



**Community Health Needs Assessment
and Implementation Plan 2013**

St. John's Regional Medical Center

Oxnard, CA

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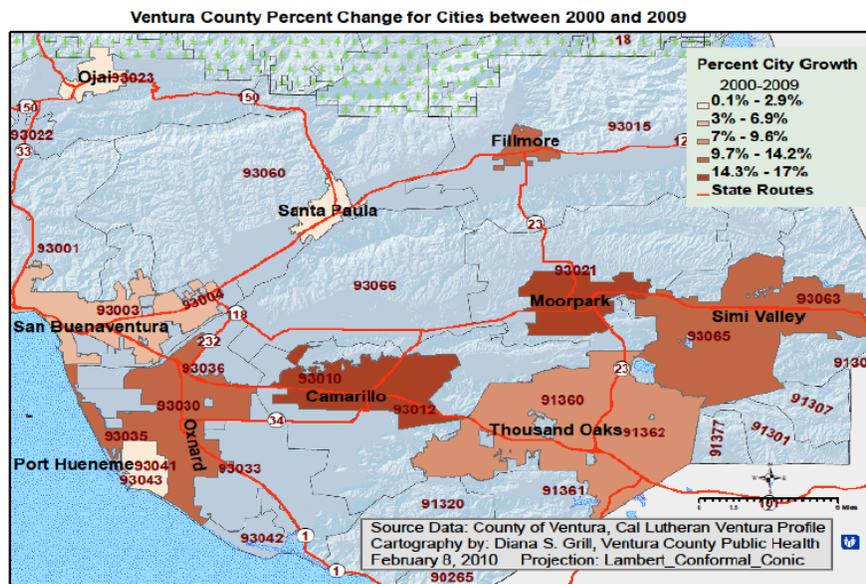
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I. 2012 St. John's Hospitals Community Health Needs Assessment Summary

Community Health Needs Assessment Summary

An assessment of the Health Needs of Ventura County conducted jointly by the staffs of St. John's Regional Medical Center and St. John's Pleasant Valley Hospital, with a particular focus on the Primary Service Areas/specific communities served by each hospital for the purpose of better and more meaningful and impactful use of hospital resources in addressing the health needs of the communities served and integration into the strategic planning for the hospitals

During 2012, a community health needs assessment (CHNA) was conducted by the staff of St. John's Regional Medical Center and St. John's Pleasant Valley Hospital for the residents of Ventura County, California. Ventura County is located on the Central Coast of California north of Los Angeles. Ventura County is comprised of the cities of: San Buenaventura (a.k.a. Ventura--the county seat), Oxnard, Thousand Oaks and Camarillo, with other smaller towns such as Ojai, Simi Valley, Moorpark, Fillmore and Port Hueneme plus several other unincorporated areas. Ventura County includes a major commercial port (Port Hueneme), a large military base (Pt. Mugu Naval Air station & Port Hueneme Seabee Base) and Channel Islands Harbor, a 166 acre pleasure craft/sporting residential/recreation harbor located in Oxnard. Ventura County ranks 12th out of the 58 counties in California with a population of 831,771. Ventura County is growing in population. In Fact between 2000 and 2009, three cities, Oxnard, Simi Valley, and Thousand Oaks showed a significant increase in population.



Between 2000 and 2009, three cities, Oxnard, Simi Valley, and Thousand Oaks showed an increase in population of over 10,000 persons each. However, only one of these, Oxnard, was among the top 3 Ventura County cities for percentage of population growth. Moorpark topped the list for percentage of increase in the population (17%) followed by Camarillo (15.4%), and Oxnard (14.2%).

The area is ethnically diverse with a Caucasian majority of 51.9%, Hispanic population at 37.3%, Asian/Pacific Islander 6.4% and others including Black and Indigenous American populations. The primary service areas/communities served by the St. John's hospitals are the cities of Oxnard, Port Hueneme, and Camarillo, including the unincorporated areas of 'El Rio' and 'Channel Islands.' These areas are located in southwest Ventura County on the Oxnard Plain – bordered by the City of Ventura in the northwest, Thousand Oaks in the southeast and the Pacific Ocean.

How the Assessment was Conducted

The process for this Community Health Needs Assessment was initiated by the Vice President of Mission Integration for the St. John's Hospitals who sought the broadest participation possible from Ventura County, City of Oxnard, City of Camarillo and City of Port Hueneme elected officials, Ventura County Health professionals, the various leaders of Ventura County Human Services organizations—both public and private (who daily serve the needs of the community in various capacities), hospital staff currently involved with community needs and healthcare consumers/community members. Elected/government officials were interviewed in person or by phone. Public and private invitations were sent to organizations that specialized in Human Services to the broad population of both ethnically diverse populations and potential patient/healthcare consumer-type groups for a hearing that was held on May 1, 2012 at St. John's Regional Medical center. The hearing was chaired by the Vice President of Mission Integration and facilitated/documented by Hospital Community Benefit Staff. Health care consumers were interviewed randomly as they participated in activities related to maintaining/improving their health (e.g. walking programs, health education classes, and senior activity classes).

A group of leaders from St. John's (the Community Wellness Integration Leaders, a.k.a. "CWIL") were assembled to critically examine the data and provide analysis and input. The assessment took 12 months with various administrative and other meetings and input of leadership from Dignity Health. Attachment B to this assessment lists those who were involved with this assessment during 2012.

Historic data was compared to current data to discern trends, especially in light of the "great Recession" of 2009 and its impact of health and wellness. This 2012 CHNA began with a review of the 2009 CHNA which was conducted by Innovative Research Group in collaboration with St. John's Community Benefit staff. The 2009 CHNA was based primarily on secondary data augmented by a telephonic random survey. It was co-sponsored by two Ventura County hospitals who selected this organization which was comprised of professors and students from a private University in Ventura County.

With the statutory changes in the requirement of this assessment to be hospital specific rather than county wide, this new, more community served by the hospital(s) focused, approach was chosen. Nevertheless, the 2009 data was taken into consideration during this assessment information was updated with more recent statistics from city, county, state and national sources. New data sources were identified and incorporated including the newly published Ventura County Health Status report of 2011. Additional data from both hospitals (e.g. discharge information and interviews with medical,

executive, social service and Emergency Department staff). Recent secondary indicator data for comparisons was also collected from both Healthy People 2020 and the State of California.

Although the analysis of the 2009 data integrated with the new 2012 data tended to highlight trends and comparisons within Ventura County and the hospital specific PSA communities served, there was also a serious focus on the state of our PSA communities now and likely future trends, and how best we can serve immediate and future needs of those communities in light of a changing healthcare environment on the verge of implementation of the Affordable Care Act.

Data was also compared with indicators established by Healthy People 2020. Healthy People 2020 is national program to guide health promotion by the U.S. Center for Disease Control. It contains about 1,200 health objectives covering 42 topics and is designed to be a science based guide for health promotion and disease prevention aimed at improving the health of all people in the United States. Healthy

People has established benchmarks and monitored progress over time in order to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs

Through Healthy People 2020 drill-down data on health disparities among age groups, gender and ethnicity were obtained. Based on this analysis St. John's leadership and Community Health staff developed discussion topics for a variety of community engagements, including: one to one interviews with civic leaders, questions for open meetings with healthcare consumers and hearing topics for Ventura County Health and Human Services organizations leadership. A variety of community settings were selected with a special emphasis on those persons and areas most impacted by health disparities. Information from these engagements was collated and presented to St. John's Community Health leadership and staff, whereupon a list of 6 community needs was developed (Appendix F).

