

# *Simi Valley Hospital*

 **Adventist Health**



## Community Health Needs Assessment 2016



**Contents**

- Introduction .....4
  - Background and Purpose ..... 4
  - Service Area .....5
  - Project Oversight.....6
  - Author .....6
- Methods .....7
  - Secondary Data Collection .....7
  - Primary Data Collection ..... 7
  - Information Gaps.....8
  - Public Comment.....9
- Identification of Significant Health Needs .....10
  - Review of Primary and Secondary Data..... 10
  - Significant Health Needs .....10
  - Resources to Address Significant Needs ..... 10
- Priority Health Needs ..... 11
  - Impact Evaluation ..... 12
- Demographics .....13
  - Population.....13
  - Gender.....13
  - Race/Ethnicity .....14
  - Citizenship .....15
  - Language.....15
  - Veterans .....16
- Social and Economic Factors..... 17
  - Social and Economic Factors Ranking..... 17
  - Poverty.....17
  - Vulnerable Populations .....18
  - Households.....19
  - Free or Reduced Price Meals ..... 20
  - Unemployment.....20
  - Educational Attainment .....20
  - Homelessness .....21

Crime and Violence.....	22
Community Input - Social and Economic Factors.....	23
Health Access.....	24
Health Insurance.....	24
Sources of Care.....	25
Use of the Emergency Room.....	26
Dental Care.....	26
Community Input – Access to Health Care.....	27
Birth Characteristics.....	29
Births.....	29
Teen Birth Rate.....	29
Prenatal Care.....	29
Low Birth Weight.....	29
Infant Mortality.....	30
Breastfeeding.....	30
Mortality/Leading Causes of Death.....	31
Mortality Rates.....	31
Chronic Disease.....	33
Health Status.....	33
Diabetes.....	33
Community Input – Diabetes.....	34
Heart Disease.....	35
High Blood Pressure.....	35
Community Input – Cardiovascular Disease.....	36
Cancer.....	36
Community Input – Cancer.....	37
Asthma.....	37
Disability.....	38
Mental Health.....	39
Mental Health.....	39
Community Input – Mental Health.....	40
Health Behaviors.....	42
Health Behaviors Ranking.....	42

Overweight and Obesity .....	42
Fast Food.....	43
Fresh Fruits and Vegetables.....	44
Physical Activity .....	44
Community Input – Overweight and Obesity .....	45
HIV/AIDS.....	46
Sexually Transmitted Diseases .....	46
Substance Abuse .....	48
Cigarette Smoking.....	48
Alcohol and Drug Use .....	48
Community Input – Substance Abuse.....	49
Preventive Practices.....	51
Immunization of Children .....	51
Flu Vaccine .....	51
Mammograms .....	51
Colorectal Cancer Screening.....	52
Community Input – Preventive Practices .....	52
Attachment 1. Community Interviewees.....	53
Attachment 2. Additional Community Comments .....	54
Attachment 3. Community Resources.....	55
Attachment 4. Impact Evaluation .....	56
2016 CHNA approval .....	60

## Introduction

### Background and Purpose

Simi Valley Hospital was founded in 1965 by a group of dedicated community members. The hospital is affiliated with the Seventh-day Adventist Church and is a member of Roseville, California-based Adventist Health, a faith-based, not-for-profit integrated health care delivery system that operates 20 hospitals throughout California, Oregon, Washington and Hawaii. We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facility. We are also eager to partner with members of other faiths to enhance the health of the community we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well. More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

The mission of Simi Valley Hospital is to demonstrate God's love by providing exceptional service and quality care to meet the physical, mental and spiritual needs of our community. Simi Valley Hospital offers a variety of inpatient and outpatient services, including emergency, home health, adult and pediatric rehabilitation, surgery, mammography, gastrointestinal services, occupational medicine, radiology, cancer services and women's and children's services.

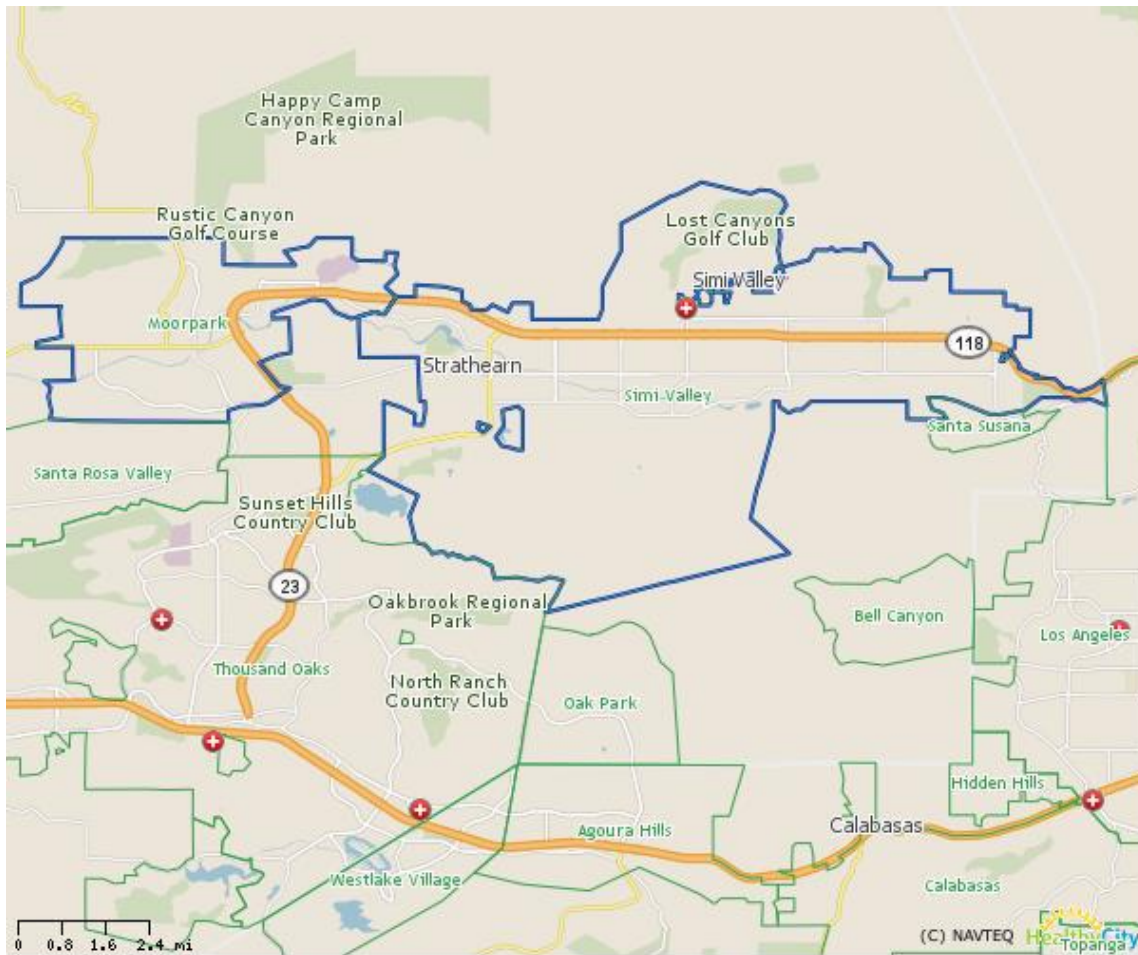
Simi Valley Hospital has undertaken a Community Health Needs Assessment (CHNA) required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act IRS section 501(r)(3) direct tax exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The Community Health Needs Assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address

unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

Simi Valley Hospital is located at 2975 North Sycamore Drive, Simi Valley, CA 93065. The hospital service area includes the cities of Simi Valley and Moorpark in Ventura County. Inpatient hospital acute admission data indicate that the majority of admissions come from Simi Valley (zip codes 93063 and 93065) and Moorpark (zip code 93021).

### Service Area Map



Source: Healthcity.org

## **Project Oversight**

The Community Health Needs Assessment process was overseen by:

Ron Hyrchuk

Director of Spiritual Care Services

Simi Valley Hospital

## **Author**

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Melissa Biel, DPA, RN conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd and Sandra L. Humphrey. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs.

[www.bielconsulting.com](http://www.bielconsulting.com)



## Methods

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, mental health, health behaviors, substance abuse and preventive practices. These data are presented in the context of Ventura County and California State, framing the scope of an issue as it relates to the broader community.

Sources of data include the U.S. Census American Community Survey, the California Health Interview Survey, Health Matters in Ventura County, California Department of Public Health, California Employment Development Department, the California Cancer Registry, County Health Rankings, Ventura County Homeless Count, the California Department of Education, and others. When pertinent, these data sets are presented in the context of California State.

Secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Simi Valley Hospital's community data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

### Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Fifteen interviews were completed during June and July, 2016. For the interviews, community stakeholders identified by Simi Valley Hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or regional, state or local health or other departments or agencies that have current data or other information relevant to the health needs of the community served by the hospital facility. Input was obtained from Ventura County Health Care Agency officials.

The identified stakeholders were invited by email to participate in a one hour phone interview. Appointments for the interviews were made on dates and times convenient to



the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 1.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to obtain greater depth and richness of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify potential resources to address these health needs, such as services, programs and/or community efforts. The interviews focused on these significant health needs:

- Access to health care
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health
- Overweight/obesity
- Preventive practices (screenings, vaccines)
- Substance abuse (alcohol, drugs, tobacco)

Interview participants were asked to provide additional comments to share with Simi Valley Hospital. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters. Additional comments can be found in Attachment 2.

### **Information Gaps**

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the

experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the hospital's previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.adventisthealth.org/simi-valley-hospital/pages/about-us/community-benefits.aspx>. Public comment was requested on these reports. To date, no written comments have been received.

## Identification of Significant Health Needs

### Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

### Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health
- Overweight/obesity
- Preventive practices (screenings, vaccines)
- Substance abuse (alcohol, drugs, tobacco)

### Resources to Address Significant Needs

Through the interview process, community stakeholders identified potential community resources to address the identified health needs. The identified community resources are presented in Attachment 3.

## Priority Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the identified health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

Calculations totaling severity and importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs (see table below).

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Overweight and obesity and substance abuse had the highest scores for severity of impact. Cancer and diabetes had the highest rankings for worsening over time; and mental health and access to care rated high on insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absence of Resources
Access to care	55.6%	50.0%	85.7%
Cancer	57.1%	66.7%	66.7%
Cardiovascular disease	50.0%	33.3%	40.0%
Diabetes	62.5%	66.7%	60.0%
Mental health	62.5%	62.5%	87.5%
Overweight and obesity	83.3%	60.0%	40.0%
Preventive practices	25.0%	14.3%	33.3%
Substance abuse	77.8%	62.5%	75.0%

The interviewees were asked to rank order the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Mental health, access to care and substance abuse were ranked as the top three priority needs in the service area. The calculations of the community input resulted in the following prioritization of the significant health needs:

Significant Health Need	Priority Ranking (Total Possible Score of 4)
Mental health	3.70
Access to care	3.60
Substance abuse	3.60
Preventive practices	3.56
Cancer	3.38
Diabetes	3.33
Overweight and obesity	3.33
Cardiovascular disease	3.20

### Impact Evaluation

In 2013 Simi Valley Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the Implementation Strategy associated with the 2013 CHNA, Simi Valley Hospital chose to address access to care, cancer, cardiovascular disease, overweight with a focus on nutrition, drugs/alcohol and mental health. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 4.

