



VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

Community Health IMPROVEMENT PLAN

*An Action Plan to
Improve the Health of
all Ventura County
Residents*

2018-
2020



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Community Health Improvement Plan Executive Summary

VENTURA COUNTY PUBLIC HEALTH is pleased to present Ventura County's Community Health Improvement Plan (CHIP) in follow-up to the Community Health Assessment published in 2017 and available online at www.healthmattersinvc.org. The CHIP planning process looks beyond the performance of an individual organization, serving a specific segment of the community, to the way in which activities of many organizations contribute to overall population health.

CHIP's are used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. CHIP's are critical for developing policies and defining actions to target efforts that promote health so that all residents can live a long, healthy life regardless of his or her background or socioeconomic status.

Our CHIP consists of 15 priority health areas under 5 broad goals. For each of the priority health issues identified in the health assessment, this plan outlines a strategy that will be pursued over the next three years, in collaboration with one or more Public Health Partner organizations, to improve population health. These strategies represent the collaborative work of all our partners, therefore, the "we" of the impact statements do not just reflect the view of VCPH but rather all our partners that are working towards improving health and wellness so that Ventura County will become the healthiest county in the nation by 2030.



GOAL 1:

Create Healthy Communities

PRIORITY 1:

Increase Early Learning and Educational Attainment

Educational attainment is one of the key indicators of the health status of a community. Individuals that do not finish high school have less social mobility, which is associated with negative health outcomes.

STRATEGY FOR IMPROVEMENT: *Assess current school district Wellness Policies for best practices and share with other school districts.*

PRIORITY 2:

Reduce the Percentage of Population Growing up in Poverty

Children growing up in poverty have less access to quality healthcare, quality childcare, superior schools, and safe neighborhoods. Policies that provide more access to these protective factors can make a positive impact on achievement, behavior, and health across the lifespan.

STRATEGY FOR IMPROVEMENT: *Implement Paid Family Leave Policies and Other Family Friendly Policies such as Babies at Work.*

PRIORITY 3:

Increase Affordable Housing in Clean, Safe Communities

Ventura County residents believe that a clean environment, low crime/safe neighborhoods, and affordable housing are necessary to build healthy communities.

STRATEGY FOR IMPROVEMENT:

Implement a home health risk assessment referral process.

GOAL 2:

Lay the Foundation for a Healthy Life: Healthy Beginnings

PRIORITY 4:

Improve Maternal Health Prior to Pregnancy

Access to services to prepare and plan for pregnancy helps women to improve health outcomes for themselves and their babies.

STRATEGY FOR IMPROVEMENT: *Provide preconception and inter-conception education and care to women of child-bearing age.*

PRIORITY 5:

Improve Childhood Physical and Mental Wellness

Supporting positive physical and mental health for young people is one critical element to help prepare them to live healthy lives.

STRATEGY FOR IMPROVEMENT: *Ensure access to services provided by International Board Certified Lactation Consultants to improve breastfeeding rates and duration.*

Executive Summary

PRIORITY 6:

Reduce Childhood Trauma

Reducing adverse childhood experiences will decrease a person's risk for adverse health outcomes later in life.

STRATEGY FOR IMPROVEMENT: *Design a prevention network of services and supports (Ventura County Prevention Plan) to prevent child abuse and neglect.*

GOAL 3:

Help People Achieve Optimal Health: Living Well

PRIORITY 7:

Improve Adult Physical Health

Being overweight or obese increases the risk of many health conditions and contribute to some of the leading causes of preventable death.

STRATEGY FOR IMPROVEMENT: *Establish a county-wide food waste reduction program to redistribute resources to residents that are food insecure.*

PRIORITY 8:

Reduce Adult Substance Use

Substance abuse was identified by Ventura County residents as the most important risky behavior affecting the health of the community.

STRATEGY FOR IMPROVEMENT: *Inform local leaders on the best practices for adult cannabis policy based upon lessons learned from alcohol policy.*

PRIORITY 9:

Improve Adult Mental Health

Positive mental health allows individuals to realize their potential, cope with stress, work productively, and make meaningful contributions to their community.

STRATEGY FOR IMPROVEMENT: *Offer Logrando Bienestar workshops to reduce barriers to seeking mental health services within the Hispanic community.*

GOAL 4:

Maintain Dignity and Independence: Aging Well

PRIORITY 10:

Improve Cancer Screening Rates

Early detection and treatment and reducing lifestyle risks will decrease cancer rates and improve overall health for Ventura County residents.

STRATEGY FOR IMPROVEMENT: *Increase colorectal screening by offering community based FIT testing.*

PRIORITY 11:

Improve Health and Wellness for the Medicare Population

Aging adults living alone may lack social support, have inadequate assistance in emergency situations, and are at risk for institutionalization or losing their independent lifestyles.

STRATEGY FOR IMPROVEMENT: Implement the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit at an ambulatory site as recommended by the Centers for Disease Control and Prevention.

PRIORITY 12:

Decrease Hospitalization During the End of Life

End of life is one of the most difficult stages of life and needs attention to improve the care and experience of individuals who are dying.

STRATEGY FOR IMPROVEMENT: *Establish a policy and billing structure for sustainable provision of palliative care.*

GOAL 5:

Redesign the Healthcare System: Efficient, Safe and Patient-Centered Care

PRIORITY 13:

Increase the Percentage of Residents with Access to Health Insurance

Despite the Affordable Care Act (ACA), access to health care services continues to be a function of residents' economic means, age, and citizenship status.

STRATEGY FOR IMPROVEMENT: *Increase promotion of safety net health programs by offering community enrollment opportunities.*

PRIORITY 14:

Increase Access to Primary Care

Ventura County residents are more likely to receive routine health checkups and screening if they have a consistent primary care provider, which can improve health outcomes.

STRATEGY FOR IMPROVEMENT: *Provide outreach on availability of Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) and develop a county-wide oral health plan.*

PRIORITY 15:

Reduce Preventable Hospitalizations

Hospitalizations could have been prevented if Ventura County residents received optimal care in the ambulatory or outpatient care environment.

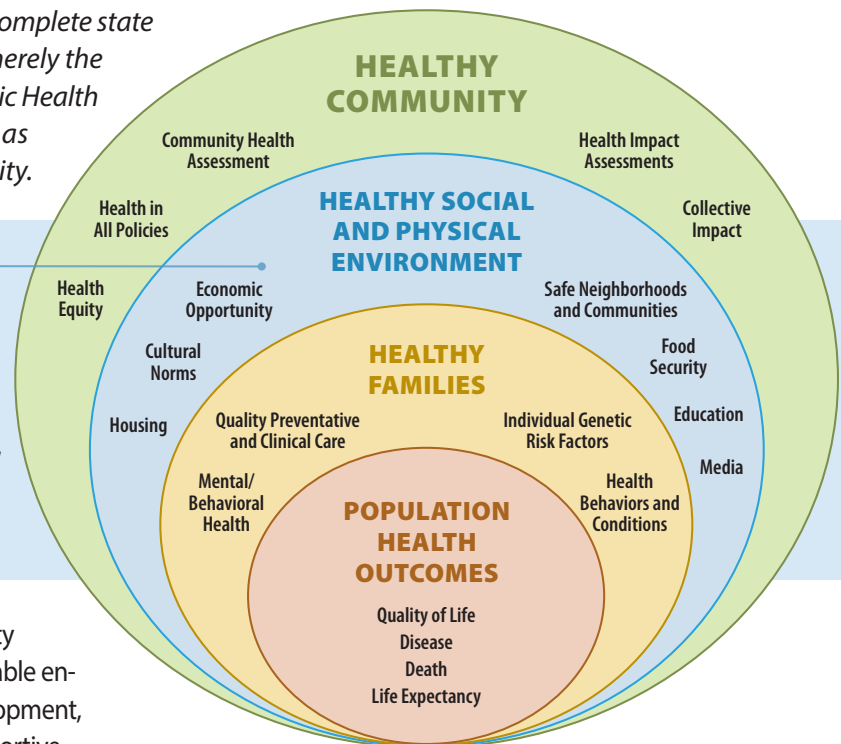
STRATEGY FOR IMPROVEMENT: *Strengthen the collaboration of the Ventura County Hospital to Home Alliance to follow the Medicare Access and CHIP Reauthorization Act of 2015.*

The Ideal Healthy Community

The World Health Organization defines health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.” Ventura County Public Health (VCPH) utilizes this same definition of health and has worked to further define the ideal Healthy Community.

Public Health’s Role in Addressing Social Determinants:

- Data collection, monitoring and surveillance
- Population-based interventions to address health factors
- Community engagement and capacity building
- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change



VCPH believes that a Healthy Community provides for a quality and sustainable environment, adequate levels of economic and social development, health and social equity, social relationships that are supportive and respectful and meets the basic needs of all, across the lifespan. VCPH believes to improve population health outcomes, we need to shift the focus from addressing health factors to addressing the social and environmental determinants of health. The VCPH model for a Healthy Community helps to define those social determinants as well as public health actions that can be taken to begin to address them.

POPULATION HEALTH OUTCOMES – VCPH monitors population health outcomes such as quality of life, disease incidence and prevalence, life expectancy, and death to assess the health of families in Ventura County.

HEALTHY FAMILIES – VCPH believes that families need access to quality preventive and clinical care, including mental and behavioral health services. The health of a family is affected by individual/genetic risk factors as well as health behaviors and conditions, nevertheless VCPH realizes that healthy social and physical environment play a greater role for a family in achieving overall health.

HEALTHY SOCIAL AND PHYSICAL ENVIRONMENT – Healthy housing can support occupants throughout their life stages, promote health and safety, and support mental and emotional health. Cultural norms can influence beliefs about health care, behaviors that contribute to food choices, attitudes regarding mental health and values concerning social status. Living in poverty and being unemployed are associated with poor physical and mental health outcomes across all races and ethnicities. Neighborhood characteristics have significant impact on health outcomes because they influence

an individual’s ability to adopt behaviors that promote health. People in low income neighborhoods often have less access to affordable, healthy food options, and have more access to cheap fast-food outlets. People with higher levels of educational attainment consistently experience lower risks for a wide array of illnesses and increased life expectancy. Exposure to media, especially among youth, may affect health behaviors such as substance use, sexual activity, and eating habits. VCPH wants to address these social determinants of health by utilizing data to inform policy, engaging community residents and partner organizations, building capacity, and creating organizational environments that enable change to achieve a healthy community.

HEALTHY COMMUNITY – Per the Centers for Disease Control and Prevention (CDC), health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” VCPH is committed to conducting periodic community health assessments and utilizing the Health in All Policies (HiAP) framework to improve the accountability of decision-makers to recognize the health impacts at all levels of policy-making. VCPH will collaborate more with existing stakeholders and engage non-traditional stakeholders because it is only through collective impact that we can begin to make changes necessary to improve the health and well-being of residents and make Ventura County a Healthy Community.

Health Improvement Planning Process

VCPH wants Ventura County to become the healthiest county in the nation by 2030. Per the County Health Rankings, in 2018, Ventura County ranked 9th out of 57 counties in California for health outcomes and 16th for health factors. There is still much work to be done to improve overall health and well-being.

VCPH published its last community health assessment (CHA) in April 2017; the complete CHA is available online at www.healthmattersinvc.org. VCPH utilized the Association for Community Health Improvement (ACHI) Assessment toolkit (Association for Community Health Improvement, 2012) to help drive the assessment because community engagement was woven throughout the process. Similar to the CHA, the nine steps of the health assessment and improvement planning process are briefly described below.