As mentioned above, this CHNA process sought the input of the community thus seeking input civic leaders from the communities served was deemed to be an important element in the process. As a result telephonic and face to face interviews with civic leaders of Ventura County and the primary cities served by the two St. John's hospitals were conducted. Those interviews indicated that the County leadership tended to take pride in the ability of the county health system to meet the needs of county residents and the relative health status of the residents. On the other hand, City civic leaders tended to express greater concern for the health and wellness of their communities and the infrastructure impact those needs have on city resources. An

example of this is how one city leader verbalized concern that citizens in the community tended to wait in seeking healthcare (i.e. for whatever reason not being proactive) until the need becomes a crisis and then calling 9-1-1 which brings Emergency Medical Services (EMS) plus a fire truck to the home. The civic leader noted that this impacts hospital Emergency Departments for what may have been a treatable condition but from the city's perspective in occupying the city's fire truck during these sorts of events it may leave a part of the city "uncovered" for real fire emergencies. One city mayor verbalized a clear set of health priorities for that city, with the first priority being the homeless in the community—not from the sense of eradicating homelessness (accepting the likelihood that, "we will always have homeless in the community") but from the sense of providing for their health needs proactively to prevent the likely infrastructure and healthcare resource drain from neglected conditions among those who are homeless.

The St. John's Hospitals' Community Board Committee on Community Relations and Community Benefits also participated in this assessment. Their input to both process and specific health concerns assisted in elucidating specific areas of the assessment. St. John's leadership adopted a standard set of criteria to use to develop and evaluate the list of health needs identified through the fact finding process. The criteria included:

- + Breadth – the numbers of persons affected
- + Impact – the seriousness of the issue to the individual and society, especially as it related to mortality,
- + Vulnerability—whether/how the health need particularly affected persons living in poverty or reflected health disparities for those who are marginalized and/or un/underinsured
- + Longevity—whether the need will have long-term affect on the people involved (i.e. acute/immediate needs will be given less weight over chronic/long-term needs that seem to be resistant to intervention),
- + Resources—availability of existing community resources to address the identified issue/need

Each Community Health (CWIL) team member used the criteria to rank the health needs. These individual results were then shared with the group for discussion. Team members were then given an opportunity to revise their rankings; these individual rankings were collated to produce a composite ranking. Information was widely disseminated with invitations for electronic responses and forums were held to discuss and affirm the selections.

Priorities

The prioritization process identified five 'top priority' issues for the community plus a sixth needing further study:

1. Diverse needs from a diverse population that views, seeks healthcare differently and holds differing expectations regarding care and impacting care delivery.
2. Lack of Financial Resources (especially Poverty) as it affects Access to Health care, as most socio-economic/age/ethnic strata were negatively impacted by the

Great Recession of 2009, with the marginalized, uninsured and under-insured and those considered as living in poverty were impacted the worse. The effect was that financial resources or financial insecurity played a larger role than ever before for individuals/families in priority setting for their healthcare needs.

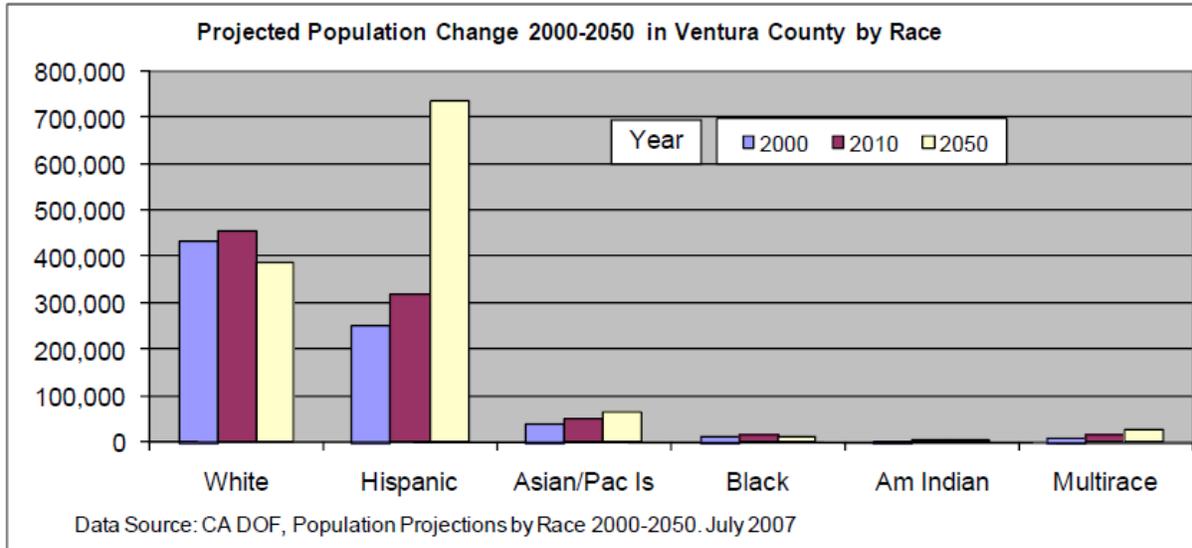
3. Chronic Disease, including: diabetes, heart diseases, respiratory diseases and cancer.
4. Obesity Rates among adolescents in terms of both current and future impact to health of the community.
5. Mental Health Services in terms of resources and access.
6. Environmental issues impacting health.

It should be noted that the assessment process identified some gaps in information. For example, there was insufficient hard data about various environmental issues for the county other than anecdotal or implied conclusions. It was also determined there was a need for more information on some of the key health issues facing health care consumers in order to get a better sense of future needs planning, especially as it relates to Hispanic culture.

Diversity

Current PSA communities served by the two hospitals are very different. The strikingly dissimilar characteristics are as follows:

- Oxnard, the largest of the cities, has an agriculture based economy and a predominantly Mexican-American population. The city has the youngest population, highest growth rate and lowest per capita income.
- Port Hueneme, the smallest city, has a commercial port and military based economy and a culturally diverse population. The city has a low median age but has a low growth rate and comparatively transient population.
- Camarillo's economy is based on high technology, biomedical industries with a large retail sales center and some significant agriculture. With an identified large permanent retirement community and a California State University, Camarillo's mean age is the highest (i.e. oldest) as is the per capita income and education level.
- While the current population of Ventura County is predominantly Caucasian (see above) it is so by a slim majority—less than 2%. Furthermore, studies indicate that the Hispanic population is the fastest growing population in the county and that this segment will likely reach majority status in the very near future. In fact, the California Dept. of Finance projects the population of Ventura County to grow to 1,085,882 by the year 2050 with the Hispanic population reaching over 700,000 by that same year making people of Hispanic descent/self identification the overwhelming majority in the county. This growth requires sensitivity to how health needs are discerned, sought and how expectations by consumers should be met from a Hispanic perspective.



Indicative of the ethnic and cultural diversity is the primary language used by the population in the county. Although English is the predominate language spoken “at home” by most residents in Ventura County, Spanish is the second most predominant language. Furthermore, in Oxnard a significant percent of the population identify themselves as not speaking English “very well.” This indicates that another language is their language of choice. This is particularly true of the St. John’s RMC’s PSA of Oxnard and Port Hueneme.