## Demographics

### Population

The population of the Simi Valley Hospital service area is 165,367.

### Population by Zip Code

	Number
93021 – Moorpark	36,407
93063 – Simi Valley	56,687
93065 – Simi Valley	72,273
<b>Simi Valley Hospital Service Area</b>	<b>165,367</b>
<b>Ventura County</b>	<b>835,790</b>
<b>California</b>	<b>38,066,920</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

Ventura County has experienced a 2.8% growth in population from 2010 to 2014. This is lower than the state's population growth rate of 4.2%.

### Population Growth, 2010-2014

	Current Population Estimate	Percent Population Change (2010-2014)
Ventura County	846,178	2.8%
California	38,802,500	4.2%

Source: Ventura County Public Health, 2015. <http://www.healthmattersinvc.org/>

### Gender

In the Simi Valley Hospital service area, 51% of the population is female and 49% are males.

### Population by Gender

	Service Area	Ventura County	California
Male	49.0%	49.6%	49.7%
Female	51.0%	50.4%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

In the service area, 23.8% of the population is children and youth, 64.9% are adults, and 11.3% are seniors. The service area has a lower percentage of seniors than found in the county (12.6%) and the state (12.1%).

## Population by Age

	Service Area		Ventura County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	9,018	5.5%	54,326	6.5%	2,512,417	6.6%
Age 5-17	30,234	18.3%	153,785	18.4%	6,699,778	17.6%
Age 18-24	15,596	9.4%	83,579	10.0%	3,997,027	10.5%
Age 25-44	42,745	25.8%	216,470	25.9%	10,696,805	28.1%
Age 45-64	49,038	29.7%	222,320	26.6%	9,554,797	25.1%
Age 65+	18,736	11.3%	105,310	12.6%	4,606,097	12.1%
Total	165,367	100.0%	835,790	100.0%	38,066,920	100.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

In the service area, Moorpark has a higher percentage of children and youth (24.7%) and Simi Valley has a higher percentage of seniors (11.9% - 12.1%).

## Population by Youth, Ages 0-17, and Seniors, Ages 65+

	Age 0-17		Age 65+	
	Number	Percent	Number	Percent
93021 – Moorpark	8,993	24.7%	3,277	9.0%
93063 – Simi Valley	13,492	23.8%	6,859	12.1%
93065 – Simi Valley	16,767	23.2%	8,600	11.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

## Race/Ethnicity

In the hospital service area, Whites make up 61.7% of the population. At 25.4% of the population, Hispanic or Latinos are the second largest race/ethnic group in the service area. Asians account for 8.3% of the population in the service area; the remaining races/ethnicities comprise 4.6% of the service area population.

## Race/Ethnicity

	Service Area		Ventura County		California	
	Number	Percent	Number	Percent	Number	Percent
White	102,087	61.7%	397,118	47.5%	14,905,601	39.2%
Hispanic or Latino	42,019	25.4%	344,520	41.2%	14,534,449	38.2%
Asian	13,732	8.3%	57,102	6.8%	5,062,736	13.3%
Other or Multiple	5,159	3.1%	20,220	2.5%	1,126,005	3.0%
Black or African American	1,743	1.1%	13,499	1.6%	2,155,929	5.7%
American Indian Alaskan Native	339	0.2%	2,194	0.3%	145,736	0.4%
Native Hawaiian Pacific Islander	288	0.2%	1,137	0.1%	136,464	0.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>



## Citizenship

In the service area, 18.5% of residents are foreign born and 8.2% are not citizens. This is a lower percentage than found in the county and state.

### Foreign Born Residents and Citizenship

	Service Area	Ventura County	California
Foreign born	18.5%	22.8%	27.0%
Not a U.S. citizen	8.2%	12.4%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Language

The Simi Valley Hospital service area has a higher percentage of those who only speak English (73.8%) than do the county (61.8%) or state (56.2%). Spanish is spoken in 16.1% of the homes in the service area, well below the percentage spoken in the rest of the county (30.2%) or state (28.7%). An Asian or Pacific Islander language is spoken in 4.9% of service area homes, slightly above the percentage spoken in the rest of the county (4.5%) but below the state (9.7%). 4.3% of the residents in the service area speak other Indo-European languages.

### Language Spoken at Home, Population 5 Years and Older

	Service Area	Ventura County	California
Speaks only English	73.8%	61.8%	56.2%
Speaks Asian/Pacific Islander language	4.9%	4.5%	9.7%
Speaks Spanish	16.1%	30.2%	28.7%
Speaks other Indo-European language	4.3%	2.8%	4.4%
Speaks other language	0.9%	0.7%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Among students enrolled in area school districts, 19.3% of those in Moorpark Unified are English learners; 8.5% of Simi Valley Unified students are English learners.

## English Learners

	Total Enrolled	English Learners	Percent
Moorpark Unified	6,703	1,291	19.3%
Simi Valley Unified	17,821	1,512	8.5%
<b>Simi Valley Hospital Service Area</b>	<b>24,524</b>	<b>2,803</b>	<b>11.4%</b>
<b>Ventura County</b>	<b>141,899</b>	<b>33,821</b>	<b>23.8%</b>
<b>California</b>	<b>6,235,520</b>	<b>1,392,263</b>	<b>22.3%</b>

Source: California Department of Education DataQuest, 2014-2015 Language Group Data. <http://dq.cde.ca.gov/dataquest/>

## Veterans

In the hospital service area, 6.7% of the population 18 years and older are veterans.

### Veterans

	Percent
Simi Valley Hospital Service Area	6.7%
<b>Ventura County</b>	<b>7.4%</b>
<b>California</b>	<b>6.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

## Social and Economic Factors

### Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. This ranking examines: unemployment, high school graduation, children in poverty, social support, and others. In 2015, Ventura County ranked 11, putting it in the top 20% of all California counties on social and economic factors.

### Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the Federal Poverty Level for one person was \$11,670 and for a family of four \$23,850. Among area residents, 6.8% are at or below 100% of the federal poverty level (FPL) and 17.7% are at or below 200% of FPL (low-income). These poverty levels are less than county and state rates.

### Ratio of Income to Poverty Level

	Below 100% Poverty	Below 200% Poverty
93021 – Moorpark	7.1%	16.3%
93063 – Simi Valley	9.0%	20.8%
93065 – Simi Valley	4.9%	16.0%
<b>Simi Valley Hospital Service Area</b>	<b>6.8%</b>	<b>17.7%</b>
<b>Ventura County</b>	<b>11.1%</b>	<b>28.2%</b>
<b>California</b>	<b>16.4%</b>	<b>36.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

Examining poverty levels by community paints an important picture of the population within the hospital service area. 8.7% of children in the Simi Valley Hospital service area live in poverty. For seniors in the service area, 6.2% live in poverty. These rates of poverty are below the averages for both the county and state.

### Poverty Levels of Children and Seniors

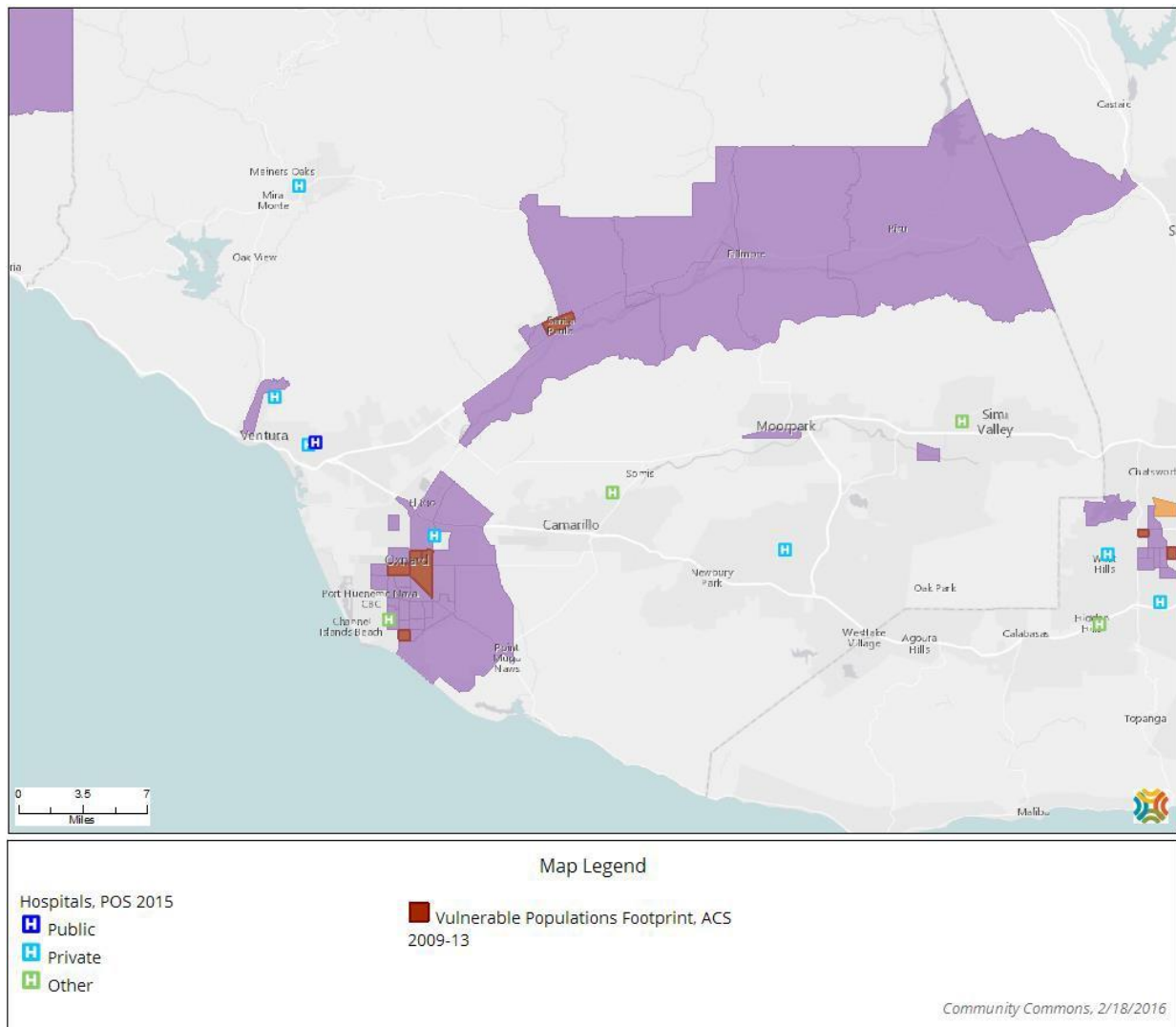
	Children Under 18 Years Old	Seniors
93021 – Moorpark	9.9%	5.0%
93063 – Simi Valley	11.7%	8.8%
93065 – Simi Valley	5.7%	4.5%
<b>Simi Valley Hospital Service Area</b>	<b>8.7%</b>	<b>6.2%</b>
<b>Ventura County</b>	<b>16.2%</b>	<b>7.4%</b>
<b>California</b>	<b>22.7%</b>	<b>10.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

## Vulnerable Populations

Poverty and education attainment are two indicators that are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in the following map. Communities where 30% or more of the residents are in poverty are shown as orange on the map. Communities where 25% or more of the residents do not have a high school education are shown as purple on the map. The overlap of high poverty and low education attainment is depicted as brown on the map. The brown areas indicate communities with vulnerable populations.

