Community Health Needs Assessment

St. John's Pleasant Valley Hospital

Camarillo, CA

Dignity Health
St. John's Pleasant Valley Hospital

Adopted: June 2016

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Appendices

Acknowledgements

Conducting a Community Health Needs Assessment would not have been made possible without the help and cooperative efforts of various community organizations and members of Camarillo, CA.

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Camarillo YMCA

Casa Del Norte

Pleasant Valley Senior Center

Padre Serra Parish

Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. John's Pleasant Valley Hospital (SJPVH). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

St. John's Pleasant Valley Hospital serves all of Ventura County, and is located in Camarillo. Camarillo is a small suburban community located in eastern Ventura County with a population less than 100,000. Camarillo City has a mixed economy supported by agriculture and technology, as well as a regional retail center and a California State University. While SJPVH targets its attention to its primary service area (PSA), it does not exclude the needs of those residing elsewhere, following its commitment to raise the common good and improve the quality of life for our communities.

Conducted every three years, most recently in 2016, the Community Health Needs Assessment for St. John's Pleasant Valley Hospital took initial planning in 2015. St. John's Pleasant Valley Hospital and St. John's Regional Medical Center decided to conduct primary data simultaneously to help make determinations of health priorities that could be addressed county wide. Quantitative primary data was gathered through a health needs assessment survey tool with select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS).

The survey tool consisted of 32 questions with 7 additional demographic questions, available both in Spanish and English, and was handed out to community members of Camarillo, CA. Using a convenience sampling method, surveys were disseminated through a time period of 2 months. A number of locations within Camarillo were contacted to request permission to distribute surveys.

In addition, input from persons representing the broad interests of the community was gathered through community networking meetings, stakeholder forums, and phone call interviews. Those representing the community consisted of members of various entities within Ventura County. Invitations were sent to public and private organizations specializing in health and human services to participate in a focus group at St. John's Regional Medical Center. Telephone Interviews were also conducted to gather additional views and observations of health needs of the Camarillo community.

Through the CHNA process, a prioritized list of significant of significant health needs was identified during primary and secondary evaluation, including:

1. Obesity and Overweight
2. Lack of Mental Health Resources
3. Family Caregiver Support and Respite
4. Diabetes and Pre-diabetes
5. Cardiovascular Health
6. Cancer
7. Arthritis

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local business leaders and other institutions.

The conclusions of this CHNA report were adopted by the St. John's Pleasant Valley Hospital community board in June, 2016. This report is widely available to the public on the hospital's web site, and paper copy is available for inspection upon request at St. John's Regional Medical Center's Community Health Education Department. Written comments on this report can be submitted to the Community Health Education Department, 1600 N. Rose Ave, Oxnard, CA 93030 or by email stjohnshealthed@dignityhealth.org.

Assessment Purpose and Organizational Commitment

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health's St. John's Pleasant Valley Hospital. In the past, St. John's Pleasant Valley Hospital developed community health needs assessment reports solely on secondary quantitative data to make decisions on how to best address the unmet health needs. This year, St. John's Pleasant Valley Hospital decided to conduct primary research, to include in their community health needs assessment report, in conjunction to secondary data.

The priorities identified in this report help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Pleasant Valley Hospital was founded in 1974 by a group of Camarillo community leaders and physicians who believed a hospital was needed in their community. In 1993 Pleasant Valley Hospital merged with St. John's Regional Medical Center in Oxnard, becoming St. John's Pleasant Valley Hospital (SJPVH). Both sister hospitals are sponsored by the Sisters of Mercy.

Today, St. John's Pleasant Valley Hospital offers 81 acute care beds and a 99-bed extended care unit, as well as the only hyperbaric medicine unit in western Ventura County. It would not have existed without the hard working residents who had a vision that no city can thrive if it had to rely for its most vital services.

Grounded in a longstanding commitment to deliver compassionate, high quality, and affordable health services, SJPVH offers comprehensive medical programs and services, including emergent, acute, and intensive care, extensive surgery services, cancer care, rehabilitation services, spiritual care, health and wellness programs, orthopedic and palliative care, among many more.

St. John's Pleasant Valley Hospital continues the Sisters of Mercy heritage of healing and community service in the Catholic social tradition. SJPVH continues its commitment to meet the health care needs of the community, seeking to address not only ill-health but the underlying socioeconomic conditions that exacerbate healthcare disparities through multiple programs and collaborations with other community organizations.

Our Mission

Rooted in Dignity Health's mission, vision, and values, St. John's Pleasant Valley Hospital is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity – Respecting the inherent value and worth of each person.

Collaboration – Working together with people who support common values and vision to achieve shared goals.

Justice – Advocating for social change and acting in ways that promote respect for all persons.

Stewardship – Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence – Exceeding expectation through teamwork and innovation.

Community Definition

St. John's Pleasant Valley Hospital serves communities within Ventura County, and has a defined primary service area including zip codes 93010, 93012, and 93066. Its primary service area was determined by analysis of the highest percent of discharges from the hospital for the year. Dignity Health St. John's Regional Medical Center, therefore defines the community served as those individuals residing within its hospital service area and does not exclude low income or underserved populations.

The city of Camarillo is 19.5 square miles, and is located in the west end of Ventura County. Camarillo has a mixed economy with significant agricultural and high-tech industry elements, a growing state university, and a popular regional retail shopping area. According to the U.S. Census Bureau, Camarillo's population grew from 65,221 in 2000 to 66,923 in 2014. The majority of the population best describe themselves as White and from 2010-2014, 92.6% of Camarillo residents report being a high school graduate or more. According to statistics, 11.1% report not having health insurance and 5.5% report living below poverty level.

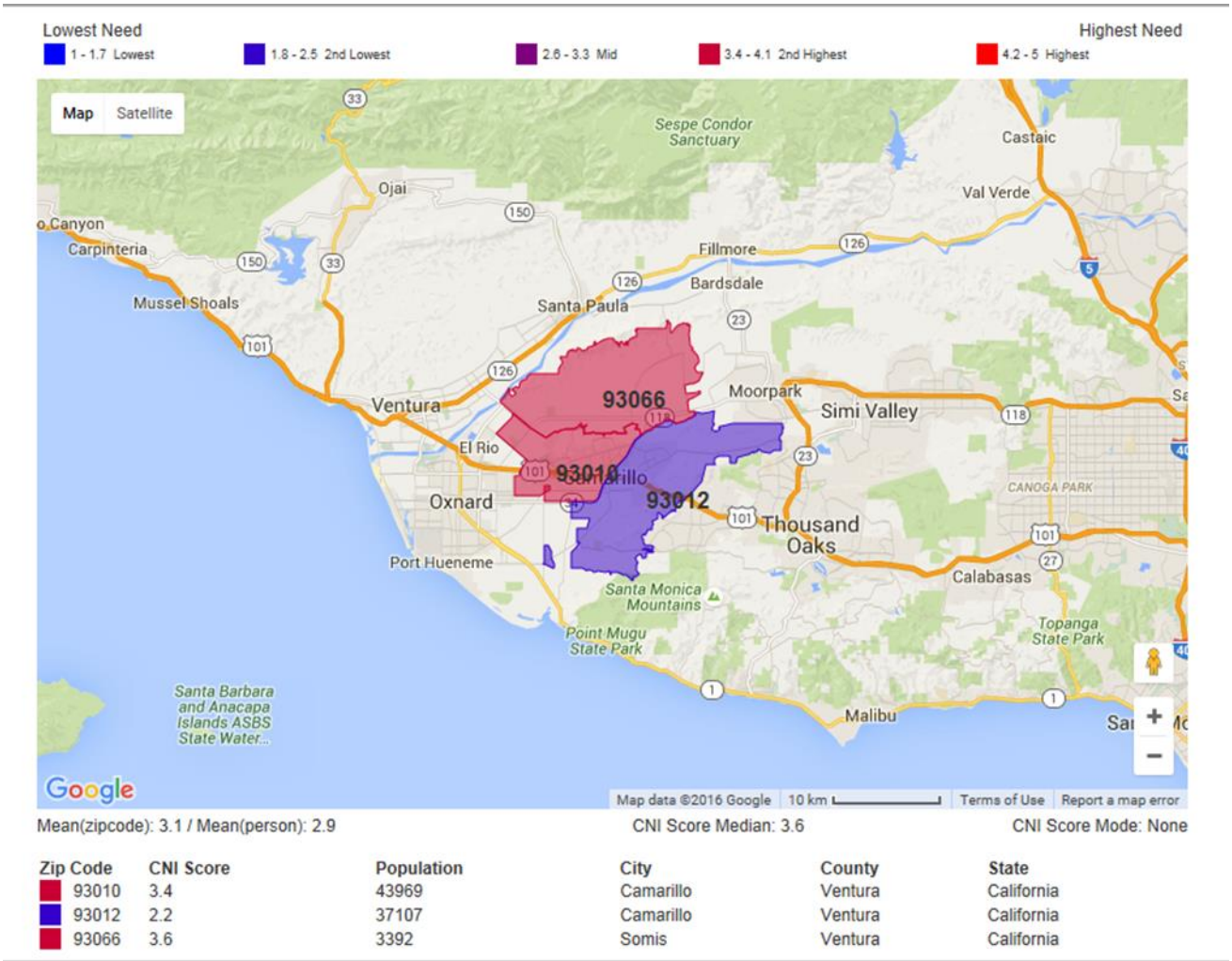
The population of Somis, CA is 3,102, with the majority best describing themselves as White. From 2010 to 2014, 86.1% report being a high school graduate or more and 14.3% report living below poverty level. Appendix A provides a detailed population summary.

