>percent</i> | 55.4 | | 53 | 57.2 | 2018 | | 17 |
| 1.94 | People 65+ Living Alone (Count) | <i>people</i> | 28318 | | | | 2016-2020 | | 1 |
| 1.94 | People 65+ Living Below Poverty Level (Count) | <i>people</i> | 9961 | | | | 2016-2020 | | 1 |
| 1.68 | Adults 65+ with Influenza Vaccination | <i>percent</i> | 64.8 | | 69.3 | | 2015-2016 | | 10 |
| 1.68 | Hospitalization Rate due to Hip Fractures Among Males 65+ | <i>hospitalizations/ 100,000 males 65+ years</i> | 325.3 | | 297.3 | | 2016-2018 | | 4 |
| 1.68 | Ischemic Heart Disease: Medicare Population | <i>percent</i> | 26.3 | | 24.7 | 26.8 | 2018 | | 17 |
| 1.59 | Adults 65+ who Received Recommended Preventive Services: Males | <i>percent</i> | 30.1 | | | 32.4 | 2018 | | 15 |
| 1.32 | People 65+ with Low Access to a Grocery Store | <i>percent</i> | 2.1 | | | | 2015 | | 31 |
| 1.24 | Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year | <i>percent</i> | 67.2 | 74.4 | | 66.4 | 2018 | | 15 |
| 1.18 | Diabetes: Medicare Population | <i>percent</i> | 26.1 | | 27.2 | 27 | 2018 | | 17 |
| 1.18 | Heart Failure: Medicare Population | <i>percent</i> | 13.1 | | 13.9 | 14 | 2018 | | 17 |
| 1.00 | Elder Index (Elderly Household Below Income Threshold) | <i>percent</i> | 24.1 | | 27.7 | | 2019-2020 | | 9 |
| 0.94 | People 65+ Living Alone | <i>percent</i> | 21.5 | | 22.3 | 26.3 | 2016-2020 | | 1 |
| 0.94 | People 65+ Living Below Poverty Level | <i>percent</i> | 7.7 | | 10.3 | 9.3 | 2016-2020 | Hispanic/Latino, Two or More Races | 1 |
| 0.76 | COPD: Medicare Population | <i>percent</i> | 8.5 | | 9.5 | 11.5 | 2018 | | 17 |
| 0.71 | Adults 65+ who Received Recommended Preventive Services: Females | <i>percent</i> | 36 | | | 28.4 | 2018 | | 15 |
| 0.71 | Adults 65+ with Total Tooth Loss | <i>percent</i> | 10.3 | | | 13.5 | 2018 | | 15 |
| 0.71 | Adults with Arthritis | <i>percent</i> | 18.5 | | | 25.1 | 2019 | | 15 |