**Vulnerable Populations Footprint for Ventura County**



## Households

The median household income for the service area is \$94,173. This is higher than the median income for the county (\$86,890) and state (\$61,489).

### Median Household Income

	Median Household Income
93021 – Moorpark	\$99,537
93063 – Simi Valley	\$83,974
93065 – Simi Valley	\$94,173
<b>Simi Valley Hospital Service Area</b>	<b>\$94,173</b>
<b>Ventura County</b>	<b>\$86,890</b>
<b>California</b>	<b>\$61,489</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

There are 54,026 occupied housing units in the service area. The service area percentage of 1-person households (16.7%) is lower than that of the county (20.6%) or state (24.1%). The service area has a higher percentage of 4-person households (31.6%) than does the county (31.5%) or state (29.5%). The percentage of 2 and 3-person households in the service area are higher than both the county and state.

### Household Size

	Service Area	Ventura County	California
1 person households	16.7%	20.6%	24.1%
2 person households	31.3%	30.4%	30.0%
3 person households	20.4%	17.5%	16.5%
4+ person households	31.6%	31.5%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2501. <http://factfinder.census.gov>

In the hospital service area, residents receive lower rates of supportive benefits than either the county or state. 3.6% of service area households receive SSI benefits, 1.9% receives cash public assistance income and 3.4% of residents receive food stamp benefits.

### Household Supportive Benefits

	Service Area	Ventura County	California
Households	54,026	267,829	12,617,280
Supplemental Security Income (SSI)	3.6%	4.6%	6.2%
Public Assistance	1.9%	2.7%	4.0%
Food stamps/SNAP	3.4%	6.6%	8.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Food insecurity is the lack of access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. Food security then is access to sufficient, safe and nutritious food. This indicator was asked of adults ages 18+ with an income < 200% FPL. Among low-income adults in Ventura County, 26% reported food insecurity, which is lower than the state rate of 38.4%.

### Low-Income (<200 FPL) Adult with Food Insecurity

	Percent
Ventura County	26.0%
California	38.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of the socioeconomic status within a region. The service area rate of eligibility by school district is lower than rate for the county (49.9%) and state (58.6%).

### Eligibility for Free or Reduced Price Meals (FRPM) Program

	Percent Eligible Students
Moorpark Unified	30.4%
Simi Valley Unified	29.5%
<b>Ventura County</b>	<b>49.9%</b>
<b>California</b>	<b>58.6%</b>

Source: California Department of Education DataQuest, 2014-2015. <http://dq.cde.ca.gov/dataquest/>

### Unemployment

The 2014 unemployment rate in the service area was 5.7%. Ventura County's unemployment rate in 2014 averaged 6.7%.

### Unemployment Rate, 2014 Average

	Percent
Moorpark	5.2%
Simi Valley	5.9%
<b>Simi Valley Hospital Service Area</b>	<b>5.7%</b>
<b>Ventura County</b>	<b>6.7%</b>
<b>California</b>	<b>7.5%</b>

Source: California Employment Development Department, [Labor Market Information, 2014](#). Not seasonally adjusted.

### Educational Attainment

In the service area, 20.4% of adults are high school graduates, higher than the rate for the county (19%) and comparable to the state (20.7%). Of the population age 25 and over, 9.9% in the service area have not attained a high school diploma, a rate lower than the county (17%) or state (18.5%). 43.7% of the population in the service area

has graduated college (43.7%).

### Educational Attainment of Adults, 25 Years and Older

	Service Area	Ventura County	California
Population 25 years and older	110,486	544,266	24,865,866
Less than 9 <sup>th</sup> grade	4.2%	9.7%	10.1%
Some high school, no diploma	5.7%	7.3%	8.4%
High school graduate	20.4%	19.0%	20.7%
Some college, no degree	26.0%	23.6%	22.0%
Associate degree	10.5%	8.8%	7.8%
Bachelor degree	22.3%	19.9%	19.6%
Graduate or professional degree	10.9%	11.7%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1501. <http://factfinder.census.gov>

High school graduation rates are the number of high school graduates that graduated four years after starting ninth grade. In the service area, the high school graduation rate is 85.8%, which is higher than both the county (83.2%) and the state (81%). The county rate exceeds the Healthy People 2020 objective for high school graduation of 82.4%.

### High School Graduation Rates, 2013-2014

	Percent
Moorpark Unified	90.2%
Simi Valley Unified	84.0%
<b>Simi Valley Hospital Service Area</b>	<b>85.8%</b>
<b>Ventura County</b>	<b>83.2%</b>
<b>California</b>	<b>81.0%</b>

Source: California Department of Education DataQuest, 2013-2014. <http://dq.cohode.ca.gov/dataquest/>

### Homelessness

The U.S. Department of Housing and Urban Development (HUD) requires local jurisdictions to conduct an annual 'point-in-time' count of homeless. The Ventura County homeless count and subpopulation survey were conducted on January 27, 2015. The recent trends show that the overall number of those who are homeless is declining in Ventura County, however, the percentage of homeless who are unsheltered is increasing.

### Homeless Annual Count, Ventura County, 2014 - 2015

Year of Count	Total Homeless	Sheltered	Unsheltered
2014	1,449	37.0%	63.0%
2015	1,417	33.0%	67.0%

Source: Ventura County 2015 Homeless Count and Subpopulation Survey: Final Report. [http://vcportal.ventura.org/CEO/community-dev/docs/VC\\_Homeless\\_Count\\_Survey\\_2015.pdf](http://vcportal.ventura.org/CEO/community-dev/docs/VC_Homeless_Count_Survey_2015.pdf)



In Moorpark, the number of homeless individuals dropped from 15 in 2014 to 7 in 2015. The total number of unsheltered homeless individuals is 4. In Simi Valley, the number of homeless in 2015 was 202, which is slightly increased from 2014. The total number of unsheltered homeless individuals is 163. 58% of these were chronically homeless; 25% have mental health problems; and 54% had a substance abuse problem.

#### Number of Homeless Persons Since 2007

	2007	2009	2010	2011	2012	2013	2014	2015
Moorpark	13	7	1	7	5	9	15	7
Simi Valley	163	303	229	226	284	211	194	202

Source: Ventura County 2015 Homeless Count and Subpopulation Survey: Final Report.  
[http://vcportal.ventura.org/CEO/community-dev/docs/VC\\_Homeless\\_Count\\_Survey\\_2015.pdf](http://vcportal.ventura.org/CEO/community-dev/docs/VC_Homeless_Count_Survey_2015.pdf)

#### Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include theft, larceny, arson, burglary and motor vehicle theft. Crime statistics indicate that the Simi Valley had 277 violent crimes and 1,618 property crimes reported in 2014.

#### Crimes, per 100,000 Persons, 2014

	Violent Crimes Number	Property Crimes Number
Moorpark	39	140
Simi Valley	277	1,618
<b>Ventura County Sheriff</b>	<b>119</b>	<b>880</b>
<b>California</b>	<b>151,425</b>	<b>946,682</b>

Source: California Department of Justice, Office of the Attorney General, 2015. <https://oag.ca.gov/crime>

Calls for domestic violence are categorized as with or without a weapon. The majority of domestic violence calls in the service area did not involve a weapon (96.4%), which was below the county average (97.3%).

#### Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
Moorpark	169	98.8%	1.2%
Simi Valley	472	95.6%	4.4%
<b>Simi Valley Hospital Service Area</b>	<b>641</b>	<b>96.4%</b>	<b>3.6%</b>
<b>Ventura County</b>	<b>7,234</b>	<b>97.3%</b>	<b>2.7%</b>
<b>California</b>	<b>155,965</b>	<b>57.3%</b>	<b>42.7%</b>

Source: California Department of Justice, Office of the Attorney General, 2014. <http://oag.ca.gov/crime/cjisc/stats/domestic-violence>

## **Community Input - Social and Economic Factors**

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- Low-income and poverty are concerns. Related to this would be the need for better paying jobs and the root factor of educational attainment. Low education is a risk factor; higher education is a protection factor. It allows more access to services and health.
- We have poor people even though we're considered a white upper class community. Low-income people here are not getting adequate care.
- In multi-unit housing, people are more exposed to carcinogens. Broad incidence of poorer air quality in poorer communities and it shouldn't be that way. Simi Valley in particular has some of the poorest air quality in the county. It's a closed valley and smog gets trapped in the valley.
- The homeless shelter is only open part of the year.
- Services for homeless are sticky here. From the data that I'm aware of, getting a homeless person a home makes all the difference, but that is a very hard sell here or anywhere. But that is what they need to get on their feet and get jobs.

## Health Care Access

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 88.9%. This is above the rate for the county (84.8%) and state (80.3%). In the Simi Valley Hospital service area, health insurance coverage ranges from a low of 88.5% of residents with insurance in Simi Valley (93065), to a high of 89.3% with insurance in Moorpark.

### Insurance Coverage

	Percent
93021 – Moorpark	89.3%
93063 – Simi Valley	89.0%
93065 – Simi Valley	88.5%
<b>Simi Valley Hospital Service Area</b>	<b>88.9%</b>
<b>Ventura County</b>	<b>84.8%</b>
<b>California</b>	<b>80.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701 <http://factfinder.census.gov>

Among children in the service area, 93.9% have insurance coverage, and 85.2% of non-senior adults are insured. Nearly all seniors are insured (99.3%). Insurance coverage rates for all age groups in the service area run above the rates for the county and state.

### Insurance Coverage by Age Group

	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
Simi Valley Hospital Service Area	88.9%	93.9%	85.2%	99.3%
<b>Ventura County</b>	<b>84.8%</b>	<b>92.6%</b>	<b>78.9%</b>	<b>98.7%</b>
<b>California</b>	<b>83.3%</b>	<b>92.5%</b>	<b>76.9%</b>	<b>98.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. <http://factfinder.census.gov>

In Ventura County, 52% of the population has employment-based health insurance and 11.7% are covered by Medi-Cal. Ventura County has higher rates of employment-based insurance than found in the state.