The demographics of a community significantly impact its health profile. Different ethnic, age, and socioeconomic groups may have unique needs and take varied approaches to health.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language/ education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

Based on the Community Need Index, Camarillo City (93010, 93012) and Somis, CA (93066) have a median score of 3.6, showing the highest need in zip code 93066. The following Figure 1 depicts the CNI scores for SJPVH service area.

Figure 1. *Community Needs Index*



Mean(zipcode): 3.1 / Mean(person): 2.9 CNI Score Median: 3.6 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
93010	3.4	43969	Camarillo	Ventura	California
93012	2.2	37107	Camarillo	Ventura	California
93066	3.6	3392	Somis	Ventura	California

Assessment Process and Methods

The CHNA was completed through a culmination of primary and secondary data sources. Each data source and the process utilized for assessment and collection is described in the following subsections. A community health needs survey, key stakeholder focus groups, community leader interviews, and secondary data including U.S. Census and well established state and county wide public health information was collected and synthesized for this report.

Primary Data Sources

Primary data sources can be best described as first hand evidence by participants or observers concerning a specific topic. This CHNA reveals primary data through a health behavior survey, in efforts to gain thorough understanding of the medically underserved, low-income, and minority populations most often served.

Health Behavior Survey and Analysis

The initial step in conducting the Community Health Needs Assessment was through the development of a health needs assessment survey based on questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey (BRFSS). This survey was piloted in the 2014 Latino Community Health Needs Assessment (available on the Dignity Health webpage). The final survey consisted of 32 questions with 7 additional demographic questions. The survey included questions on health status; health related quality of life, health care access, and both chronic and non-chronic health conditions (i.e. hypertension, diabetes, cholesterol, cancer diagnoses, women and men's health, and more). A copy of the survey can be found in Appendix B.

The survey collection used a convenience sampling approach where locations were selected to best represent the Camarillo community, including churches, senior centers, and farmers markets (locations found in Appendix C). Prior to collecting surveys, permission was requested from an individual of decision making authority. The survey was made available both in Spanish and English. Participants were given a brief explanation: completing the survey was voluntary and anonymous; it did not ask for their name, address, or telephone number and that results from the survey would help SJPVH better understand the community needs and types of services to offer or increase in the community. It was also stated to them that the survey would take approximately five minutes of their time and could be self-completed or if they needed assistance a St. John's employee or volunteer would conduct a one on one interview. To secure confidentiality, surveys were placed in a sealed box or envelope.

Based on the population of Camarillo City, it was determined at least 382 surveys would indicate a representative sample. Between January 5, 2016 and March 31, 2016, a total of 484 surveys were collected.

Data was then interpreted by coding survey responses and entered into an Excel spreadsheet. The compiled data was reviewed for accuracy and thereon inputted into analytical software SPSS (Version 21.0). Surveys that were omitted were those where age was not provided and or were not at least 70% complete or the participant did not reside or adjacent to SJPVH primary service area.

Survey responses were analyzed using descriptive statistics such as frequencies, percentages, means, modes, and cross tabulations. Survey responses were analyzed as compared to various independent variables, including place of residence, educational attainment, race/origin, and age.

Community Stakeholder Focus Groups and Key Informant Interviews

In addition to our health behavior survey and to supplement the quantitative findings, key informants were invited to participate in a group and/or interview to further assess the underlying drivers for health outcomes, current community efforts, and obstacles to health.

Key informant interviews with representation from Ventura County Public Health Department, Camarillo Police Department, and focus groups, with those having special knowledge and whose work focuses on health needs, health disparities, and vulnerable populations, provided vital information that increased the understanding of the health needs of the Camarillo community.

The community stakeholder focus group was held on May 2, 2016 and second meeting was held on May 3, 2016 at St. John's Regional Medical Center. Attending included individuals from community organizations including health professionals, social service providers, and other community leaders. The stakeholder focus group was given a Likert scale survey (found in Appendix H) on the services provided and top health needs in Ventura County. A nominal group process was then used to identify the top perceived health needs within the community. They were also asked the following questions:

1) What are our communities' strengths and what is working well?
2) What are our challenges and weaknesses as a community? and
3) What challenges may we face, and how can we overcome these obstacles?

Key informant interviews took place in the month of May 2016 and were asked the same questions, in addition to what they perceived as the top health needs in the community.

Community Leader Interviewees

Ventura County Public Health Department Director, Rigoberto Vargas

Camarillo Police Department Sergeant, John Franchi

Camarillo Health Care District Chief Resource Officer, Sue Tatangelo

Notes were taken during the focus groups and interviews to capture the bulk of the conversation. Interview notes were then condensed and summarized. A summary of community focus groups attendees and interview notes can be found in Appendix D-G.

Written Comments Received about SJPVH's June 2013 CHNA

There were no known written comments received on the previous CHNA and Implementation Strategy prepared and adopted in June 2013.

Secondary Sources

Questions in the health behavior survey were based upon the Centers for Disease Control and Prevention BRFSS, which is a secondary data source. A secondary data source is best described as information that has been collected by others, is typically readily available and is inexpensive to obtain. Many times secondary data covers a population from a larger geographic area than the area being analyzed, such as state and national level data. While secondary data has typically been validated, it may have been collected prior to actual publishing.

This CHNA utilized the following secondary data sources, and where possible, was compared to data collected during the community health survey providing a comparison of service area data to county, state, or national levels.

a) United States Census Bureau
b) Centers for Disease Control and Prevention – Behavioral Risk Factor Surveillance System
c) California Department of Public Health
d) Healthy People 2020
e) Health Matters in Ventura County

Based on the multitude of primary and secondary data sources evaluated and considered, there appears to be no evidence of information gaps that limit the ability of this CHNA to assess the community's health needs. The assembled data, information, and analyses provide a comprehensive identification and description of significant community needs.

St. John's Pleasant Valley Hospital did not contract with outside consultants or organizations for their 2016 CHNA. However, a renewed, county wide, interest arose in joint assessment activity and a closer collaboration will be evaluated for the 2019 CHNA with Ventura County Public Health, Community Memorial Hospital, Kaiser Permanente, and Simi Valley and Moorpark.

Assessment Data and Findings

This Community Health Needs Assessment was initiated and serves the purpose of identifying and responding to the health needs of the Camarillo Community. The primary data source for this CHNA was a community health survey designed to gain a perspective of each individual's social determinants as well as their health behavior and health conditions. The community health survey questions have been categorized and will be presented based upon similar indicators of health and compared to secondary data sources, as well as Healthy People 2020 found in Appendix I. In addition, qualitative data collected during stakeholder interviews will be included.

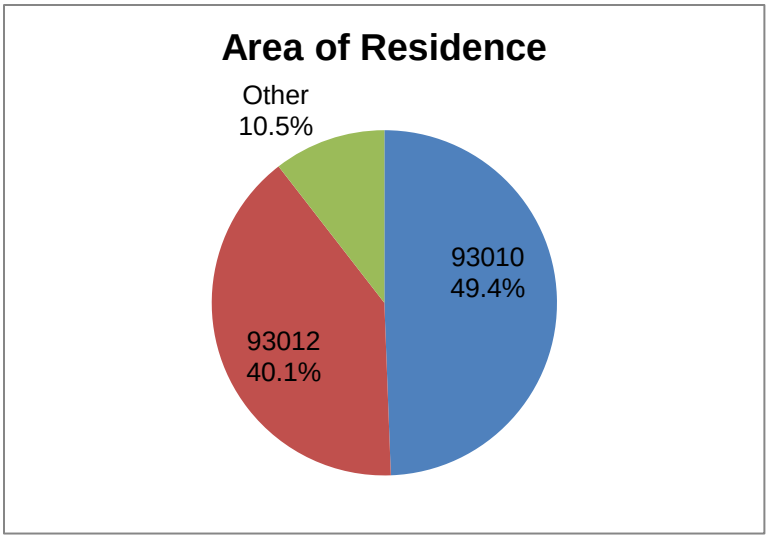
The community health survey results to each question for SJPVH are provided in Appendix B.

Survey Participants

Demographics

During the period of January 5 to March 31, 2016, the community health survey was completed by 484 participants between the ages of 18 and 99. Nearly all surveys were completed in English (n=476; 98.3%).

Figure 2. *Health Survey Participants' Place of Residence*



A breakout of survey participants' place of residence is displayed in Figure 2. Those residing in "other" include persons who reported living outside of SJRMC's primary service area.

Of the respondents, 76.9% were female (n=363) and 23.1% were male (n=109). Over half of the respondents were over the age of 66 (n= 320; 66.3%) correspondingly to an average age of 66.

When survey participants were asked about their race or origin, more than three quarters identified themselves as Caucasian (n=374; 78.9%). Followed by 10.5% of Hispanics (n=50) and 7.8% Asian (n=37). Lastly, 2.7% (n=13) identified other races or origins including American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Black or African American.

Close to all respondents received more than high school degree (n= 415; 87.3%). Furthermore, 26.3% of respondents received a Bachelor's degree (n=125) and13.9% have obtained a Master's degree (n=66).

Health Related Quality of Life

The communities health related quality of life was measured and compared to state and national levels.

Overall, 41% Camarillo residents rated their health as excellent or very good (n=197). A smaller percentage of 14.8% reported the health as poor or fair (n=71). Reporting health as poor and fair was most common among the disabled (n=9; 1.9%) and the retiree group (n=44; 9.5%). Still, good, very good, and excellent health was mostly indicated by this group (n=239; 51.6%).