STEP 1: Reflect and Strategize

In April 2016, VCPH established a Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Core Support Team made up of representatives from VCPH, Ventura County Human Services Agency, the Ventura County Community Health Center Board, Ventura County Behavioral Health, and the Mixteco Indigena Community Organizing Project (MICOP). The CHA/CHIP Core Support Team began their first meeting by reviewing version 1.5 of the Public Health Accreditation Board (PHAB) standards 1.1 and 5.2, which outline the requirements for developing the CHA and the CHIP. In addition to the PHAB standards, the team also cross-referenced the necessary components for the Community Health Needs Assessments for charitable hospitals. There are four 501c3 hospital systems that serve residents of Ventura County, and the team believed engaging them in the development of the VCPH CHA would help to streamline resources, select priority health issues, and hopefully lead to the production of a single health assessment. In the future, the health assessment could be used as a template by all hospital systems.

The CHA/CHIP core support team agreed the community needed to be surveyed (English and Spanish), presentations of preliminary data from the CHA should be conducted with as many stakeholder groups as possible, and key informant interviews would be completed to help to identify resources within the community and improvement strategies to address the priority health issues identified. The Team met monthly to bring the plan developed in April 2016 to fruition.

STEP 2: Identify and Engage Stakeholders

The CHA/CHIP Core Support Team identified more than 30 different coalitions and stakeholder groups to invite to become part of the CHA/CHIP process; of those 17 received a formal presentation and the opportunity to provide feedback for the CHA/CHIP.

- 1 Child Development Resources and Early Head Start** – Collaborates with families to deliver programs that focus on early childhood development.
- 2 Partnership for Safe Families** – Coalition designated as Child Abuse Prevention Council for Ventura County.

- 3 Partnership for a Healthy Ventura County** – Coalition that supports healthy eating and active living initiatives throughout Ventura County.
- 4 Community Transformation Leadership Team** – Coalition of community leaders supporting policy, systems, and environmental change to improve health. This coalition was established during the previous community health assessment process.
- 5 Ventura County Oral Health Collaborative** – Community leaders focused on improving oral health for all children in Ventura County.
- 6 Ventura County Networking Collaborative/St. John's Dignity Health** – Provides a forum for community benefit organizations to learn more about the resources available within the community.
- 7 Moorpark College Child Development Program** – Students in this program learn to enhance the cognitive, social, emotional, and physical development of children.
- 8 Breastfeeding Coalition of Ventura County** – Coalition comprised of health care providers, community leaders, policy makers, and parents, as well as public and private organizations with the common goal of promoting and supporting breastfeeding as the culture norm in Ventura County.
- 9 Neighborhoods for Learning (NfL)** – Directors' Meeting – Resource hubs supporting children prenatal through age five and their families.
- 10 Ventura NfL Advisory Board** – Board of community members interested benefiting children prenatal through age five and their families in the City of Ventura.
- 11 Local Planning Council** – Actively plans for quality child care based upon the needs of children, families, and early care and education professionals.
- 12 Ventura County Nurses Health Services Standards and Practices Committee** – Group of school nurse representatives and others, including VCPH, focused on issues relative to providing consistent, high quality student health services.
- 13 Ventura County Area Agency on Aging Advisory Council** – Community-based body of advocates for

persons aged 60 and over.

- 14 El Rio/Del Norte Municipal Advisory Council** – Community members from El Rio/Del Norte that have an interest in increasing safety and opportunities for recreational activities in their area.
- 15 St. John's Community Benefit Committee** – Hospital staff and community members that work to ensure the community benefit funds from St. John's are allocated per community health needs.
- 16 Ventura County Resource Management Agency Planners** – County planners that meet monthly who are interested in implementing Health in All Policies in their work.
- 17 Ventura County Community Health Center Board** – Guides the Health Care Agency in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Ventura County.

During each of these meetings, the survey was provided in paper and electronic format in both English and Spanish. Participants were asked to share the survey with their co-workers, friends, and family to increase distribution.

Where you live has an impact on your overall health. The County of Ventura began the initial phase of a General Plan update in June 2016; the issues that will be addressed in the 2020 update will inevitably play a role in community health. The Team partnered with the Resource Management Agency to gather feedback from residents at the 10 General Plan town hall meetings held throughout the county in July and August of 2016.

Child Development Resources distributed the surveys with the preschool orientations packets (distribution of over 600 parents) for the 2016-17 school year. This survey was also made available on the Health Matters in Ventura County website.

In addition, a quarterly meeting with the 501c3 hospital systems was established in May 2016 to share information about the assessment process and review their community health needs assessments and implementation plans.

Step 3: Define the Community

The entire County of Ventura was considered the community for 2017 health assessment and this health improvement plan. However, available data was presented by zip code or city to help identify disparities by geographic area. Identifying health disparities and inequities by age, gender, education level, income level, and race/ethnicity was also a priority for the 2017 health assessment.

Step 4: Collect and Analyze Data

VCPH has over 180 health indicators available online through the Health Matters in Ventura County website; therefore, the CHA/CHIP Core Support Team did not want to simply publish the data in a format that is already available to the public. The Team decided to utilize the framework developed by the Let's Get Healthy

California (LGHC) Task Force as a starting point for how to present the data collected as part of the assessment. Like VCPH's aspirations of becoming the healthiest county in the nation, the LGHC Task Force was committed to California becoming the healthiest state in the nation. In 2012, the Task Force developed a report that provides a framework for assessing Californians' health across the lifespan. This framework includes six goals: healthy beginnings, living well, end-of-life, redesigning the health care delivery system, creating healthy communities and neighborhoods, and lowering the cost of care. Importantly, the report made clear that eliminating health disparities is an over-arching goal. The Task Force emphasized that improvements in health would not be possible without viewing changes through a health equity lens (Let's Get Healthy California Task Force, 2016).

In addition to Let's Get Healthy California, VCPH also reviewed the National Prevention Strategy, Healthy People 2020, and the County Health Rankings and Roadmaps to select the health indicators included within this assessment. The 2017 CHA and this improvement plan have five sections: creating healthy communities, healthy beginnings, living well, end-of-life, and re designing the health care delivery system.

PRIMARY DATA COLLECTION

VCPH collected 960 surveys in both English and Spanish to help select the priority health issues presented in this document. Key informant interviews were also conducted with 21 stakeholders. Key informants were selected based upon their expertise in a health topic area and were asked to speak to populations experiencing disparities as witnessed in their work, identify policies, systems, and environmental changes that could help to address these disparities, and provide examples of community resources and assets that could be mobilized.

SECONDARY DATA COLLECTION

The 2017 health assessment included secondary data from several sources including the American Community Survey, the California Health Interview Survey, the California Healthy Kids Survey, the California Office of Statewide Health Planning and Development, the California Department of Education, etc. The secondary sources are referenced throughout the 2017 health assessment.

Step 5: Select Priority Community Health Issues

The following data sources were analyzed and cross-referenced to select the 15 priority health issues included within the community health assessment:

1. Community Input Survey Results
2. Ventura County Strategic Plan 2020 Progress Tracker which includes 15 priority health indicators being tracked as part of the strategic plan implementation.

3. Healthy People 2020
4. Let's Get Healthy California
5. Ventura County Life Expectancy Analysis
6. Ventura County Mortality and Years of Life Lost (Premature Death) Analysis
7. Healthy Communities Institute Data Scoring Tool Results
8. Healthy Communities Institute SocioNeeds Index Results

STEP 6: Document and Communicate Results

As discussed previously, the CHA/CHIP Core Support Team met monthly to discuss and analyze the data to be included within the health assessment and recommendations for strategies to be included within the health improvement plan. In addition, a draft of the health assessment was distributed by e-mail to all organizations that received a formal presentation as part of the CHA process. The draft was also made available for comment on Health Matters in Ventura County for a two-week period prior to final publication in April 2017.

The initial stakeholders that received a presentation as part of the CHA process also received a subsequent presentation that included the final priority health issues, updated life expectancy and mortality analysis, and recommendations from the 2017 health assessment. Some additional organizations/stakeholders that received a formal presentation of the results included the Ventura County Medical Center Family Residency Program, the Prenatal Workgroup, the Funeral Directors of Ventura County, and the Maternal Child and Adolescent Health Action Coalition.

STEP 7: Plan Improvement Strategies

The 15 priority health issues included in the 2017 health assessment serve as the framework for this improvement plan. After the presentation of the CHA results, all stakeholders were asked to review the existing recommendations for improvement strategies and provide feedback. Stakeholders were also asked to provide additional improvement strategies for consideration to be included within the plan.

The complete list of recommendations was extensively reviewed and researched by the CHA/CHIP core support team to determine whether or not they should be included as a strategy within this health improvement plan. Criteria for inclusion in the plan included potential impact on population health, feasibility of implementation, existing momentum for the proposed strategy, opportunity to expand upon current efforts, and identification of a Public Health Partner that would be willing track progress on this improvement strategy over the three years of the plan. VCPH also reviewed the priority health issues and implementation plans for the 501c3

hospitals in Ventura County to align improvement strategies where possible.

STEP 8: Implement Improvement Plan

For each of the 15 health improvement strategies included within the plan, a work plan will be developed with the identified Public Health Partner by the close of 2018. VCPH will work with each Public Health Partner to facilitate implementation of the work plan and provide support as needed.

STEP 9: Evaluate Progress

Data included within the 2017 health assessment as well as the improvement strategies included within this health improvement plan will be evaluated on a yearly basis. An annual report, that includes the status of implementation efforts, will be produced beginning in January 2019. The report will include information on the effectiveness of strategies and any changes in priorities, resources, or community assets. Tracking of health indicators and updates on progress made will also be made available on the Health Matters in Ventura County website.

COMMUNITY RESOURCES TO ADDRESS PRIORITY HEALTH ISSUES

VCPH has partnered with 211 Ventura County to connect residents to health information, social services, and referrals through their comprehensive resource database. The community resources are searchable by topic area such as housing, food, income and expenses, transportation, education or by target population such as children and family, youth, and seniors. Therefore, VCPH has made a direct link to all of the resources available through 211 Ventura County on the Health Matters in Ventura County website through the resource library instead of publishing a list of resources that becomes outdated. The resource library will be seamlessly updated as 211 Ventura County updates their database.

COMMUNITIES LIFTING COMMUNITIES

Due in part to the collaborative efforts of VCPH, in June of 2017, the Hospital Association of Southern California (HASC) and the Public Health Alliance of Southern California launched a Communities Lifting Communities (CLC) Initiative, a partnership intended to reduce health disparities and improve community health across Southern California. CLC will support existing and future collaborative CHAs with regional clusters of hospitals, public health departments and other community partners. VCPH is currently working to align its existing priorities with the CLC initiatives of diabetes prevention, improved birth outcomes, and homelessness to capitalize on this momentum to improve health outcomes for residents across the region.

Community Health Improvement Plan

Ventura County Public Health (VCPH) is committed to supporting environments that protect and promote the health and well-being of everyone in our county. To thrive, everyone in our community needs to be given the opportunity to live a long, healthy life, regardless of his or her background or socioeconomic status.