## Insurance Coverage by Type of Coverage

	Ventura County	California
Total Insured	85.8%	88.1%
Employment-based	52.0%	44.8%
Medi-Cal	11.7%	22.5%
Medicare and others	9.7%	9.0%
Private purchase	6.2%	6.4%
Medicare and Medi-Cal	3.5%	3.0%
Other public	N/A	1.0%
Medicare	2.6%	1.4%
No Insurance	14.2%	11.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. A total of 85.6% of Ventura County residents reported a regular source for medical care. The source of care for 62.2% of Ventura County is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 20.4% in the county, while 14.4% of county residents have no regular source of care.

## Sources of Care

	Ventura County	California
Have usual place to go when sick or need health advice	85.6%	85.8%
Dr. office/HMO/Kaiser Permanente	62.2%	60.7%
Community clinic/government clinic/community hospital	20.4%	23.0%
ER/Urgent Care	2.6%	1.4%
Other	0.4%	0.7%
No source of care	14.4%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Accessing health care can be affected by the number of providers in a community. According to the 2015 County Health Rankings, Ventura County ranks 20 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers indicates there are slightly more primary care physicians, but fewer dentists and mental health providers for its population when compared to California.

## Ratio of Population to Health Care Providers

Providers	Ventura County	California
Primary Care Physicians	1,362:1	1,294:1
Dentists	1,251:1	1,291:1
Mental Health Providers	370:1	376:1

Source: County Health Rankings, 2015.

<http://www.countyhealthrankings.org/app/california/2015/rankings/ventura/county/outcomes/overall/snapshot>

Delayed care may also indicate reduced access to care; 17.6% of county residents reported delaying or not seeking medical care and 17.9% reported delaying or not getting their prescription medication in the last 12 months.

## Delay of Care

	Ventura County	California
Delayed or didn't get medical care in last 12 months	17.6%	11.3%
Delayed or didn't get prescription medicine in last 12 months	17.9%	8.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 21.7% of residents in Ventura County visited an ER over the period of a year. Children visited the emergency room at higher rates (40.1%) than other age groups.

## Use of Emergency Room

	Ventura County	California
Visited ER in last 12 months	21.7%	17.4%
0-17 years old	40.1%	19.3%
18-64 years old	12.6%	16.5%
65 and older	29.5%	18.4%
<100% of poverty level	26.6%	20.6%
<200% of poverty level	13.6%	19.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Dental Care

In Ventura County, 2.3% of adults have never been to the dentist, comparable to the state level of 2.2%. 84.3% of adults have been to a dentist in the past two years.

## Time since Last Dental Visit, Adult

	Ventura County	California
Less than 6 months to 2 years ago	84.3%	79.7%
More than 2 years to more than 5 years	13.3%	18.1%
Never been to dentist	2.3%	2.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Ventura County, all teens have been to the dentist. 68.6% of teens have been to a dentist in the past two years.

**Time since Last Dental Visit, Teens**

	Ventura County	California
Less than 6 months to 2 years ago	68.6%	94.7%
More than 2 years to more than 5 years	31.4%	3.5%
Never been to dentist	0%	1.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among children in Ventura County, 100% had been to the dentist in the last two years.

**Time Since Last Dental Visit, Children, Ages 2-11**

	Ventura County	California
Less than 6 months to 2 years ago	100%	92.8%
More than 2 years to more than 5 years	0%	1.0%
Never been to dentist	0%	6.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

**Community Input – Access to Health Care**

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care:

- If you have private health insurance and resources, you are good to go. Lesser insurance, higher deductibles, that is the beginning of the barriers. With Covered CA, we hear people have coverage but there are a limited number of providers who will accept them and they have high deductibles. Also, many people are not eligible for Covered CA.
- Access to health care is an evolving formula. Socioeconomic access is afforded for some based on their coverage or lack of coverage.
- There is a lack of quality health insurance coverage for the low-income. There is Medi-Cal, but so much is not covered.
- The majority of patients who are under Covered CA fall under the Medi-Cal category. We’ve seen a large increase in the Medi-Cal numbers in our area.
- For low-income and homeless individuals, the number one issue is transportation to and from appointments. Unless it’s an emergency, they have to get their own transportation to appointments. The second issue is the time doctors are available for appointments; clients end up running out of medications before they can see their doctors again.
- County outreach programs include free dental and eye glasses. It’s extremely helpful and the only barrier I see is when it’s not publicized enough in the neighborhoods that need these services.

- Systems around here are pretty good. But we still hear that many doctors don't take Covered CA insurance options at all. By example, the only community clinic in the county has expanded tremendously.
- Undocumented residents go to free clinics. If they have a complicated or serious medical case or they have a medication problem, they are out of luck. Their only course of action is County General Hospital and people are afraid to go there and be identified as undocumented.
- You have to access transportation to get care. Linkages between sites are limited and time consuming; you need to get on the bus all day to get to a location that will serve you.
- Affordability of care and insurance coverage are still barriers to accessing health care. If you are unemployed and/or unable to purchase under the health care exchange, you are on the ER plan. We've made a lot of progress but still haven't solved the problem. This is not a smart way to take care of health. People live with chronic or acute illnesses until they require ER care versus accessing preventive care, which would have taken care of it at a much less expensive price.
- Resources are available; however, I don't know if the community is aware of this. I go to hundreds of organizations to make people aware and encourage people to support themselves with resources. We have a 211-hotline number for 24-hours assistance in 150 languages. There is a lot of help out there, you just need to reach out.
- Sometimes people lose their jobs and get lost in the shuffle, various situations come up every day.
- Even people with insurance still need to be encouraged to use services especially preventive care like screenings and early protection.
- Covered CA and Medi-Cal have coverage for behavioral and alcohol support services. Families need to be aware of these new benefits and be encouraged to access those services. They need help to navigate the system and get appointments and access care.
- Access to care is still an issue even with the Affordable Care Act (ACA). We have had some new clinics open in Moorpark and Simi Valley like Camino Real and County Clinics but there is still a need.
- There is no option for transportation or access to more appropriate levels of care for all health issues. There is limited access to primary care, and this is a lot of the reason why people are visiting the ED versus their primary medical home.
- It's not a lack of providers but a lack of clients following up and being able to successfully move forward with their care when they get out of the hospital or have some kind of medical emergency. They are in need of medical case management.



## Birth Characteristics

### Births

In 2012, there were 1,784 births in the hospital service area. 50.1% of births were to mothers who were White, 34.4 % were Hispanic or Latino, and 7.6% of births were to Asian women. (Source: California Department of Public Health, 2012)

### Teen Birth Rate

Teen birth rates in the service area occurred at a rate of 27.5 per 1,000 births (or 2.8% of total births). This rate is considerably lower than the state (7% of total births).

### Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Live Births	Percent Births
Simi Valley Hospital Service Area	49	1,784	2.8%
<b>California</b>	<b>35,281</b>	<b>503,788</b>	<b>7.0%</b>

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

### Prenatal Care

Pregnant women in the hospital service area entered prenatal care early – within the first trimester - at a rate of 90.6%. The service area exceeded the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester. When prenatal care rates are examined by zip code, rates ranged from a low of 88.4% receiving early prenatal care in Moorpark, to a high of 92.3% receiving early prenatal care in Simi Valley (93063).

### Early entry into Prenatal Care (in First Trimester)

	Percent
93021 – Moorpark	88.4%
93063 – Simi Valley	92.3%
93065 – Simi Valley	90.7%
<b>Simi Valley Hospital Service Area</b>	<b>90.6%</b>
<b>California</b>	<b>83.6%</b>

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The hospital service area has a lower rate of low birth weight babies (56.8 per 1,000 live births) when compared to the state (67.0 per 1,000 live births). The rate of incidence of low birth weight (5.7%) is lower than the Healthy People 2020 objective of 7.8%.

### Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Percent of Births
Simi Valley Hospital Service Area	101	1,779	5.7%
<b>California</b>	<b>33,723</b>	<b>503,257</b>	<b>6.7%</b>

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

### Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the service area is 6.7 deaths per 1,000 live births. This rate is higher than the California rate of 4.5, as well as the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

### Infant Mortality Rate

	Infant Deaths	Live Births	Rate
Simi Valley Hospital Service Area	12	1,778	6.7
<b>California</b>	<b>2,247</b>	<b>503,788</b>	<b>4.5</b>

Source: California Department of Public Health, 2012 <http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

### Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Simi Valley Hospital indicate 95.9% of new mothers use some breastfeeding and 61% use breastfeeding exclusively.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Simi Valley Hospital	517	95.9%	329	61.0%
<b>Ventura County</b>	<b>8,091</b>	<b>95.6%</b>	<b>5,295</b>	<b>62.6%</b>
<b>California</b>	<b>396,602</b>	<b>92.9%</b>	<b>275,706</b>	<b>64.6%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2013  
<https://www.cdph.ca.gov/data/statistics/Documents/MO-MCAH-HospitalTotalsReport2013.pdf>

## Mortality/Leading Causes of Death

### Mortality Rates

The top five leading causes of death in Ventura County are 1) cancer, 2) heart disease, 3) stroke, 4) chronic lower respiratory disease and 5) unintentional injuries. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. Death counts and death rates are averages for the three-year period, 2011-2013.

The cancer death rate is 146.8 per 100,000 persons, lower than the state average and the HP 2020 target rate of 161.4. The heart disease mortality rate in the county is 89.4 per 100,000 persons, lower than the state rate (104.3) and the Healthy People 2020 objective of 103.4 deaths per 100,000 persons. The death rates due to stroke ranked third at 36, which is slightly higher than the state rate. The death rate due to chronic lower respiratory disease was 32.6 per 100,000 persons, which is below the state rate of 35. The rate of unintentional injuries in Ventura County was 31.7 per 100,000 persons; higher than the state rate of 28.4 per 100,000 persons, but below the Healthy People 2020 objective of 36.4 per 100,000 persons.

### Mortality Rates, Age-Adjusted, per 100,000 Persons, 2011-2013

	Ventura County		California	HP 2020
	Number	Rate	Rate	Rate
Cancer	1,224.7	146.8	150.9	161.4
Heart disease	745.7	89.4	104.3	103.4
Stroke	300.7	36.0	35.7	34.8
Chronic Lower Respiratory Disease	272.3	32.6	35.0	No Objective
Unintentional injuries	264	31.7	28.4	36.4
Alzheimer's disease	262	31.4	30.9	No Objective
Diabetes	142.7	17.1	20.7	No Objective
Suicide	100	12.0	10.4	10.2
Liver disease	92	11.0	12.3	8.2
Pneumonia and influenza	90.3	10.8	16.3	No Objective

Source: California Department of Public Health, 2011-2013. <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>

The five-year average cancer mortality rate for all cancer sites in Ventura County was 145.7, lower than the California rate. Mortality in the county from cancer of the digestive system, respiratory system, urinary system and lymphoma were also lower than the state rates.