Although quality of life can have a different meaning to everyone, health related quality of life encompasses aspects that include physical, mental health, emotional, and social functioning.

To further understand the community's health related quality of life, survey participants were asked how many days in the past 30 days was their mental health not good (which included stress, depression, and problems with emotions), of those responding at least one day, the average number of days was 10.

Participants were also asked whether they had difficulty doing errands alone such as visiting a doctor's office or shopping due to their physical, mental, or emotional condition. 8.4% (n=39) indicated difficulty and among those having difficulty with errands, 4.3% rated their health as poor or fair (n=20).

As mentioned, mental health is essential to a person's well-being and their ability to live a healthful and productive life. When mental health is at risk, it can also have a serious impact on physical health and effects on chronic disease such as diabetes, heart disease, and cancer.

Access to Health Care

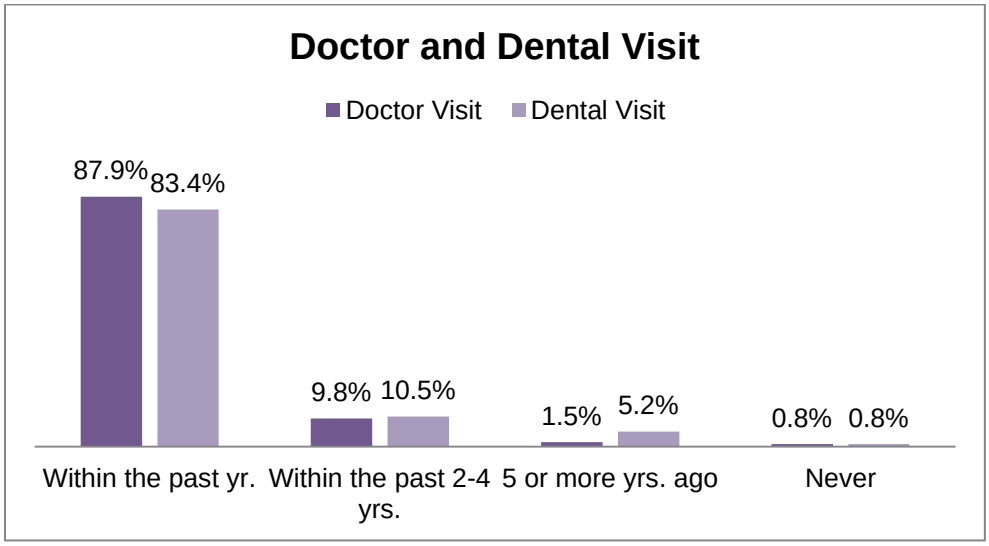
While access to comprehensive health care is important for the achievement of health equity and for increasing the quality of a healthy life for everyone, disparities in access to health services affect individuals and society. Efforts are continually made to help more people access affordable, quality health care; however, limitations to health care access can greatly impact people's ability to reach their full potential, negatively affecting their quality of life.

97.7% (n=465) of Camarillo residents reported having some kind of health insurance (including Affordable Care Act and restricted or emergency health insurance). Only a small percentage of 2.3% (n=11) reported not having any form of health insurance.

Survey participants were also asked how long it has been since they last visited a doctor for a routine checkup and dentist or dental clinic. 87.9% (n=420) of participants stated visiting a doctor within the past year, and only .8% (n=8) reported never.

Despite the majority of survey respondents visiting a dental clinic in the past year (n=398; 83.4%), a lesser amount is reported compared to that of doctor visits. 5.2% (n=25) of participants reported seeing a dentist 5 or more years ago vs. 1.5% (n=7) reporting a doctor's visit 5 or more years ago. Figure 3 helps to look at the difference between doctor and dental visits.

Figure 3. *Comparison of Doctor and Dental Visits*



Participants were asked if there was a time in the last 12 months when they needed to see a doctor but could not because of the cost- while 93.7% of participants said no, 4.0% of respondents said 'yes' - they were not able to see a doctor.

In addition to medical cost, extensive medical bills, or out of pocket expenses participants may be troubled with, 15.2% (n=51) participants also reported delaying medical care because they either had to wait too long for an appointment, they had a work conflict, or they had no way of getting to the doctor. All these reasons in delaying medical care make a person more susceptible to visit the emergency room (ER). Of those who responded at least one time (n=89), the average number of visits to the ER, in the last 12 months, was 4 times.

Cancer Screening

Cancer, being the second leading cause of death, has a major impact in the United States. By the end of 2016, it is estimated that over one million new cases of cancer will be diagnosed and nearly half will die from the disease. Cancer affects both men and women of all ages, races, and ethnicities.

Participants in the Camarillo community were asked if they had ever had a cancer diagnosis, more than a quarter said yes (n=127; 27.1%). Among the most common cancer types reported by participants, skin, breast, prostate, colon, ovarian, uterine, and cervical were most noted.

According to the American Cancer Society, breast cancer is the second leading cause of death in women. About 1 in 8 women in the United States develop invasive breast cancer during their lifetime. Overall, approximately all female survey participants received the age appropriate breast cancer screening within the past two years (n=199; 88.4%).

Cervical cancer, in the past, was one of the most common causes of cancer death for American women, but over the years the death rate has decreased by the increased use of the Pap tests. In Camarillo City, 54.0% (n=348) of women over the age of 21 reported having a pap test in the past 3 years. Pap tests are recommended up to the age 65.

Prostate cancer is one of the leading causes of cancer death among men of all races. Favorably, among Camarillo men over the age of 40, 81.0% (n=77) reported being screened for prostate cancer. Similarly, 84.3% (n=332) of survey respondents over the age of 50 stated having had a colonoscopy.

Skin cancer, being the most common cancer in the United States, was surely one of the most noted in the health behavior survey (n=55). Skin cancer is much more common among non-Hispanic whites than people of other races and ethnicities. About 1 in 5 Americans will develop skin cancer in their lifetime.

In California, the estimated number of new skin cancer cases is 8,560. The number of skin cancer cases has increased over the past few decades; fortunately, because 90% of skin cancers are associated with exposure to ultraviolet radiation from the sun, a lot can be done to protect you from skin cancer or treated effectively is caught early.

Cardiovascular Health

Heart Disease and stroke are among the top five leading causes of death and most costly health problems in the United States. Heart disease and stroke can cause severe

illness and disability and decreased quality of life. However, they are also among the most preventable conditions.

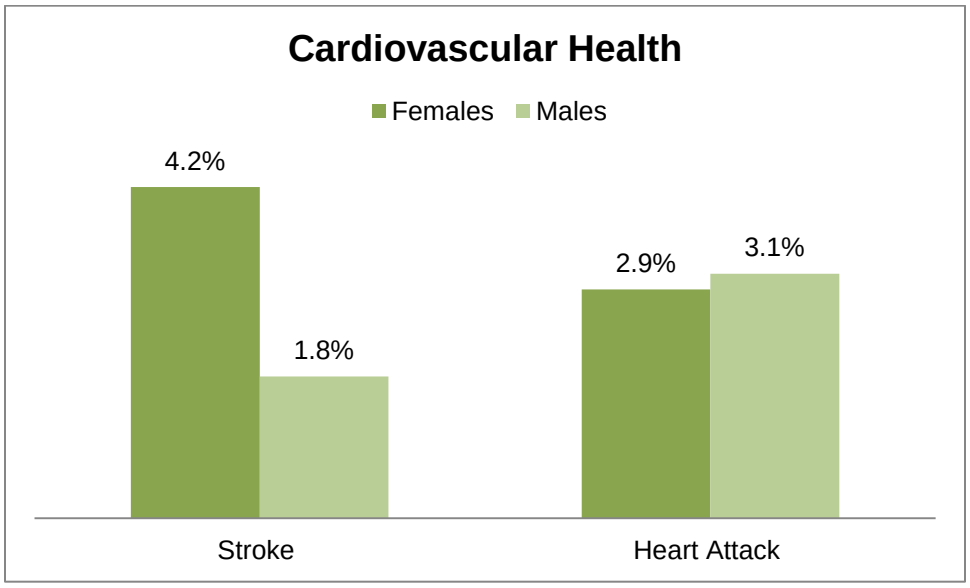
Among survey respondents, percentage rates in cardiovascular health including high blood pressure, high cholesterol, stroke and heart, are higher than state and national levels compared to that of the CDC's BRFSS.

Figure 4. *Heart Disease and Stroke*

Community Benchmark		CDC BRFSS, 2014	
	SJPVH	CA Rate	US Rate
Heart Attack (n=27)	5.8%	3.5%	4.4%
Stroke (n=28)	6.0%	2.7%	3.0%

Among survey participants, females had a higher percentage of having had a stroke than males, inversely to more males suffering a heart attack than their female counterparts. Heart attack and stroke was most common in those over the age of 66.

Figure 5. *Gender Differences in Heart Attack and Stroke*



Some of the leading and modifiable risk factors of heart disease and stroke include high blood pressure, high cholesterol, and cigarette smoking. In Camarillo, when asked about smoking, 5.9% (n=28) of survey respondents stated someone in the household smoked. Although the survey question pertained to anyone in the household, second hand smoke also increases the risk of heart attack and stroke in non-smokers.

High blood pressure and or high cholesterol can also increase the chance of developing heart disease and heart attack. Figure 6 depicts the high percentages of persons with high blood pressure and cholesterol when compared to CDSS BRFSS.