THE PRIORITY HEALTH ISSUES

identified within the 2017 health assessment serve as the framework for this three-year community health improvement plan (CHIP). For each of the priorities identified under the 5 overall goals, VCPH developed a strategy for improvement, in collaboration with community stakeholders and residents, that is focused on improving population health. However, this is just a beginning; additional efforts are needed to fully address the social determinants of health that will reduce health inequities and help us realize our vision of Ventura County becoming the healthiest county in the nation by 2030 as outlined in our 2015-2020 Strategic Plan. Our Strategic Plan includes 5 priority areas: Health Equity, Health and Safe Community Environments, Preventive Health, Community Driven Partnerships, and Public Health Infrastructure. Our CHIP as presented below aligns very well with our previous collaborative efforts outlined in our Community Health Assessment and Strategic Plan. All three documents are key to our commitment to engaging community stakeholders in efforts to protect the health and promote the well-being of all Ventura County residents.

GOAL 1:

Create Healthy Communities

VCPH realizes that health happens in communities; where children, families, and the elderly live, learn, and play. As demonstrated by the 12-year difference in life expectancy between the Ventura County 91361 and 93022 zip codes, there is a strong connection between where one lives and his or her expectancy. The Health in All Policies approach is designed to facilitate the creation of social, economic, and physical environments that support health and wellness. The results of the 2017 CHA community survey show that Ventura County residents believe that low crime/safe neighborhoods, a clean environment, good schools, affordable housing, healthy behaviors and lifestyles, and access to health care are what makes a community healthy. Safe neighborhoods that are free of crime help to create opportunities for healthy eating and active living; creating these opportunities in all neighborhoods will help to reduce health disparities within Ventura County. Public health policy promotes communities designed to support health and safety, such as places to play and be active, access to affordable healthy foods, and streetscapes designed to prevent injury. Health also requires that all environments, including homes, schools, communities and worksites, have clean air and water and are free from toxins and physical hazards. A healthy environment gives people the opportunity to make healthy choices and decrease their risk for heart disease, cancer, obesity, diabetes, respiratory diseases such as asthma, and injuries. This section focuses on the social determinants of health as well as the built environment.

PRIORITY 1:

Increase Early Learning and Educational Attainment



STRATEGY FOR IMPROVEMENT:

Assess current school district Wellness Policies for best practices and share with other school districts.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Educational attainment is one of the key indicators of the health status of a community; individuals that do not finish high school have less social mobility, or less opportunity to significantly increase their income, which is associated with negative health outcomes (Sillies, 2009). The National School Boards Association, American Association of School Administrators, and Council of Chief State School Officers have emphasized the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.

WHAT ARE WE CURRENTLY DOING?

The Healthy, Hunger-Free Kids Act of 2010 mandates each district participating in the National School Lunch Program or any program in the Child Nutrition Act of 1966, including the School Breakfast Program, to adopt a districtwide Local School Wellness Policy (LSWP). On July 29, 2016, the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), released finalized regulations to create a framework and guidelines for written LSWP.

Every school district in Ventura County has their own LSWP. The California School Board Association (CSBA) provides a template which most of the school districts utilize to develop the LSWP. The policy should be developed with involvement of parents/guardians, students, school food service professionals, school administrators, Board representatives, and members of the public. The LSWP requires measurable goals for nutrition promotion and education, physical activity, and other school-based activities that promote wellness, but implementation varies by school district.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

Ventura County Public Health (VCPH) will work with the Ventura County Office of Education to conduct a formal assessment of LSWPs from each district within Ventura County. Best practices will be identified and shared through the Health Services Standards and Practice Committee which includes school nurses, VCPH, and others with an interest in school health.

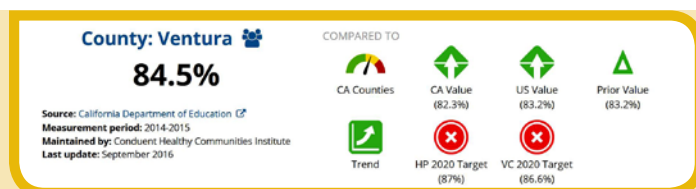
WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that all students in Ventura County were educated in a school district that valued and promoted nutrition, physical activity and student wellness as core to their educational success. VCPH could be a resource in the development of each LSWP to ensure that the goals included are consistent with current research and include programs and policies that have been shown to improve student health. Currently, some school districts invite VCPH staff members to their policy development committees, but there is no consistency or mandate for this type of involvement. A dedicated VCPH staff member to provide support to the school districts for developing, maintaining, and reporting on LSWP would allow for more consistent policies to improve student health in Ventura County.

PUBLIC HEALTH PARTNER:

Ventura County Office of Education
Ventura County School Districts

SOCIAL DETERMINANT OF HEALTH: Education HIGH SCHOOL GRADUATION



PRIORITY 2:

Reduce the Percentage of Population Growing up in Poverty

STRATEGY FOR IMPROVEMENT:

Implement Paid Family Leave Policies and Other Family Friendly Policies such as Babies at Work.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

The earliest years in life are the most critical in determining future earnings. Low income can create constant stress in the home environment to which children are exposed.

This exposure to constant stress can cause changes in the function of the brain which may contribute to cognitive and behavioral problems that affect achievement in both childhood and adulthood (Duncan, 2014).

This does not mean the only path to better health is a higher income or that all children living in poverty will be less successful as adults, but it does mean that policies that provide access to healthcare, quality childcare, superior schools and safe neighborhoods can have a positive impact on achievement, behavior, and health across the lifespan.

Babies thrive when they feel the emotional and physical support of a consistent caregiver early on when brain development is so rapid. The American Academy of Pediatrics recommends that healthy full-term infants not be enrolled in childcare until they are at least 12 weeks old because the first few months of life are so crucial to a child's development. Universal paid family leave (PFL)

Early Childhood Poverty

Opportunities Inside and Outside the Home

Early Brain Development

Adult Achievement, Behavior and Health

policies allow families the time that they need to adapt to the needs of their growing family without having the added stress of loss of income. This is especially true for low income families; after implementation of California's Paid Family Leave law, use of this benefit after childbirth increased most among non-college educated, unmarried, Black, and Hispanic mothers.

There are numerous health benefits associated with PFL for both the parents and the child. A study from the Journal of Health and Economics showed that a 10-week increase in paid leave is predicted to reduce infant mortality rates between 2.5% and 3.4%. This small reduction in mortality would have prevented two infant deaths in Ventura County in 2017. PFL improves

breastfeeding initiation and duration, including among low-income minority women. In Ventura County, 83.4% of White women initiated breastfeeding in the hospital versus 72.4% Hispanic women. PFL also supports mother-infant bonding which is associated with decreased risk of postpartum depression and reduced rates of child maltreatment and neglect.

WHAT ARE WE CURRENTLY DOING?

Under the Family and Medical Leave Act of 1993 (FMLA), most Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the birth or adoption of a child. There were two attempts to establish the Office of Paid Family and Medical Leave within the Social Security Administration (IS.337 – FAMILY Act and H.R. 947), both of which were stalled in conference in 2017. However, the tax reform bill passed in December 2017 offers an incentive to companies that provide paid leave to workers earning less than \$72,000 per year in the form of a tax credit; this is a two-year pilot project that expires in 2019.

Like FMLA, there is the California Family Rights Act (CFRA) which allows for job protection for up to 12 weeks of leave after the birth or adoption of a child. In 2004, California became the first state in the nation to implement a Paid Family Leave (PFL) program. The program is funded by State Disability Insurance (SDI) premiums, paid by the employee, and provides up to 6 weeks of partial pay to em-



PRIORITY 2 *continued*

employees who take time off work for care for an ill-family member or bond with a new child. Beginning January 1, 2018, Assembly Bill 908 (Chapter 5, Statutes of 2016) increased the Disability Insurance and PFL wage replacement rate to approximately 60 to 70 percent (depending on income) and removed the 7-day waiting period for PFL. This covers most private sector workers, but many public-sector employees do not pay into SDI and are not eligible for the benefit.

The Ventura County Board of Supervisors recognizes that in order to have a dedicated and productive workforce, employees need support in balancing their work and family/personal life. The County, as an employer, offers family sick leave and 12 weeks of unpaid bonding leave in connection with the birth or legal adoption of a child; some employees are covered under California SDI depending upon the employee's applicable memorandum of agreement or management resolution.



WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The Prenatal Workgroup, a coalition of stakeholders that focuses on improving outcomes for mothers and babies, plans to do a formal assessment of existing family friendly leave policies for Ventura County's largest employers. This will allow for identification of best practices and sharing of model policies throughout the county. An example of such a policy is the Babies at Work program which allows parents to bring their babies to work every day and care for them while doing their jobs, typically until the baby is six months old or crawling. The Parenting in the Workplace Institute has worked with organizations in more than 40 states to successfully create baby-inclusive organizations that support families during this crucial time in development.

A Field Poll from 2011 showed that 40% of employees eligible to receive PFL in California did not apply for the benefit because they feared the consequences associated with taking that time off; the Prenatal Workgroup will also be launching a public information campaign to educate families on their rights associated with CFRA and SDI in California.

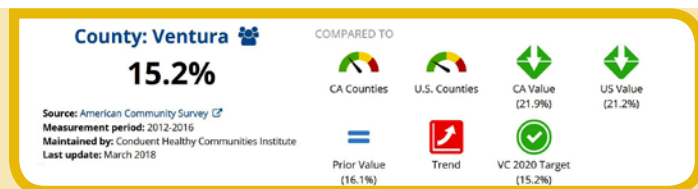
WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that every parent, both mothers and fathers, in Ventura County had the ability to take 12 weeks of paid time off to bond with their child after birth or adoption. After those 12 weeks, they would be able to make the choice to bring their baby to work because of the baby-inclusive policy at their workplace. Once the baby was crawling, he or she would transition to the on-site childcare center until school age. Once in school, the parent would have a flexible working environment that gives he or she the choice to leave work and pick up their son or daughter from school, either bringing them back to work or continuing the workday from home.

This is not a fantasy; Patagonia has adopted numerous family friendly policies and received the Champion of Change for Working Families award from President Obama in 2015. To learn more about their program, visit <http://www.patagonia.com/family-business-on-site-child-care.html>.

PUBLIC HEALTH PARTNER: First5 Ventura County
Breastfeeding Coalition of Ventura County

SOCIAL DETERMINANT OF HEALTH: Poverty
CHILDREN BELOW POVERTY



PRIORITY 3:

Increase Affordable Housing in Clean, Safe Communities

STRATEGY FOR IMPROVEMENT:

Implement a home health risk assessment referral process.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

As shown by the results of the community health assessment survey, Ventura County residents believe that a clean environment, low crime/safe neighborhoods, and affordable housing are necessary to build healthy communities. Community members cannot thrive or enjoy good health unless they have safe, stable living conditions.

There is a need and ongoing effort to improve public and environmental health literacy.

The environment in which we work and live directly influences people's overall health and wellbeing at the community and individual levels. Physical spaces can expose people to toxins or pollutants and influence lifestyles, especially for populations that have

an increased risk and are most vulnerable to health impacts, such as infants, elderly, and the uninformed. There is a need to translate existing and future research into action that addresses harmful environmental exposures and reduces health risks to the public.

WHAT ARE WE CURRENTLY DOING?