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| SCORE | ORAL HEALTH | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------|---|--|----------------|--------|------------|------|--------------------|---|--------|
| 2.00 | Oral Cavity and Pharynx Cancer Incidence Rate | <i>cases/ 100,000 population</i> | 12.1 | | 10.2 | 11.9 | 2014-2018 | White | 26 |
| 1.41 | Children who Visited a Dentist | <i>percent</i> | 92.7 | | 91.9 | | 2017-2018 | | 10 |
| 0.97 | Age-Adjusted ER Rate due to Dental Problems | <i>ER visits/ 10,000 population</i> | 26.3 | | 35.4 | | 2016-2018 | Black/African American, White | 4 |
| 0.88 | Adults who Visited a Dentist | <i>percent</i> | 68 | | | 66.5 | 2018 | | 15 |
| 0.74 | Dentist Rate | <i>dentists/ 100,000 population</i> | 92.8 | | 87 | | 2019 | | 22 |
| 0.71 | Adults 65+ with Total Tooth Loss | <i>percent</i> | 10.3 | | | 13.5 | 2018 | | 15 |
| | | | | | | | | | |
| SCORE | OTHER CONDITIONS | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.65 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | <i>percent</i> | 34.5 | | 31.2 | 33.5 | 2018 | | 17 |
| 1.94 | Chronic Kidney Disease: Medicare Population | <i>percent</i> | 23.6 | | 24.3 | 24.5 | 2018 | | 17 |
| 1.68 | Age-Adjusted Hospitalization Rate due to Urinary Tract Infections | <i>hospitalizations/ 10,000 population 18+ years</i> | 10.3 | | 9.6 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 1.50 | Age-Adjusted ER Rate due to Dehydration | <i>ER visits/ 10,000 population 18+ years</i> | 14.2 | | 13.5 | | 2016-2018 | White | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Dehydration | <i>hospitalizations/ 10,000 population 18+ years</i> | 9.3 | | 9.7 | | 2016-2018 | | 4 |
| 1.15 | Age-Adjusted ER Rate due to Urinary Tract Infections | <i>ER visits/ 10,000 population 18+ years</i> | 80.8 | | 97.8 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 0.88 | Adults with Kidney Disease | <i>Percent of adults</i> | 2.8 | | | 3.1 | 2019 | | 15 |
| 0.71 | Adults with Arthritis | <i>percent</i> | 18.5 | | | 25.1 | 2019 | | 15 |
| | | | | | | | | | |
| SCORE | PHYSICAL ACTIVITY | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.35 | Workers who Walk to Work | <i>percent</i> | 1.6 | | 2.5 | 2.6 | 2016-2020 | Two or More Races | 1 |
| 2.03 | Children and Teens who Engage in Regular Physical Activity | <i>percent</i> | 11.2 | | 16.5 | | 2015-2016 | | 10 |
| 1.85 | Farmers Market Density | <i>markets/ 1,000 population</i> | 0 | | | | 2018 | | 31 |
| 1.85 | Fast Food Restaurant Density | <i>restaurants/ 1,000 population</i> | 0.7 | | | | 2016 | | 31 |
| 1.76 | 7th Grade Students who are Physically Fit | <i>percent</i> | 64.4 | | 61 | | 2018-2019 | | 3 |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight | <i>percent</i> | 64.1 | | 62.2 | | 2018-2019 | | 3 |