Figure 6. *Heart Disease and Stroke Indicators*

Community Benchmark		CDC BRFSS, 2014	
	SJPVH	CA Rate	US Rate
High Blood Pressure (n=195)	41.1%	28.7%	31.4%
High Cholesterol (n=216)	46.4%	37.7%	38.4%

High blood pressure and high cholesterol was reported among all races in Camarillo City. High blood pressure and high cholesterol was most common in females.

Figure 7. *High Blood Pressure and High Cholesterol among Ethnic Groups*

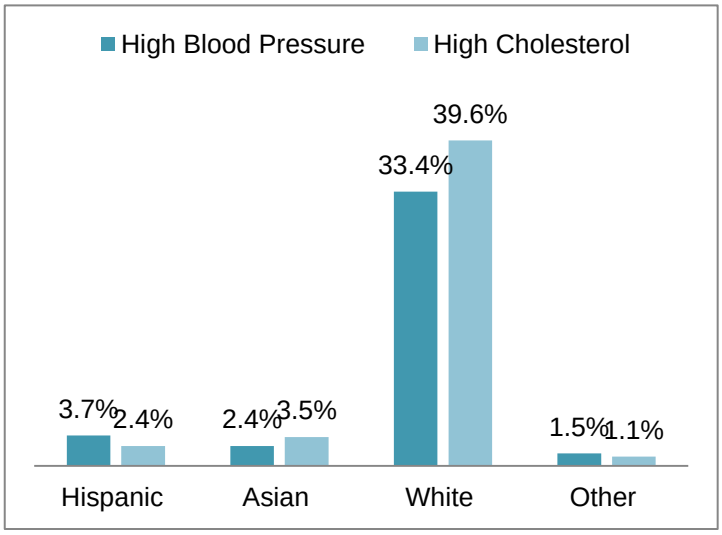
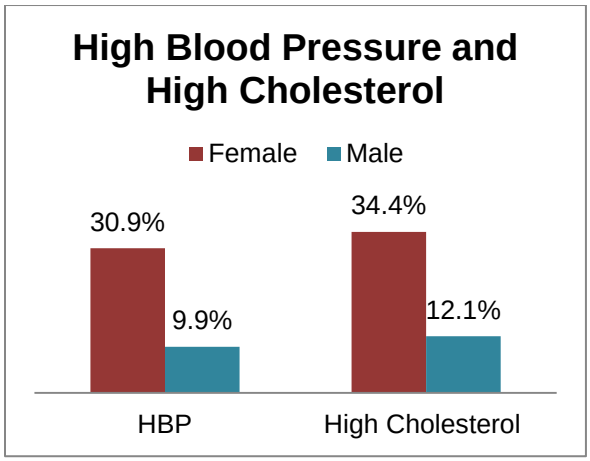


Figure 8. *Gender differences in High Blood Pressure and High Cholesterol*



The risk of developing cardiovascular disease could be reduced with improvements were made in the control of high blood pressure and cholesterol and diet and physical activity; however, an additional 10.1% (n=48) of respondents report having prehypertension.

Chronic Disease

Along with high blood pressure and high cholesterol, an unhealthy diet and physical inactivity are significant contributors to chronic conditions.

Diabetes, for example, was the seventh leading cause of death in the United States in 2010. Currently 29.1 million (9.3%) of the U.S. population have diabetes.

Pre-diabetes affects approximately 86 million American adults and 9 out of 10 people with prediabetes do not know they have it.

Survey participants were asked if they had been ever told by a doctor that they have diabetes. Figure 9 demonstrated the diabetes percentage of Camarillo residents with diabetes compared to that of CDC's BRFSS.

Figure 9. *Percent of Individuals with Diabetes*

Community Benchmark		CDC BRFSS, 2014	
	SJPVH (n=471)	CA Rate	US Rate
Diabetes (n=59)	12.5%	10.3%	10.0%
Pre Diabetes or Borderline diabetes (n=40)	8.5%	2.6%	1.3%

More females (n=34; 7.4%) than males (n=23; 5.0%) reported having diabetes; Caucasians (n=40; 8.7%) and Hispanics (n=11; 2.4%) had higher percentages than Asians (n=6; 1.3%) and other ethnic groups (n=1; 0.2%). All who reported having diabetes were above the age of 36.

While 78.8% (n=371) reported not having diabetes, 8.5% (n=40) have prediabetes. Prediabetes is treatable, but without intervention, it is likely to develop into type 2 diabetes within 10 years.

Modifiable Risk Factors

The risk of death and medical costs, for adults with diabetes is 50% higher than for adults without diabetes. Despite the impactful effects of diabetes; diabetes and other chronic conditions; however, may be prevented by healthful eating and regular physical activity.

BMI

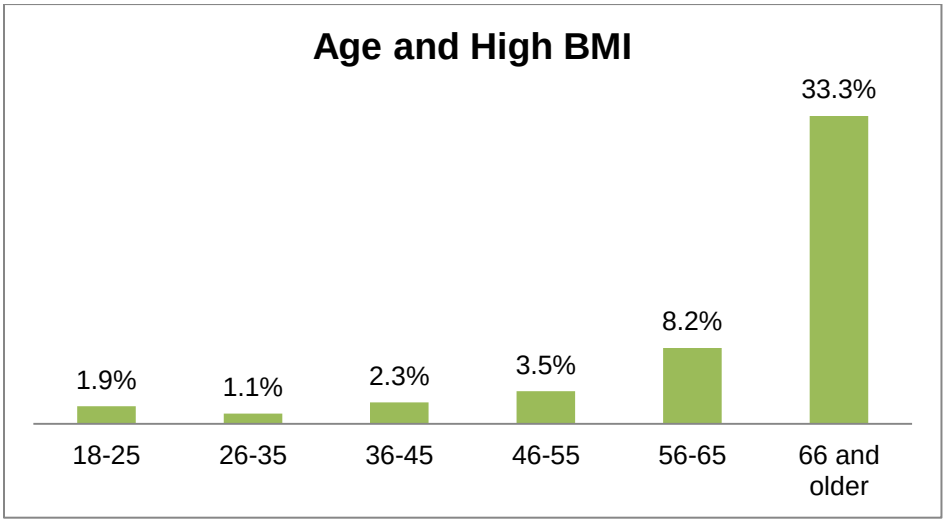
Being overweight or obese increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, and more. In Ventura County, reducing the 25.3% rate of adults with obesity to 21.6% has not been met. More specifically, participants from Camarillo were asked to report their height and weight to then calculate their BMI. Figure 10 below shows that, in fact, half participants are overweight and obese.

Figure 10. *Percent of Individuals with High BMI Scores*

Community Benchmark		CDC BRFSS, 2014	
	SJPVH	CA Rate	US Rate
Overweight (n=148)	34.4%	35.0%	25.4%
Obese (n=68)	15.8%	24.7%	29.6%
High BMI - Total	**50.2%**	**59.7%**	**55.0%**

Caucasians (n=163; 38.6%) and Hispanics (n=20; 7.2%) had higher BMI scores (includes both overweight and obese percentages), than Asians (n=14; 3.3%) and other ethnic groups (n=6; 1.4%).

Figure 11. *Age groups with high BMI scores*

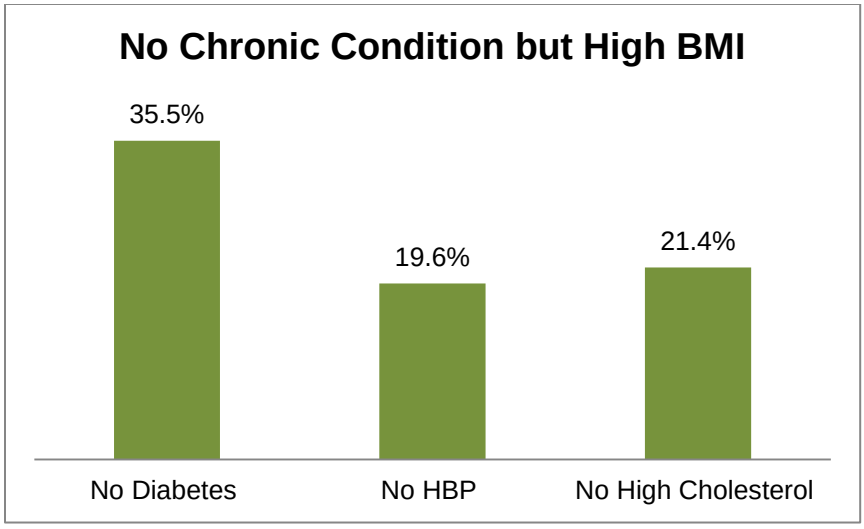


Physical Activity

78.4% (n=378) of survey respondents reported participating in physical activity or exercises, such as walking, running, or any other fitness activity at least three times a week. Nearly a quarter (n=103; 21.4%) report no physical activity. The benefits of physical activity are incredible; from controlling your weight, decreasing your risk of chronic diseases, and even some cancers, to improving your mental health and increasing your chances of living longer. 4.1% (n=19) of participants with diabetes, however, report they do not participate in any form of physical activity.

Furthermore, 8.1% (n=34) of individuals with diabetes, 25.1% (n=106) of those with high blood pressure, and 27.4% (n=114) with high cholesterol have a high BMI. 3.8% (n=16) of those who reporting having had a stroke and 3.2% (n=13) of those reporting a heart attack had a high BMI. Figure 12, however, shows those who report they do not have diabetes, high blood pressure, or high cholesterol, but have high BMI scores.

Figure 12. *High BMI but no reported Chronic Condition*



A high BMI score puts individuals at risk of developing diabetes, high blood pressure or high cholesterol. It is also possible that individuals may be undiagnosed, at borderline, and or unaware that they may and can potentially suffer from a chronic condition.