### Cancer Mortality Rates, per 100,000 Persons, 2009-2013

	Ventura County		California
	Number	Rate	Rate
Cancer, all sites	6,151	145.7	152.1
Digestive system	1,659	39.0	41.6
Respiratory system	1,292	31.2	35.8
Breast	522	11.9	11.5
Female genital	371	16.0	14.9
Male genital	359	21.2	21.0
Urinary system	291	6.9	7.7
Leukemia	272	6.6	6.5
Lymphoma	230	5.5	6.0

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2009-2013.  
<http://www.cancer-rates.info/ca/>

## Chronic Disease

### Health Status

Among the Ventura County population, 17.6% reported being in fair or poor health. This rate is slightly higher than the California rate of 17%.

#### Health Status, Fair or Poor Health

	Ventura County	California
Persons with fair or poor health	17.6%	17.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Diabetes

Diabetes is a growing concern in the community; 7% of adults in Ventura County have been diagnosed with diabetes, and 16.1% have been diagnosed as pre-diabetic.

Among adults with diabetes, 62.5% are very confident they can control their diabetes; 6.6% of adults in the county are not confident they can control/manage their diabetes.

#### Adult Diabetes

	Ventura County	California
Diagnosed pre/borderline diabetic	16.1%	10.5%
Diagnosed with diabetes	7.0%	8.9%
Very confident to control diabetes	62.5%	56.5%
Somewhat confident	30.9%	34.7%
Not confident	6.6%	8.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Rates of diabetes among adults in Moorpark and Simi Valley range from 6.5% to 6.9%. The service area rates of adults with diabetes are below the rate for the county.

#### Adults with Diabetes

	Percent
93021 – Moorpark	6.5%
93063 – Simi Valley	6.5%
93065 – Simi Valley	6.9%
<b>Ventura County</b>	<b>7.5%</b>
<b>California</b>	<b>8.3%</b>

Source: Health Matters in Ventura County, California Health Interview Survey, 2011-2012 <http://www.healthmattersinvc.org>.  
California Health Interview Survey, 2012 <http://ask.chis.ucla.edu>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and

coma); amputation; and uncontrolled diabetes. For all indicators, hospitalization rates were lower for Ventura County than for California.

### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Ventura County	California
Diabetes long term complications	69.3	107.4
Diabetes short term complications	42.7	56.1
Lower-extremity amputation among patients with diabetes	12.5	16.1
Uncontrolled diabetes	5.2	9.2

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\* Risk-adjusted (age-sex) annual rates per 100,000 population.

### Community Input – Diabetes

Stakeholder interviews identified the following issues, challenges and barriers related to diabetes:

- There has been a huge increase in diabetes. Low-income residents are not eating well; they are accessing a lot of carbohydrates because they can't afford higher quality food. So, blood sugars are off. If a person doesn't have resources, it is a joke to talk about eating healthy. If all they can afford is Ramen, then that is what they are going to eat.
- The number one issue for the homeless is they have very little selection of what they can eat. Also, there is a lack of refrigeration for their insulin, and getting transportation to doctors and to classes to learn more about their diabetes is a barrier to care.
- Type 2 diabetes used to be adult onset, but now it is occurring at younger and younger ages. Part of the problem goes back to affordability of food. Especially with the cost of housing and other costs having risen in relation to availability of disposable income. People who don't have access and can't afford fresh fruits and veggies rely on food high in fat and calorie content.
- Schools try to address healthier eating habits, but if parents cannot afford food, there is only so much the schools can do. It sets people up for other preventive illnesses down the road, especially heart attacks and strokes.
- We have an extreme lack of resources for pediatric diabetes. We have to transfer new onset glycemic patients out of the hospital because our pediatric endocrinologist doesn't feel comfortable admitting these patients to the hospital.
- Many people with diabetes do not know they have it. There is an opportunity for more intervention and awareness, as well as more outreach, detection and referral. We need to promote a healthy and active lifestyle as well.
- My impression is that medical schools provide doctors with very little training in nutrition and the dietary impacts on health.

## Heart Disease

For adults in Ventura County, 5.3% have been diagnosed with heart disease. Among these adults, 33.8% are very confident they can manage their condition but 39.5% were not confident they could control their heart disease. 92.3% have a disease management care plan developed by a health care professional.

### Adult Heart Disease

	Ventura County	California
Diagnosed with heart disease	5.3%	6.1%
Very confident to control condition	33.8%	53.6%
Somewhat confident to control condition	26.6%	34.9%
Not Confident to control condition	39.5%	11.5%
Has a disease management care plan	92.3%	67.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The three PQIs related to heart disease are hypertension, heart failure, and angina without procedure. In 2013, rates of hypertension, congestive heart failure and angina were lower in the county than in the state.

### Hospitalization Rates\* for Prevention Quality Indicators – Heart Disease

	Ventura County	California
Congestive Heart Failure	230.3	292.0
Hypertension	21.4	33.3
Angina without procedure	10.6	16.9

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\* Risk-adjusted (age-sex) annual rates per 100,000 population.

## High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Ventura County, 25.6% of adults have been diagnosed with high blood pressure, and of those, 72.4% take medication to control their hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%; the county meets this objective.

### High Blood Pressure

	Ventura County	California
Ever diagnosed with hypertension	25.6%	28.5%
Takes medicine for hypertension	72.4%	68.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Community Input – Cardiovascular Disease

Stakeholder interviews identified the following issues, challenges and barriers related to cardiovascular disease:

- In our community, many people commute out of the area for work. So, people are not necessarily getting enough exercise or eating well. The amount of stress our families are under is frightening. They are experiencing high levels of cortisol and are not able to access care with all the cuts and limitations in accessing care. They have very high stress levels and are heart attacks waiting to happen.
- Cardiovascular disease is tied to the obesity epidemic, which is a serious issue in our community. At the hospital, we have invested in a state-of-the-art heart catheterization lab and obtained STEMI (heart attack) certification.
- People tend to go outside of the community to obtain care for heart issues.
- Access to quality care locally is an issue. It is why we obtained STEMI certification.

## Cancer

In Ventura County, the five-year, age-adjusted cancer incidence rate is 425.1 per 100,000 persons, higher than the California average (95% confidence). Rates for cancers of male genital, digestive system, respiratory system and leukemia were all lower than the state average. Cancers of breast (either sex), female genital, skin and endocrine system/thyroid had higher rates. Other differences were non-significant.

### Cancer Incidence, per 100,000 Persons, Age Adjusted, 2009-2013

	Ventura County	California
All sites	425.1	418.0
Male genital	124.0	125.8
Digestive system	74.5	79.7
Breast, either sex	70.5	64.9
Female genital	48.3	47.4
Respiratory system	44.4	49.7
Urinary system	33.4	33.2
Skin	30.1	23.2
Lymphoma	22.2	21.1
Endocrine system/thyroid	18.0	13.1
Leukemia	12.0	12.6
Oral Cavity and pharynx	10.3	10.4
Brain and nervous system	6.4	6.1

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2009-2013. <http://www.cancer-rates.info/ca/>



## Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer:

- The Nancy Reagan Breast Center has helped with increasing access to cancer care. Previously, a barrier to accessing cancer care was that we did not have a lot of specialized care in the area. Cancer care continues to be enhanced.
- Healthy lifestyle promotion is needed through more opportunities with availability, price, and early detection. With the ACA, most plans cover early detection screening services. We need to promote this to prevent more cancer.
- Individuals need to not wait to get diagnosed. Fear, not wanting to bother with colonoscopies and PSA tracking, frequently not wanting to go to doctor or dentist can result in a cancer diagnosis.
- For homeless clients, a problem is transportation to and from appointments and the majority of clients live outdoors in their car during treatment. They have no temporary housing when getting treatment. They suffer from a lack of sleep, they cannot get a specialized diet, only what the community feeds them at community sites. Radiation treatments are in one place and chemotherapy is somewhere else, 40 miles away. Also, there is a concern about being disabled and getting on disability – it's a lengthy process and time consuming, especially if you don't have a vehicle and have to go 15 miles away to get to an SSI office to process the application. The homeless also lack phone communication. They aren't able to pay phone bills, so they depend on nonprofit phones and addresses.
- There are a lot of questions about the Santa Susana facility (nuclear clean-up site). What are the cancer rates here? Autism rates here are also very high. There are some pockets of high cancer rates by the facility. Soil, air, nuclear spill, is it impacting cancer rates? Breast cancer is abnormally high here. We also see increased numbers of kids with ADHD, sensory issues and learning disabilities. Environmental load is impacting them.
- Some people have a lack of urgency with appointments. They may suspect a diagnosis of cancer or the doctor's office has to wait so long to get approval from their insurance that it ends up being stage 2-4 cancer before being treated.
- Living in Simi Valley, we are so close to Los Angeles and we know the reputation of Cedars-Sinai and City of Hope and their accessibility. So, some people choose to travel an hour away to get nationally renowned care.

## Asthma

In Ventura County, 5.5% of the population has been diagnosed with asthma. 92.5% have had symptoms in the past year and 47% take daily medication to control their asthma. Among county youth, 1.5% has been diagnosed with asthma.

## Asthma

	Ventura County	California
Diagnosed with asthma, total population	5.5%	14.0%
Diagnosed with asthma, 0-17 years old	1.5%	14.5%
ER visit in past year due to asthma, total population	2.4%	9.6%
ER visit in past year due to asthma, 0-17 years old	No Data	13.9%
Takes daily medication to control asthma, total population	47.0%	44.2%
Takes daily medication to control asthma, 0-17 years old	No Data	39.0%
Had asthma symptoms in the past 12 months	92.5%	88.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the hospital service area, the rates of adults with asthma range from 12.4% to 13.1%. These rates are higher than the county rate of 9.5%.

## Adults with Asthma

	Percent
93021 – Moorpark	12.4%
93063 – Simi Valley	13.1%
93065 – Simi Valley	12.6%
<b>Ventura County</b>	<b>9.5%</b>

Source: Health Matters in Ventura County, California Health Interview Survey, 2011-2012 <http://www.healthmattersinvc.org>.  
California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

The Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults, and Asthma in Younger Adults. Hospitalization rates for COPD and asthma were lower in the county than the state.

## Asthma Hospitalization Rates\* for Prevention Quality Indicators (PQI)

	Ventura County	California
COPD or asthma in older adults	278.6	329.9
Asthma in younger adults	14.9	26.4

Source: California Office of Statewide Health Planning & Development, 2013.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\* Risk-adjusted (age-sex) annual rates per 100,000 population.

## Disability

Among adults in Ventura County, 29.7% have a physical, mental or emotional disability. This rate is higher than the state rate of disability (28.5%). 4.7% of adults could not work for at least a year due to physical or mental impairment.

## Population with a Disability

	Ventura County	California
Adults with a disability	29.7%	28.5%
Couldn't work due to impairment	4.7%	5.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Mental Health

### Mental Health

In Ventura County, 4.5% of adults experienced serious psychological distress in the past year. 13.9% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, however, 41.9% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment. 11.1% of adults took prescription medicine for emotional/mental health issues in the past year.