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| 1.68 | Child and Teen Fruit Consumption | percent | 63.1 | | 64.3 | | 2014-2015 | | 9 |
| 1.50 | Children with Low Access to a Grocery Store | percent | 4 | | | | 2015 | | 31 |
| 1.50 | Grocery Store Density | stores/ 1,000 population | 0.2 | | | | 2016 | | 31 |
| 1.50 | People with Low Access to a Grocery Store | percent | 15.9 | | | | 2015 | | 31 |
| 1.32 | People 65+ with Low Access to a Grocery Store | percent | 2.1 | | | | 2015 | | 31 |
| 1.32 | Recreation and Fitness Facilities | facilities/ 1,000 population | 0.1 | | | | 2016 | | 31 |
| 1.24 | Adults who are Overweight or Obese | percent | 61.1 | | 62 | 67.1 | 2020 | | 9 |
| 1.15 | Low-Income and Low Access to a Grocery Store | percent | 3.3 | | | | 2015 | | 31 |
| 1.06 | Adults who Follow a Regular Exercise Routine | Percent | 26.1 | | 26.2 | 23.3 | 2021 | | 20 |
| 1.03 | Adults Who Are Obese | percent | 25.6 | | 28.5 | 31.9 | 2020 | Hispanic/Latino | 9 |
| 0.97 | Adults who Walk Regularly | percent | 44 | | 38.9 | | 2015-2016 | | 10 |
| 0.97 | Households with No Car and Low Access to a Grocery Store | percent | 0.7 | | | | 2015 | | 31 |
| 0.76 | Food Environment Index | | 8.9 | | 8.8 | 7.8 | 2021 | | 22 |
| 0.62 | Access to Exercise Opportunities | percent | 97.7 | | 93.1 | 84 | 2020 | | 22 |
| | | | | | | | | | |
| SCORE | PREVENTION & SAFETY | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.03 | Age-Adjusted Hospitalization Rate due to Unintentional Falls | hospitalizations/ 10,000 population 18+ years | 42.4 | | 37.8 | | 2016-2018 | White | 4 |
| 2.03 | Hospitalization Rate due to Hip Fractures Among Females 65+ | hospitalizations/ 100,000 females 65+ years | 658.4 | | 537.1 | | 2016-2018 | | 4 |
| 1.94 | Death Rate due to Drug Poisoning | deaths/ 100,000 population | 16.4 | | 13.8 | 21 | 2017-2019 | | 22 |
| 1.68 | Hospitalization Rate due to Hip Fractures Among Males 65+ | hospitalizations/ 100,000 males 65+ years | 325.3 | | 297.3 | | 2016-2018 | | 4 |
| 1.50 | Age-Adjusted Death Rate due to Unintentional Injuries | deaths/ 100,000 population | 35.6 | 43.2 | 33 | 48.3 | 2016-2018 | | 6 |
| 1.41 | Severe Housing Problems | percent | 23.3 | | 26.4 | 18 | 2013-2017 | | 22 |
| 1.15 | Age-Adjusted ER Rate due to Unintentional Falls | ER visits/ 10,000 population 18+ years | 176.8 | | 184.7 | | 2016-2018 | White | 4 |
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| SCORE | RESPIRATORY DISEASES | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------|---|--|----------------|--------|------------|------|--------------------|---|--------|
| 2.56 | Asthma: Medicare Population | percent | 6 | | 5.3 | 5 | 2018 | | 17 |
| 2.00 | Adults who Smoke | percent | 8.7 | 5 | 6.7 | | 2019-2020 | | 9 |
| 1.68 | Adults 65+ with Influenza Vaccination | percent | 64.8 | | 69.3 | | 2015-2016 | | 10 |
| 1.59 | Teens who Smoke: 11th Graders | percent | 2.1 | | 2 | | 2017-2019 | | 11 |
| 1.59 | Teens who Smoke: 7th Graders | percent | 1.1 | | 1 | | 2017-2019 | | 11 |
| 1.50 | Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza | ER visits/ 10,000 population 18+ years | 17.1 | | 16.8 | | 2016-2018 | Hispanic, White | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia | hospitalizations/ 10,000 population 18+ years | 10.4 | | 11.1 | | 2016-2018 | | 4 |
| 1.32 | Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza | hospitalizations/ 10,000 population 18+ years | 2.1 | | 2.1 | | 2016-2018 | | 4 |
| 1.32 | Children with Influenza Vaccination | percent | 52.7 | | 51 | | 2015-2016 | | 10 |
| 1.24 | Teens who Smoke: 9th Graders | percent | 1.5 | | 2 | | 2017-2019 | | 11 |
| 1.18 | COVID-19 Daily Average Incidence Rate | cases per 100,000 population | 6 | | 6.6 | 7.7 | 4/1/2022 | | 24 |
| 1.15 | Age-Adjusted ER Rate due to Pediatric Asthma | ER visits/ 10,000 population under 18 years | 21.9 | | 32.1 | | 2016-2018 | Black/African American, Hispanic, White | 4 |
| 1.09 | Tuberculosis Incidence Rate | cases/ 100,000 population | 2.1 | 1.4 | 4.3 | | 2020 | | 6 |
| 0.97 | Adults Who Used Smokeless Tobacco: Past 30 Days | percent | 1.3 | | 1.2 | 2 | 2021 | | 20 |
| 0.97 | Age-Adjusted ER Rate due to Adult Asthma | ER visits/ 10,000 population 18+ years | 11.5 | | 16.8 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Asthma | ER visits/ 10,000 population | 14.2 | | 20.8 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted ER Rate due to Community Acquired Pneumonia | ER visits/ 10,000 population 18+ years | 18 | | 21.4 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted ER Rate due to COPD | ER visits/ 10,000 population 18+ years | 11.5 | | 17.5 | | 2016-2018 | Black/African American, White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Adult Asthma | hospitalizations/ 10,000 population 18+ years | 2.1 | | 2.8 | | 2016-2018 | | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Asthma | hospitalizations/ 10,000 population | 2.5 | | 3.8 | | 2016-2018 | White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to COPD | hospitalizations/ 10,000 population 18+ years | 9.5 | | 12.4 | | 2016-2018 | White | 4 |
| 0.97 | Age-Adjusted Hospitalization Rate due to Pediatric Asthma | hospitalizations/ 10,000 population under 18 years | 3.8 | | 6.8 | | 2016-2018 | White | 4 |