Healthful Eating

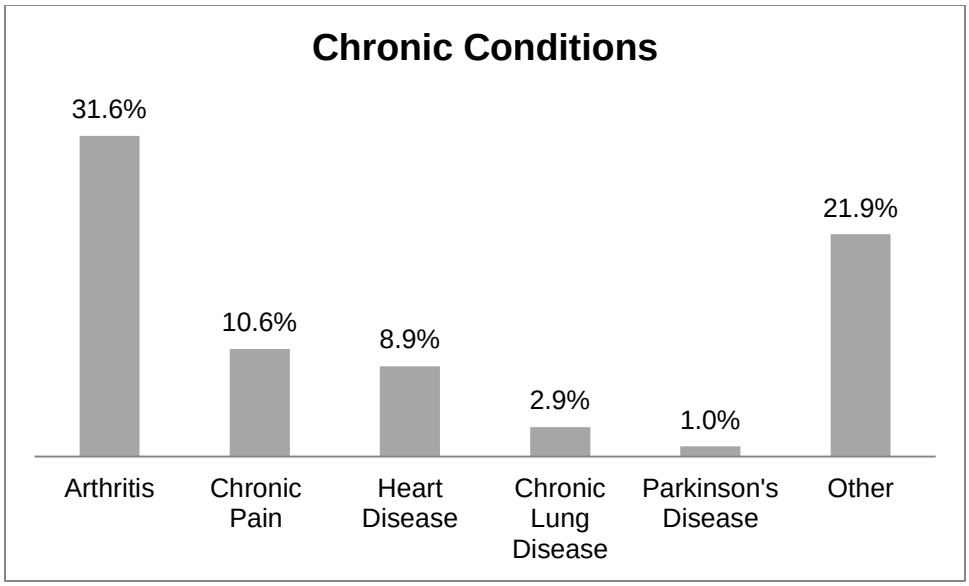
When asked about healthful eating, participants reported an average of 2 servings of fruit; equally to 2 servings of vegetables per day. An average of 8 sugary drinks or soda per week was reported.

Eating a diet rich in vegetables and fruits, like physical activity, may reduce the risk of a number of chronic conditions.

Other Chronic Conditions

Figure 13, represents other chronic conditions reported from Camarillo residents.

Figure 13. *Other Chronic Conditions*



Among these, arthritis, chronic pain and heart disease were most often reported. "Other" had a high percentage of 21.9% (n=106). Illnesses and/or conditions such as asthma, back pain, glaucoma, hypothyroidism, kidney disease, osteoporosis, sciatica pain, sleep apnea, neuropathy, and fibromyalgia were among the many reported.

Arthritis and chronic pain was significantly higher in females than males. Arthritis and chronic pain hinders an individuals' ability to work, activities of daily living, thus affecting their overall quality of life. Camarillo residents have a 10% higher percentage than that of the state level when to CDC's BRFSS.

Table 14. *Percent of Individuals with Arthritis*

Community Benchmark	SJPVH	CDC BRFSS	
		CA Rate	US Rate
Arthritis (n=154)	31.6%	20.4%	26.0%

Increasing health education plays an important role in preventing disease, improving health, and enhancing quality of life. Camarillo residents stated they access community health related resources, such as health and wellness programs, support groups, etc., mostly through friends and family (n= 314; 71.0%), the newspaper (n=62; 14.0%) and the Internet (n=59; 13.3%). Some mentioned their doctor and the Camarillo Health Care District.

Prioritized Description of Significant Community Health Needs

As a result of a comprehensive community needs review, St. John's Hospitals' Community Wellness Team, in collaboration with the Dignity Health Ventura County Community Board's Healthy Communities Committee, has established a tiered approach to prioritizing identified community health needs as follows:

Tier I community needs are those that are:

- the most urgent and
- not being addressed due to a lack of community resources to address the need.

Tier II community needs are

- less urgent but that are
- not being fully addressed by existing community resources.

Tier III community needs are

- entrenched or somewhat permanent challenges to good health and
- somewhat adequately addressed/met by existing community resources.

Tier IV community needs

- being adequately addressed by existing community resources.

The identified Community Health Needs are prioritized in this tier approach as follows:

Figure 15. *Prioritized Description of Significant Health Needs*

TIER I
Obesity & Overweight (especially re. a lack of health lifestyle education)
○ Half (50.2%) of participants are either overweight or obese. ○ Precursor to increased chronic conditions ○ Recommended fruit and vegetable intake not met
Lack of Mental Health Resources
○ Identified during key stakeholder gatherings ○ Lack of providers ○ Lack of funds for mental disorders including dementia ○ Survey participants reported an average of 10 poor mental health days per month ○ 8.5% of all survey participants reported they have difficulty doing errands alone
Family Caregiver Support & Respite
○ Identified during all qualitative data gatherings efforts ○ Known lack of available of available resources in the community ○ Caregivers are experiencing burnout, depression, and neglecting their own health
TIER II
Diabetes & Prediabetes
○ Percentages of those with diabetes and prediabetes are higher when compared to CDC's BRFSS state and national level ○ 12.5% of individuals have diabetes ○ 8.5% of individuals have pre diabetes
Cardiovascular Health
○ 5.8% of participants have suffered from a heart attack and ○ 6.0% of participants have suffered from a stroke ○ Stroke and heart attack percentages are higher when compared to CDC's BRFSS state and national level ○ Nearly half of participants have high blood pressure (41.1%) and high cholesterol (46.4%)
Cancers
○ Among types of cancers, skin cancer was most noted (n=55)
Arthritis
○ 31.1% of residents report having arthritis
TIER III (none identified)
TIER IV (none identified)

Resources Potentially Available to Address Needs

While resources are available to address the needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. Ventura County is home to a wealth of organizations, businesses, and nonprofits including our own St. John's Pleasant Valley Hospital, and the following:

Adult Protective Services

Alzheimer's Association

Arc Ventura County

Area Agency on Aging

Camarillo Health Care District

Camarillo YMCA

Caregivers- Volunteers Assisting the Elderly

Catholic Charities

Homeless Prevention and Rapid ReHousing Program (HPRP) of Ventura County

Interface Children and Family Services – 211 Ventura County Helpline

Pleasant Valley Senior Center

Ventura County Behavioral Health Older Adult Services

Ventura County Public Health

Wellness and Caregiver Center of Ventura County

SJPVH will continue to build community capacity by strengthening partnerships among various, local community-based organizations.

Impact of Actions Taken Since the Preceding CHNA

Primary care for the poor and marginalized is a leading focus of Dignity Health. Dignity Health shares a commitment to improve the health of our community and delivers programs and services to achieve those goals. Since the preceding 2013 CHNA several improvements in health behaviors, health outcomes, resources and services have been made.

In efforts to address lack of financial resources and chronic conditions of the Oxnard community, Dignity Health St. John's Regional Medical Center, increased collaboration, mobile health fairs and immunizations and health education.

Health Ministries

Through increased collaboration and generosity of local businesses, the activities in the Health Ministries program provide basic needs support to over 7,000 individuals a year. The food pantry who serves clientele with incomes no higher than 138% of federal poverty guidelines, distributes food and hot meals during the entire year to help meet basic needs of those with low income. Clothing donations, gifts through the Adopt a Family and community referrals to local agencies, bus passes, and financial assistance were also provided to county residents.

Community Building

To further create and promote collaboration, Dignity Health SJRMC and SJPVH, convenes a monthly "Ventura County Networking Meeting." Members of the Ventura County Networking share county wide efforts to address the needs of the vulnerable. Presentations on the health needs of residents are highly encouraged and welcomed. During the year a number of presentations where held on Senior Concerns, Food Share, Ventura County Behavioral Health, Dignity Health Community Grants, Ventura County Child Support Division and Alzheimer's Association, and others.

Health Fairs and Immunizations

Our mobile health fairs reach the Latino population and the working poor with no health insurance. Through the mobile health fairs we are able to provide free healthcare services; such as screenings in blood sugar, blood pressure, anemia, waist circumference as well as offer preventative health education to low income and underinsured children and adults.

To improve school readiness for children, through prevention, vaccinations, and early interventions, proposed to improve the immunization rates for children, and in addition to adults.

Health Education Programs

In conjunction with health screenings, preventative and self-management education is offered. Community members are invited to participate in programs like the Adult Diabetes and Education and Support Group, Chronic Disease Self- Management Program, Hello Health: Living Well with Diabetes, and free A1C screenings. Almost all programs, with the exception of the diabetes support group, are offered both in Spanish and English and free of charge.

Heart Failure (CHAMP) Program

As part of our commitment to give persons with heart failure and their family members the knowledge and support necessary to help them maintain the highest quality of life and reducing their risk of being readmitted to any hospital or emergency department, we offer a heart failure program. The comprehensive program offers consistent telephone follow-up and education and when applicable or necessary home health follow-up, cardiac rehab.

Senior Wellness

Our senior wellness program aims to provide seniors with tools to improve their health and wellness. The Energizer's Walking program, and senior wellness screenings at various senior center locations, are programs that benefit our senior population. The services offered are bilingual and free to the community.