Language impacts access to care and services and helps shape a community

Language	Percentage
Speak only English	63.6%
Spanish or Spanish Creole	28.4%
Mixtec	2.9%
Other Indo-European languages	1.7%
Tagalog	1.6%
Chinese	1.0%

Data Source: U.S. Census Bureau, 2006-2008 American Community Survey and local data

Location	Ventura County
Ventura County	16.3%
Oxnard	35.8%
Santa Paula	29.3%
Port Hueneme	23.5%
Moorpark	12.7%
Camarillo	10.4%
Ventura	8.7%
Simi Valley	8.4%
Thousand Oaks	8.0%

It was also determined that Camarillo has very different issues compared to the other PSA cities. The population of Camarillo is predominantly Caucasian (61.8%) and the population over 65 is at 17.2% compared as to the rest of California at 11.4%. This higher senior citizen population will tend to have different health needs when compared to other populations of other cities in the county, especially around health issues associated with aging (e.g. geriatrics, rheumatology, chronic diseases, etc.) and will tend to seek healthcare in a manner more appropriate to this age group. Furthermore,

Camarillo also enjoys a robust consumer economy with annual per capita retail sale of \$20,394 as compared to California's \$12,561, thus "shopping" for healthcare is more likely, although mobility/travel to healthcare providers are more likely to be issues. With the growth of Hispanic population in the county Hispanic culture will likely dramatically influence all aspects of the area, and an increasingly more aged population will also impact healthcare needs and infrastructure requirements. For current or future healthcare and healthcare delivery it is therefore very important to take into account all aspects of the changing dynamic of the area in meeting community needs—a cookie cutter/single approach will not meet community healthcare needs.

Lack of Financial Resources and Especially Poverty as it impacts Access

Following the Great Recession of 2009, economic factors were found to play a significantly stronger role in access to care, but from the consumer side. Individuals and families with limited or significantly low financial resources must balance basic needs against prevention and seeking timely care. As a result, lower income families tend not to seek healthcare unless or until it becomes an emergent need. This fact reaches across age and ethnicity, with the recognized impact that, "health issues are more prevalent among those who are poor and vulnerable than in other segments of the population."¹

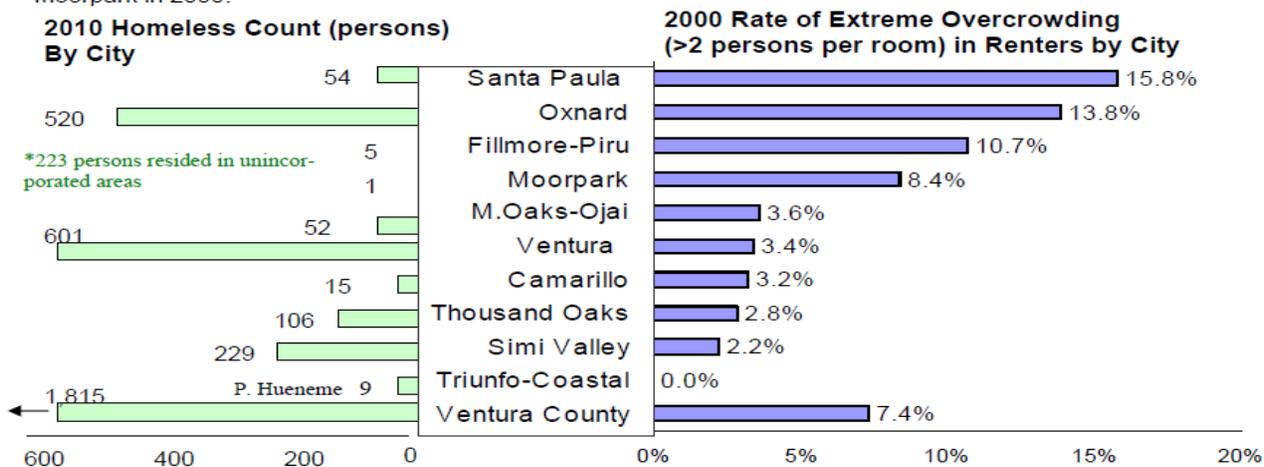
Primary indicators of poverty vulnerability used were:

- rates of homelessness and overcrowding,
- unemployment and
- lack of insurance

Homelessness and Overcrowding

Homelessness increased from 1,961 persons to 2,193 persons between 2007 and 2009 and then decreased to 1,815 in 2010. However, several programs such as new affordable housing in Oxnard and Ventura, federal stimulus funds, Simi Valley's Alliance to House the Homeless placements, and Many Meals in Santa Paula are likely linked to the 2010 decrease in homelessness.

A byproduct of unemployment and homelessness is overcrowding. The top 4 places within the county for extreme overcrowding (more than 2 people per room) in renters were Santa Paula, Oxnard, Fillmore/Piru, and Moorpark in 2000.



Data Sources: Ventura County Public Health Homeless Program, US Census 2000 American Community Survey

Homelessness and overcrowding data indicates that Oxnard is second highest in the county for both homelessness and extreme overcrowding. As an indicator of poverty, the most likely result is that poor health goes hand in hand with poor people² thus the community health will be negatively impacted in Oxnard (and Post Hueneme).

Unemployment

Unemployment Rates and Rate Increases from 2007-2010

Area Name	Unemployment Rates		Rate Increase
	2007	2010	
Ventura County	5.0%	11.1%	6.1%
Piru	8.9%	19.1%	10.2%
Santa Paula city	8.4%	18.1%	9.7%
Fillmore city	7.2%	15.2%	8.0%
Oxnard city	6.8%	15.0%	8.2%
Channel Islands Beach	5.7%	14.2%	8.5%
Port Hueneme city	5.5%	13.0%	7.5%
Ojai city	6.6%	12.7%	6.1%
Meiners Oaks	4.9%	11.9%	7.0%
Moorpark city	4.6%	10.4%	5.8%
San Buenaventura city	4.5%	10.1%	5.6%
Simi Valley city	4.1%	9.2%	5.1%
Thousand Oaks city	3.8%	8.7%	4.9%
Camarillo city	3.5%	8.0%	4.5%
El Rio	2.5%	6.0%	3.5%

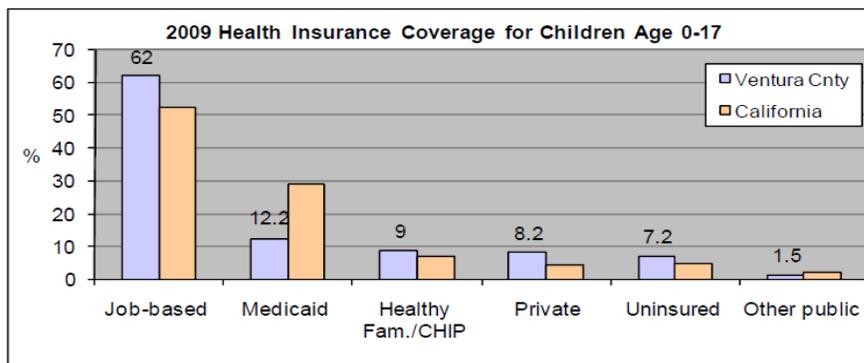
With the financial tumult of the past few years, There have been definite impacts on unemployment and housing. Ventura County experienced a 6.1% increase in unemployment between 2007 and 2010.

Data source: www.venturaprofile.org, www.labormarketinfo.edd.ca.gov.

The significance of unemployment for healthcare is the resulting loss of employer based health insurance. While Camarillo’s unemployment rate is significantly below the county e of 5%, Oxnard’s was higher, with the entire county suffering an overall rise in unemployment—another indicator of the impact of the Great Recession of 2009.