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| 0.88 | Adults with Current Asthma | <i>percent</i> | 8.2 | | | 8.9 | 2019 | | 15 |
| 0.82 | Children and Teens with Asthma | <i>percent</i> | 8.7 | | 14.6 | | 2015-2016 | | 9 |
| 0.82 | COVID-19 Daily Average Case-Fatality Rate | <i>deaths per 100 cases</i> | 1.4 | | 9.3 | 16 | 4/1/2022 | | 24 |
| 0.79 | Adults Who Used Electronic Cigarettes: Past 30 Days | <i>percent</i> | 3.6 | | 3.7 | 4.1 | 2021 | | 20 |
| 0.76 | COPD: Medicare Population | <i>percent</i> | 8.5 | | 9.5 | 11.5 | 2018 | | 17 |
| 0.71 | Adults with COPD | <i>Percent of adults</i> | 4.7 | | | 6.6 | 2019 | | 15 |
| 0.71 | Age-Adjusted Death Rate due to Lung Cancer | <i>deaths/ 100,000 population</i> | 24.4 | 25.1 | 25.8 | | 2016-2018 | | 6 |
| 0.65 | Lung and Bronchus Cancer Incidence Rate | <i>cases/ 100,000 population</i> | 39.3 | | 40.3 | 57.3 | 2014-2018 | White | 26 |
| 0.56 | Adults with Asthma | <i>percent</i> | 10.8 | | 16.1 | 14.2 | 2020 | | 9 |
| 0.56 | Age-Adjusted Death Rate due to Influenza and Pneumonia | <i>deaths/ 100,000 population</i> | 9 | | 14.6 | 14.2 | 2016-2018 | | 6 |
| | | | | | | | | | |
| SCORE | SEXUALLY TRANSMITTED INFECTIONS | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.53 | Persons Living and Diagnosed with HIV who are in Care | <i>percent</i> | 74.4 | | 75 | | 2019 | | 6 |
| 1.32 | Chlamydia Incidence Rate | <i>cases/ 100,000 population</i> | 398.5 | | 594.7 | 551 | 2019 | | 8 |
| 1.29 | Congenital Syphilis Incidence Rate | <i>cases/ 100,000 live births</i> | 45.3 | 21 | 99.9 | | 2019 | | 8 |
| 1.18 | HIV Diagnosis Rate | <i>cases/ 100,000 population</i> | 5.3 | | 11 | | 2019 | | 6 |
| 1.15 | Death Rate Among Persons with Diagnosed HIV Infection | <i>deaths/ 100,000 population</i> | 1.9 | | 4.8 | | 2019 | | 6 |
| 1.03 | Gonorrhea Incidence Rate | <i>cases/ 100,000 population</i> | 89.3 | | 201.7 | 187.8 | 2019 | | 8 |
| 1.03 | Syphilis Incidence Rate | <i>cases/ 100,000 population</i> | 9.1 | | 20.6 | 11.9 | 2019 | | 8 |
| | | | | | | | | | |
| SCORE | TOBACCO USE | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 2.00 | Adults who Smoke | <i>percent</i> | 8.7 | 5 | 6.7 | | 2019-2020 | | 9 |
| 1.59 | Teens who Smoke: 11th Graders | <i>percent</i> | 2.1 | | 2 | | 2017-2019 | | 11 |
| 1.59 | Teens who Smoke: 7th Graders | <i>percent</i> | 1.1 | | 1 | | 2017-2019 | | 11 |
| 1.24 | Teens who Smoke: 9th Graders | <i>percent</i> | 1.5 | | 2 | | 2017-2019 | | 11 |
| 0.97 | Adults Who Used Smokeless Tobacco: Past 30 Days | <i>percent</i> | 1.3 | | 1.2 | 2 | 2021 | | 20 |
| 0.79 | Adults Who Used Electronic Cigarettes: Past 30 Days | <i>percent</i> | 3.6 | | 3.7 | 4.1 | 2021 | | 20 |