Appendix A: U.S. Census Data

	City of Camarillo (93010, 93012)	Somis (93066)
Population		
Total Population Estimate, 2014	66,923	3,102
Population under 5 years, 2010	5.7%	4.8%
Population under 18 years, 2010	23.2%	20.1%
Population 65 and over, 2010	17.2%	17.3%
Race and Ethnicity		
Hispanic or Latino alone, 2010	22.9%	34.9%
White alone, not Hispanic or Latino, 2010	61.8%	63.5%
Asian alone, 2010	10.2%	2.7%
Black or African American, alone, 2010	1.9%	0.7%
American Indian or Alaska Native alone, 2010	0.6%	0.4%
Native Hawaiian and Other Pacific Islander, 2010	0.2%	0.3%
Education		
High School Graduate, 2010-2014	92.6%	86.1%
Poverty		
Below Poverty Level	5.5%	14.3%
Without Health Insurance	11.1%	--

***** All estimates are sourced from the U.S. Census Bureau's American Community Survey unless otherwise indicated.

Appendix B: Community Health Survey & Results (N=484)

Please circle or place a "√" with your answer for each question.

1. **My age is _____ years.** *Average age: 66 years (n=484)*

Age Groups

18-25	*(n=36; 7.2%)*	*46-55*	*(n=26; 5.4%)*
26-35	*(n=17; 3.5%)*	*56-65*	*(n=67; 13.9%)*
36-45	*(n=18; 3.7%)*	*66 and above*	*(n=320; 66.3%)*

2. What is your zip code? *(n=484)*

Camarillo: *(n=239; 49.4%)* **93010** *(n=194; 40.1%)* **93012** *(n=51; 10.5%)* **Other**

3. **I am:** *(n=109; 23.1%)* **Male** *(n=363; 76.9%)* **Female** *(n=472; did not answer=12)*

4. **What is the highest grade or year of school you completed?** *(n=476; did not answer=8)*

(n=0; 0.0%) No formal education
(n=6; 1.3%) Elementary school
(n=3; .6%) Junior High or Middle School
(n=8; 1.7%) Some High School
(n=44; 9.2%) High School Diploma
(n=126; 26.5%) Some College
(n=66; 13.9%) Associate of Arts Degree (AA, AS)
(n=20; 4.2%) Trade School (i.e. mechanic, etc.)
(n=125; 26.3%) Bachelor's Degree (BA, BS)
(n=66; 13.9%) Master's Degree (Graduate School)
(n=12; 2.5%) Doctorate Degree (PhD)

5. **How many children under the age of 18 live in your house?** *(n=463; did not answer=21)*

Of those answering at least one child, the average is 4. (n=53)

(410 participants responded 0 children under age 18 living in household).

6. And how many adults live in your house? (n=474; did not answer=10)

Average 3

7. What do you consider as your race or origin? ***(Please mark with a "√".)***

(n=0; 0.0%) Indigenous Indian (Oaxaca or Guerrero)
(n=50; 10.5%) Hispanic or Latino(a)
(n=37; 7.8%) Asian
(n=374; 78.9%) White
(n=13; 2.7%) Other (American Indian or Alaska Native, Native Hawaiian or Other Pacific Island, Black or African American, Other)

Wellness

1. **In general how would you rate your health?** *(n=481; did not answer=3)*

(n=9; 1.9%)	*Poor*	*(n=147; 30.6%)*	*Very Good*
(n= 62; 12.9%)	*Fair*	*(n=50; 10.4%)*	*Excellent*
(n=213; 44.3%)	*Good*		

2. **Do you currently suffer from any chronic diseases listed below.**

(n=153; 31.6%)	*Arthritis*	*(n=14; 2.9%)*	*Chronic Lung Disease*
(n=43; 8.9%)	*Heart Disease*	*(n=51; 10.6%)*	*Chronic Pain*
(n=5; 1.0%)	*Parkinson's Disease*	*(n=106; 21.9%)*	*Other*

Other conditions reported: Asthma, back pain, glaucoma, hypothyroidism, kidney disease, osteoporosis, sciatica pain, sleep apnea, neuropathy, vertigo, fibromyalgia, and others.

3. **Do you currently participate in any physical activities or exercises at least three times a week? For example, walking, running, or any other physical fitness activity.** *(n=482; did not answer=2)*

(n=378; 78.4%) **Yes** *(n=103; 21.4%)* **No** *(n=1; .2%)* **Don't know/Not sur**

4. **How many servings of fruit do you eat each day? _____ servings** *(n=475; did not answer=9)*

Average 2

5. **How many servings of vegetables do you eat each day? _____ servings** *(n=473; did not answer=11)*

Average 2

13 participants responded eating 0 vegetables per day.

6. **How many cans of soda or other sugary drinks do you drink per week? _____** *(n=459; did not respond=25)*

Of those responding at least one drink, the average amount of soda or other sugary drinks per week is 8 (n=160)

(299 participants responded drinking 0 cans of soda or sugary drinks per week).

Health Care Access

7. **Do you have any kind of health insurance?** *(n=476; did not respond=8)*

(n=445; 93.5%)	*Yes (Private, Medical, Medicare)*
(n=18; 3.8%)	*Yes, Affordable Care Act (Obama Care)*
(n=2; .4%)	*Yes, but only emergency, restricted, or pregnancy restricted Medi-Cal.*
(n=11; 2.3%)	*No*

8. **How long has it been since you last visited a doctor for a routine checkup?** *(n=478; did not answer=6)*

(n=420; 87.9%) Within the past year *(n=7; 1.5%) 5 or more years ago*
(n=47; 9.8%) Within the past 2-4 years *(n=4; .8%) Never*

9. In the last 12 months, how many times did you go to an emergency room to get care for yourself? _____ *(n=459; did not answer=25)*

Of those responding at least one time, the average number of emergency room visits is 4 (n=89).

(370 participants responded 0 visits to the emergency room in the past 12 months.)

10. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to a dental specialist, such as an orthodontist. *(n=477; did not answer=7)*

(n=398; 83.4%) Within the past year *(n=25; 5.2%) 5 or more years ago*
(n=50; 10.5%) Within the past 2-4 years *(n=4; .8%) Never*

11. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? *(n=475; did not answer=9)*

(n=445; 93.7%) No *(n=3; .6%) Deductible was too high*
(n=19; 4.0%) Yes *(n=8; 1.7%) Don't know/Not sure*

12. Besides cost, were there other reasons you could not see a doctor during the past 12 months? *(n=336; did not answer=148)*

(n=26; 7.7%) You had to wait too long for an appointment
(n=18; 5.4%) You had to work
(n=7; 2.1%) You had no way to get there
(n=285; 84.8%) I did not delay getting medical care or did not need medical care

13. How do you typically find community health resources? (health and wellness programs, support groups, etc.) *(n=442; did not answer=42)*

(n=314; 71.0%) Friends/Family *(n=2; .5%) TV*
(n=62; 14.0%) Newspaper *(n=59; 13.3%) Internet*
(n=5; 1.1%) Radio

<u>Health Conditions</u>

14. Have you ever suffered from a

Stroke *(n=465; did not answer=19)*

(n=434; 93.3%) **No** *(n=28; 6.0%)* **Yes** *(n=3; .6%)* **Don't Know/ Not Sure**

Heart attack *(n=464; did not answer=20)*

(n=435; 93.8%) **No** *(n=27; 5.8%)* **Yes** *(n=2; .4%)* **Don't Know/ Not Sure**

15. **Have you ever been told by a doctor or other health professional that you have high blood pressure?** *(n=474; did not answer=10)*

(n=195; 41.1%) **Yes** *(n=48; 10.1%)* **Yes, borderline high**
(n=3; .6%) **Yes, only during pregnancy (female)** *(n=228; 48.1%)* **No**

a. **If yes, do you currently take medicine to control your high blood pressure?** *(n=232; did not answer=252)*

(n=170; 73.3%) **Yes** *(n=62; 26.7%)* **No** *(n=0; 0.0%)* **Don't know/Not sure**

16. **Have you ever been told by a doctor that you have diabetes?** *(n=471; did not answer=13)*

(n=59; 12.5%) **Yes** *(n=40; 8.5%)* **Prediabetes**
(n=1; .2%) **Yes, only during pregnancy (female)** *(n=371; 78.8%)* **No**

b. If yes, do you take medicine to control your diabetes? *(n=132, did not answer=352)*

(n=54; 40.9%) **Yes** *(n=78; 59.1%)* **No** *(n=0; 0.0%)* **Don't know/Not sure**

17. **Have you ever been told by a doctor or other health professional that you have high cholesterol?** *(n=466; did not answer=18)*

(n=216; 46.4%) **Yes** *(n=242; 51.9%)* **No** *(n=8; 1.7%)* **Don't know/Not sure**

c. If yes, do you currently take medicine to control your high cholesterol? *(n=267; did not answer=217)*

(n=165; 61.8%) **Yes** *(n=102; 38.2%)* **No** *(n=0; 0.0%)* **Don't know/Not sure**

18. **Have you ever had a cancer diagnosis?** *(n=469; did not answer=15)*

(n=127; 27.1%) **Yes** *(n=340; 72.5%)* **No** *(n=2; .4%)* **Don't know/Not sure**

d. ***If yes, what type (breast, skin, lung, etc.)?*** _____
Cancer Types: Skin (55), breast (32), prostate (8), colon(5), ovarian(4), uterine(4), bladder (3), cervical (2), thyroid (2), and others.

19. **How many different medications do you take on a daily basis? (including vitamins, over the counter medicines, and prescription medications)** *(n=440; did not answer=44)*

Of those responding at least one medication, vitamin, or over the counter drug, average number of medication is 11.

37 participants responded taking 0 medications, vitamin, or over the counter drugs.