Cross-agency collaboration has been ongoing for the past two years with Ventura County Public Health (VCPH) and County Sustainability Administration through the Ventura County Regional Energy Alliance (VCREA) and Residential Energy Efficiency programs. Staff cross-train each other to highlight and share human health impacts and service approaches to the built environment across multiple disciplines toward healthy buildings and offering empowered healthy living choices. Additionally, with the launch of the Ventura County Green Business Certification Program, collaborating is happening across agencies to address

similar human health concerns for commercial buildings. Through these collaborations, building operators and homeowners can access site-specific improvement resources from evidence-based research and building science principles (forhealth.org).

emPower Ventura County also provides no-cost, on-site, home energy evaluations with an emPower Energy Coach to qualifying local homeowners of single-family detached homes. During these 90-minute home visits, the Energy Coach will conduct a complete walk-through



PRIORITY 3 *continued*



to help homeowners identify factors in their home affecting health, comfort, and energy efficiency. The Energy Coach will then help the homeowner prioritize potential projects and connect them to rebates, financing and local contractors. The age the property may trigger lead abatement responses or asbestos removal related to the scope of work. However, Energy Coaches do not perform full health risk assessments. Health related needs or actions are not provided by the program staff.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

VCREA will work with VCPH to share information on program activities and best practices. These agencies will establish a formal referral process that links residents with the appropriate VCPH program when the Energy Coach identifies a health need that cannot be addressed through the em-Power program, such as referrals for lead testing when children have been exposed to lead-based paint in their home. The team will research the feasibility of implementing a home cleaning instruction curriculum that helps

residents to reduce health hazards such as molds and allergens. VCREA will also conduct a review of the resources being provided to ensure they are culturally competent and the messaging aligns with information being distributed by VCPH for health-related matters.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that all Ventura County residents had the opportunity to receive a home energy evaluation and help them identify factors that would improve their health and well-being. This would include tenants of rentals that are currently ineligible for home assessments. We would like to expand the services to address the needs of both single-family and multi-tenant homes for both property owners and renters. The VC Green Business program can address multifamily properties at the property owner level as a business, but currently not at the resident level, which is the direction we want to expand to provide a more holistic approach.

With appropriate funding, partnerships, training, and education, we can increase public and environmental health literacy and access to services so that individuals, families, and communities can make informed decisions and take actions to improve their health.

PUBLIC HEALTH PARTNER:

Ventura County Regional
Energy Alliance

SOCIAL DETERMINANT OF HEALTH:

Housing

RENTERS SPENDING 30% OR MORE OF
HOUSEHOLD INCOME ON RENT



County: Ventura

56.1%

Source: American Community Survey
Measurement period: 2012-2016
Maintained by: Conduent Healthy Communities Institute
Last update: January 2018

COMPARED TO



CA Counties



U.S. Counties



CA Value
(56.5%)



US Value
(47.3%)




Prior Value
(58.7%)



Trend

GOAL 2: Lay the Foundation for a Healthy Life: Healthy Beginnings



Healthy beginnings are not just about childhood. The health of women before and during pregnancy contribute to a healthy beginning for children. Access to health care, economic stability, and social support are factors that influence the health of women and children. Many adult conditions have their origins in early childhood and adolescence. Creating a healthy environment, where children can flourish early on, is likely to be more effective and cost less than addressing issues as they arise in adulthood. VCPH believes that all children, regardless of gender, race/ethnicity, socioeconomic status, or where they are born, deserve the chance for a healthy life.

PRIORITY 4:

Improve Maternal Health Prior to Pregnancy

STRATEGY FOR IMPROVEMENT:

Provide preconception and inter-conception education and care to women of child-bearing age.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Healthy mothers are more likely to have healthy babies that grow up to be healthy adults that have healthy children, and so on. Per the Centers for Disease Control and Prevention, nearly half of all pregnancies are unplanned. This means that the mother may not be in optimal health for childbearing which can lead to adverse health outcomes for both the mother and the baby.

The life course theory (LCT) suggests that a complex interplay of biological, behavioral, psychological and social factors contribute to health outcomes across the span of a person's life. One of the most important concepts of the LCT is that of early programming, which means that prenatal exposures often lead to changes in gene expression for the baby. The concept of early programming may help to explain some disparities that exist between ethnicities in terms of birth outcomes and health outcomes later in life (Lu, 2009). For example, mothers who are overweight or have diabetes are more likely to have children that are overweight or develop diabetes (Lau C, 2011).

The LCT also suggests that there are critical periods (i.e. during fetal development, childhood) where a person may be more sensitive to an adverse event (U.S. Department of Health and Human Services, 2010). While isolated instances of stress may have minimal impact on one's health, chronic stress can lead to adverse birth outcomes such as miscarriages, birth defects, preeclampsia, low birth weight, and preterm birth.

Becoming a mother is a difficult time in any woman's life cycle, this transition into motherhood is especially difficult for teen-age mothers. In 2017, there were 371 births to teenagers (under 20 years of age) within Ventura County. The majority of the teen pregnancies occurred in teens of Hispanic ethnicity (91.1%) followed to a lesser extent by teens of white ethnicity (8.1%).

Primary data gathered by Kaiser Permanente from a focus group of health outreach workers, who work and live in Hispanic communities, found that Hispanic women are not provided with education regarding the use of birth control. Research from

PRIORITY 4 *continued*

UC Santa Barbara suggests that Hispanic adolescents whose parents take an active role in their lives are less likely to be sexually active. Despite this fact, Hispanic mothers find it hard to communicate with their daughters regarding sexual health.

WHAT ARE WE CURRENTLY DOING?

Ventura County Public Health Nurses (PHNs) provide preconception and inter-conception education to all women of child-bearing age that engage in services. There are two programs that specifically focus on providing education to improve women's health, the Bright Beginnings program and the Mother Daughter Workshops.

Since 2010, PHNs have been providing workshops in high-risk schools regarding anatomy and health, HIV/STD transmission, use of contraceptives, and dating and relationships for Hispanic mother/daughter dyads. The results at the end of the workshop demonstrate that 91.3% of participants either improve or maintain their feelings regarding their ability to discuss their beliefs with their mother, and 91.3% of participants either improve or maintain communication with their mother regarding female exams and HIV/STD testing. The goal of the Mother Daughter Workshops is to reduce the number of teen pregnancies in Ventura County by increasing knowledge about sexual health and increasing communication between Hispanic mothers and daughters. Since 2010, there has been a 60.8% reduction in the number of teen pregnancies in Ventura County.

Since 2013, PHNs have been providing home visiting services to all mothers that deliver at Santa Paula Hospital and first-time mothers that deliver at Ventura County Medical Center (began in 2015). PHNs provide a strong foundation for newborns and their mothers by focusing on breastfeeding support, early identification of maternal depression and inter-conception care and education. The nursing interventions include breastfeeding support and education provided by a Certified Lactation Counselor (CLC), an NCAST Feeding Scale, a Newborn Behavior Observation (NBO), an Edinburgh Postnatal Depression Scale (EPDS) and inter-conception health education.

The World Health Organization (WHO) recommends that mothers wait at least 24 months after a live birth before attempting their next pregnancy. Shorter birth-to-pregnancy intervals have been associated with maternal mortality, infant mortality, low birth weight, small size for gestational age, and pre-term delivery. The Bright Beginnings PHNs work with mothers to get healthy prior to their next pregnancy and encourage them to wait at least 24 months before their next live birth to improve outcomes for both mom and baby.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

Ventura County Public Health (VCPH) and First5 of Ventura County collaborated on the development of a website to promote preconception and inter-conception care for families. The website is available in both English and Spanish and can be accessed at <http://healthypregnancyvc.org>. These agencies will work together on a large-scale public information campaign to promote the preconception and inter-conception health resources available on Healthy Pregnancy Ventura County.

VCPH will also work to expand Bright Beginnings services to all mothers delivering at Ventura County Medical Center and provide the Mother Daughter workshops in additional schools in zip codes that have a high percentage of teen pregnancies.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that every pre-teen in Ventura County was provided with education regarding anatomy and health, HIV/STD transmission, use of contraceptives, and dating and relationships in a format that facilitated communication between the pre-teen and their parent. This would improve the parent-child relationship and hopefully reduce high-risk sexual activity amongst Ventura County youth.

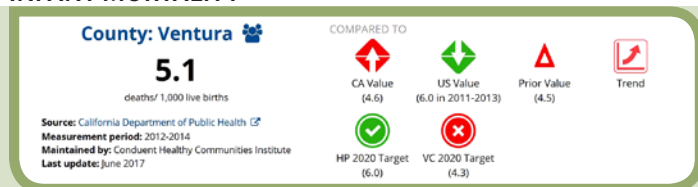
We also wish that we had the capacity to provide all 9,285 mothers, that delivered a baby within the County in 2017, with home visitation services to support them during the transition from the hospital to their home. This would increase breastfeeding rates, promote mother-infant bonding and provide inter-conception care to improve health and wellness across the lifespan.

This is already being done on a small-scale through the creative work of the Maternal, Child, and Adolescent Health program at VCPH. To provide these beneficial services to more of the population, additional funding for Public Health Nurses is necessary.

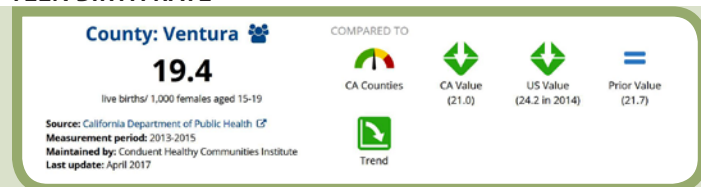
PUBLIC HEALTH PARTNER: First5 Ventura County

DETERMINANTS OF HEALTH:

INFANT MORTALITY



TEEN BIRTH RATE



PRIORITY 5:

Improve Childhood Physical and Mental Wellness

STRATEGY FOR IMPROVEMENT:

Ensure access to services provided by International Board Certified Lactation Consultants to improve breastfeeding rates and duration.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Breastfeeding is the best way to provide infants with early nutrition, and there are many benefits to both the mother and the infant such as improved health outcomes and positive bonding and attachment. The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. While 76.2% of mothers in Ventura County initiate breastfeeding in the hospital, only 35.5% report exclusive breastfeeding at the end of three months (California Department of Public Health, 2013-2014), which falls short of the Healthy People 2020 goal of 46.2%. Women who reported giving birth in hospitals that supported breastfeeding were more likely to exclusively breastfeed at three months postpartum.

International Board Certified Lactation Consultants (IBCLCs) are an excellent source of assistance for breastfeeding mothers. IBCLCs are health care professionals certified in lactation management. They work with mothers to solve breastfeeding problems and educate families and health care professionals about the benefits of breastfeeding. Research shows that rates of exclusive breastfeeding and of any breastfeeding are higher among women who have had babies in hospitals with IBCLCs on staff than in those without these professionals.

Once home from the hospital, mothers need support to continue breastfeeding. Support from health care professionals is particularly important at this time; however, many health professionals need more breastfeeding education and training themselves and often have time constraints that can present barriers. One way this issue is addressed is through coordinated health care systems that partner with community networks to provide breastfeeding support so mothers have access to breastfeeding assistance after they return home. New mothers need access to trained individuals with established relationships in the health care

community who are flexible enough to meet mothers' needs outside of traditional work hours and locations, and provide consistent information.

WHAT ARE WE CURRENTLY DOING?

In 2011, the Surgeon General put together a call for action and identified 20 key actions to improve support for breastfeeding. One of those actions was to ensure access to services provided by IBCLCs. Access to an IBCLC in Ventura County is limited, especially for women with no resources to pay and limited transportation. While all Ventura County Public Health Nurses are Certified Lactation Consultants (CLCs), only one Public Health Nurse has IBCLC certification.



PRIORITY 5 *continued*



WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The Women, Infants, and Children (WIC) program plans to send one employee to receive IBCLC certification to ensure advanced level support for WIC clients with infant feeding challenges and improve breastfeeding rates. The WIC program will pursue reimbursement for lactation services from health plans in order to pay for the IBCLC's time, which will enable this to become a self-sustaining position and resource within the department. This IBCLC will also continue to work with the ambulatory care clinics throughout the county to implement the 9 Steps to Breastfeeding Friendly to improve breastfeeding friendly practices that encourage prolonged breastfeeding duration.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that every pre-teen in Ventura County was provided with education regarding anatomy and health, HIV/STD transmission, use of contraceptives, and dating and relationships in a format that facilitated communication between the pre-teen and their parent. This would improve the parent-child relationship and hopefully reduce high-risk sexual activity amongst Ventura County youth.