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| SCORE | WEIGHT STATUS | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
|-------------|--|------------------------|----------------|--------|------------|-------|--------------------|----------------------|--------|
| 2.03 | Teens who are Overweight or Obese | percent | 67.2 | | 38.2 | | 2015-2016 | | 10 |
| 1.76 | 9th Grade Students who are at a Healthy Weight or Underweight | percent | 64.1 | | 62.2 | | 2018-2019 | | 3 |
| 1.65 | 5th Grade Students who are at a Healthy Weight or Underweight | percent | 59.2 | | 58.7 | | 2018-2019 | | 3 |
| 1.41 | Adults Happy with Weight | Percent | 21.8 | | 22.1 | 21.4 | 2021 | | 20 |
| 1.24 | Adults who are Overweight or Obese | percent | 61.1 | | 62 | 67.1 | 2020 | | 9 |
| 1.24 | Children who are Overweight for Age | percent | 12.9 | | 14.9 | | 2017-2018 | | 10 |
| 1.03 | Adults Who Are Obese | percent | 25.6 | | 28.5 | 31.9 | 2020 | Hispanic/Latino | 9 |
| | | | | | | | | | |
| SCORE | WELLNESS & LIFESTYLE | UNITS | VENTURA COUNTY | HP2030 | California | U.S. | MEASUREMENT PERIOD | HIGH RACE DISPARITY* | Source |
| 1.88 | Older Adult Self-Reported General Health Assessment: Good or Better | percent | 64.2 | | 72.1 | | 2014 | | 9 |
| 1.85 | Adults who Drink Sugar-Sweetened Beverages | percent | 14.1 | | 11 | | 2015-2016 | | 10 |
| 1.59 | Child and Teen Self-Reported General Health Assessment: Good or Better | percent | 89.9 | | 94.8 | | 2013-2014 | | 10 |
| 1.41 | Adults Happy with Weight | Percent | 21.8 | | 22.1 | 21.4 | 2021 | | 20 |
| 1.32 | Adults Who Frequently Used Quick Service Restaurants: Past 30 Days | Percent | 39.9 | | 40.3 | 41.2 | 2021 | | 20 |
| 1.24 | Adults who Frequently Cook Meals at Home | Percent | 35.2 | | 35.1 | 34.4 | 2021 | | 20 |
| 1.24 | Self-Reported General Health Assessment: Poor or Fair | percent | 18.1 | | | 18.6 | 2019 | | 15 |
| 1.18 | Adult Self-Reported General Health Assessment: Good or Better | percent | 82.6 | | 82.6 | | 2018-2019 | | 9 |
| 1.06 | Adults who Follow a Regular Exercise Routine | Percent | 26.1 | | 26.2 | 23.3 | 2021 | | 20 |
| 1.00 | Self-Reported General Health Assessment: Good or Better | percent | 91.5 | | 87.8 | | 2020 | | 9 |
| 0.97 | Adults who Agree Vaccine Benefits Outweigh Possible Risks | Percent | 51.7 | | 50.8 | 49.4 | 2021 | | 20 |
| 0.97 | Insufficient Sleep | percent | 32.9 | 31.4 | 34.5 | 35 | 2018 | | 22 |
| 0.82 | High Blood Pressure Prevalence | percent | 21.9 | 27.7 | 25.1 | | 2020 | | 9 |
| 0.79 | Life Expectancy | years | 82.5 | | 81.7 | 79.2 | 2017-2019 | White | 22 |
| 0.71 | Poor Physical Health: 14+ Days | percent | 11.2 | | | 12.5 | 2019 | | 15 |
| 1.59 | Breast Cancer Incidence Rate | cases/ 100,000 females | 129.2 | | 121.8 | 126.8 | 2014-2018 | White | 26 |