(n=17; 3.5%) **____ Check "√" here if you don't know or are not sure.** *(n=484)*

20. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions? *(n=463; did not answer=21)*

(n=300; 64.8%) **Yes** *(n=155; 33.5%)* **No** *(n=8; 1.7%)* **Don't know/Not sure**

21. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

Participants > 50 year. (n=394)

(n=332; 84.3%) **Yes** *(n=61; 15.5%)* **No** *(n=1; 0.3%)* **Don't Know/ Not Sure**

Women's Health

22. For women, a Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years?

Women over the age of 21 who have had a pap test (n=348)

(n=188; 54.0%) **Yes** *(n=154, 44.2%)* **No** *(n=6, 1.7%)* **Don't Know/Not Sure**

23. A mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram?

Women over the age of 40 who have had a mammogram (n=303)

(n=286; 94.3%) **Yes** *(n=17; 5.6%)* **No** *(n=0; 0.0%)* **Don't Know/ Not Sure**

e. If yes, when was your last mammogram? _____ yr(s) ago.

(n=199; 88.4%) 1-2 years *(n=11; 4.9%) 5-10 years*

(n=12; 5.3%) 3-4 years *(n=3; 1.3%) 11 or more years*

Men's Health

24. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Have you ever been screened for prostate cancer?

Men over the age of 40 who have had a PSA test (n=95)

(n=77; 81.0%) **Yes** *(n=16; 16.8%)* **No** *(n=2; 2.1%)* **Don't Know/ Not Sure**

Other Topics

25. **Are you currently….?** *(n=466; did not answer=18)*

(n=92; 19.7%) Employed *(n=284; 60.9%) Retired*

(n=29; 6.2%) Full Time Student *(n=12; 2.6%) Unemployed*

(n=2; .4%) Active Military *(n=2; .4%) Unable to work*

(n=32; 6.9%) Homemaker *(n=13; 2.8%) Disabled*

There were 16 respondents who were employed whilst being a student.

Employment Type *(n=86; did not answer=398)*

(n=0; 0.0%) Agriculture *(n=25; 29.1%) Customer Service*

(n=6; 7.0%) Management *(n=23; 26.7%) Professional*

(n=7; 8.1%) Education *(n=1; 1.2%) Self-Employed*

(n=23; 26.7%) Health Care *(n=1; 1.2%) Volunteer*

26. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the last 30 days was your mental health <u>not good</u>? _____ **days** *(n=350; did not answer=134)*

Of those responding at least one day, average number of days when mental health was not good is 10 days (n=123)

227 respondents said they had had 0 days were there mental health was not good.

(n= 69; 14.3%) **_____ Check "√" here if you don't know or are not sure.** (n=484)

27. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? *(n=466; did not answer=18)*

(n=39; 8.4%) **Yes** *(n=425; 91.2%)* **No** *(n=2; .4%)* **Don't know/Not sure**

28. Are you the caretaker of any adult other than yourself? *(n=461; did not answer=23)*

(n=63; 13.7%) **Yes** *(n=394; 85.5%)* **No** *(n=4; .9%)* **Don't know/Not sure**

29. My **height** is _____ My **weight** is _____ lbs. (n=430; did not answer=54)

(n=10; 2.3%) Underweight *(n=148; 34.4%) Overweight*

(n=204; 47.4%) Normal *(n=68; 15.8%) Obese*

30. In the past 30 days, did you ever consume more than 5 alcoholic drinks for a man or 4 drinks for a woman at one time? *(n=472; did not answer=12)*

(n=56; 11.9%) **Yes** *(n=411; 87.1%)* **No** *(n=5; 1.1%)* **Don't know/Not sure**

31. Does anyone in your household smoke? (i.e. tobacco products, e-cigarettes, etc.) *(n=472; did not answer=12)*

(n=28; 5.9%) **Yes** *(n=444; 94.1%)* **No** *(n=0; 0.0%)* **Don't know/Not sure**

32. How safe do you feel in your current living situation? *(n=472; did not answer=12)*

(n=4; .8%) **Never Safe** *(n=3; .6%)* **Rarely Safe** *(n=7; 1.5%)* **Sometimes Safe**

(n=76; 16.1%) **Often Safe** *(n=382; 80.9%)* **Always Safe**

THANK YOU FOR COMPLETING THE SURVEY!

<u>Source:</u> Most survey questions adapted from Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.*

<u>Dignity Health Employee or Volunteer</u>

Interviewer _____ Location _____

Sub ID _____ Data Input Y N By _____

Appendix C: Community Health Survey Collection Locations

Camarillo City Council - Senior Transportation Panel

Camarillo Farmers Market

Camarillo Health Care District

Camarillo Library Business Expo

Camarillo YMCA

Casa Del Norte

Padre Serra Parish

Pleasant Valley Senior Center

St. John's Pleasant Valley Hospital

Appendix D: Summary of Community Leader Interviews

The following provides a summary of community leader discussion regarding their perspective of the community they represent and its strengths and weaknesses/needs.

Ventura County Public Health Department Director, Rigoberto Vargas
May 18, 2016

Ventura County Public Health Director, Rigoberto Vargas, identified not two but three top health needs the county is faced with. Cancer, being number one, is still among the top two leading cause of death and a number of them can be prevented. The second top health concern county wide is diabetes. In Ventura County it ranks among the top ten leading causes. Diabetes is many times underreported. Third, obesity, although it may be tapering off, it is still very high. Obesity is not a cause of death but it is a risk factor for diabetes and heart disease. He states that healthy foods are not affordable to all.

There are still a number of uninsured residents and those who are insured are not utilizing all the services offered because they may not be aware of their insurance plans coverage. He recommends we continue to work with individuals to navigate and educate them through their health insurance plans as well prevention services and mental health. Camarillo's elder population would further benefit in assistance in transportation to and from doctor's appointments, early detection and awareness, and prevention and control of illnesses.

In order to overcome some of these challenges, Vargas states we continue to collaborate, form partnerships and be proactive in addressing the core root causes of health.

Camarillo Police Department Sergeant, John Franchi
June 1, 2016

Camarillo Police Department Sergeant John Franchi, who is also the Crisis Intervention Team Coordinator, says that although the elderly population in Camarillo is large, there are a number of resources available to them. The Camarillo Police Department has a great bond with APS to help the elderly almost immediately as opposed to years ago, when a lot of paperwork needed to be done beforehand. The police department in doing their best in offering free programs to reach them and keep the community safe. He also makes note of the Camarillo Health Care district, who like them, truly care about their community. Franchi encourages the continuation of resource fairs and presentations on abuse and safety to the elderly.

Camarillo Health Care District Chief Resource Officer, Sue Tatangelo
May 5, 2016

Chief Resource Officer, Sue Tantangelo, identified two top health needs within the Camarillo community. She expressed that Alzheimer's disease is one of the costliest chronic diseases in society and by 2050 the number of people with Alzheimer's disease will triple. Because Alzheimer's is an age related disease, individuals are more likely to have other co-existing chronic diseases complicating care. The second need aligned with that of caregivers, expressing that caregivers are the backbone to the long-term care system in the U.S. and lack the necessary support, training, and education to do their job. Caregiving demands cause significant declines in caregiver health.

She further states, that having a health care district in the community leverages additional resources to improve population health that most communities do not have. The district currently uses innovative partnerships and care strategies to improve patient experience, increase health outcomes, and decreases health care cost for community members to enjoy wellness, longevity, and quality of life. However, Sue believes there is a need to build stronger linkages between health providers and social service providers for integration of long term support and services. Health care policy transformation and including the integration of LTSS (Long Term Supports and Services) in the health care continuum is needed. Providing reimbursement of community based services to support wellness at home would decrease hospital admissions, ER use, and physician visits.

Lastly, strongly advocates that in order to overcome community health challenges, we create innovative collaborations and partnerships that test new models of care that also address the social determinants of health.

Appendix E: Community Stakeholder Focus Group (1) Summary

May 2, 2016

Organizations attending: Camarillo Health Care District (Sue Tantagelo), Leisure Village (Pat McGregor, Mary Jane Portnoy), Camarillo Hospice(Sandy Nirenberg), California Commission on Aging (Jane Rozanski)

What are the top two health challenges facing our community?

- Alzheimer's disease is increasing
- Isolation of the elderly- disability affecting the elders and living by themselves
- Caregiving is a challenge- the cost of caregivers coming to homes is high
- Caregivers- unsupported, do not know who to turn for help, are not getting help for themselves, they develop chronic conditions and neglect their own health
- Depression

What are our challenges and weaknesses?

- No funding stream so that the elderly can remain at home
- Health care sector and Community care sector- keep that continuum and soft hand off
- The model of delivering health care is negatively changing.
- Increased emergency room visits and long wait time - every Emergency Room is swamped and it is not personal anymore
- Mental health services are almost non-existent

How do we overcome these challenges?

- Encourage self- management: Empower and educate people to live a better life in order to manage their conditions
- Creating partnerships
- Build safer connection between health care resources for easy safe hand off after leaving hospital and getting individuals connected to resources
- Education about the resources available
- Investing an increased amount of time to help people with mental health
- Teach resilience

Appendix F: Community Stakeholder Focus Group (2) Attendees

Stakeholder Forum

May 3, 2016

Representation from:

Alzheimer's Association

Boys and Girls Club of Greater Oxnard and Port Hueneme

California Lutheran University

California Rural Legal Assistance

Camarillo Health Care District

Child Health and Disability Prevention (CHDP)

Community Action of Ventura County

Consulado de México - Ventanilla De Salud

El Centrito Family Learning Centers

FOOD Share, Inc.