### Mental Health Indicators, Adults

	Ventura County	California
Adults who has likely had serious psychological distress during past year	4.5%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	13.9%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	11.7%	12.0%
Adults who sought/needed help but did not receive treatment	41.9%	43.4%
Adults who took prescription medicine for emotional/mental health issue in past year	11.1%	10.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Ventura County, 3.2% of teens needed help for an emotional or mental health problem and 1.1% received counseling.

### Mental Health Indicators, Teens

	Ventura County	California
Teens who needed help for emotional/mental health problems in past year	3.2%	23.2%
Teens who received psychological/emotional counseling in past year	1.1%	11.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In Ventura County, 6.4% of adults had seriously considered suicide. This is less than the state rate.

### Thought about Committing Suicide

	Ventura County	California
Adults who ever seriously thought about committing suicide	6.4%	7.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health:

- Insurance companies aren't covering mental health. With my HMO, I had a list of 17 doctors I could supposedly go to for mental health services. One was dead, one had lost his license, seven weren't in my county, and the remaining ones weren't taking clients. I was treated like a second-class citizen. Stigma is huge.
- There are barriers for mental health service delivery. We don't have enough psychiatrists and mental health specialists, clinics, psychologists and marriage therapists. There are so many things that can happen as to why a person's emotional wellbeing is challenged or diminished. We could do more.
- Care has improved quite a bit in the last 10 years. Ventura County behavioral health has an emphasis and focus in East Ventura County. Sierra Vista Clinic provides mental health services. Services are better but there are not enough psychiatrists to serve the community and provide the needed follow-up.
- There is a stigma associated with mental health issues. Families don't want it to be known that family members have mental health issues; it's a family secret.
- When someone receives treatment for a psychotic disorder, it's frequently accompanied by severe paranoia. They experience a roller coaster of being hospitalized, getting stable, going home, and going off medications because of the side effects. A person needs to feel comfortable seeking outpatient services to deal with issues before they experience a crisis and harm themselves or someone else.
- There is an extreme lack of mental health resources in Ventura County. And an extreme shortage of inpatient mental health beds.
- When Medi-Cal patients are transferred out of our county, who is going to pay? I assume no one gets paid. We have a sister hospital in Glendale, sometimes they will take some of these patients for us. We have no inpatient services in Simi Valley or Moorpark. All patients who need inpatient care have to be transferred to one of two inpatient facilities in all of Ventura County, and often we have to encroach into LA County. Crisis teams that come out and access these patients are decreasing. We used to have a CERT team but they no longer contract with our county. So now the Ventura County crisis team has to absorb all the responsibility. Often when there is a call, they don't have the staff and people have to wait hours or days and there are no beds to put them. It's a tremendous issue.
- Mental health is often invisible. Depression and bipolar disorder are not well recognized, so identifying mental issues is an issue.
- One of the biggest factors that affects our system is that we see the same people accessing the system over and over. We have no definitive appropriate level of

care for them and our system resources to take care of them are very limited. Ultimately we rely on the hospital and they have limited resources as well. Our county is lacking in mental health services.

- There used to be a behavioral health unit at Simi Valley Hospital, but reimbursement drives the ability to serve consumers. It's not about finding skilled professionals, it's a reimbursement issue.
- ED doctors tell us that 1 in 20 people who walk in to the ED have a serious psychotic illness and we have to keep them for 72 hours at the hospital because there is no capacity to send them anywhere. People with serious mental health issues shouldn't have to use the ED. They should have access to less expensive care. But we don't address mental health the way we address physical health.
- The biggest issue in the community is lack of mental health services.
- We have mental health parity laws and increased access to care but networks have no one in them. So, there are a lot of people who are dually disabled and are not able to access adequate care.
- Mental health is the number one community concern. There is not enough counseling and not enough in-treatment and limited resources. With changes within the state system, police officers and the ED are involved in mental health at a basic level. We face a huge amount of time and call load on mental health consumers and that overflows into the ED. Even if there is enough probable cause for a mental health hold, there aren't enough beds. We have Hillmont Psychiatric Center but if the person did something that needs immediate medical care, or they are geriatric or pregnant – those people cannot be transported to Hillmont Psychiatric Center in Ventura County. It's too much of a liability and there could be a medical incident while in transit. So about 30% of people end up in the ED. We used to have a mental health facility in Simi Valley but it closed over ten years ago.

## Health Behaviors

### Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 15 puts Ventura County in the top 30% of California counties for health behaviors.

### Overweight and Obesity

In Ventura County, 35.5% of the adult population reported being overweight – the same as the state. 4.4% of teens and 7.6% of children in the county are overweight, lower than the state rates of 16.3% and 13.6%.

#### Overweight

	Ventura County	California
Adult (ages 20+ years)	35.5%	35.5%
Teen (ages 12-17 years)	4.4%	16.3%
Child	7.6%	13.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The Healthy People 2020 objectives for obesity are 30.5% of adults and 16.1% of teens. In Ventura County, 25.3% of adults and 0% of teens are obese.

#### Obese

	Ventura County	California
Adult (ages 20+ years)	25.3%	27.0%
Teen (ages 12-17 years)	0.0%	14.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, the rates of adults who are obese ranges from 21.1% to 22.5%. These rates are below the county rate of 25.3%

#### Adults who are Obese

	Percent
93021 – Moorpark	22.2%
93063 – Simi Valley	21.1%
93065 – Simi Valley	22.5%
<b>Ventura County</b>	<b>25.3%</b>

Source: Health Matters in Ventura County, California Health Interview Survey, 2011-2012. <http://www.healthmattersinvc.org>  
California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

When adult obesity levels are tracked over time, the county has experienced an

increase in obesity.

### Adult Obesity, 2005-2013

	2005	2007	2009	2011	2013
Ventura County	19.4%	20.5%	22.6%	22.2%	25.1%
California	21.2%	22.6%	22.7%	25.1%	24.7%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011, 2013. <http://ask.chis.ucla.edu>

Adult overweight and obesity by race and ethnicity indicate high rates among African Americans (95.5%) and Latinos (78.5%). Whites report slightly lower levels of overweight and obesity (55.1%) compared with state averages (58.9%). Asians in Ventura County have the lowest rates of overweight and obesity (6.6%).

### Adult Overweight and Obesity by Race/Ethnicity

	Ventura County	California
Latino	78.5%	73.2%
African American	95.5%	71.2%
White	55.1%	58.9%
Asian	6.6%	43.7%
Total Adult Population	60.8%	62.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). In Moorpark Unified, 16.1% of 5<sup>th</sup> grade students and 16% of 9<sup>th</sup> graders tested as needing improvement or at high risk for body composition. Simi Valley Unified had 15.9% of 5<sup>th</sup> grade students and 13.7% of 9<sup>th</sup> graders tested as needing improvement or at high risk for body composition.

### 5<sup>th</sup> and 9<sup>th</sup> Graders, Body Composition, Needs Improvement + High Risk

	Fifth Grade	Ninth Grade
Moorpark Unified	16.1%	16.0%
Simi Valley Unified	15.9%	13.7%
<b>Ventura County</b>	<b>19.9%</b>	<b>13.7%</b>
<b>California</b>	<b>21.0%</b>	<b>16.8%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2013-2014.

<http://data1.cde.ca.gov/dataquest/>

### Fast Food

In Ventura County, 28.5% of children and 25.9% of adults consume fast food three to four times a week. This rate of fast food consumption is higher than the state rate.



## Fast Food Consumption

	Ventura County	California
Children who were reported to eat fast food 3-4 times a week	28.5%	14.6%
Adults who reported eating fast food 3-4 times a week	25.9%	22.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

6.3% of children in Ventura County consume at least two sodas or sweetened drinks a day. Among county adults, 6.5% drank at least seven sodas or sweetened drinks weekly; 65.7% of adults drank no soda or sweetened drinks.

## Soda or Sweetened Drink Consumption

	Ventura County	California
Children reported to drink at least 2 sodas or sweetened drinks a day*	6.3%	14.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly^	6.5%	10.1%
Adults who reported drinking no soda or sweetened drinks weekly^	65.7%	61.4%

Source: California Health Interview Survey, \*2012, ^2014. <http://ask.chis.ucla.edu>

## Fresh Fruits and Vegetables

52% of children and teens in Ventura County consume two or more servings of fruit in a day. Adults (89.4%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. 87.2% of adults reported that fruits and vegetables were always or usually affordable.

## Access to and Consumption of Fresh Fruits and Vegetables

	Ventura County	California
Children and teens who reported eating 2 or more servings of fruit in the previous day	52.0%	63.3%
Adults who reported finding fresh fruits and vegetables in the neighborhood always or usually	89.4%	86.7%
Adults who reported fresh fruits and vegetables were always or usually affordable in the neighborhood	87.2%	78.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Physical Activity

For school-aged children in Ventura County, 36.4% engage in physical activity at least one hour a day/7 days a week. This is less than the state rate (45%). 87.2% of Ventura County teens and children visited a park, playground or open space in the last month.

## Physical Activity, Children and Teens, Ages 6-17

	Ventura County	California
Activity available one hour or more per day, 7 days per week	36.4%	45.0%
Visited a park, playground or open space in the last month	87.2%	83.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>



Among adults in Ventura County, 17% are sedentary and do not participate in leisure time physical activities. This rate compares favorably to the Healthy People 2020 objective of 32.6%.

### Adults who are Sedentary

	Ventura County	Healthy People 2020 Objective
Adults (ages 20+) who did not participate in any leisure-time physical activities during past month	17.0%	32.6%

Source: County Health Rankings, 2015.

<http://www.countyhealthrankings.org/app/california/2015/rankings/ventura/county/outcomes/overall/snapshot>

One of the components of the physical fitness test (PFT) for students in schools is measurement of aerobic capacity through run and walk tests. 68% of 5<sup>th</sup> grade students and 65.5% of 9<sup>th</sup> graders in Simi Valley Unified meet the Healthy Fitness Zone standards for aerobic capacity. 80.8% of 5<sup>th</sup> grade students and 70.7% of 9<sup>th</sup> graders in Simi Valley Unified meet the Healthy Fitness Zone standards for aerobic capacity.

### 5<sup>th</sup> and 9<sup>th</sup> Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Ninth Grade
Moorpark Unified	80.8%	70.7%
Simi Valley Unified	68.0%	65.5%
<b>Ventura County</b>	<b>67.1%</b>	<b>67.2%</b>
<b>California</b>	<b>63.4%</b>	<b>63.9%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2013-2014.

<http://data1.cde.ca.gov/dataquest/>

### Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- For families on fixed incomes, their food budget is often the only place they have any kind of flexibility with. Rent and utilities are fixed so what is left over is the money they use for food.
- Part of the issue is the food system. There is limited access to grocery stores around here. In our community, we have every fast food restaurant with a drive-through.
- We're a bedroom community so a lot of families drop their kids off at school before dawn and they are in daycare all day because their parents are commuting into LA for work. Often, the kids come to school without breakfast.
- Two grocery stores closed in the last six months. If a person has to walk to the store, this is a challenge. We do have good farmers' market.
- High fructose corn syrup should be a controlled substance in terms of overall effect on the community.