Nearly 2 million Californians lost Health Insurance during the recession of 2008 and 2009

Health Insurance

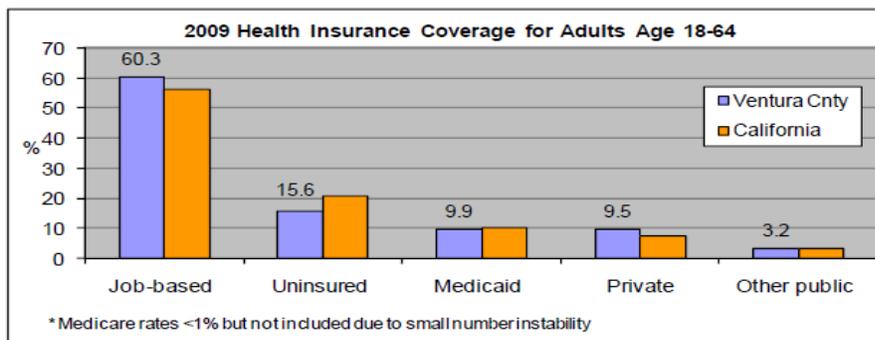


In 2009, per the California Health Interview Survey (CHIS), the rates of uninsured in Ventura County were:

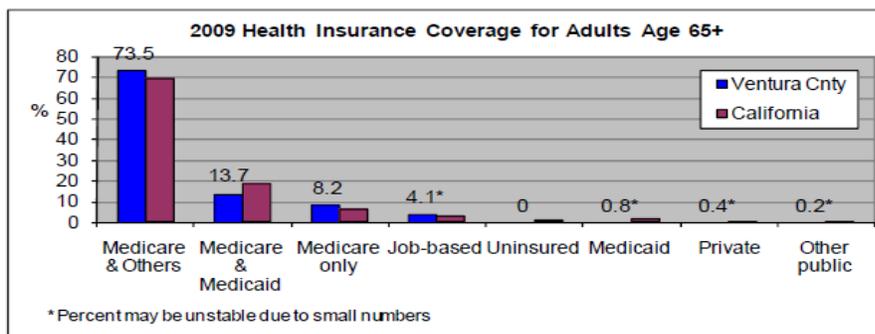
- 7.2% for children less than 18 years
- 15.6% for adults aged 18-64 years
- Less than 1% for seniors over 65 years

¹ California Newsreel, Unnatural Causes, 2008. Accessed online August 2012 http://www.unnaturalcauses.org/series_objectives.php, <http://content.healthaffairs.org/content/12/1/162.abstract>
²Ibid.

Children’s coverage tends to be parent dependent and the table above indicates significant coverage, however the most disturbing data is that Ventura County has a higher uninsured child/adolescent population when compared to the rest of California at 7.2%. The concern here is that this can translate into passive neglect of significant prevention gaps for a significant number of children placing them among those vulnerable to communicable and other diseases.



Between 2004 and 2008, the percent of patients discharged from Ventura County hospitals that had no insurance (had to self pay) increased from 4.1% to 5.5%. (Data Source: OSHPD Patient Discharge Table)



The increase in uninsured that occurred in California in 2008 and 2009 hit working adults the hardest. This was driven by the increase in California’s unemployment rate from 5.4% to 12.3% between 2007 and 2009. (Source: UCLA Center for Health Policy Research)

This with other population data confirms that the access concerns presented by Oxnard and Port Hueneme is economic while for Camarillo is age related yet still affected by financial needs. This means that while Oxnard healthcare consumers may lack means or may be underinsured due to economic factors, more than 17+% of the population of Camarillo utilizes Medicare in some form which may limit their access due to physician acceptance (based on reimbursement).

In summary, this data indicates that nearly 20% of the children in Ventura County are either uninsured or insured through Medicaid, while under/uninsured increases to 25% of working age adults under 65, with those over 65 are more heavily dependent on Medicare.

This significant lack of comprehensive insurance across all age groups is likely to result in heavy dependence of hospital Emergency Department care instead of physician office care. Both hospitals reported increases in visits to their emergency departments³ and an increase in what might have been preventable hospitalizations. In the last three years alone, the costs of uncompensated care for uninsured and Medicaid patients increased between 7% and 15%. The hospitals estimated that between 12 to 17% of

³ RMC—From FY 11 to 12 a 3.2% increase and YTD FY 13 over FY 12 of 12.4%, while PVH experiences an 8.7% increase from FY11 to FY12 and a 14.6% increase for FY 13 YTD.

the ED visits could be avoided if patients had adequate access to care or had preventable care been timelier by use of existing health resources in the community. Note the one civic leader voiced specific concerns that Emergency Medical Services and the accompanying City Fire Dept. truck to such 9-1-1 calls presents a significant risk to the entire city because those services when used for avoidable conditions leave parts of the city “uncovered” for EMS and fire fighting services.

Mention must also be made of access to dental care for the un/underinsured. This concern was raised by the Human Services leaders convened during a public hearing for this needs assessment as a significant health challenge, which in their opinion is not well addressed in Ventura County. Access to existing dental care for those without dental insurance is very costly. The Human Services leaders opined that this has broad impact, from uninsured children who are not exercising good prevention to adults who are unemployed seeking work but whose dental condition make them somehow less that desirable due to appearance. The opinion of the group was that this will likely remain a chronic situation for the county and as such dental health (which s not readily measured as an isolated subject) will continue to be problematic for the poor, marginalized, un/underinsured.

Chronic Disease

The lack of comprehensive insurance noted above also negatively impacts chronic disease management in the primary service areas. The United States Center for Disease Control reports the following:

- Chronic Disease causes or contribute to 7 of 10 deaths in America.
- Nearly 1 in 2 adults live with at least 1 chronic disease (133m).
- Nearly 75% of health care costs are due to chronic diseases.
- Nearly ¼ of those living with chronic disease experience limitations in daily activities.
- Sadly, the percent of children with a chronic disease has increased from 1.8% in 1960 to 7% today.

Thus chronic diseases tend to drain healthcare resources more than any other single ailment to the extent that un/under treated chronic diseases seem to be reaching almost epidemic proportions. In Ventura County the best indicator is preventable death.

Figure 1: Top Causes of Death and Premature Death, Ventura County Residents 2006-2008								
All Ages ≥ 1 year				Premature Death: Ages 1-74 years				
Rank	Cause of Death	Death	Death Rate*	Rank	Cause of Premature Death	Death	YPLL	Premature Death
1	Coronary Heart Disease	3,055	135	1	Coronary Heart Disease	746	10,063	381
2	Cerebrovascular Disease	869	39	2	Motor Vehicle Crash	206	8,118	322
3	Lung Cancer	809	36	3	Drug Overdose	205	7,168	287
4	COPD/Emphysema	756	35	4	Suicide	230	7,035	281
5	Alzheimer's Disease	570	26	5	Lung Cancer	421	4,956	184
6	Diabetes Mellitus	432	19	6	Chronic Liver Disease/Cirr.	206	4,243	162
7	Colorectal Cancer	325	14	7	Homicide	85	3,765	150
8	Influenza/Pneumonia	314	14	8	Cerebrovascular Diseases	222	3,331	128
9	Suicide	262	11	9	Diabetes Mellitus	198	2,799	106
10	Breast Cancer	246	10	10	Breast Cancer	151	2,531	193

*Rates are age adjusted to the US Standard Million Population

Coronary Artery Disease (including CHF), Cancers, Respiratory ailments (like COPD) and Diabetes figure prominently in causes of premature death in Ventura County. Generally speaking these are chronic diseases that can be managed by the person suffering from the disease (and her/his family) such that the sufferer's life span can likely be increased and the quality of the life of the sufferer can be significantly improved. The severity of a chronic disease if left untreated tends to increase with age.

Childhood Obesity

California childhood and adolescent obesity rates are disturbing with the impact on the primary services are of St. John's Regional Medical Center most significant. Most notable for all of Ventura County, the UCLA Center for Health Policy and research found that Port Hueneme ranked second highest in the state of California for overweight/obese children at 52.6% and Oxnard in the top 20 at 47.9%.⁴

This current data does not bode well for the future health of the community especially since the trend is that obese children and adolescents often grow up to be obese adults.⁵ The health consequences of obesity are significant. Research has shown * the risks for the following conditions also increase⁶

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)

⁴ "Overweight and Obesity among Children by California Cities – 2010"; UCLA Center for Health Policy Research and California Center for Public Health Advocacy.

⁵ ibid

⁶ NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online

http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf [PDF-1.25Mb]

- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

Therefore, at a local level, such significant percentages of obese children and adolescents approaching adulthood are likely to overload the healthcare system and further negatively impact healthcare costs in Ventura County.