Gold Coast Health Plan

Human Services Agency

Human Services Agency – HSA

Livingston Memorial Visiting Nurse Association and Hospice

Oasis Catholic Charities

Project Access

Turning Point Foundation

Ventura County Medical Resource Foundation

Ventura County Public Health

Ventura Health Care Agency

Appendix G: Community Stakeholder Focus Group Summary

May 3, 2016

What are our communities' strengths or what is working well today?

- Education on diabetes in the community
- Gold Coast and other organizations have done a good job with outreach to the community in enrolling individuals to educational and preventative services
- Ventura County Public Health has great collaboration with other organizations to decrease STD's and HIV

What are our challenges and weaknesses?

- Access to Care- Some people cannot afford care. Poor families cannot afford ACA health insurance plan or the deductibles.
- Availability to affordable healthy foods- when people cannot afford healthy foods they purchase fast foods.
- There are a huge number of baby boomers coming into ages of chronic illnesses like dementia and other cognitive losses.
- Training is needed in ER for patients with dementia and their caregiver
- Transportation to health appointments in Ventura County - people may have to take 2-3 buses, long waits to see a doctor, doctors sometimes send patients to ER or Urgent Care.
- Lack of physician appointments especially for urgent care
- Difficulty in getting an urgent appointment during the weekend
- Quality bilingual care, especially for Mestizo community
- Need for safe parks
- There is a lack of mental health providers - Mental health problems are increasing in the community. Some mental health policies prevent people from getting mental health services for free.
- Caregiver burnout - anxiety, loss of sleep, getting ill themselves

How do we overcome these challenges?

- Funding to address issues that are surfacing
- Collaboration
- Communication
- Cooperation
- Competition can destroy this
- Need for healthy communities and coalitions and self-sustainable programs
- Support for families with members with disabilities like Autism, etc.

Appendix H: Stakeholder Survey and Summary

1. In general, how would you rate the overall quality of the healthcare delivered to your communities?

	Poor	Fair	Good	Very Good	Excellent	Don't Know
Ambulance Care						
Child Care						
Chiropractor						
Dentists						
Emergency Room						
Eye Doctor/ Optometrists						
Family Planning Services						
Home Health						
Hospice						
Inpatient Services						
Mental Health Services						
Nursing Home/ SNF						
Outpatient Services						
Pharmacy						
Primary Care						
Specialist Physician Care						
Clinic Urgent/ Care						
Public Health Departments						
School Nurse						

2. In your opinion, what are the top health needs in Ventura County?

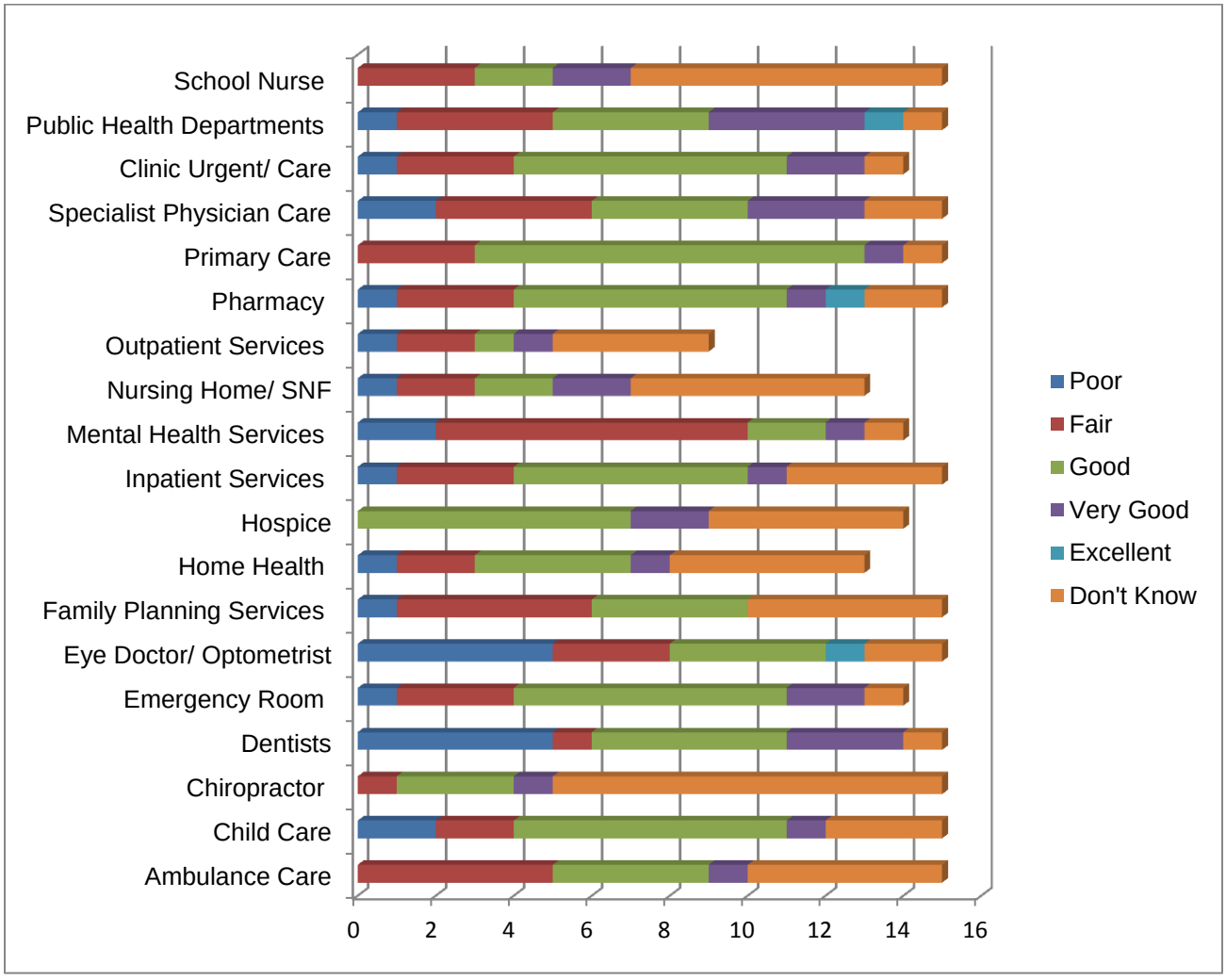
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Access to Care					
Affordable Health Insurance					
Cancer					
Diabetes					
Drugs/Alcohol					
HIV/AIDS					
Heart Disease					
Mental Disorders					
Obesity					
Respiratory Disease					
Sexually Transmitted Diseases					
Stroke					
Suicide					

Stakeholder Survey Summary

Each participant offered their top three needs from question 2 on survey above, although all had different views on the top three health needs facing the community, needs that emerged most frequently related to affordability and access to health insurance, diabetes and prediabetes along with obesity, mental disorders, dental care, and drugs and alcohol.

Organizations, who represented the Camarillo population, likewise to community leaders, expressed concern of their elder population. Time and time, Alzheimer's and dementia were mentioned. Camarillo Health Care District and Alzheimer's Association representatives verbalized the need for increased services for the elderly, but also for caregivers. Caregivers are next to suffering from chronic conditions, more and more often are caregivers experiencing burnout, depression and they neglect their health. There are not enough resources available to them and more can be done to support them.

Figure 16. *Ratings of services in Ventura County*



Appendix I: Healthy People 2020 Comparison

Healthy People (HP) 2020 Objective	Met (✓) Unmet (×)	HP 2020 Target	HP 2020 Baseline	SJRMC (n=484)	CDC BRFSS, 2014	
					CA Rate	US Rate
Access to Health Care						
AHS-1.1 Increase the proportion of people with medical insurance	×	100%	83.2%	97.7%	85.2%	87.6%
AHS-6.2 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care	✓	4.2%	4.7%	4.0%	13.5%	13.1%
OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year	✓	49.0%	44.5%	83.4%	65.1%	65.3%
Cancer Screening						
C-17 Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines	✓	81.1%	73.7%	88.4%	77.3%	73.0%
C-15 Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines	× *	84.5%	93.0%	54.0%*	75.2%	75.2%
C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines	✓	70.5%	52.1%	84.3%	66.6%	69.3%
Cardiovascular Health						
HDS-5.1 Reduce the proportion of adults with hypertension	×	26.9%	29.9%	41.1%	28.7%	31.4%
HDS-7 Reduce the proportion of adults with high blood cholesterol levels	×	13.5%	13.5%	46.4%	37.7%	38.4%
Diabetes						
D-1 Reduce the annual number of new cases of diagnosed diabetes in the population	×	7.2%	8.0%	12.5%	10.3%	10.0%
Weight Status						
NWS-8 Increase the proportion of adults who are at a healthy weight	✓	33.9%	30.8%	47.4%	37.7%	33.4%
NWS-9 Reduce the proportion of adults who are obese	✓	30.5%	33.9%	15.8%	24.7%	29.6%
General Health Status (above or below state or national level compared to CDC BRFSS, 2014)						
Experience Fair or Poor Overall Health	> ✓	----	----	14.8%	18.1%	16.4%
Health Indicators						
Heart Attack	> ×	----	----	5.8%	3.5%	4.4%
Stroke	> ×	----	----	6.0%	2.7%	3.0%
Prediabetes	> ×	----	----	8.5%	2.6%	1.3%
Overweight	> ×	----	----	34.4%	35.0%	25.4%
Arthritis	> ×	----	----	31.1%	20.4%	26.0%

* Pap test recommended up to age 65. Majority of participants are over the age 66.

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