APPENDIX B.
METHODOLOGY

| | | | | | | | | | |
|-------------|--|--------------------------------|------|------|------|------|-----------|--|----|
| 1.47 | Cervical Cancer Incidence Rate | <i>cases/ 100,000 females</i> | 7.4 | | 7.3 | 7.7 | 2014-2018 | | 26 |
| 1.41 | Mammogram in Past 2 Years: 50-74 | <i>percent</i> | 73.6 | 77.1 | | 74.8 | 2018 | | 15 |
| 1.32 | Age-Adjusted Death Rate due to Breast Cancer | <i>deaths/ 100,000 females</i> | 18.1 | 15.3 | 18.6 | | 2016-2018 | | 6 |
| 1.24 | Cervical Cancer Screening: 21-65 | <i>Percent</i> | 84.1 | 84.3 | | 84.7 | 2018 | | 15 |



Primary Data Methods & Analysis

Community input for VCCHIC was collected to expand upon the information gathered from the secondary data. The entire process was undertaken by VCCHIC membership. Primary data used in this assessment consisted of a community survey in English and Spanish, focus groups and stakeholder focus groups.

Community Survey

Since one of the most valuable ways to learn about the health of a community is by reaching out to the different constituents in the community, including residents, VCCHIC prioritized local participation for this community health needs assessment and improvement planning cycle. The full survey can be found via https://venturacoph.sjc1.qualtrics.com/jfe/form/SV_4MZNKxzWSQ3IY6G. The community survey was distributed online through Qualtrics from February 9th through March 30th of 2022. The survey was made available in both English and Spanish. Paper surveys were also made available and answers to the paper survey were entered into Qualtrics.

Focus Groups and Focus Group Profiles

Eighteen focus groups were conducted in February and March 2022. The groups were organized into two categories: community focus groups and stakeholder focus groups. Each was facilitated by members of VCCHIC and partners from California State Channel Islands University and Pacifica High School. Community focus group participants were recruited using multiple modes: direct recruitment by partner community-based organizations, email invitations, flyers, newspaper and social media postings.

The following groups, who are more likely to be socially marginalized, were recruited for participation in the community focus groups:

- Black or African American Community
- Hispanic or Latino, including monolingual Spanish speakers
- Older Adults
- LGBTQIA+ Community
- High School Students
- Residents receiving services from the Behavioral Health Department

Stakeholder focus groups were organized in conjunction with the Adventist Community Wellbeing Committee; Maternal, Child and Adolescent Health Action (MCAH); and community stakeholder for older adult health.

The following organizations, in partnership with MCAH, were invited to participate in the stakeholder focus groups:

- Ventura County Public Health
- Parent Advisory Council: Leadership, Advocacy and Consultation
- Ventura County Behavioral Health
- Child Abuse Prevention Council
- Ventura County Office of Education
- Ventura Birthing Center
- Oxnard School District
- Ventura County Health Care Agency
- Ventura County Medical Center
- Hueneme Elementary School District
- Community Memorial Health System
- First 5 Ventura County
- Gold Coast Health Plan
- Child Development Resources

The following stakeholder organizations were also invited to participate in a focus group to discuss issues related to older adult health:

- Access TLC
- Adventist Health Simi Valley
- Ventura County Community Foundation
- Livingston Memorial Visiting Nurse Association & Hospice
- Clinicas Del Camino Real Ventura
- Hospital Association of Southern California

APPENDIX C. PRIMARY DATA METHODOLOGY

Each focus group included both a facilitator and a note taker to capture the conversation verbatim. A list of the questions asked during the focus groups can be found in this Appendix. The focus group transcripts and notes were analyzed qualitatively to code the transcripts according to a list of major health and quality of life topics. Input from focus group participants is included in each relevant health need topic area detailed in SECTION 6: Primary Data Collection and SECTION 7: Identification of Significant Health Needs..