We also wish that we had the capacity to provide all 9,285 mothers, that delivered a baby within the County in 2017, with home visitation services to support them during the transition from the hospital to their home. This would increase breastfeeding rates, promote mother-infant bonding and provide inter-conception care to improve health and wellness across the lifespan.

This is already being done on a small-scale through the creative work of the Maternal, Child, and Adolescent Health program at VCPH. To provide these beneficial services to more of the population, additional funding for Public Health Nurses is necessary.

PUBLIC HEALTH PARTNER:

Breastfeeding Coalition of Ventura County

DETERMINANTS OF HEALTH:

MATERNAL INFANT HEALTH ASSESSMENT

3 month exclusive
breastfeeding – 35.5%

5TH GRADE STUDENTS WHO ARE AT A HEALTHY WEIGHT OR UNDERWEIGHT

County: **Ventura**

59.5%

Source: California Department of Education

Measurement period: 2016-2017

Maintained by: Conduent Healthy Communities Institute

Last update: February 2018

COMPARED TO



CA Counties



CA Value
(59.3%)



Prior Value
(60.0%)



Trend



VC 2020 Target
(65.1%)

PRIORITY 6: Reduce Childhood Trauma

STRATEGY FOR IMPROVEMENT:

Design a prevention network of services and supports (Ventura County Prevention Plan) to prevent child abuse and neglect.



WHY IS THIS IMPORTANT (how does it affect health and well-being)?

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. The study measured ten types of childhood trauma including abuse and neglect, witnessing a mother being abused, living with a household member who's an alcoholic or addicted to some other drug, a family member in jail or diagnosed with a mental illness, and losing a parent to separation or divorce. There are other types of trauma -- bullying, natural disaster, war, racism -- all these can have the same effects. The study found that childhood trauma is quite common, with 64% of study participants having at least one ACE. There is an unmistakable link between adverse experiences in childhood and adult onset of chronic disease, mental illness, violence and being a victim of violence. For example, compared with people with zero ACEs, those with four ACEs are more likely to become depressed, three as likely to be smokers, 12 times more likely to attempt suicide, and seven times more likely to become an alcoholic. People with six or more ACEs were likely to live 20 years shorter than those with less childhood trauma without interventions to address the ACEs (Centers for Disease Control and Prevention, 2016).

WHAT ARE WE CURRENTLY DOING?

Over the past decade, through an Office of Child Abuse Prevention funded Citizen Review Panel (CRP) grant, Ventura County convened approximately 40 invited leaders from local nonprofit, county, and municipal organizations to provide citizen input regarding child welfare outcomes and activities. During the 2016-2017 fiscal year, the Ventura County CRP conducted an in-depth inquiry into children and families that entered the child welfare system in a child welfare 'hot spot'. GIS mapping revealed that a handful of census tracts, primarily in the cities of Oxnard and Port Hueneme, represent over half of all child welfare entries in Ventura County (n=830) and approximately 78% of child welfare allegations each year. The targeted area reports 50% of the unexplained child deaths in the County. Over 85% of the residents live in high poverty. In contrast, this geographic region represents only 26% of Ventura County's total population and approximately 33% of the County's child population.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The Partnership for Safe Families and Communities has been awarded a grant to continue the work of the CRP by developing a Ventura County Prevention Plan (VCPP) to address the needs of the targeted communities in the cities of Oxnard and Port Hueneme. This plan will be focused on promoting healthy early childhood development, beginning during pregnancy, reducing perinatal substance use, domestic violence and mental health issues by addressing service gaps in the community and creating a network (grassroots and agency) to address the gaps. A Steering Committee will be convened to identify the scope and focus for the VCPP, and a VCPP Workgroup will be established to develop a plan that incorporates community data and current best practices to ensure the plan is responsive to community input and needs. The VCPP will link and align with efforts already in place to support vulnerable children and families.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

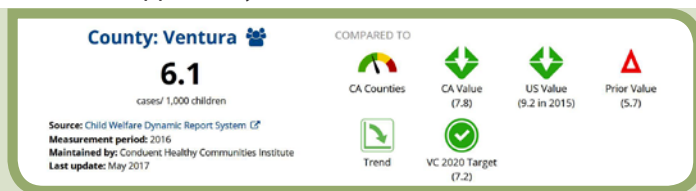
We wish that all Ventura County families had knowledge of and access to the social supports needed to help them navigate through difficult times that may lead to child abuse and neglect. The VCPP will be focused on building capacity for community members and service providers in the target communities within Oxnard and Port Hueneme. Although the structure of the VCPP could be used to develop plans within other communities, the voice of the community and existing resources and supports would still need to be researched for the plan to be replicated. We would like to seek funding to develop an implementation plan and engage in capacity building activities within all the high-risk communities in Ventura County so that all children have the opportunity to thrive in their own homes.

PUBLIC HEALTH PARTNER:

Partnership for Safe Families and Communities,
First5 Ventura County, Human Services Agency

DETERMINANT OF HEALTH:

SUBSTANTIATED CHILD ABUSE



GOAL 3:

Help People Achieve Optimal Health: Living Well

From a life course perspective, VCPH would like to see all residents achieve optimal health at all stages of life. This includes physical and mental health as well as social well-being. Preventing and managing chronic disease is a particular focus, given the rising prevalence of chronic diseases and the impact they have on medical costs. Per the community input survey from 2016, 77.8% of Ventura County residents indicated that they were “healthy” or “somewhat healthy.” Let’s Get Healthy California would like 90% of Californians to rate themselves as healthy by the year 2022.



PRIORITY 7:

Improve Adult Physical Health

STRATEGY FOR IMPROVEMENT:

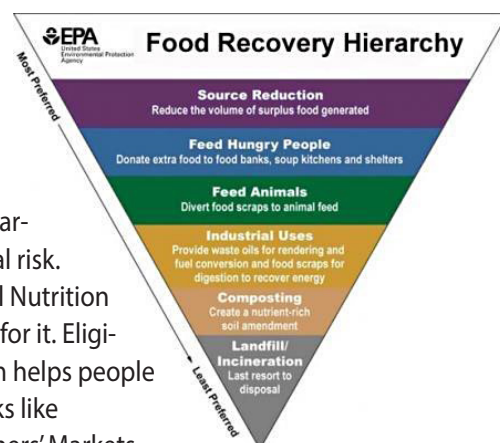
Establish a county-wide food waste reduction program to redistribute resources to residents that are food insecure.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Eating healthy can help lower one’s risk for heart disease, high blood pressure, diabetes, osteoporosis and certain cancers, and helps maintain a healthy body weight. Unfortunately, gaining access to nutritious foods and beverages is not easy for all Ventura County residents. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The Feeding American Organization estimates that 8.2% of Ventura County residents experienced food insecurity at some point during the year which is associated with poverty status and unemployment; this increases to 17.4% for children under 18 years. VCPH would like to ensure that all families within the county are food secure.

WHAT ARE WE CURRENTLY DOING?

FOOD Share of Ventura County is a non-profit agency that gathers and distributes food, to over 150 partner organizations, who in turn serve individuals who are food insecure. The Women, Infants, and Children (WIC) program provides supplemental foods and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. CalFresh (formerly known as food stamps) and nationally known as SNAP (Supplemental Nutrition Assistance Program) is a nutrition program available to all people who need and qualify for it. Eligibility is based on income, resources, and residency of household members. This program helps people purchase groceries through the use of an electronic benefit transfer (EBT) card that works like a bank debit card. The EBT card can now be used at all the Ventura County Certified Farmers’ Markets.



PRIORITY 7 *continued*

In 2017, Ventura County Public Health (VCPH) established a coalition of community partners including businesses, schools, farmers, food recovery organizations, food redistribution organizations, hospitals, waste management organizations, etc. with the goal of diverting edible food resources to communities that need it most. This coalition, called Waste Free VC, is working to develop a detailed understanding of the current state of edible food loss in Ventura County by surveying community stakeholders (<https://www.surveymonkey.com/r/WasteFreeVC>).

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

In March 2018, VCPH received a CalRecycle grant award of close to \$500,000 to establish a county-wide food waste reduction program that will allow food establishments to manage their food waste more thoughtfully by ensuring that it goes to low-income families at high-risk for food insecurity. A Food Recovery Program Manager will be hired to facilitate the logistics of expanding the ability for small and large businesses to safely and confidently participate in food recovery. VCPH will work with Ventura County Environmental Health to develop Edible Food Recovery Guidelines, with a focus on hot food collection, which tends to be more difficult for businesses. The funding will also be utilized to finance capital infrastructure needs including refrigerated trucks, refrigerators, freezers, and a kitchen expansion to allow for safe redistribution of hot foods by the community partners.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish we had the funding to develop a storage and bulk-food processing hub for food recovery and redistribution; a place where fresh produce, grown in our region, can be repackaged and repurposed. An example of this being done at LA Kitchen where they reclaim healthy, local food that would otherwise be discarded. A hub would provide the opportunity for us to share and exchange produce from other regions, such as Los Angeles and San Luis Obispo Counties (exchange our excess celery for their carrots or our excess tomatoes for their pineapple). The hub would require storage, refrigeration, loading docks, pallet jacks, fork lifts, scales, etc. We could use the hub to break down pallets and repackage with mixed varieties that are more desirable. By serving as a central receiving point for local agriculture, this would allow for a more steady and reliable stream of food choices to recipients like schools and hospitals. It would at the same time support and encourage local agriculture by giving them legitimate tax breaks through food donation.

Once the hub has been established, a policy needs to be enacted that penalizes grocery stores and other retailers that waste food. Essentially, they'd have a separate "bin" or container for which to store the "left-overs" and would be charged a hauling fee, similar to trash fee, for "disposal" but instead of disposal, it would be redistributed to the food processing hub. Excess food that is "spoiled" would be charged a different fee than that which is still recoverable; this would help to accomplish the goal of feeding hungry Ventura County residents rather than landfills.

PUBLIC HEALTH PARTNERS:

Waste Free VC and its member organizations, Catholic Charities, Community Action, Spirit of Santa Paula

DETERMINANT OF HEALTH: FOOD INSECURITY



County: Ventura

8.2%

Source: Feeding America
Measurement period: 2015
Maintained by: Conduent Healthy Communities Institute
Last update: May 2017

COMPARED TO



CA Counties



U.S. Counties



CA Value

(12.5%)



US Value

(13.7%)



Prior Value

(9.4%)



Trend



VC 2020 Target

(11%)

PRIORITY 8: Reduce Adult Substance Use

STRATEGY FOR IMPROVEMENT:

Inform local leaders on the best practices for cannabis policy based upon lessons learned from alcohol policy.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Studies have shown that early age of onset of marijuana, especially with frequent use, is a strong predictor of rapid progression to a substance use disorder. National research supported by the National Institute on Drug Abuse shows that individuals who begin use of cannabis products in adolescence are between 2 and 4 times more likely to have symptoms of cannabis dependence within two years of first use (Gertson, 2016). Adverse effects of adolescent cannabis use on cognition, educational achievement, and verbal recall are well documented in contemporary national research (Volkow, 2014) in addition to neuropsychiatric risks of psychotic disorders, including schizophrenia (Hall, 2008).

When it comes to adults, findings from the 2014-2015 Ventura County Community Health Survey (VCCHS) indicated that 43% of Ventura County adult residents reported using marijuana at least once in their life, a similar percentage to the reported 42% average among Grade 11 students in Ventura County. Interestingly, among the VCCHS respondents, men reported having used

marijuana at least once (52%) more often than women (37%); and lifetime marijuana use among the respondents between the ages of 45 to 65 years old was at 53%, which was 10% higher than the percentage of all respondents for those who indicated using marijuana at least once. Of the respondents who reported using marijuana at least once in their lives, 11% reported marijuana use during the past 30 days.

WHAT ARE WE CURRENTLY DOING?

Ventura County Behavioral Health (VCBH) is actively engaging with community stakeholders and agency leaders to address the perception of harm of cannabis use among young adults and working to ensure safe and limited access to cannabis in our communities. This includes the development and dissemination of the Marijuana Fact-check website (<https://www.mjfactcheck.org/>) as a resource with clear, scientifically-based, unbiased information about marijuana and its effects, particularly upon youth.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The Marijuana Workgroup, made up of stakeholders from agencies throughout Ventura County, will continue to collect indicator data related to cannabis use in the county, and evaluate the ways in which the county can continue to work to ensure that health and safety of our communities. Specific indicators that will be monitored include emergency room admissions associated with THC toxicity and marijuana-involved cases of driving under the influence.



PRIORITY 8 *continued*



VCBH will also be working with local leaders to inform them on the best practices for cannabis policy based upon lessons learned from alcohol policy. These recommendations can be found at: http://venturacountylimits.org/fckimages/MJ_MosherBestPractices_FNL.pdf.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

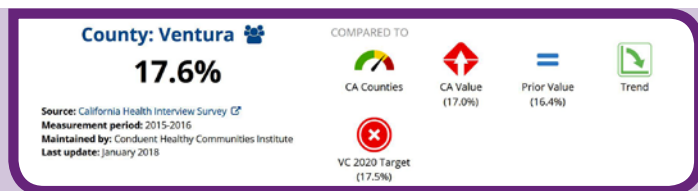
We would like to see all jurisdictions in Ventura County adopt the best practice recommendations for adult cannabis use which will result in limiting heavy exposure to teen and young adults during critical phases in their development. The policies include social availability, commercial availability, pricing, use while operating a motor vehicle, and marketing of cannabis in Ventura County. Proposition 64, the voter-approved law that governs recreational marijuana use, included two of the recommended policies and partially adopted three additional. Therefore, it is imperative that these additional policies are implemented by local government to ensure the safety of young people by limiting the availability of cannabis.

PUBLIC HEALTH PARTNER:

Ventura County Behavioral Health
Alcohol & Drug Programs, Prevention Services

DETERMINANT OF HEALTH:

ADULTS NEEDING HELP WITH MENTAL, EMOTIONAL, OR SUBSTANCE ABUSE PROBLEMS



PRIORITY 9:

Improve Adult Mental Health

STRATEGY FOR IMPROVEMENT:

Offer Logrando Bienestar workshops to reduce barriers to seeking mental health services within the Hispanic community.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Mental health was identified as one of the most important health problems affecting Ventura County residents from the community input survey in 2016. Mental and emotional wellbeing is essential to overall health. Positive mental health allows individuals to realize their potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Mental illness is associated with higher probability of many chronic conditions, including obesity, diabetes, and cardiovascular disease, and contributes to premature death (De Hert, 2011).

Overall, in Ventura County from 2012-2014, there were 66.6 visits per 10,000 population due to mental health, which includes adjustment disorders, anxiety disorders, impulse control disorders, and psychotic disorders among others. This is higher than the emergency room visit rate due to complications from diabetes, hypertension, heart failure, and asthma. The emergency room visit rate due to mental health ranged from 45.9 visits per 10,000 population in Thousand Oaks (91320) to 115.7 visits per 10,000 population in Oak View (93022). Adults 18-24 years old (92.1 visits per 10,000 population) and those 85+ years (103.7 visits per 10,000 population) were most likely to visit the emergency room for mental health issues as opposed to other age groups. White (Non-Hispanic) (75.0 visits per



PRIORITY 9 *continued*

10,000 population) adults were more likely than Hispanic (66.0 visits per 10,000 population) adults to visit the emergency rooms for mental health related issues..

WHAT ARE WE CURRENTLY DOING?

Although mental health was identified as a priority health issue in the health assessment survey, Spanish respondents were much less likely than English respondents to indicate that it was a problem in their community. Due in part to the stigma associated with mental health issues in the Hispanic community, Ventura County Behavioral Health (VCBH) launched an innovative program, Logrando Bienestar, to increase engagement efforts in the Hispanic community in need of mental health services. This program seeks to increase the number of eligible Hispanics who obtain VCBH mental health services, specifically in the geographic areas of Oxnard and Santa Paula. The primary target for VCBH is individuals eligible for Medi-Cal, however, all clients regardless of income or citizenship status will be served.



Logrando Bienestar targets eleven elementary schools located in Ventura County, specifically five schools in the 93033-zip code of Oxnard and six schools in the 93060-zip code of Santa Paula. These schools function as the platform for serving the school but will also reach the larger community. Monthly, as a means of educating the parents and building a bridge with the community, Logrando Bienestar staff presents a mental health/welling-being topic to parents.

The Logrando Bienestar workshops were developed in collaboration with California State University Northridge (CSUN) and seek to increase literacy about mental illness in the participants. The Institute of Medicine defines literacy as the extent to which individuals are able to obtain, process, and understand health information and services to make health decisions. The program's main components include health literacy, health knowledge, and its relationship to individual help-seeking. These workshops in addition to meetings with parents, school staff and Logrando Bienestar staff serves as a support system for the parents to identify mental health illnesses and seek services.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

VCBH will continue to offer the Logrando Bienestar workshops in the targeted communities and begin tracking whether or not there is increased knowledge of VCBH resources as well as increased utilization of these resources.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

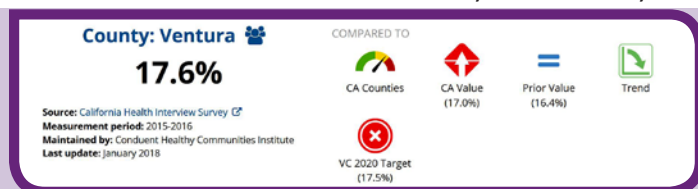
We wish that we had the ability to decrease the stigma that is associated with mental illness for all Ventura County residents, with a particular focus on the Hispanic community. VCBH would like to expand access to the Logrando Bienestar workshops to include all elementary schools that have a high percentage of Hispanic students to increase the community's mental health knowledge, self-efficacy and help seeking behaviors. Additionally, there is a need to expand mental health services in the primary care setting for those individuals that do not meet the specialty mental health criteria.

PUBLIC HEALTH PARTNER:

Ventura County Behavioral Health

DETERMINANT OF HEALTH:

ADULTS NEEDING HELP WITH MENTAL, EMOTIONAL, OR SUBSTANCE ABUSE PROBLEMS



GOAL 4:

Maintain Dignity and Independence: Aging Well

Residents that are 65+ years make up 14.5% of the population of Ventura County in 2017, but the California Department of Finance estimates that those residents 65+ years will account for 23.7% of the population in 2060, when Ventura County is projected to have over one million residents as compared to 860,013 in 2017. As the size of the aging population increases, the demand on health care services and the type of services needed will also change over time. VCPH wants to ensure that the aging population in Ventura County has their physical, emotional, and spiritual needs taken care of during this vulnerable period of life.



PRIORITY 10:

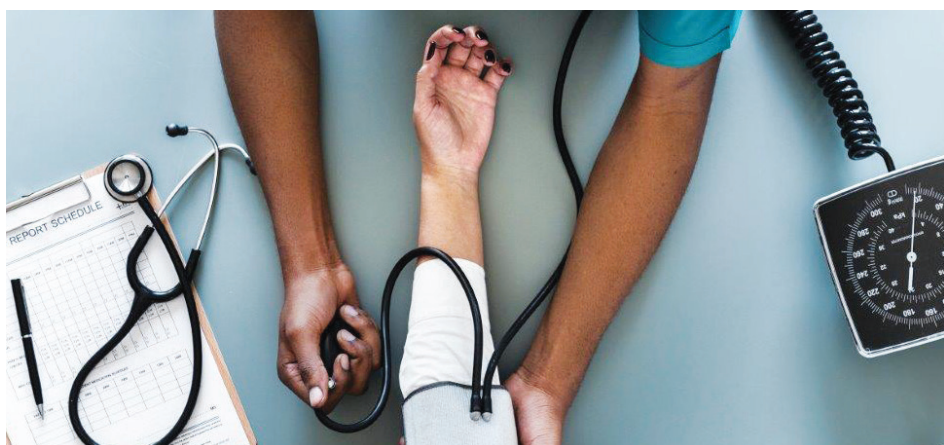
Improve Cancer Screening Rates

STRATEGY FOR IMPROVEMENT:

Increase colorectal screening by offering community based FIT testing.

WHY IS THIS IMPORTANT (HOW DOES IT AFFECT HEALTH AND WELL-BEING)?

Cancer was the leading cause of death and premature death in Ventura County from 2012-2014; colorectal cancer was the third leading cause of premature death from cancer behind lung and breast cancer. Lifestyle risks associated with the development of colorectal cancer include being overweight or obese, physical inactivity, diets high in red meats, smoking, and heavy alcohol use (American Cancer Society, 2016). The USPSTF recommends screening for colorectal cancer starting at age 50 and continuing until 75 years. County level data for colorectal screening compliance is available from the California Health Interview Survey and indicated that 68.0% of adults were compliant in 2009. Through the Centers for Disease Control and Prevention – 500 Cities Project (2014), screening rates for the 50-75-year-old population range from 54.2% in Oxnard to 68.7% in Thousand Oaks. The National Colorectal Cancer Roundtable has the goal of increasing screening rates to 80% of the population 50+ years by the end of 2018. Using the limited data that is available on screening compliance in



PRIORITY 10 *continued*

Ventura County, it appears targeting areas with lower insurance rates and lower socioeconomic status would increase screening compliance and detection rates.

WHAT ARE WE CURRENTLY DOING?

There are several tests that can be used to screen for colorectal cancers. There are tests that can find both colorectal polyps and cancer by scanning the structure of the colon itself for abnormalities using a scope or special imaging equipment, and there are tests that mainly find cancer. The tests that can detect polyps, such as a colonoscopy, tend to be more invasive but can result in the removal of a polyp before it becomes cancerous. The tests that check the stool for signs of cancer, like the fecal immunochemical test (FIT), are less invasive and easier to have done, but are less likely to detect polyps or precancerous lesions.



The Ventura County Health Care Agency (VCHCA) has increased FIT testing efforts, for the 50 to 75 year target population, with in-clinic point-of-care FIT testing to be rolled out in all of the ambulatory clinics. VCHCA has also improved access to colorectal screening with the addition of a family medicine physician that performs colonoscopies. However, the colorectal screening rate for 50 to 75 years was still only 43.8% in 2017.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The VCHCA Cancer Committee cancer screening program is planning to offer a community-based colorectal screening event. The event will include a cancer screening, diagnosis and treatment presentation, a panel of experts on hand to answer questions, and a mobile medical unit for pre-test counseling. Those residents who are interested will receive FIT testing, and those who decline will be surveyed to identify barriers to administering FIT testing within the community. All residents that receive a positive screening will be scheduled for a follow-up colonoscopy screening within four weeks. Those that do not screen positive will be encouraged to continue with annual FIT testing.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?


We wish that every Ventura County resident, aged 50 to 75 years, had the opportunity to receive colorectal screening on an annual basis. We could begin to work towards this goal by offering colorectal screening to VCHCA patients, aged 50 to 75 years, at home. For as little as \$25, a FIT testing kit could be mailed to each patient with instructions for stool specimen collection. The patient could mail the specimen collection kit back for testing without having to step foot inside a medical office. Once testing results were available, the patient could be linked for further testing if necessary. This is a fairly inexpensive way to ensure that all residents, regardless of socioeconomic status, have access to colorectal cancer screening and may be linked to life-saving medical care in a timely manner.

PUBLIC HEALTH PARTNER:

Ventura County Health Care Agency Cancer Committee

DETERMINANT OF HEALTH:

COLON CANCER SCREENING

Census Place (City)	Source	Measurement Period	Percent	Data Source CDC - 500 Cities Project  Maintained By: Conduent Healthy Communities Institute (Methodology) Filed under: Health / Cancer, Clinical Care, Elderly
Oxnard	CDC - 500 Cities Project	2014	54.2%	
San Buenaventura (Ventura)	CDC - 500 Cities Project	2014	64.7%	
Simi Valley	CDC - 500 Cities Project	2014	65.8%	
Thousand Oaks	CDC - 500 Cities Project	2014	68.7%	

PRIORITY 11:

Improve Health and Wellness for the Medicare Population

STRATEGY FOR IMPROVEMENT:

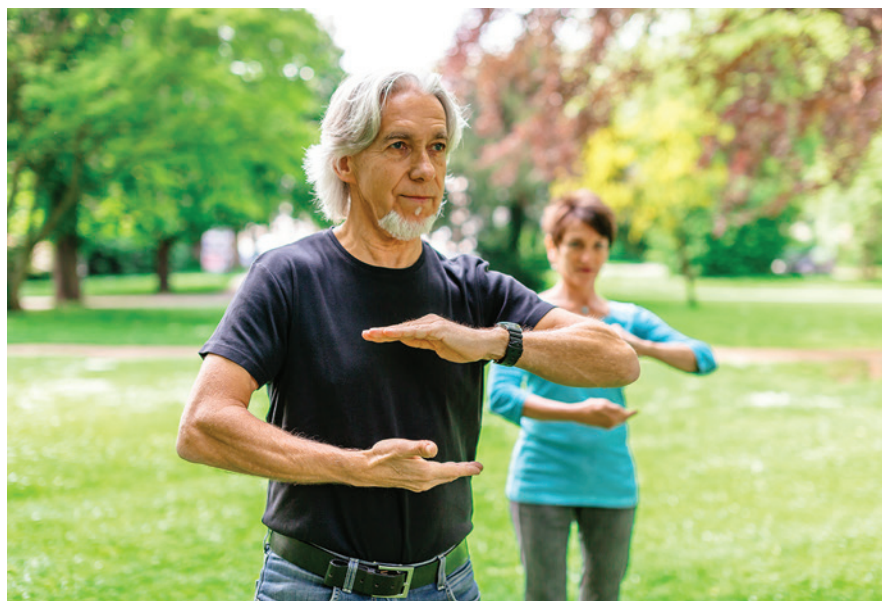
Implement the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit at an ambulatory site as recommended by the Centers for Disease Control and Prevention.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Residents over age 65 years living alone may be at risk for social isolation and loneliness which has been associated with poor health outcomes (Perissinotto CM, 2012). Aging adults living alone may lack social support, have inadequate assistance in emergency situations, and are at high risk for institutionalization or losing their independent life style. From 2011-15, 22.6% of adults 65+ years were living alone in Ventura County per the American Community Survey. This ranged from 11.8% of adults 65+ years living in Oxnard (93033) to 32.7% of adults 65+ years in Ventura (93004). Falls are the number one cause of injury and deaths from injury among older Americans per the Centers for Disease Control and Prevention. From 2013-2015, there were 16,249 calls to emergency medical services in Ventura County for falls in the 65+ population. Of those calls for service, 42.3% did not result in a transport to the hospital for care; it is possible that some of these calls could have been avoided if the resident had support within the home or close to home.

WHAT ARE WE CURRENTLY DOING?

The Ventura County Fall Prevention Program (VCFPP) is open to residents 65+ years that have experienced a fall where either themselves or a witness called 911 in response to the fall; and participants must have been transported or treated at Ventura County Medical Center (VCMC), Ojai Valley Hospital (OVH), or Community Memorial Hospital (CMH). Once an individual has been referred and agreed to participate in the program, they are provided with home visitation services from a Public Health Nurse (PHN) or social worker who conducts an assessment that measures the risk of them falling again. The PHN or social worker then makes recommendations for modifications to their home environment and reviews their medications to reduce the risk of falling in the future. Participants are also encouraged to enroll in evidence based classes, such as Tai Chi, A Matter of Balance, Stepping On and Walk



with Ease, designed to encourage movement and prevent falls. Individuals are monitored for an average of four to six months; participants in the program have a lower rate of recidivist falls compared to the general population (4% versus 16% as of 2016). In 2017, Gold Coast Health Plan provided funding to expand the program to St. Johns Pleasant Valley Hospital and St. John's Regional Medical Center.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

Current efforts of the VCFPP are focused on addressing the needs of individuals that have already fallen to prevent them from falling again. VCFPP would like to move upstream in terms



PRIORITY 11 *continued*

of prevention to help identify older adults who are at risk of falling and offer them services. VCFPP plans to identify an ambulatory clinic with a high-volume of patients that are 65+ years and work with that clinic to implement the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit as recommended by the Centers for Disease Control and Prevention. The STEADI Toolkit helps to incorporate fall risk assessment and prevention into clinical practice. Individuals identified through this ambulatory clinic as at risk will then be referred to VCFPP for enrollment in classes to help them reduce their risk of falling.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that every individual 65+ years was able to stay healthy and independent. This could be accomplished in part by assessing every 65+ year individual for fall risk, prior to falling, when they visited their healthcare provider in Ventura County. Those that were high-risk could be referred to the VCFPP for further assessment and fall prevention classes. This would require funding for two additional Public Health Nurses (PHNs). These PHNs would focus on implementing the STEADI program at every ambulatory clinic within Ventura County, and VCFPP would be able to expand its scope and provide services to 65+ individuals that have fallen at any Ventura County hospital.



PUBLIC HEALTH PARTNER:

Ventura County Elderly Fall Prevention Coalition
Ventura County Area Agency on Aging
Gold Coast Health Plan
Ventura County Medical Center
St. John's Regional Medical Center
Community Memorial Hospital

DETERMINANT OF HEALTH:

AGE-ADJUSTED DEATH RATE FOR UNINTENTIONAL INJURIES



PRIORITY 12:

Decrease Hospitalizations During the End of Life

STRATEGY FOR IMPROVEMENT:

Establish a policy and billing structure for sustainable provision of palliative care.



WHY IS THIS IMPORTANT (how does it affect health and well-being)?

In assessing how the existing health care system affects Americans near the end of life, the evidence indicates that the current system is characterized by fragmentation and inefficiency, inadequate treatment of pain and other distressing symptoms, frequent transitions among care settings, and enormous and growing care responsibilities for families. Palliative medicine providers optimize disease management through comprehensive assessment, symptom management, and supportive care to patients and caregivers. The lack of structure for Physician reimbursement and billing negatively impacts the ability to provide palliative care services for treatment of advanced, end stage chronic diseases. For those nearing the end of life, better quality of care through a range of new delivery models has repeatedly been shown to reduce the need for frequent 911 calls, emergency department visits, and unnecessary urgent hospitalizations. Evidence suggests that palliative care, hospice, and various care models that integrate health care and supporting services may provide high-quality end-of-life care that can reduce the use of expensive hospital and institution-based services, and have the potential to help stabilize and even reduce health care costs for people near the end of life. The Let's Get Healthy California Task Force found that a large majority of Californians say they would prefer a natural death if they became severely ill, rather than receiving treatments to artificially lengthen their life span. Although most individuals say that they would prefer to die at home, many die in hospitals where they often receive highly aggressive care.

WHAT ARE WE CURRENTLY DOING?

The National POLST Paradigm is a voluntary approach to end-of-life planning that emphasizes eliciting, documenting and honoring the treatment preferences of seriously ill or frail individuals using a portable medical order called a POLST Form. Emergency personnel follow the POLST form medical orders to provide treatments the patient wanted during an emergency, potentially avoiding unwanted hospitalizations and emergency department visits.



PRIORITY 12 *continued*

The Ventura County Health Care Agency (VCHCA) has been increasing the effort to provide Advanced Directives and POLST to patients at the ambulatory clinics. Palliative Care specialists at the Academic Family Medicine Clinic provides part-time, outpatient palliative care services with support from a contracted Registered Nurse from Livingston Memorial, which is funded through a grant from the California Health Foundation. Resident physicians are also rounding at a Skilled Nursing Facility in Santa Paula with attending oversight. There were changes made in Cerner, the electronic health record, to unify and simplify data entry for advance care planning and ultimately support billing and reimbursement from Medicare for palliative care services. The clinical work is being done and the number of returning patients to ICU that receive palliative care has decreased.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

VCHCA will be working to establish a billing structure that will allow for sustainable provision of palliative care. Although there has been increase in use of Advance Directives and POLST, a formal policy will be developed to make them a routine part of care. Ventura County Public Health will work with the 501c3 hospitals in Ventura County to assess their palliative care programs and share best practices amongst the group.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that all Ventura County residents were able to receive end of life care that is focused on relieving symptoms, improving quality of life, and meets the physical, emotional, and spiritual needs that they communicated to their healthcare provider.

This could be accomplished if there were dedicated palliative care providers within each of the hospital systems in Ventura County; funding for this type of position may be sustainable if Medicare appropriately reimbursed for these types of services. To make the case to increase the availability of both outpatient and in-patient palliative care, there needs to be a data collection initiative and administrative support to properly track the real decrease in hospitalizations at the end of life. With so many competing concerns, palliative care often lacks the appeal and political will that programs that support recovery maintain. An end-of-life advocacy program that includes a strategic plan to reduce hospitalizations towards the end of life would be a valuable asset to any health care system.

PUBLIC HEALTH PARTNER:

Livingston Memorial Visiting Nurses Association (Hospice)
Camarillo Health Care District (Transitional Care)

DETERMINANT OF HEALTH:

AN INDICATOR FOR THIS PRIORITY IS NOT YET AVAILABLE





GOAL 5:

Redesign the Health System: *Efficient, Safe, and Patient-Centered Care*

To achieve the vision of becoming the healthiest county in the nation by 2030, it will require the health care system to better align with population health goals and outcomes. This alignment should shift the focus from treatment to the prevention and management of chronic conditions that are reducing quality of life for Ventura County residents.

PRIORITY 13:

Increase the Percentage of Residents with Access to Health Insurance

STRATEGY FOR IMPROVEMENT:

Increase promotion of safety net health programs by offering community enrollment opportunities.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Through the Affordable Care Act (ACA), access to health insurance increased through individually purchased insurance as well as expanded Medi-Cal enrollment. However, access to health care services continues to be a function of residents' economic means, age, and citizenship status.

Per the American Community Survey (2011-15), 86.1% of Ventura County residents had access to health insurance. Residents at or above 400% of the poverty level were more likely to be insured than those below 138% of the poverty level (95.2% of higher income residents compared to 72.7% of lower income residents); this is largely due to access to employer-based health insurance for the higher income population. Foreign-born residents of Ventura County, without citizenship, were the least likely to be insured at 54.6%. Whites (Non-Hispanics) were more likely to have access to coverage than Hispanics (92.9% coverage compared to 77.4%). This disparity based on race/ethnicity existed within every city in Ventura County. Access to insurance allows residents to receive preventive care including detection screenings which allow for increased wellness and longer life expectancy.

WHAT ARE WE CURRENTLY DOING?

If a person is insured, they are more likely to establish a medical home with their primary care physician and less likely to over utilize the emergency room. There are 77,000 residents in Ventura County projected to be uninsured, and 64% of uninsured residents are not eligible for coverage due to immigration status (Dietz M, 2016). Ventura County is one of 47 counties that offer some non-emergency care for undocumented immigrants. The safety net health programs for the uninsured in the county include the Self Pay Discount Payment (SPDP) in county clinics and Charity Care Payment (CCP) in county hospitals;



they offer a sliding scale discount for service based on the patient's income.

Ventura County Health Care Agency (VCHCA) is also a participant of the Global Payment Program (GPP), a 5-year pilot initiative included as part of California's Medi-Cal 2020 waiver. It is the first payment reform effort of its kind for the remaining uninsured, aimed at encouraging primary and preventive care. Mixteco Indigena Community Organizing Project (MICOP) has been collaborating with the health care agency since 2016 to expand and strengthen health care access for everyone, regardless of immigration status. The application for discount payment policy and charity care currently assesses eligibility based on patient's income and necessary expenses (rent, bills, childcare). Healthcare for the Homeless also has a community health worker that looks for clients out in the field to enroll in health insurance.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

Ventura County Public Health (VCPH) will work with MICOP to increase promotion of safety net health programs for uninsured adults. This will include review of promotional materials for cultural competency and accuracy, training for ambulatory clinic staff, and enrollment assistance. They will offer and promote Medi-Cal enrollment office hours in the community with enrollers that can communicate in both Spanish and Mixteco (Indigenous Language).

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that all Ventura County residents had access to insurance that would allow them to receive preventive health care regardless of their age, income, or immigration status. Current program eligibility guidelines do not allow for this, therefore, we would like to see basic health services available to the low-income and uninsured population, regardless of citizenship status, with no co-pay similar to the Contra Costa County CARES program.

PUBLIC HEALTH PARTNER:

Mixteco Indigena Community Organizing Project (MICOP)

DETERMINANT OF HEALTH:

ADULTS WITH HEALTH INSURANCE



PRIORITY 14: Increase Access to Primary Care

STRATEGY FOR IMPROVEMENT:

Provide outreach on availability of Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) to increase access to medical, dental, and mental health services.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

Ventura County residents are more likely to receive routine health checkups and screening, to improve health outcomes, if they have a consistent primary care provider. There were only 75 primary care physicians for every 100,000 residents in Ventura County in 2014 per the County Health Rankings, which was below the rate for California of 78 per 100,000 residents. Studies continue to demonstrate that a strong supply of primary-care physicians is related to more effective delivery of preventive care and lower rates of mortality, emergency room visits and hospital admissions. In fact, some of the best evidence of primary-care medicine's impact on these outcomes comes from studies that highlight the PCP's role as a frequent source of care and the site of first patient contact.



Similarly, there were only 85 dentists for every 100,000 residents in Ventura County in 2015 per the County Health Rankings; from 2013-2015, there were 27.6 emergency room visits per 10,000 population in Ventura County for dental problems. A study published in 2013 by the Robert Wood Johnson Foundation showed that patients of lower socioeconomic status preferred to use hospitals for their primary care because it was more convenient for them in terms of scheduling time off from work, there was often no co-pay, and the hospital provided more aggressive care than their primary care provider (Robert Wood Johnson Foundation, 2013). Therefore, increasing access is not just a matter of increasing the number of primary care and dental providers, but rather improving the patient experience when accessing primary care that will ultimately improve population health outcomes.

WHAT ARE WE CURRENTLY DOING?

Ventura County Health Care Agency (VCHCA) has implemented several changes to increase access to primary care services including expanding office hours to include evenings for obstetrical services, operating a mobile clinic to provide diabetes care, and offering pediatric dental services in the primary care environment. VCHCA is working to expand dental care for patients of all ages in primary care clinics throughout the county.

Despite these services, transportation is often a barrier for residents accessing primary care. Therefore, VCHCA routinely provides bus passes and taxi vouchers for patients without transportation. VCHCA also offers 400 non-emergency medical rides annually for disabled and



senior patients. This service includes wheelchair and gurney transport as well as door-through-door service. Gold Coast Health Plan (GCHP) also provides Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) to their patients. In 2017, GCHP enhanced the NMT benefit to improve member access to medically necessary services. Covered services include medical visits, approved health education classes, as well as picking up prescriptions, medical equipment and supplies.

WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

Ventura County Public Health (VCPH) and Mixteco Indigena Community Organizing Project (MICOP) will work together to provide more outreach in the community about the NEMT and NMT benefit that is provided by GCHP. This will include a focus on highlighting the availability of transportation to approved health education classes and routine medical visits that focus on screening and prevention. VCHCA will continue its efforts to develop dental care in primary care clinics throughout the county.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

We wish that all Ventura County residents could access preventive medical and dental care that was convenient and focused on improving the patient experience. Telemedicine and telehealth use videoconferencing and specially adapted diagnostic tools to allow providers to care for patients outside of the clinic environment. This technology has the potential to increase access to care, improve quality of care and patient experience, and decrease costs for health systems. These remote office visits could be used for routine counseling services, such as weight loss and smoking cessation, and allow for better management of chronic health conditions. The California Telehealth Network could be used as a resource to expand access to these types of services in Ventura County.

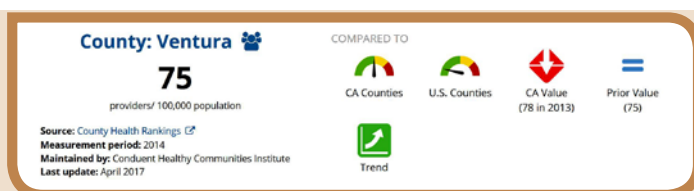
To increase access to preventive dental services within Ventura County, there needs to be an increase in the number of dental providers that will accept Denti-Cal. Provider reimbursement from Denti-Cal presents a financial barrier for dental providers to accept these patients. Additionally, funding for the purchase of dental equipment and facility renovation is required in order to expand into primary care offices.

PUBLIC HEALTH PARTNER:

Building Healthy Smiles Collaborative
Gold Coast Health Plan
Mixteco Indigena Community Organizing Project

SOCIAL DETERMINANTS OF HEALTH:

PRIMARY CARE PROVIDER RATE



DENTIST RATE



PRIORITY 15:

Reduce Preventable Hospitalizations

STRATEGY FOR IMPROVEMENT:

Strengthen the collaboration of the Ventura County Hospital to Home Alliance to follow the Medicare Access and CHIP Reauthorization Act of 2015.

WHY IS THIS IMPORTANT (how does it affect health and well-being)?

The Office of Statewide Planning and Development reported that over \$3.5 billion was spent in California on preventable hospitalizations in 2008 (Office of Statewide Health Planning and Development, 2016). Preventable hospitalizations occur when residents are admitted for treatment in a hospital which could have been avoided if they received optimal care in the ambulatory or outpatient care environment. Examples include hospitalizations for diabetes complications, adult asthma, hypertension, heart failure, dehydration, urinary tract infection, and bacterial pneumonia. Let's Get Healthy California has the goal of reducing the rate of preventable hospitalizations from 1,109 per 100,000 population in 2015 to 727 by 2022. In Ventura County, in 2015, the rate of preventable hospitalizations was 951.5 preventable hospitalizations per 100,000 population, which was below the rate for California but does not meet the target.

WHAT ARE WE CURRENTLY DOING?

In 2015, the Medicare Access and CHIP Reauthorization Act established the Quality Payment Program (QPP) which focuses reimbursement for hospitalizations on the quality of care provided rather than the number of medical services performed. The QPP was established to improve the continuum of care for patients and incentivize health care systems to work with partner agencies in reducing preventable hospitalizations. Therefore, if a Medicare patient is readmitted to the hospital within 30 days of their last discharge, the hospital is not reimbursed for the subsequent hospitalization. It does not matter if the patient was originally hospitalized at Community Memorial Hospital (CMH) and then finds themselves at Ventura County Medical Center (VCMC) within 30 days of discharge; VCMC would not be paid for the care that was provided to the patient.

In 2016, the Ventura County Hospital to Home Alliance (VCHHAC) was established to improve the quality of health and life for Ventura County residents by transforming care across the continuum through a comprehensive community effort. VCHHAC is sponsored by the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organization, Health Services Advisory Group (HSAG). The Alliance includes members from hospitals, home health organizations, skilled nursing facilities, and community members and works to improve care coordination by improving quality, lowering cost, and enhancing the patient experience. Some of the goals of Alliance include improving transitions from hospital to home, improving medication safety, focusing on special populations (i.e. those with multiple chronic conditions and behavioral health issues, those impacted by socio-economic conditions that impact health, etc.), providing community resources and social service supports to patients, and reducing 30-days hospital readmissions.





WHAT DO WE WANT TO ACCOMPLISH IN THE NEXT 3 YEARS?

The Alliance will work to increase membership on each of their seven different subcommittees which include the Data Task Force, Liaison Task Force, Competency Task Force, Community Quality Assurance, Communications, Criteria for Good Standing, and Strategic Planning. Potential collaborators include additional hospitals, home health organizations, skilled nursing facilities, and community benefit organizations. The Alliance will also analyze trends in 7-day readmissions for Medicare patients; this is not a performance measure included within the Quality Payment Program (QPP) yet but could be a future requirement. 30 and 7-day trends in Medi-Cal readmissions will also be analyzed for trends to develop interventions to reduce readmissions. Medi-Cal has yet to implement a program similar to QPP, but the Alliance will be planning for a similar payment model.

WHAT DO WE WISH WE COULD DO TO MAKE AN EVEN BIGGER IMPACT?

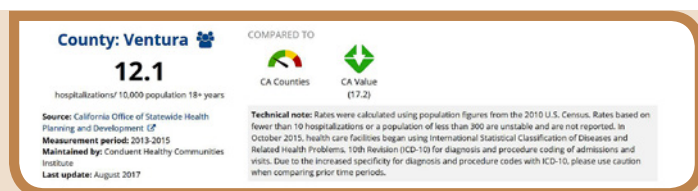
We wish that all patients in Ventura County would have the opportunity to remain in the optimum care setting that supports their independence and dignity. The Alliance is working towards this goal, but additional collaboration is needed to ensure that patients are receiving the care they need in the right setting. Participation in VCHHAC is voluntary and there is a substantial amount of work involved in tracking outcomes for the smaller agencies that are so vital to the work of the Alliance. Although the group is sponsored by HSAG, there is no funding associated with the work and the HSAG representative works out of Los Angeles. There needs to be a co-ordinator for the Alliance that can recruit and engage participants, provide logistical support for the meetings, and track the necessary outcomes to implement a shared model of care within Ventura County..

PUBLIC HEALTH PARTNER:

The Ventura County Hospital to Home Alliance

DETERMINANT OF HEALTH:

HOSPITALIZATION DATA FROM THE OFFICE OF STATEWIDE PLANNING AND DEVELOPMENT



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