Mental Health Issues

The need for low/no cost mental health treatment for adults and children were identified by the Human Services leaders. Their concern was around treatment for existing psychological conditions in adults and children on an outpatient basis. They also noted that geropsychiatric needs are heavily dependent on Medicare and not all providers in this specialty accept Medicare. For children and adolescents, lack of adequate insurance puts them at risk for non-treatment of mental health conditions.

The marginalized were of great concern to the Human Services leaders, especially—the elderly who are homebound unable to seek psychiatric care until hospitalized for a medical condition, homeless in need of acute care or who suffer from some sort of self abuse, women and children who are (or were) physically or sexually abused and lack awareness of existing resources, and may still be at risk.

Environmental Issues Impacting Healthcare

Although this was a topic of conversation that noted some concern, all discussions were anecdotal or more inquiring about “possible” impact. The tenure of the discussion was around industrial pollution, such as the 1969 Santa Barbara oil spill and clean-up, the long term impact of permitted oil field waste disposal site between 1950 and 1981 that is today Mandalay Bay which caused the release of numerous hazardous chemicals,⁷ and the continuing use of pesticides in the agricultural industry throughout Ventura county (and most particularly in the Oxnard and Camarillo areas) with it’s possible impact on field workers and nearby residents to those fields.

COMMUNITY ASSETS IDENTIFIED

The assessment identified a number of strong community assets (Attachment C), including the eight hospitals, six of which are either county owned/operated or not-for-profit and thus also have community benefit programs, several community clinics, multiple urgent care centers, an adequate supply of primary care physicians and dentists, multiple public school districts that form a system within the county each with

⁷ [Public Consultation on Bay Cleanup Area](#), Google Docs. Retrieved June 2011

active home and school associations and numerous religious congregations. Assessment data is summarized in Attachment D.

Attachment F lists all needs identified and describes the priority setting approach. CWIL members committed to focus on the affirmed priorities. In summary, the “most important” priority needs identified were:

1. Diverse needs from a diverse population that views, seeks healthcare differently and holds differing expectations regarding care.
2. Lack of Financial Resources & Poverty Impacting Access to Health Care--for the marginalized, uninsured and under-insured, noting the impact of poverty on individuals/families in priority setting for their healthcare needs.
3. Chronic Disease, including: diabetes, heart disease, respiratory diseases and cancer.
4. Obesity Rates among adolescents in terms of both current and future impact to health of the Community.
5. Mental Health Services in terms of resources and access.
6. Environmental issues impacting health.

CWIL established implementation strategies for each priority (Attachment F); leaders for each of the four teams also committed to continued service on CWIL. Each leader is responsible for:

- Finding out what other community organizations are doing regarding the priority,
- Organizing a team which includes both field professionals and representative community members,
- Guiding the work of the team, including development of a work plan
- Establishing metrics including measurable outcomes indicators,
- Assuring work is coordinated with other CWIL implementation teams, and
- Communicating appropriately with the community at large, especially our Community and Foundation Boards.

CWIL is involved in commissioning a further study during 2013 of the Hispanic Culture as it impacts health care and developing a community report card including metrics for both the PSAs and all of Ventura County to be published on an annual basis. CWIL is committed to updating this CHNA if breakthrough information deems it appropriate and conducting another comprehensive needs assessment in 3 years.

CWIL will also be charged with attempting to fill the information gaps and with developing a better understanding of the social determinants of some of the health issues identified in order to better address one of the overarching goals of Healthy People 2020.

This CHNA will be posted on the websites of Dignity Health and St. John’s Hospitals. A copy can also be obtained by contacting the office of the Vice President for Mission Integration.

II. St. John's Regional Medical Center Implementation Strategy and Community Benefit Plan Summary

Community Benefit Summary FY2012-2014

St. John's Regional Medical Center in Oxnard has been serving the health needs of Ventura County and specifically the residents of Oxnard, Port Hueneme and Camarillo residents for over 100 years. Founded by the Sisters of Mercy in 1913 to serve the all the people of the area and particularly the poor and those in need, St. John's continues to carry out its mission of "furthering the healing ministry of Jesus" in all that we do, not only for the approximate 187,000 patients we care for every year, but through outreach we touch thousands more, to improve the health of our communities.

St. John's Regional Medical Center is a licensed 265 bed hospital, accredited by the Joint Commission, occupying a 48 acre campus on a single block on the north-east side of Oxnard, CA; it is a member of the Dignity Health system. About 62% of the patients are residents of Oxnard or Port Hueneme. Another 23.5% come from Camarillo.

- 1) Address prioritized needs from the 2012 Community Health Needs Assessment (CHNA) and
- 2) Respond to other identified community health needs as they may arise in the future.

St. John's Pleasant Valley Hospital is a license 81 bed hospital with a 90 bed licensed sub-acute facility (one of only 2 sub-acute facilities in Ventura County), accredited by the Joint Commission, occupying a city block on the west side of Camarillo, CA. Approximately 85% of the acute patients come from Camarillo, with the sub-acute patients coming from all over California.

This portion of the report summarizes the plans for St. John's Regional Medical Center and St. John's Pleasant Valley Hospital to use existing community benefit programs and develop new community benefit programs that:

How the Implementation Strategy Was Developed

Members of the CWIL undertook a structured approach to review public health data and conduct interviews of city and county residents and public health officials. This assessment resulted in a list of 20 health needs (Attachment F) which were discussed at two community “meetings” and a Health and Human Services Leadership meeting. CWIL members came to agreement on a set of criteria that would be used to evaluate the list of 20 health needs identified through the assessment process. The criteria included:

- ✚ Breadth: the numbers of persons affected,
- ✚ Impact: the seriousness of the issue to the individual and society, especially as it related to mortality,
- ✚ Vulnerability: whether/how the health need particularly affected persons living in poverty or reflected health disparities for those who are marginalized and/or un/underinsured
- ✚ Longevity: whether the need will have long-term affect on the people involved (i.e. acute/immediate needs will be given less weight over chronic/long-term needs that seem to be resistant to intervention),
- ✚ Resources: availability of existing community resources to address the identified issue/need the numbers of persons affected

Each team member used the criteria to rank the health needs. These individual results were then shared with the CWIL for discussion. Team members were then given an opportunity to revise their rankings and then these individual rankings were summed to produce a composite ranking.

Major Needs and How Priorities Were Established

The prioritization process identified four priority issues for the Primary Service Areas and the County:

1. Diverse needs from a diverse population.
2. Lack of Financial Resources & Poverty Impacting Access to Health Care
3. Chronic Disease, including: diabetes, heart disease, respiratory diseases and cancer.
4. Obesity Rates especially among adolescents

CWIL members invited electronic comment and held another community foru to get community input on the prioritized health needs. These forums confirmed the prioritization presented by the CWIL and identified potential partner organizations with which to collaborate in addressing these needs.

CWIL’s review of hospitals’ current community benefit programs found that the hospitals are meeting the existing community needs through provision of charity care; Medicaid

and other services; an un/under insured prenatal assistance education program and community outreach and education activities.

Description of What St. John's Hospitals Will Do to Address These Identified Community Needs

Diverse needs from a diverse population

St. John's will continue training and educating staff on cultural diversity, especially as it relates to healthcare. Of particular focus will be Hispanic Culture for St. John's Oxnard and Care of the Aged for St. John's Pleasant Valley Hospital.

Community Benefit programs , both current and future, must take into account this issue in program planning and specifically delineate how the community benefit program will adapt to diversity in delivery of the program.

Given the likely growth of Hispanic population, CWIL has also commissioned a follow-on study to survey Hispanic perception of healthcare and specific needs. This study will be completed in 2013.