- School and family-based programs have the most promise to address obesity. So it's important to involve teachers and administration in awareness of opportunities. We have expanded salad bar programs and gardens. But the issue is when kids go home they lack awareness and buy fast food or sit around on the couch. The message doesn't go far enough. We need to include families in the process.
- Some communities may not have safe parks or sidewalks, so it's the policymaker's responsibility and opportunity to work on environmental factors. We need to work with the city and county to review general plans, land use, and transportation use to call for more parks or meeting rooms for physical activity or bike paths or sidewalks. We are making some inroads, drawing attention to a long-term environment that is conducive to healthy living developments and transportation projects, doing outreach and awareness to have a healthy lens when reviewing and approving these development efforts.
- Compared to other areas, we don't see as much obesity in Simi Valley. We are a fairly young and active population with average or below average rates of childhood obesity. This doesn't seem to be a prominent issue in Simi Valley.

## HIV/AIDS

The 2015 County Health Rankings reports an HIV prevalence rate (the number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population). The Ventura County rate was 124, lower than the state rate of 363.

	Ventura County	California
HIV prevalence rate per 100,000 population	124	363

Source: County Health Rankings, 2015. <http://www.countyhealthrankings.org/app/california/2015/downloads>

For HIV testing, a smaller percent of the population in Ventura County (26%) has been tested compared to 70.6% for the state.

	Ventura County	California
Ever been tested for HIV	26.0%	70.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

## Sexually Transmitted Diseases

The rate of chlamydia cases in Ventura County is 292.9 per 100,000 persons. This rate represents a 4-year high but remains well below the California rate of 453.4. The county rate of gonorrhea is 42.6 per 100,000 persons, also lower than the state rate of 116.8. Rates of syphilis are slightly lower than the state rates.

**STD Cases, Rate per 100,000 Persons, 2014**

	Ventura County		California
	Cases	Rate	Rate
Chlamydia	2,473	292.9	453.4
Gonorrhea	360	42.6	116.8
Primary & Secondary Syphilis	48	5.7	9.9
Early Latent Syphilis	23	2.7	8.8

Source: California Department of Public Health, 2014. <http://www.cdph.ca.gov/data/statistics/>

## Substance Abuse

### Cigarette Smoking

In Ventura County, 8.9% of adults smoke cigarettes, lower than the state rate of 11.6% and the Healthy People 2020 objective of 12%.

### Cigarette Smoking, Adults

	Ventura County	California
Current smoker	8.9%	11.6%
Former smoker	22.9%	22.4%
Never smoked	68.2%	66.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the service area, the percentage of adults who smoke cigarettes is below the county rate of 13.1%

### Adults who smoke

	Percent
93021 – Moorpark	11.5%
93063 – Simi Valley	11.6%
93065 – Simi Valley	11.7%
Ventura County	13.1%

Source: Health Matters in Ventura County, California Health Interview Survey, 2011-2012. <http://www.healthmattersinvc.org>  
California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

### Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 35.3% of county adults had engaged in binge drinking in the past year.

### Alcohol Consumption Binge Drinking, Adult

	Ventura County	California
Reported binge drinking in the past year	35.3%	32.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among Ventura County teens, 68.7% had reported having an alcoholic drink and none had engaged in binge drinking in the past month.

### Alcohol Consumption and Binge Drinking, Teens

	Ventura County	California
Ever had an alcoholic drink	68.7%	22.5%
Reported binge drinking in the past month	0.0%	3.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

7.1% of teens in Ventura County had tried marijuana, cocaine, sniffing glue, other drugs and 7.1% had used marijuana in the past year. These rates of reported drug use are less than state rates of teen drug use.

### Illicit Drug Use, Teens

	Ventura County	California
Ever tried marijuana, cocaine, sniffing glue, other drugs	7.1%	12.4%
Marijuana use in the past year	7.1%	8.6%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

### Community Input – Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance abuse:

- We get reports of patients being on stimulants. These patients are very difficult to manage, usually young and male and under a stimulant, usually an amphetamine.
- Starting with children, tobacco education needs to continue. It is still a leading risk factor contributing to chronic diseases. Even though smoking rates are going down, there are still enough users that it's the number one risk factor. We need to continue to promote cessation and prevent children from starting. Electronic cigarette use is up, so overall awareness and campaigns are needed. Nicotine is a very addictive product.
- In Ventura County, the opiate use workgroup is looking at trends and best practices around this issue. We are suggesting safe disposal sites to promote home medications being locked away, and working with providers to monitor prescription behaviors so they are not over-prescribing to an individual.
- There are few recovery programs and no detox programs in Simi Valley. It is something that is really needed. We refer all our clients who need recovery or detox out of the county.
- We are focusing a bit more on drug issues, but we have a large heroin problem among youth and adults.
- There is a need for rehab programs. About the same time the state started requiring reform with prescriptions, we saw a sharp rise in heroin use. Prescription narcotics were no longer easily available, so people turned to narcotics.
- There is a drug problem in our community. Young population ages 15-35. When hooked on these drugs, overall health really goes down and they generally ignore their health and it's often coupled with alcohol and some sort of mental health disorder. It's all a big downward spiral.
- Mental, health, drug, and alcohol rehab could be improved. Also, Medi-Cal and Gold Coast clinics are overloaded; they have very long wait lists.

- Vaping is huge now and may be as dangerous as smoking.
- Kids don't have enough to do here. There is a lot of theft; lots of junkies, lots of petty crime, and people living on the streets.
- There is a lot more awareness of people not drinking and driving. People are very concerned about DUIs. Uber and Lyft have helped the culture of no more excuses; it's so easy to get a ride home now. On the flip side, people are drinking more because they don't have to worry so much about a DUI.
- There is still a perception that pot is a gateway drug. That's a problem because all indications are that it's the family medicine cabinets and prescriptions that encourage substance abuse. Not keeping drugs sitting around where kids can get access to them is key. You'll hear about pill parties from law enforcement. Each participant brings a handful of pills from their parents' medications. Parents are unwittingly contributors to this problem.
- There are high rates of overdosing among young people using opiates.
- Dental patients come in here that may be drug abusers and have ruined their teeth.
- There is a lack of resources in our county to go into a recovery program. Substance abuse crosses different generations. Youth are experimenting with what they find in the medication cabinet. On average, in well-to-do communities, prevalent drug use is not recognized. People are denying that they have a problem.
- We do not have enough detox beds. Someone tried to open a halfway house and the city council meeting was packed with people opposing it.
- We have substance abuse issues that are more frequent than other areas. We see stimulant and amphetamine use that results in patients who are difficult to manage.
- So many kids are coming to school high and so many of them are being expelled. But we're not dealing with the cause – just the outcome. It's a vicious circle with nothing accomplished. It's a revolving door. It should be mandatory that people will finish rehab classes, not simply to go home and get high for days and then come back to school. It's swept under the rug and not talked about. It is a growing problem and the kids are more serious in their level of addiction, and it's starting earlier and earlier. It is more socially acceptable to come to school high. The social norm is shifting. Everyone is doing it, and there is no shock value to it anymore. That is the change we are seeing now.
- There is a large increase in early intervention for at-risk babies born addicted in our system. Our early start case load is continuing to grow.

## Preventive Practices

### Immunization of Children

Most Ventura County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten, with the county rate similar to the state average. The Simi Valley Hospital service area has a higher rate of compliance when compared to the county or state.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014-2015

	Immunization Rate
Moorpark Unified	95.3%
Simi Valley Unified	91.3%
<b>Simi Valley Hospital Service Area</b>	<b>92.4%</b>
<b>Ventura County</b>	<b>90.6%</b>
<b>California</b>	<b>90.8%</b>

Source: California Department of Public Health, Immunization Branch, 2014-2015. <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54>

### Flu Vaccine

48.1% of Ventura County residents have received a flu shot. 48.6% of children, 0-17, and 53.1% of seniors in Ventura County received flu shots. The Healthy People 2020 objective is for 70% of the population to receive a flu shot.

#### Flu Vaccine in Past 12 months

	Ventura County	California
Vaccinated for flu in past 12 months	48.1%	45.8%
Vaccinated for flu in past 12 months, 0-17	48.6%	53.7%
Vaccinated for flu in past 12 months, 18-64	46.7%	37.4%
Vaccinated for flu in past 12 months, 65+	53.1%	72.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

### Mammograms

In Ventura County, 56.7% of women have obtained a mammogram in the past two years. This rate is less than the Healthy People Objective of 81% of women 50 to 74 years to have a mammogram within the past two years.

#### Mammograms

	Ventura County	California
Women ages 50-74 who reported having a mammogram in the past 2 years	56.7%	65.1%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

## Colorectal Cancer Screening

In Ventura County, the rate of compliance for colorectal cancer screening is 76.8%, which is higher than the Healthy People 2020 objective for colorectal cancer screening of 70.5%. Of adults advised to obtain screening, 68% of county residents were compliant at the time of the recommendation.

### Colorectal Cancer Screening, Adults 50+

	Ventura County	California
Sigmoidoscopy, colonoscopy or fecal occult blood test	76.8%	78.0%
Compliant with screening at time of recommendation	68.0%	68.1%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu>

## Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices:

- If we gave out as much healthy food as we do free vaccines, we might see a healthier population.
- Effect of ACA made preventive care visits free. No deductible or co-pay provides incentives for people to take care of their own health. But counteracting that is the tendency that people who don't have health insurance worry more about their health and in some cases, may take better care of themselves. There are social implications to people not being as concerned about their own health when they have insurance.
- Sometimes the community doesn't know where to go get these things, like Zika or flu shots or TB or Hepatitis B vaccines, so community education is critical. Part of preventive health and going to the doctor is getting a primary doctor to offer counsel in those areas. How many people don't have a physician or a medical home? If they have a medical home all the preventive care will happen. If you don't have this resource, you float around or show up at the ED.