Ventura County Focus Group Discussion Questions

COVID-19 QUESTION

1. We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in Ventura County during the pandemic?

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What are some of the positives? What has worked?]

GENERAL HEALTH QUESTIONS

2. What is the top health related problem that residents are facing in your community that you would change or improve?

[Probe 1: Why do you think this is the most important health issue?]

3. What do you think is the cause of this problem in your community?

[Probe 1: What would you do to address this problem? What is needed to address this problem?]

4. From the health issues and challenges we’ve just discussed, which do you think are the hardest to overcome?

[Probe: Are some of these issues more urgent or important than others? If so, why?]

5. Are there groups in your community that are facing particular health issues or challenges? Which groups are these?

[Probe: Are these health challenges different if the person is a particular age, or gender, race or ethnicity? Or lives in a certain part of the county for example?]

6. What do you think causes residents to be healthy or unhealthy in your community?

[Probe 1: What types of things influence their health, to make it better or worse?]

[Probe 2: What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor’s office hours, language or cultural barriers, etc.]

7. What resources are available for residents in your community?

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]



APPENDIX D. PRIORITIZATION ACTIVITY

The prioritization process is described in detail in Section 9 of this report. This Appendix contains a copy of the online prioritization activity.



Prioritization Activity: Ventura County Community Health Improvement Collaborative

Purpose: You have been invited to participate in a virtual prioritization activity. The purpose of this activity is to guide the VCCHIC decision on the "prioritized" health areas it will focus on for the next three years. We anticipate it will take 10 minutes to complete this exercise.

Recommendations: For optimal user experience, use a laptop or desktop computer. If you must use a tablet or cell phone, hold in landscape mode and scroll horizontally to ensure all questions are answered.

Handouts: We recommend you have the Prioritization Cheat Sheet available for easy reference.

Questions: Reach out to Sharri Morley at sharri.morley@conduent.com for questions or help with technical issues.

Prioritization Activity

* 1. Assign a score to each health topic and criterion using the guidelines outlined below:

Criteria 1: Ability to Impact (the perceived likelihood for positive impact on each health issue)

Consider the following factors:

- Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
- Do collaborative partners have the expertise or resources to address the identified health need?
- Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Criteria 2: Scope and Severity (gauges the magnitude of each health issue)

Consider the following factors:

- How many people in the community are or will be impacted?
- How does the identified need impact health and quality of life?
- Has the need changed over time?

| | Ability to Impact | Scope and Severity |
|---|----------------------|----------------------|
| Equitable Access to Health Services | <input type="text"/> | <input type="text"/> |
| Adverse Childhood Experiences (Substance Use, Adolescent Health, Education, Housing Overcrowding) | <input type="text"/> | <input type="text"/> |
| Substance Use | <input type="text"/> | <input type="text"/> |
| Prevention of Chronic Conditions (Cancers, Diabetes, Heart Disease & Stroke) | <input type="text"/> | <input type="text"/> |
| Mental Health | <input type="text"/> | <input type="text"/> |
| Healthy Lifestyle and Prevention (Nutrition and Healthy Eating, Physical Activity, Weight Status) | <input type="text"/> | <input type="text"/> |
| Health and Wellness for Older Adults | <input type="text"/> | <input type="text"/> |

Thank You!

Conduent Healthy Communities Institute will total the scores from all survey responses to develop a health needs list in rank order from the highest-scoring need to the lowest scoring need. VCCHIC will use these results to inform their decision on the "prioritized" health needs they will focus on over the next three years.

Thank you for participating in this prioritization activity and the Community Health Needs Assessment process!

APPENDIX E.
COMMUNITY RESOURCES

A current lists of resources, can be found on the Health Matters in Ventura County website at <https://www.healthmatters-invc.org/211resources>.

The list of community resources was developed through documentation of mentions by community input participants in conjunction to those accessed through the 2-1-1 website for Ventura County.



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2022 CHNA Approval

This community health needs assessment was adopted on October 20th, 2022, by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31st, 2022.

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit> or contact us at community.benefit@ah.org.