Lack of Financial Resources & Poverty Impacting Access to Health Care

1. St. John's Hospitals' Healthy Ministry Programs will focus on this need by continuing to provide assistance for basic needs such as rent, utilities, etc. and will continue weekly operation of its food pantry in the "Colonia" section of Oxnard. In 2013 expansion to the Camarillo area will be considered seeking the assistance of a collaborating site in the City of Camarillo and our food supplier— Food Share.
2. The Shots for Kids and Adults Program will continue to provide immunizations at no or low cost to members of the community. The new Mobile "Wellness Vehicle" will make outreach in the community more a reality. During the next two years we will search for a partner to help St. John's take this program to the field workers.
3. The Faith Community Nurse Network and other no/low cost Health Screening programs (such as the collaborative health fair with Sai Baba at Our Lady of Guadalupe Church) will expand as the FCN network expands.
4. The St. John's RMC campus will also look to expand its Emergency Department in the next 3 years at an estimated cost of 5 million dollars.
5. St. John's hospitals will expand care to the community by opening one Urgent Care in Camarillo during 2013, with a second in the Port Hueneme/Oxnard area by 2015 in collaboration with the Dignity Health Medical Foundation physicians.
6. St. John's through its Dignity Health Community Grants program will commit a significant portion of the total \$150,000 in grants to increasing access opportunities to those who lack financial means, especially the poor.

Chronic Diseases, including: diabetes, heart disease, respiratory diseases and cancer.

St. John's Hospitals will expand its offerings of free education classes to the community on Chronic Disease Self Management, in English and Spanish. Additionally, Diabetes Self Management and Support Groups will expand.

Training of more educators is an identified priority—especially peer volunteers. We will seek those volunteers from among the Faith Community Nurse Network, the senior citizen community of Leisure Village located in Camarillo, and Spanish speaking Promotoras from the Oxnard community.

We will also seek collaboration with local college's and university's nursing programs, beginning with California State University, Channel Islands in Camarillo to seek volunteers from those entering the profession to become trained, free of charge, as educators in the Stanford Model of Chronic Disease Self Management. These new professional volunteers will hopefully offer CDSM classes through their institutions or elsewhere in the county.

The existing "Know Your Numbers" Diabetes program currently offered in Oxnard will also be expanded to also offering a program in Camarillo.

Obesity Rates especially among adolescents

St. John's Hospitals lack sufficient resources to address this need directly in the community. However, St. John's through its Dignity Health Community Grants Program will dedicate a significant amount of the total \$150,000 in grants to collaborating organizations who are addressing this problem with programs that demonstrate measurable outcomes for success in changing life style to reduce obesity. St. John's will also involve it's professional Registered Dietician staff in planning and selecting viable programs.

For each of the priority areas listed above, St. John's Hospitals will work via CWIL and collaborating community partners with the assistance of Dignity Health leadership to:

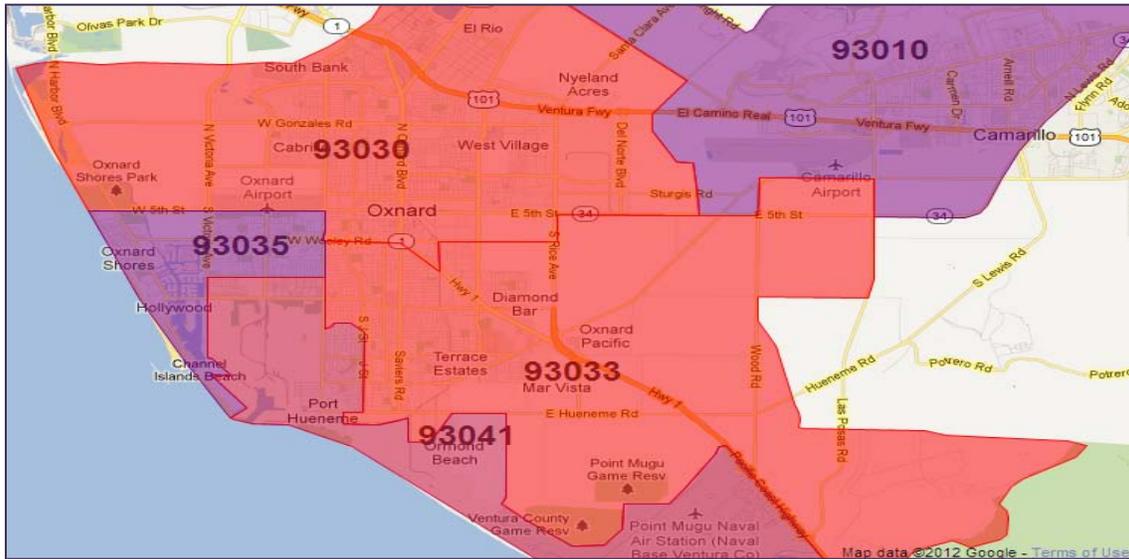
- Identify any related activities being conducted by others in the community that could be built upon or incorporated to address the identified health needs
- Develop measurable goals and objectives so that the effectiveness of programs and other efforts can be measured.
- Build support for the initiatives within the communities served and among other health care providers to address these identified issues
- Develop detailed action plans for each of the identified health needs
- Further study certain aspects of the identified needs and incorporate those findings into future plans.

Annually at their October meeting, the St. Agnes Community Board, which includes representatives from Oxnard, Port Hueneme, Camarillo and the surrounding community, reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment and other plans for community benefit. This report was approved at the April 25, 2013 meeting of the Community Board.

Attachment A

Dignity Health Community Needs Index for:

St. John's Regional Medical Center



Lowest Need

Highest Need

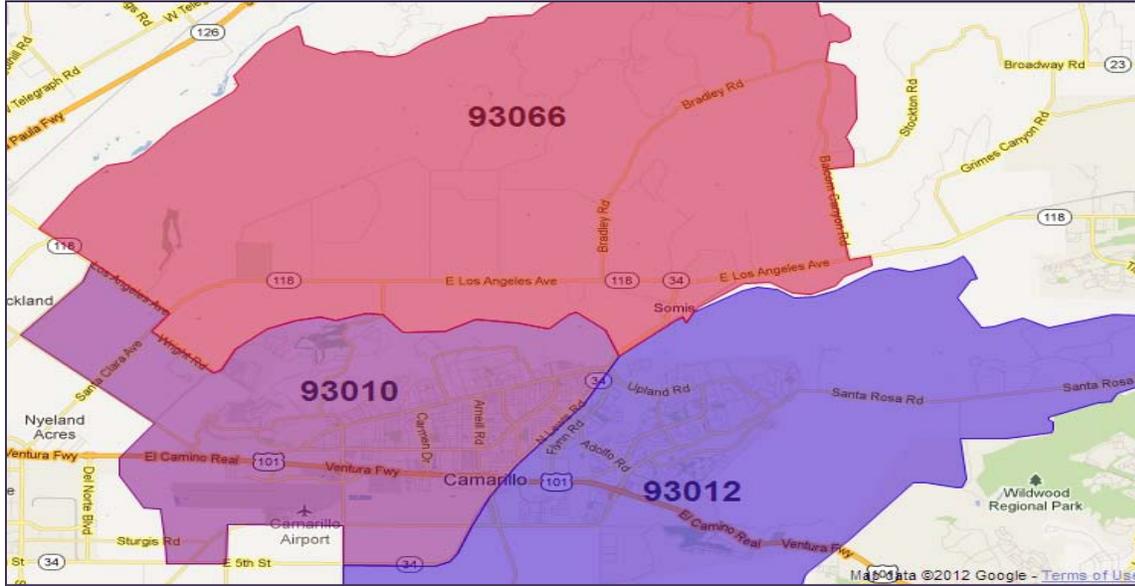


Zip Code	CNI Score	Population	City	County	State
93010	2.8	43795	Camarillo	Ventura	California
93030	4.4	62143	Oxnard	Ventura	California
93033	4.2	79797	Ventura County	Ventura	California
93035	3	26567	Oxnard	Ventura	California
93041	4	21591	Port Hueneme	Ventura	California

CNI Score Median: 4

Note—Though Zip code 93036 does not show separately on the above map the CNI provides evaluation of the geographic area.

St. John's Pleasant Valley Hospital



Lowest Need

Highest Need

1 - 1.7
Lowest

1.8 - 2.5
2nd Lowest

2.6 - 3.3
Mid

3.4 - 4.1
2nd Highest

4.2 - 5
Highest

	<u>Zip Code</u>	<u>CNI Score</u>	<u>Population</u>	<u>City</u>	<u>County</u>	<u>State</u>
■	93010	2.8	43795	Camarillo	Ventura	California
■	93012	2	31085	Camarillo	Ventura	California
■	93066	3.4	2739	Ventura County	Ventura	California

Median CNI Score: 3.4

Attachment B

Planning Participants (CWIL):

Wendy Amaro RN, FCN, BSN, MPH — Faith Community Nurse Supervisor, Diabetes Nurse Educator — responsible for participating in and helping to create a network of nurses in Ventura County that are based in various faith organizations located within the county. For planning purposes, Wendy collected input from several of those organizations and assisted the Health and Human Service Leaders hearing of May 1, 2012 by recording the responses of the group.

Gabriel Guillen RN, BSN — Faith Community Nurse Supervisor, Clinical Nurse II — taking over responsibilities previously held by Wendy, Gabriel brings a distinctive clinical influence especially in the areas of care for chronic disease. Gabriel is continuing the work of network building to improve care beyond the walls of the hospitals.

Lydia Kreil, BA—Supervisor, Health Ministries—responsible for organizing the May 1 2012 hearing and continuing to network with that group creating a monthly informative meeting and networking opportunity for participants. Lydia also supervises various outreach activities to the community of Oxnard and Ventura County as a whole, listening to the concerns of healthcare consumers, especially those who are poor and marginalized.

Sr. Suzanne Soppe RSM, BA, MPH — Lead Educator, Community Education — Sr. Suzanne is responsible for monitoring Chronic Disease education needs, including Diabetes, Cholesterol and Senior Citizen healthcare consumer concerns. As sister sponsor of St. John's, Sr. Suzanne also maintains strong ties to various organizations and individuals in the community. Her unique role as a religious places her in the position of both confidant and respected leader in healthcare.

George West, BCCC, BA, BTS, MA, JD — Vice President of Mission Integration — George is responsible for coordinating the planning and execution of the assessment, including making contact with various civic leaders and community members for input. George will also be accountable for execution of the Implementation Plans described in this CHNA.

Ofelia Godinez, Administrative Assistant — provides administrative support for all aspects of the CHNA and serves as the coordinating link for all of the participants.

Providing Oversight from Our Communities:

The following individuals provided oversight of the CHNA through their role as Community Board members for St. John's Hospitals during 2012 and 2013:

- Celina Zacarias, Community Board Member, Dir. of Community & Government Relations, California State University, Channel Islands, Camarillo, CA
- Jeri Williams, Community Board Member, Police Chief for the City of Oxnard, CA
- Sylvia Schnopp, Community Board Member, Councilwoman—Port Hueneme, CA
- Anthony Trembley Esq., Community Board Member, Attorney in Westlake, CA
- Sandy Nirenberg, Exec. Dir. of Camarillo Hospice, Camarillo, CA
- Colleen House, Retired Dir. of the Ventura County Area Agency on Aging
- Michael Lavenant Esq. Attorney (R.I.P.)

Attachment C

Asset Analysis

- Hospitals:
 - St. John's Regional Medical Center (not for profit—Dignity Health)*
 - St. John's Pleasant Valley Hospital (not for profit—Dignity Health)*
 - Community Memorial Hospital (not for profit—Community Memorial Health System)*
 - Ojai Valley Hospital (not for profit (Community Memorial Health System)*)
 - Los Robles Regional Medical Center*
 - Thousand Oaks Surgical Hospital (part of Los Robles RMC)
 - Simi Valley Hospital (not for profit—Adventist Health)*
 - Santa Paula Hospital (County)*
 - Ventura County Medical Center (County)*

- Total hospital beds = 1,594
- 8 operating Emergency Departments (noted by * above)
- Hospital beds per capita for Ventura County = 1/522

- Clinics:
 - Clinicas del Camino Real,
 - 11 clinic centers (not for profit)
 - CMH Centers for Family Health
 - 11 medical office care centers, 4 of which are urgent care centers(not for profit—Community Memorial Health System)
 - Ventura County Health Care Services,
 - 13 Urgent care and clinic services (County)
 - Ventura County Health
 - 18 other Urgent Care centers throughout the county

- Physicians:
 - There are approximately 1,085 practicing physicians in Ventura County.

- In a private proprietary (unpublished) report prepared for St. John's by Medical Development Specialist consulting service, they found the bed capacity and physician availability for Ventura County and the hospital PSAs to be adequate.

- However, the median age of the physicians is 55⁸ thus retirement may be an option for many in the near future. Succession planning to draw more physicians to replace those who do retire may be an issue in the next three years.

⁸ Ventura County Medical Association. See also “Half of County’s doctors are near retirement age,” Tom Kiskin, Ventura County Star, July 10, 2010.

Attachment D

Health Data

In addition to the primary data of from the interviews and hearings, the following is a list of secondary data used in the preparation of this report.

- 2009 Community (Health) Needs Assessment: a Health Care Survey of Ventura County, (pages 1-232) may be found at:
http://www.stjohnshealth.org/stellent/groups/public/@xinternet_con_sjo/documents/webcontent/sjcommunityneedsassessment.pdf
- 2011 Ventura County Public Health Community Health Status Report, (pages 1-61) may be found at: http://www.vchca.org/docs/public-health/ventura_county_health_status_2011.pdf?sfvrsn=0
- National Healthcare Disparities Report 2011 (pages 1-248) may be found at <http://www.ahrq.gov/research/findings/nhqrd/nhdr11/nhdr11.pdf>
- Hispanic Health Needs Assessment (pages 1-207) may be found at: http://pdf.hispanichealth.org/hhna2001_1.pdf
- Income, Poverty, and Health Insurance Coverage in the United States: 2011 (pages 1-89) may be found at: <http://www.census.gov/prod/2012pubs/p60-243.pdf>
- The State of the Region Report 2012 (pages 1-104) may be found at: <http://www.vccf.org/programs/civicalliance/SotR.shtml>
- May 1, 2012 Health and Human Services Leaders Hearing PowerPoint presentation—available on request.
- Physician Needs Assessment 2009 by Medical Development Consulting—proprietary study not for publication/distribution.

Attachment E

Summary of Community Engagement

Community engagement included two informal “town hall—meet and greet” type of events and a formal “hearing” of invited leaders from the Health and Human Services organization in Ventura County. Additionally, the mayors of each city served were interviewed either in-person or by telephone as were the County Supervisors who represent the areas served by the two hospitals.

Town Hall informal--Colonia Walking Program at Oxnard Senior Center, April 4, 2012

Town Hall Informal—Leisure Village Center, Camarillo, July 21, 2012

Health & Human Services Leaders’ Hearing—SJRMC, May 1, 2012

Interviews with:

Kathy Long, Supervisor 3rd District of Ventura County

John C. Zaragoza, Supervisor 5th District of Ventura County

Tom Holden, Former Mayor of Oxnard

Tim Flynn, Mayor of Oxnard

Carmen Ramirez, Mayor Pro Tem of Oxnard

Sylvia Schnopp, Former Mayor of Port Hueneme & current City Council member

Ellis Green Mayor of Port Hueneme

Charlotte Green, Mayor of Camarillo

Donald Waunch, former City Council Member of Camarillo

Key Findings

While County Officials were very positive about the County Health Network, city officials verbalized significant concerns about meeting needs. These concerns included: The need for more health education, Expansion of health care coverage in general and how it will be implemented, the need for more child maintenance programs, better healthcare delivery for the homeless, teen pregnancy prevention/education, more localized & smaller clinics for target populations, more free health fairs, possibility of “marrying” healthcare delivery and local schools, obesity, meeting the needs of the Mixteco population, availability of care for senior citizens, transportation to care for those without means, use of infrastructure in meeting health needs, appropriate senior housing, lack of care negatively impacting other city resources such as Fire and EMS services. These concerns were included in the Hearing with Health and Human Services Leaders and were discussed by CWIL members in developing the final list of prioritized needs.

Attachment F

Prioritized Health Needs

The following were the “raw” needs considered:

- Ambulance Service/EMS-
- Child Care-
- Chiropractic-
- Dental Care-
- Emergency Room-
- Eye Care / Optometrist/Ophthalmologist-
- Family Planning Services-
- Home Health-
- Hospice-
 - Home-
 - Residential-
- Inpatient Services-
- Mental Health Services-
- Nursing Home/SNF-
- Outpatient Services-
- Pharmacy-
- Primary Care-
- Specialist Physician care-
- Clinics/Urgent Care-
- Public Health Department-
 - School or other Institutional Nurse-
- Cancer
- Diabetes
- Drugs / Alcohol
- Heart Disease
- HIV / AIDS
- Mental Disorders
- Obesity
- Pneumonia / Flu
- Respiratory Disease
- Sexually Transmitted Diseases
- Stroke & other neurological ailments
- Suicide
- Trauma
- Other (Environmental Impact was identified)

Members of CWIL came to agreement on a set of criteria that would be used to evaluate the list of 33 health concerns/needs identified through the assessment process. The criteria included:

- ✚ Breadth: the numbers of persons affected,
- ✚ Impact: the seriousness of the issue to the individual and society, especially as it related to mortality,
- ✚ Vulnerability: whether/how the health need particularly affected persons living in poverty or reflected health disparities for those who are marginalized and/or un/underinsured
- ✚ Longevity: whether the need will have long-term affect on the people involved (i.e. acute/immediate needs will be given less weight over chronic/long-term needs that seem to be resistant to intervention),
- ✚ Resources: availability of existing community resources to address the identified issue/need the numbers of persons affected

Each team member used the criteria to rank the health needs. These individual results were then shared with the CWIL for discussion. CWIL members participated in the Community Engagement activities and reported to the team their individual perceptions of community concerns. Team members were then given an opportunity to revise their rankings and then these individual rankings were summed to produce a composite ranking.

The final four identified priorities are:

1. Diverse needs from a diverse population.
2. Lack of Financial Resources & Poverty Impacting Access to Health Care
3. Chronic Disease, including: diabetes, heart disease, respiratory diseases and cancer.
4. Obesity Rates especially among adolescents

Attachment G

Implementation Teams & Implementation Plan Summaries

Diverse needs from a diverse population.

Assigned to this task are:

George West, VP of Mission Integration

Gabriel Guillen RN, Faith Community Nurse Supervisor

- St. John's will continue training and educating staff on cultural diversity, especially as it relates to healthcare. Of particular focus will be Hispanic Culture for St. John's Oxnard and Care of the Aged for St. John's Pleasant Valley Hospital.
- Community Benefit programs , both current and future, will take into account this issue in program planning and specifically delineate how the community benefit program will adapt to diversity in delivery of the program.
- Given the likely growth of Hispanic population, CWIL will also commission a follow-on study to survey Hispanic perception of healthcare and specific needs. This study will be completed in 2013. The results of this study will be published and utilized for future planning of community benefit programs.

Lack of Financial Resources & Poverty Impacting Access to Health Care

Assigned to this task are:

Lydia Kreil, Supervisor of Health Ministry Programs

Sr. Suzanne Soppe RSM, Lead Educator

Community Education and Wellness Integration Department

Gabriel Guillen RN, Faith Community Nurse Supervisor

Illuminada Camacho, Spanish Educator

Community Education and Wellness Integration Department

George West, VP of Mission Integration

Implementation Summary

- St. John's Hospitals' Healthy Ministry Programs will focus on this need by continuing to provide assistance for basic needs such as rent, utilities, etc. and will continue weekly operation of its food pantry in the "Colonia" section of Oxnard. In 2013 expansion to the Camarillo area will be considered seeking the

assistance of a collaborating site in the City of Camarillo and our food supplier—Food Share.

- The Shots for Kids and Adults Program will continue to provide immunizations at no or low cost to members of the community. The new Mobile “Wellness Vehicle” will make outreach in the community more a reality. During the next two years we will search for a partner to help St. John’s take this program to the field workers.
- The Faith Community Nurse Network and other no/low cost Health Screening programs (such as the collaborative health fair with Sai Baba at Our Lady of Guadalupe Church) will expand as the FCN network expands.
- The St. John’s RMC campus will also look to expand its Emergency Department in the next 3 years at an estimated cost of 5 million dollars.
- St. John’s hospitals will expand care to the community by opening one Urgent Care in Camarillo during 2013, with a second in the Port Hueneme/Oxnard area by 2015 in collaboration with the Dignity Health Medical Foundation physicians.
- St. John’s through its Dignity Health Community Grants program will commit a significant portion of the total \$150,000 in grants to increasing access opportunities to those who lack financial means, especially the poor.

Chronic Disease (diabetes, heart disease, respiratory diseases and cancer)

Assigned to this task are:

Sr. Suzanne Soppe RSM, Lead Educator

Community Education and Wellness Integration Department

Gabriel Guillen RN, Faith Community Nurse Supervisor

Iluminada Camacho, Spanish Educator

Community Education and Wellness Integration Department

George West, VP of Mission Integration

Implementation Summary

- St. John’s Hospitals will expand its offerings of free education classes to the community on Chronic Disease Self Management, in English and Spanish. Additionally, Diabetes Self Management and Support Groups will expand.
- Training of more educators is an identified priority—especially peer volunteers. We will seek those volunteers from among the Faith Community Nurse Network, the senior citizen community of Leisure Village located in Camarillo, and Spanish speaking Promotoras from the Oxnard community.
- We will also seek collaboration with local college’s and university’s nursing programs, beginning with California State University, Channel Islands in Camarillo to seek volunteers from those entering the profession to become trained, free of charge, as educators in the Stanford Model of Chronic Disease Self

Management. These new professional volunteers will hopefully offer CDSM classes through their institutions or elsewhere in the county.

- The existing “Know Your Numbers” Diabetes program currently offered in Oxnard will also be expanded to also offering a program in Camarillo.

Obesity Rates (especially among adolescents & children)

Assigned to this task are:

George West, VP of Mission Integration

Lydia Kreil, Supervisor of Health Ministry Programs

Gabriel Guillen RN, Faith Community Nurse Supervisor

Heidi Fernandez, Chief Dietician
Dignity Health St. John’s Hospitals

Sr. Suzanne Soppe RSM, Lead Educator
Community Education and Wellness Integration Department

Implementation Summary

- St. John’s Hospitals lack sufficient resources to address this need directly in the community. However, St. John’s through its Dignity Health Community Grants Program will dedicate a significant amount of the total \$150,000 in grants to collaborating organizations who are addressing this problem with programs that demonstrate measurable outcomes for success in changing life style to reduce obesity. St. John’s will also involve its professional Registered Dietician staff in planning and selecting viable programs.
- Informational Materials will also be explored for development to distribute at various health fairs and other outreach activities.
- Healthy cooking classes will be explored that will also be culturally sensitive to the audience.