## Attachment 1. Community Interviewees

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Name	Title	Organization
Steve Carroll	EMS Administrator	Ventura County Emergency Medical Services Agency
Colleen Duncan	Autism Coordinator	Tri-Counties Regional Center
Betty S. Eskey	Executive Director	The Samaritan Center
Doug Gale	Recreation Administrator	Rancho Simi Valley Recreation & Park District
Pam Castro	Agency Relations Manager	Food Share
Eric Levitt	City Manager	City of Simi Valley
Eve Liebman	Community Investment Director	United Way of Ventura County
Robin Millar	Administrative Director	Simi Valley Hospital
Scott W. Mosher	Chief Professional Officer	Boys & Girls Club of Moorpark
Fred Bauermeister	Executive Director	Free Clinic of Simi Valley
David Pollock	Council Member	City of Moorpark
Dr. Angelo Salvucci	Medical Director, County EMS	Ventura County Emergency Medical Services
Sergeant Charles "Steve" Shorts	Community Services Unit	Simi Valley Police Department
Rigoberto Vargas	Public Health Director	Ventura County Public Health
Dr. Alfred Yu	Chief of Staff	Allied Emergency Physicians at Simi Valley Hospital

## Attachment 2. Additional Community Comments

Stakeholder interviewers were asked to provide comments and suggestions about Simi Valley Hospital's involvement in the community and ways the hospital can impact the identified health needs of the community. Their comments include the following:

- There was a time when the hospital wasn't very supportive of us and now it's been a 180-degree change; they are very supportive.
- I realize the hospital has been working toward breaking down barriers between them and the community in most need, but they need to do a better job and do more. They need to serve and preserve life for patients when they leave the hospital. Housing, medical care, case management, and help for psychological adjustment to health issues that are changing patient's lives are needed.
- Overall, Simi Valley Hospital is a good partner in the community. Integral to the community, very active. They support a number of nonprofits, it's just a little different now compared to a few years ago.
- It has gotten a lot better in last 2-3 years in terms of communication between the hospital and social services, but it is not enough.
- Promote resources and awareness around prevention topics and early detection and screenings referrals. Look for partnerships and coalition opportunities. Help by being at the table to support initiatives, to identify new funding sources, and channel and combine resources for initiatives. Increased partnership is always a good thing.
- There's been a desire for some time for a bigger presence in the Moorpark area. A bigger presence here could certainly include education as well as direct medical services.
- Population health and telehealth - leverage these advances.
- The hospital has done an extraordinary job getting people together to have conversations. It's a step in the right direction, like this conversation. Talk to the public, faith based organizations, and nonprofits, to get the word out. Provide literature in the lobby, a person at the front desk to get additional help. So much going on, surveys are wonderful. Where can you get more information?
- Accept Medi-Cal. Just start there. It is not fair to other cities to have to take on that load in the ER. It means more waits for everybody.

### Attachment 3. Community Resources

Community resources to potentially address the identified significant health needs are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to 211 Ventura County at [www.211ventura.org/](http://www.211ventura.org/) and Health Matters in Ventura County at [www.healthmattersinvc.org/](http://www.healthmattersinvc.org/).

Significant Health Needs	Community Resources
Access to care	Simi Valley Free Clinic, ARC of Ventura County, United Way 211 hotline, Healthcare Foundation for Ventura County, Sierra Vista Family Medical Clinic, Ventura County Healthcare Agency, Samaritan Center
Cancer	American Cancer Association, United Way 211 hotline, Cancer Support Community, Marcelle Erian Cancer Foundation, Simi Valley Hospital, City of Hope
Cardiovascular disease	Food Share, United Way 211 hotline, Ventura County Healthcare Agency, Simi Valley Free Clinic, American Heart Association, Sierra Vista Family Medical Clinic, Simi Valley Hospital, Los Robles Hospital
Diabetes	Knights of Columbus Lords Table, County Social Services, West County Obesity Prevention Coalition, Ventura County Healthcare Agency, Simi Valley Free Clinic, American Diabetes Association
Mental health	Adult Protective Services, Ventura County Behavioral Health, Sierra Vista, National Alliance on Mental Illness, Arc of Ventura County, United Way 211 hotline, Hillmont, Vista Del Mar, Safe Harbor, Tri-County Regional Center, Sierra Vista Family Medical Clinic, Samaritan Center
Overweight and obesity	Boys and Girls Club, Food Share, Rancho Simi Park District, Samaritan Center, Weight Watchers, Nutri-system, Golds Gym, 24-Hour Fitness, Ventura County Healthcare Agency
Preventive practices	Sierra Vista Family Medical Clinic, Simi Valley Free Clinic, Samaritan Center, Walgreens, Simi Valley Hospital
Substance abuse	Project Understanding, Ventura County Public Health, Rancho Simi Park District, Not One More, Great Smoke Out, Heroin Taskforce, Uber, Lyft, Alcoholics Anonymous, Narcotics Anonymous, Tarzana Rehab Center, Public Health Tobacco Reduction Program, Samaritan Center

## **Attachment 4. Impact Evaluation**

Simi Valley Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to care, cancer, cardiovascular disease, overweight and obesity, drugs/alcohol and mental health. To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

### **Access to Care**

The hospital provided financial assistance through free and discounted care for health care services, consistent with Simi Valley Hospital's financial assistance policy. To address health care access issues, the hospital also offered information and enrollment assistance in low-cost insurance programs. The hospital continued to provide transportation support for those patients and families who may not be able to access needed care due to a lack of transportation.

Simi Valley Hospital has had a long-standing partnership with the Free Clinic of Simi Valley. This partnership supported the provision of health care services to over 40,000 patient visits for residents in our community who are uninsured or underinsured. Through this partnership, hospital employees provided needed administrative and clinical training for the Free Clinic staff. Simi Valley also provided lab services, radiology service and mammograms for clinic patients. Additionally, the hospital compensated employees for one shift per year when they volunteered at the Free Clinic of Simi Valley. The hospital provided a cash donation to the Free Clinic of Simi Valley to update their Electronic Medical Records system.

In 2013, Simi Valley Hospital provided emergency contact through Lifeline devices for low-income seniors in Simi Valley and Moorpark. The Lifeline Program provided a system of equipment and trained responders for people who fall or who cannot reach a phone during a health-related emergency. The program averaged 300 subscribers a month.

In 2014, the hospital partnered with the Free Clinic of Simi Valley for a community health fair. Approximately 800 people participated in the fair, which promoted positive health and fitness practices, and activities for youth and adults. Simi Valley provided health education on heart health and strokes, administered 420 flu shots, 105 glucose screenings and 18 carotid artery screenings.

In 2015, we completed Phase 1 of the Emergency Department expansion. The Emergency Pavilion encompasses 5,000 square feet of new ED space, bringing the number of patient beds from 10 to 22. This ED expansion increases access for the community to life-saving emergency care.

In an effort to increase access to care, Simi Valley Hospital launched an outpatient Speech-Language Therapy program so that adults with acquired impairments in communication, cognition, voice and swallowing could access needed treatment without having to travel long distances for care.

We partnered with the Simi Valley Senior Center to provide free blood glucose screenings. In an effort to reduce head injuries among teen athletes, we partnered with the Simi Valley Unified School District and a local Concussion Clinic to provide free baseline testing to all public high school athletes in Simi Valley.

### **Cancer**

Simi Valley Hospital partnered with the Free Clinic of Simi Valley to provide 40 free mammograms to underserved women in the community.

With support from the Rotary Club of Simi Sunrise, Simi Valley Hospital offered a *Pampered in Pink* event to increase awareness about breast cancer, celebrate survivors and remember loved ones who have lost their battle with cancer. Over the years, approximately 275 people attended the event, which included:

- Breast health education
- Nurse Navigator tours and information
- American Cancer Society informational booth
- Wellness Community informational booth
- Oncologists and radiologist available for questions

The hospital provided cancer-related health education sessions and support groups. Screening, treatment and survivorship programs were made available to the public at no cost.

### **Cardiovascular Disease**

As part of our *Take Heart Simi Valley* initiative, which is an ongoing effort to teach hands-only CPR to all of Simi Valley, Simi Valley Hospital has taught more than 2,100 people hands-only CPR throughout the community since 2013. We offered heart health education, support groups and cardiovascular screening, and presented heart health lectures, reaching more than 400 people.

We continued our support of American Heart Association events. Simi Valley Hospital partnered with the American Heart Association on two events to raise awareness of

heart disease in women. 75 women attended a heart healthy dinner and education event co-sponsored with the American Heart Association.

We offered heart health education, support groups and cardiovascular screening, and started a Heart Attack Survivors Support group that is led by a heart attack survivor.

Simi Valley Hospital is dedicated to battling heart disease by raising awareness through increased education. In honor of American Heart Month, Simi Valley Hospital sponsored activities to raise awareness about preventing heart disease and living a healthy life. Simi Valley Hospital partnered with the American Heart Association to provide a *Go Red Girlfriends* event on February 5, 2014. The event, attended by 55 women, included a free heart-healthy dinner, educational information about heart care for women, and a presentation by an interventional cardiologist. On September 10, 2015 Simi Valley Hospital once again partnered with the American Heart Association to provide a *Girls Night Out* event to encourage women to learn more about the role of heart disease in women's lives and steps women can take to prevent heart disease. The event, attended by 110 women, offered heart-healthy cooking demonstrations, massage, yoga, blood pressure screenings, heart health education, and hands-only CPR demonstrations.

In 2015 we launched an extensive campaign to promote heart health and educate the community on the signs and symptoms of a heart attack. We partnered with a heart attack survivor to start a Heart Attack Support Group and utilized his story in our campaign. Through continued Hands-Only CPR demonstrations, we have increased the number of persons saved by bystander in our community. As a result, Ventura County has one of the highest survivor rates of bystander-witnessed heart failure in the country.

### **Drug/Alcohol and Mental Health**

Simi Valley Hospital participated with community organizations to develop strategies to improve drug/alcohol and mental health services, including partnering with Community Coalition United for education offerings and mental health trainings. We increased access to care by developing inpatient hospital alcohol and drug detoxification services.

The Hospital hosted Simi Valley High Schools "Every Fifteen Minutes" program to educate students about the dangers of alcohol and drug use. In partnership with the local school district, we continued to offer voluntary drug test for students. Also, in 2015 we provided two Mental Health First Aid Trainings for 40 community members.

As a result of the growing issue of unused and unneeded medications becoming the target of theft, misuse and abuse, we partnered with the Simi Valley Police Department to educate the public on how to properly dispose of expired, unwanted, or unused prescription drugs and other medications from their homes and our community. The

hospital offered a Prescription Drug Drop Box available 24 hours a day, 7 days a week to safely dispose of unwanted or expired medications.

### **Overweight/Obesity**

To address overweight and obesity, the hospital provided free nutrition classes and health education lectures on healthy eating to over 100 people. We partnered with community groups to support their obesity prevention community health initiatives. Simi Valley Hospital also launched an outpatient Nutrition Counseling Services program.

In 2014, Simi Valley Hospital partnered with the Simi Valley YMCA to provide educational booths, health screenings, and a health lecture for the YMCA's *Activate Simi Valley* program. *Activate Simi Valley* is a free eight-week program that encourages participants to make healthy life changes. Approximately 400 participants attended the kick-off Health Fair, weighed in weekly, received nutrition and exercise materials, and attended weekly lectures from health professionals. In addition to a lecture on nutrition, Simi Valley Hospital provided two booths at the Health Fair; one booth focused on diabetes and offered glucose screenings, and the other booth focused on nutrition education.

In 2015, Simi Valley Hospital launched an outpatient Nutrition Counseling Services program to help clients make healthy choices for an improved lifestyle. Our registered dietitian provided medical nutrition therapy to address patients' personal goals as they relate to all stages of life and various medical conditions.

## 2016 CHNA approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

### **CHNA/CHP contact:**

Kathryn M. Stiles  
Marketing & Communications; Community Relations

Phone: 805-955-7081  
Email: [kathryn.stiles@ah.org](mailto:kathryn.stiles@ah.org)

Simi Valley Hospital  
2975 North Sycamore Drive,  
Simi Valley, CA, 93065

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: <https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx>