

Destino

 The Hispanic Legacy Fund
VENTURA COUNTY COMMUNITY FOUNDATION

LATINO HEALTH NEEDS IN VENTURA COUNTY



A REPORT TO THE COMMUNITY

Commissioned by
Destino: The Hispanic Legacy Fund
A Program of the Ventura County Community Foundation



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Latino Health Needs in Ventura County
A Report to the
Vision Committee of Destino: The Hispanic Legacy Fund
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INTRODUCTION: THE PURPOSE AND CONTEXT FOR THIS STUDY

This report on Latino Health Needs in Ventura County is part of a larger initiative being undertaken by Destino :The Hispanic Legacy Fund, a program of the Ventura County Community Foundation (VCCF) in conjunction with The California Endowment. The Community Foundation's Destino Fund was created in 1996 to address the needs of Ventura County Latinos. The Fund is a grantmaking endowment currently supported by more than 365 donors including those who actively participate in its annual grants program.

VCCF has recently set a goal to expand its Destino Fund and promote it as the bridge in Ventura County to a stronger, well informed and involved Latino community. Toward this end, the Community Foundation secured a special grant from The California Endowment in 2003 to strengthen Destino's organizational and grantmaking capacities, especially in the area of Latino health.

In 2004 and 2005, the Destino Fund will focus its grantmaking and community education activities on addressing high-priority health issues for Ventura County's Latino community. As a first step, a health needs assessment was conducted in the summer of 2003 with oversight from an Advisory Group made up of community leaders with diverse perspectives on Latino health issues. (See Attachments (i) and (ii) for Latino Health Needs Assessment Plan and Study Advisory Committee Roster.)

Based on available information, this is the first health needs assessment exclusively focused on Ventura County's Latino population. The main purpose for the study is to inform Destino's grantmaking, community education, leadership and donor involvement activities over the next two years and beyond. In addition, it is hoped that the assessment will aid other funders, policy makers and service providers in allocating resources and planning services to address Ventura County's multicultural health needs.

Definition of Health

A guiding assumption for this initiative is that health is more than the absence of disease or infirmity. Rather, it is a state of individual and community well-being. The achievement of good public health includes physical, mental, psychosocial, environmental and economic wellness; ready access to the full array of preventive and treatment services; and sufficient, culturally appropriate information from which individuals and communities can make choices that encourage well-being.

Within this context, the data and information collected here covers a range of medical problems, social issues (such as family violence and teen pregnancy) and health-care access barriers (e.g. language, affordability, transportation) that cause poor "health and well-being" in Ventura County's Latino community.

Another assumption is that Latino health must be viewed in its cultural context. The assessment of needs and problems should always take into account the strengths and assets of Latinos and their culture. In Dr. David Hayes-Bautista's 1997 report, *The Health Status of Latinos in California*, he provided the following analysis of the strengths, weaknesses, opportunities and threats relative to strategic planning for Latino health.

Strengths

- ◆ The Latino population will have more than the average rate of growth in the 21st century
- ◆ Immigrants contribute to the state's economy and society
- ◆ Latinos are relatively healthy

Weaknesses

- ◆ Latinos have high levels of poverty despite high labor force participation
- ◆ Latinos have low rates of public and private health insurance coverage

Opportunities

- ◆ Latinos are well suited for preventive and family-focused care
- ◆ Latinos are well suited for managed care if appropriate price and structures are developed

Threats

- ◆ Political discourse tends to exclude the Latino public's participation in the state's public sector, especially in education and health care
- ◆ Until recently, private care providers have overlooked the Latino market
- ◆ Improving Latino health status will require a level of cultural competence not yet in place
- ◆ Health and healthy behaviors among Latinos erode over time

Methodology

This study included a compilation of existing data and needs assessments relevant to Latino health in Ventura County. In general, current ethnic-specific data for the County's Latinos is spotty. However, more information is available about Latinos in California and the United States. The first three sections of this report include selected findings from these secondary sources. Section One describes the demographic and social profile of Latinos in Ventura County and summarizes information regarding underserved populations. Section Two covers issues related to access to health care services and Section Three describes the health status of Latinos.

Section Four includes an annotated listing of references with relevant information about community health and Latinos in Ventura County. In addition, a bibliography of state and national sources is provided for further exploration. All the reports gathered and listed in this report are available at the library of the Ventura County Community Foundation's Resource Center for Nonprofit Management.

An important aspect of this study involves soliciting input from low-income Latino residents *and* from representatives of key organizations and sectors serving Ventura County's Latino population. Section Five recaps community input collected from more than 60 people throughout the county. Feedback on Latino health needs and promising strategies was gathered from two focus groups of health professionals and service providers; a group of promotores/lay outreach workers and a group of Latino seniors. In addition, a survey questionnaire was sent to the Community Foundation's e-mail list service of nonprofit and public agencies serving Ventura County. A list of the respondents and a copy of the questionnaire is attached to the report.

DEMOGRAPHIC AND SOCIAL PROFILE OF LATINOS IN VENTURA COUNTY

This section highlights certain population trends, social characteristics and underserved groups of the Latino population in Ventura County.

- ▶ Latinos are the county's largest ethnic group, with a population of 251,734 or 33.4% of County residents in 2000, an increase from 26.4% in 1990. Latinos are the fastest growing population group in the county and have accounted for at least two-thirds of the county's net population growth over the past ten years.
- ▶ By 2010 Latinos are projected to number 293,696 or 34.4% of Ventura County's total population according to State Department of Finance estimates, with continued growth to 44.2% of the population by 2040. Note: These projections have not been updated to include 2000 Census results.
- ▶ The rapid growth of Ventura County's Latino population is due to a combination of factors including immigration, births to this large population group, and a birth rate that is the highest among any ethnic group in Ventura County.
- ▶ The majority (84%) of Ventura County Latinos are of Mexican origin with a relatively small number originating from Puerto Rico (1%) or Cuba (.05%); the 14.5% listed as "Other Hispanic" are principally from Central and South America.
- ▶ The 2000 Census recorded 155,913 foreign born residents, which was a 36.8% increase in the immigrant population since 1990. Well over two-thirds of all immigrants to Ventura County since 1990 are from Mexico.
- ▶ There is a growing indigenous population, principally from Southern and Central Mexico, estimated to be at least 5,000, or as many as 20,000, people for whom Mixteco or another indigenous dialect is the primary language. Many are monolingual and do not speak Spanish or English.

Geographically Concentrated

While Latinos live in all areas of the county, large numbers are concentrated in certain communities.

- ▶ The greatest concentration is in the cities of Oxnard, Santa Paula and Fillmore, where more than half of the County's Latino population live. The highest percentage of Latinos lives in El Rio, an unincorporated region of the county adjacent to Oxnard.
- ▶ Areas with the least Latino residents include the cities of Ojai, Camarillo, Thousand Oaks and Simi Valley. Moorpark and Ventura are predominately White but still have a substantial Latino population.
- ▶ Port Hueneme has approximately the same number of White and Latino residents.

Ethnic Mix of Ventura County Cities, Percent of Total Population - 2000

Area	Latino	White	Black	American Indian	Asian	Pacific Islander	Other
Ventura County	33.4%	56.8%	1.8%	0.4%	5.2%	0.2%	0.1%
Camarillo	15.5%	72.8%	1.4%	0.4%	7.1%	0.2%	0.2%
Fillmore	66.6%	30.6%	0.2%	0.5%	0.7%	0.1%	0.2%
Moorpark	27.8%	62.4%	1.4%	0.3%	5.5%	0.1%	0.2%
Ojai	15.9%	79.6%	0.6%	0.3%	1.6%	0.1%	0.1%
Oxnard	66.2%	20.6%	3.5%	0.4%	7.2%	0.3%	0.1%
Pt Hueneme	41.0%	42.6%	5.6%	0.7%	6.1%	0.5%	0.2%
Santa Paula	71.2%	26.4%	0.2%	0.5%	0.6%	0.1%	0.1%
Simi Valley	16.8%	72.7%	1.2%	0.4%	6.2%	0.1%	0.2%
Thousand Oaks	13.1%	77.7%	1.0%	0.3%	5.8%	0.1%	0.1%
Ventura	24.3%	68.1%	1.3%	0.6%	2.9%	0.1%	0.2%

Source: US Census Bureau Statistics, 2000

Youthfulness

The Latino population in Ventura County is very young due to factors such as high birth rates and young adult immigration.

- ▶ A recent UCLA study found that the majority of babies born in California are now Latino. According to the study director, Dr. David Hayes-Bautista, "the health, well-being and education of Latino children now concern the majority of all children, not a small minority. Latino issues are now the state's mainstream, majority issues."
- ▶ In Ventura County, Latino children were 46.8% of the County's children and youth (0-17) in 2000, and accounted for 51.1% of total births to residents in 2001.
- ▶ The cities with large Latino populations--Fillmore, Oxnard and Santa Paula---are the only cities in Ventura County with a median age less than 30 in 2000.
- ▶ The percentage of Latino births appears to be on the rise. The above-mentioned UCLA study found that Latino births in the third quarter of 2001 were 52.1% and in the fourth quarter 53.9% of all children born in the County.
- ▶ Dr. Hayes-Bautista further points out that in 2006, the majority of children entering high schools will be Latino, the majority of new workers entering the state's labor force in 2017 will be Latino, and the majority of young adults eligible to vote in 2019 will be Latino. The implications are clear for Ventura County and other California regions with large, young Latino populations. Investments in improving the health and welfare of Latinos are imperative to our County's future.

Latinos are over-represented in the young and under-represented in the elderly.

- ▶ Only 15% of Ventura County's elderly (65+) are Latino compared to 77% White elderly in 2000.

Low-Income and High Poverty

Latinos are not only younger than the general public, but also have lower incomes even though they have high labor force participation.

- ▶ Once again, the cities with the greatest proportion of Latinos have both the lowest median incomes *and* the highest percentage of households living below the federal poverty level.
- ▶ With a federal poverty threshold of approximately \$25,000 for a family of four, these Latino households earn far below Ventura County's median 2000 household income of approximately \$60,000. According to a report on the feminization of poverty in the region by the Central Coast Alliance United for a Sustainable Economy (CAUSE), this disparity stems from several factors including discrimination, language barriers, and unequal access to education and information.

Despite Ventura County's economic growth overall, poverty is a major problem. Throughout Southern California the number of jobs is on the rise, but often those jobs pay so little that many employed workers are classified as poor. The term "working poor" is used to describe low-wage workers who do not earn sufficient income to afford basic necessities such as housing, food and health care.

- ▶ Public Policy Institute of California reports that in 2000 some 41% of families living in poverty had at least one family member who worked full time. With the cost of living in Ventura County, Latinos in low-wage occupations make up a majority of the County's working poor.
- ▶ The CAUSE report explains that "In the Central Coast region the working poor work in the fields, hotels, restaurants, daycare centers, retail outlets, board and care facilities and in homes providing services from gardening to care of our children, sick and elderly."
- ▶ *The Regional Civic Alliance's 2002 State of the Region* report provided a breakdown of employment sectors in Ventura County that showed agriculture, with its large Latino workforce, having the lowest average salary of all sectors.
- ▶ A California Institute for Rural Studies study on farmworker health care access reported that 55% of the state's 700,000 farmworkers earn less than \$7,500 annually. The overwhelming majority of farmworkers are Mexican-born immigrants.

The working poor feel the negative consequences of high housing costs in the region, which leads to overcrowded and unsafe housing conditions. Multiple Latino families living in homes built for single families, garages and other substandard structures is a public health concern. Lack of adequate kitchen and bathroom facilities; stress-related problems; diminished educational achievement, family dysfunction; risk of infectious diseases, are among the problems posed by inadequate housing conditions.

- ▶ According to the Ventura County Homeless and Housing Coalition report of February 23, 2003, the average rent for a two-bedroom rental in Ventura County is now \$1,300 per month. A person earning the minimum wage of \$6.75 an hour would have to work 113-120 hours per week to pay for this rental.

- ▶ In the *UCSB Economic Outlook (2000)*, Ventura County ranked 18th on a list of least affordable housing markets for a metropolitan area.
- ▶ The Regional Civic Alliance's 2002 report, found that 12.4% of the County's households were overcrowded, which represents a significant increase from ten years ago. The report concludes that overcrowding is a serious problem, one that is getting measurably worse, especially in cities with large Latino populations.
- ▶ Overcrowding in the mostly Latino cities of Oxnard, Fillmore and Santa Paula ranged from 27% to 31% of households.
- ▶ Port Hueneme is also overcrowded at 17.1% of households.

Low Educational Attainment

Low wages and poverty generally correlate with low educational attainment. It is not surprising that Latinos work in lower-paying occupations and tend to have less education than non-Latinos. This is true in Ventura County where the cities with the largest number of Latino residents rank lowest in income and educational attainment levels.

- ▶ According to the Regional Civic Alliance's Report in 2000 the cities of Fillmore, Santa Paula, and Oxnard had a significantly higher percentage of adults who had not completed high school (37%, 42% and 41%, respectively) than the County as a whole (20%) in 2000.

Sadly, the schools in these communities are also the lowest performing schools in the County, based on the state's Academic Performance Index.

- ▶ In Ventura County 39% of high school graduates completed the course work required for entrance into the University of California and California State University systems, compared to 22% of Latino students.
- ▶ Low educational attainment is most pronounced among the immigrants.

It is important to note that there is growing evidence that disparities in academic achievement are linked to school resources. One study by the Californians for Justice documented that schools in California predominately serving low-income, minority and immigrant youth are disadvantaged in a number of areas, including college preparation courses, discipline, teacher quality and school conditions.

Education is known to be a key ingredient in combating poverty. Indeed, a study of racial and ethnic wage disparities in California by the Public Policy Institute concludes, "If the wage gaps are to decline, the most likely route is through continued improvement in the educational and occupational status of Hispanics and African-Americans."

Increased Immigration Presence

Over the past several decades, the growth and diversification of Ventura County's population is due in part to foreign immigration. The majority of foreign-born immigrants in California and Ventura County are from Mexico, Central America, and to a lesser extent from other Latin American countries. Latino immigrants, both documented and undocumented, are among the state's poorest and most underserved population

groups. These immigrants, who come to the United States for economic opportunity and to join other family members, are typically employed in the lowest rung of the workforce.

- ▶ In the United States, 71% of all Latin American immigrants work as low-wage service workers, domestic workers, farmworkers and manual laborers.
- ▶ According to the Public Policy Center of California, immigrants tend to have lower wages relative to all US-born ethnic groups.
- ▶ Many immigrants are limited in their English-language proficiency and have low education status, which impairs their ability to access health services. Immigrants are more likely to have employment that does not include health benefits.

Estimates of undocumented immigration to California vary widely since the US Census and most other surveys of the general population do not directly ask non-citizens if they are legal or undocumented residents. The Population Resource Center estimates that approximately 1.4 million undocumented immigrants live in California, which is approximately 5% of all California residents. Mexico is the country of origin for a large portion of undocumented immigrants in California.

- ▶ Undocumented immigrants are particularly vulnerable in the labor market. This status is often combined with other characteristics, such as low education attainment and limited English proficiency, that put them at a disadvantage in the labor market
- ▶ Upon entry into the United States many undocumented workers find employment as manual laborers and farmworkers. The California-Mexico Health Initiative estimates that one in three Mexican immigrants in California lives in a farmworker household.
- ▶ Undocumented immigrants are more often uninsured and medically underserved than documented and US-born Latinos who are eligible for public benefit programs and tend to have better paying jobs, often with health benefits.

Although specific data regarding the Latino immigrant population in Ventura County was not found in the reports reviewed for this study, enough is known about the status of immigrants in California to deduce that they are among the county's poorest and most medically underserved groups.

HEALTH CARE ACCESS

Access to quality health care is an important determinant of health. Access is the ability to use a continuum of health care services without significant barriers. It is critical not only for the treatment of acute and chronic illnesses, but also for receiving preventive and early intervention services. These services include health education and promotion of healthy lifestyles, physical exams, immunizations, and screenings. In an equitable system of care, people have the knowledge and skills to be responsibly involved in their health and the means to seek and obtain appropriate health care services.

Health care access is a major problem for poor, culturally diverse families and individuals throughout the United States. Much has been written in the past 10 years about the barriers these groups, including Latinos, face in accessing needed services. The most often mentioned impediments are lack of health insurance, language and cultural barriers, location of services limited transportation options, lack of knowledge about when and where to seek care and the importance of prevention and follow-up.

Lack of access to health care often delays children and adults in obtaining needed care and may result in time lost from work or school, worsened conditions due to inadequate primary care, poor management of chronic conditions, and inadequate child development.

Health Insurance

The lack of health coverage has serious consequences not only for the families and individuals affected but also the community as a whole. People who lack coverage are more likely to fail to seek needed medical care in a timely basis, less likely to see a specialist when needed and less likely to fill a prescription because of cost. When they do not receive needed care, they often rely on hospital emergency rooms and “safety net” providers including public hospitals and community clinics.

- ▶ Since 1995, the percentage of people without health insurance in Ventura County and California has been consistently higher than the national average.
- ▶ Although estimates of the uninsured in Ventura County vary, it is clear that a serious problem exists. A UCLA study sites that 14% of Ventura County residents in 2001 were uninsured—56% of these uninsured residents are Latino.
- ▶ The Regional Civic Alliance of Ventura County’s *State of the Region* report states that in 2000, “About 17.3% of residents of Ventura County under 65 years of age have no insurance coverage, including about 16% of all children under 19. In people terms this means that 34,000 Ventura County children do not have health insurance. Sadly, as many as 75% of these children may be eligible for one or another available public health coverage programs, but are not enrolled.”
- ▶ A 2001 report by the Ventura County Living Wage Coalition Health Coverage Task Force reports that “An average of 18% of Ventura County residents do not have health care coverage. This includes about 134,000 residents, a group larger than the individual populations of nine of the ten cities that comprise Ventura County.” (Note that the source for this citation was *The State of Health Insurance in California, 1999*, Health Insurance Policy Program, UC Berkeley Center for Health and Public Policy Center and UCLA Center for Health Policy Research.)

More information is available about the uninsured in California as a whole, which paints a picture of the impact on Latinos.

- ▶ According to a UCLA study on the *State of Health Insurance in California*, Latinos in California have the lowest rate of job-based insurance (43.3%) compared to (75.4 %) of the White non-elderly

population. Overall, Latinos have the highest uninsured rate (28.3%) compared to Whites with the lowest rate (8.6%). The uninsured rates for Salvadorans and Guatemalans are considerably higher than those for Mexican-origin Latinos.

This study goes on to report that even wider disparities exist in coverage for undocumented immigrants.

- ▶ In California, half of all non-elderly adults (0-64) without “green cards” are completely uninsured (51.2%).
- ▶ These disparities are the result of huge differences in employment-based coverage between Latino undocumented immigrants and Latino citizens.
- ▶ Only 29% of immigrants without "green cards" have employment-based insurance compared to 66.1% and 72.1% of naturalized and US born citizens, respectively, whose employers provide insurance.
- ▶ Agriculture, with its large share of the Latino workforce, typically offers among the lowest health care coverage rates of all industries in California.
- ▶ In general, the widest disparities in coverage are for workers who have less education, lower incomes, lower wages and who are non-citizens.

Of course, there are many public health insurance programs in California that are meant to provide a “safety net” for the very poor. Unfortunately, these programs are limited in scope, have restrictive eligibility requirements and cumbersome application procedures. While coverage for the very poor, young children, pregnant women and the elderly is available, there are crucial gaps that leave many without a safety net.

- ▶ CAUSE's March 2001 report on extending health coverage for working families comments, “Medi-Cal covers the indigent, yet it may still require that a significant share of cost be paid by the patient. Many Ventura County workers and their families are not eligible for Medi-Cal as even poverty wages exceed income criteria and few adults are eligible overall. “
- ▶ A January 2003 article from UCLA’s Center for Health Policy Research concludes that improved outreach is needed for all uninsured children who are eligible for Medi-Cal and Healthy Families. This could extend coverage to two-thirds of the uninsured Latino children in California—more than 460,000 in all.

Language Access and Culturally Competent Services

Language is a serious health care impediment for limited English-speaking Latinos. The inability to communicate directly with one's provider often results in poor quality care and health outcomes.

- ▶ Multiple studies described in The California Endowment’s *Multicultural Health 2002, An Annotated Bibliography* reiterate the need for bilingual providers and interpreter services in order to reach and serve Latinos. These articles demonstrate that people with language barriers experience decreased access to care, diminished quality of care, and lessened patient care satisfaction. Other consequences of poor care cited included misdiagnosis and inappropriate medications.

- ▶ Another research study described in the bibliography found that patients using a comprehensive interpretation service made significantly more office visits, had more prescriptions written, and underwent more screening exams.

Besides language access, the lack of cultural-competent service providers is a serious impediment for Latinos getting appropriate care. Once again, a growing amount of evidence shows that culturally competent interventions have a direct impact on both the patient's satisfaction and his/her health-related behaviors.

A related issue is the extremely low number of Latino physicians and nurses.

- ▶ A 2001 demographic profile of California's physician work force from the Center for California Health Work Force Studies shows that Whites make up 73% of physicians in the state, Latinos 4%, African Americans 3%, and Asians and others 20%. This figure is striking given the state's population of Whites 52%, Latinos 30%, African Americans 7%, and Asian and others 11%.
- ▶ The same is true for nurses. A report on the supply of Registered Nurses in California described in The Endowment's Bibliography noted "all racial and ethnic groups are underrepresented among RNs but the gap is most pronounced for Hispanics, who account for 30% of California's population but only 4% of the state's RNs."

Throughout the literature on Latino health, a common recommendation for improving access to care calls for expanding the availability of culturally and linguistically competent services. Suggested strategies include using more lay providers or promotores, increasing the bilingual and bicultural health care providers, and providing cross-cultural training to health care agencies and providers.

Availability of Services

The adequate supply and distribution of health resources relative to the needs of the Latino population is another important aspect in the delivery of accessible health care services. Issues to consider include the location, timing and scheduling of services as well as the supply of physicians and other health care providers. Substantial evidence exists that indicate availability of appropriate health care services is another problem contributing to this population's lack of access to health care services. Moreover, unequal allocation of services is directly implicated in the poorer health outcomes prevalent in low-income, non-White populations.

- ▶ According to a UCLA Health Policy Brief, dated Jan 2003, over 1.6 million Latinos in California, or 18.5% do not have a usual source of health care; a widely used measure that indicates a person's potential to access needed care.
- ▶ Surveys of Latino parents have pointed to transportation, service hours, and long waiting lines as factors that impede service utilization.

Another problem is that there are not enough physicians who accept Medi-Cal, the principal public insurance program for poor families in California.

- ▶ California Workforce Initiative's, *The Practice of Medicine in California*: reports that over 40% of California physicians reported not participating in the Medi-Cal program in 1998. Also, a minority of California physicians provides the majority of care to Medi-Cal and uninsured patients. Even more physicians do not have uninsured patients in their practices.

- ▶ About 48% of the surveyed specialists and 58% of surveyed generalists reported having no uninsured patients.

Access to medical specialists, including dentists, is another common problem.

- ▶ Access to oral health care services in California received a “C” from the National Grading project, leaving much room for improvement.
- ▶ The availability of primary care dentists in this County is low in the areas of Fillmore/Piru, Ojai, Oxnard, Santa Paula, Ventura, Moorpark, and Simi Valley.
- ▶ The California Dental Access Project found that the number of residents without dental insurance is two to three times the number of those without medical insurance. Even those with insurance are at times unable to access dental care due to lack of providers.

HEALTH STATUS OF LATINOS IN VENTURA COUNTY

This section summarizes the available information about the health of the Latino population. Overall, Latinos are relatively healthy. Nationwide, they have comparatively low death rates from heart disease, cancer, stroke, and fairly good birth outcomes, yet there is a high incidence of communicable diseases. For the most part, the health problems prevalent among Latinos can be remedied with preventive measures and proper ambulatory care. Unfortunately, problems that can be prevented or managed with early intervention are worsened by lack of access to needed care.

Maternal and Child Health

In general, Latina mothers have relatively healthy babies and experience fewer birth complications than other ethnic and racial groups. This is good news for Ventura County, since 51% of all births are to Latinas. One disturbing trend, however, is that as Latina women become more assimilated to American culture they tend to have worse perinatal outcomes.

Births to Teen Mothers: Adolescent pregnancy is a national concern. In general, pregnancy at an early age negatively affects the health and well-being of both the teen parent and the child.

- ▶ Seven out of ten teen mothers in the US will drop out of high school.
- ▶ Teen mothers earn an average of \$5,600 per year during the first thirteen years of parenthood.
- ▶ Teens are more likely to be single parents, less likely to get adequate prenatal care and more likely to have premature and low birth weight infants.
- ▶ Children of teen mothers have poorer health, lower cognitive development, higher rates of behavior problems, and are at increased risk of being teen parents themselves.

Latinos have the highest rate of birth to teenage mothers in both California and Ventura County.

- ▶ According to the Ventura County Public Health's *Maternal, Child and Adolescent Health 2000-2005 Community Health Assessment and Plan*, Latino teens continue to represent a disproportionate share of the county's teen population.
- ▶ In 1998, Latinos represented 35% of the total teenage population of Ventura County yet accounted for 78% of all teen births.
- ▶ This figure was slightly lower in 1999, when there was a total of 411 births to girls under 17 years of age. Of those, 300 or 73% were Latinas.
- ▶ Not surprisingly, the teen birth rates (per 1,000 teenage girls) in 2000 were highest in Oxnard (33), Port Hueneme (29), Santa Paula (25) and Fillmore (21), all of which were higher than the county rate of 20 per 1,000 girls.

Prenatal Care: Proper prenatal care is an important indicator of healthy birth outcomes. Women who obtain no prenatal care are four times more likely to die as a result of pregnancy and much more likely to have undetected complications of pregnancy. In the field of public health, prenatal care is considered the beginning of a healthy start for infants. Women learn not only how to care for themselves during pregnancy, but are prepared for continuing the physician prescribed well-baby practices for infants.

- ▶ Common risk factors for not obtaining prenatal care include: low-income, teen pregnancy, low maternal educational level, race/ethnicity, maternal substance abuse, lack of health insurance, and fear of immigration laws and utilization of public benefits.
- ▶ In Ventura County the percentage of Latinas entering into prenatal care in the first trimester of pregnancy is substantially below federal goals.
- ▶ Although public programs offer prenatal care to pregnant women regardless of immigration status, many do not access these services because of political, ethnic and cultural barriers. Ventura County Public Health's *Maternal Child Adolescent Health Community Health Assessment and Local Plan, 2002-2005*, states that these have been issues of great concern for women and providers of prenatal care in the county for the past couple of years. Immigrant women's reluctance to seek care is being monitored to determine their affect.

Low Birth Weight: Low birth weight (LBW) infants are at particular risk for physical and developmental complications. They are more likely to die in the first year of life and often face developmental delay visual, speech and hearing deficits; cerebral palsy; learning disabilities; and chronic respiratory problems.

- ▶ According to the Ventura County Public Health's *Community Health Status Report 2001/2002*, LBW births counted for 5.9% of all births in Ventura County in 2000, a rate significantly lower than the national average of 7%. Nonetheless, it is the highest rate seen in Ventura County over the previous 10 years where it varied from 5% in 1990 to 5.8% in 1997.
- ▶ In 2000, 5.3% of the LBW infants in Ventura County were born to Latinas, which is lower than the rate for any other ethnic or racial groups.
- ▶ A study of rural women of Mexican descent in Northern California indicated that US-born mothers are more likely to have low-birth weight infants than Mexico-born mothers. This indicates that acculturation may negatively affect birth outcomes for Latinas.

Early Childhood Health: A child's health status is a good predictor of future physical, psychological, social and emotional development. While young children in California are generally in good health, there is considerable evidence of disparities in the health of Latino children.

One such study is *The Health of Young Children in California*, published by the UCLA Center for Health Policy Research and First 5 California. This report analyzes the findings from the California Health Interview Survey (CHIS 2001), which provides information about key measures of health and well-being for children ages 0-5 years in California.

- ▶ The study found that Latino children have considerably lower ratings of overall health status compared with White children. This disparity begins to disappear only for those Latino children from higher income families.

- ▶ Health indicators studied included access to quality health services, children with special health care needs (including management of asthma), environmental health, injury/violence prevention, childhood immunizations, oral health, nutrition and obesity, physical activity and fitness, social development, early care and education and income assistance. In nearly all areas, disparities were found in the health status of Latino children compared to White children, and in some cases, all ethnic and racial groups.
- ▶ The study concludes that if these disparities are not addressed early in life, they are likely to increase as the child grows. One of the keys to improving the health and well-being of Latinos is to insure the healthy development of Latino children.

Childhood Asthma: One of the most common chronic diseases of childhood is asthma.

- ▶ Ventura County's childhood asthma prevalence (9%) is not statistically different than statewide averages. The actual prevalence of childhood asthma may be much higher since it is often under diagnosed, particularly among inner-city children.
- ▶ In California, about 48% of young children covered by Medi-Cal, and 31% with private insurance, have frequent symptoms.
- ▶ Among children with at least monthly symptoms, a larger percentage of children in Medi-Cal have physical activity limitations due to asthma.
- ▶ Only half of young children with asthma take medication for it. Low-income children are less likely to regularly use preventive medication, which is important to managing the symptoms of asthma.
- ▶ Latino children tend to have worse asthma status and less use of preventive asthma medications than White children.

Immunizations and Well-Child Care: Compliance with pediatric standards for infant and child health care is an important predictor of child health. Although the needs assessments gathered for this report did not include information on compliance among Latinos in Ventura County, we do know that only 67% of the county's children 0-2 years of age are properly immunized. Since the majority of births in the county are to Latina women, it is possible to extrapolate that Latino infants are disproportionately affected. A national study included in The California Endowment's *Multicultural Health 2002, An Annotated Bibliography* verified racial differences in pediatric guideline compliance. This research showed that less than half the Hispanic infants nationwide were adequately immunized.

Given the financial, linguistic and cultural barriers Latinos face in accessing health care, low-income Latinos in Ventura County may be less likely to comply with recommended standards for the number of immunizations and timing of visits during infancy. Once a child enters school, fulfillment of childhood immunization standards is much higher among all groups because it is a requirement of the school districts.

Chronic Diseases

Chronic diseases are prolonged illnesses that are often not curable such as heart disease, cancer and diabetes. These health conditions, however, are often preventable and manageable with healthy behaviors and proper health care. Physical inactivity, poor nutrition, and tobacco use are among the lifestyle-related risk behaviors for chronic disease. In addition to reducing the prevalence of behavioral factors, early identification, detection and appropriate follow-up could help in effectively treating chronic conditions. Screening services as well as high-quality treatment are important in alleviating the community's chronic disease burden, particularly to the medically underserved populations where access to care is a problem.

- ▶ Currently, chronic disease accounts for approximately 70% of all deaths in the United States. Based on national data, it is estimated that approximately 70% of all deaths in California are due to chronic disease.
- ▶ Chronic diseases disproportionately affect women and racial minorities.
- ▶ The risk of developing a chronic disease is high for low-income children due to poor dietary conditions and lack of access to regular checkups.

Heart and Cardiovascular Diseases: Heart disease is the leading cause of death and disability in Ventura County, as well as throughout the nation. The major factors for preventing and controlling heart disease are: eliminate tobacco use, increase physical activity and improved diet.

- ▶ Nationally, heart disease accounted for 30% of the deaths in the United States.
- ▶ In Ventura County the heart disease death rate has fluctuated from about 150 to 170 per 100,000 over the last several years.
- ▶ Death rates from heart disease and stroke are lower in Latinos than in other racial/ethnic groups and meet national health objectives.
- ▶ Nonetheless, both in California and nationwide, heart disease and stroke kill more Latino men and women than any other diseases.
- ▶ Twenty-seven percent of the county's heart disease deaths in 1997 were among the mostly Latino residents from the communities of South Oxnard, La Colonia, West Ventura and Santa Paula.
- ▶ The prevalence of risk factors for heart disease and stroke, including diabetes and obesity, are high in Latinos. Unfortunately, Latinos are generally unaware of lifestyle changes that can help prevent heart disease and stroke. They often have the disease but are unaware.

Diabetes: Diabetes is a lifelong condition causing serious health complications, including heart disease, kidney failure, amputations and blindness, and often results in disability and death. Like heart disease, much of its burden can be avoided by early detection, improved delivery of care, and self-management education. Types of diabetes include: Type I Diabetes which may account for 5% to 10% of all cases; Type II which may account for 90% to 95% of all cases; and gestational diabetes occurring in 2% to 5% of pregnancies but usually ends with the pregnancy. Risk factors include a family history of diabetes, obesity and physical inactivity, which are factors more prevalent in Latinos than among Whites. Access to the health care system

is critically important for persons with diabetes because they require ongoing medical care to manage their chronic conditions.

Diabetes in Ventura County is on the rise.

- ▶ The estimated percentage of adults with diagnosed diabetes in 2000 is 5.5% or 30,000 of the county's adult population. It is estimated that an additional 15,000 people have undiagnosed diabetes.
- ▶ About 65% of people with diabetes die from heart disease or stroke. Diabetes is believed to be under-reported on death certificates as a cause of death or risk factor contributing to death.

Latinos are at particularly high risk of Type II and gestational diabetes.

- ▶ Latinos have the highest prevalence of diabetes in California with 10% vs. 6.8% for Californians overall.
- ▶ Latinos, ages 45 and above, typically have two or more times the prevalent rates of diabetes reported by their White counterparts.
- ▶ The National Diabetes Information Clearinghouse data on diabetes among Latinos identifies the disease among 25% of Mexican Americans and Puerto Ricans age forty-five and older. This rate is two to three times higher than that of non-Latino Whites.
- ▶ Diabetes has an earlier onset in Latinos than in other populations. Type II Diabetes, usually only found among adults, is increasingly being found among Latino children – especially those that are overweight.
- ▶ Only 25% of Latinos with diabetes know they are at risk for heart disease.

Latina women are more likely to have diabetes than are Latino men.

- ▶ Eighteen percent of Latino women over the age of 55 are affected by diabetes, compared to approximately 9% of White women in this age group.
- ▶ Rates of gestational diabetes are higher among Latinas. These women have increased risk of developing Type II diabetes.

Diabetes among Latinos is a major public health issue in Ventura County.

- ▶ The percentage of Latinos in Ventura County diagnosed with diabetes is disproportionately high, particularly in the 18 to 44 age group. Women in these groups and other high-risk patients should be screened regularly.
- ▶ Over 36% of the diagnosed diabetes cases in Ventura County were Latino.
- ▶ In 1997, 37% of all diabetes deaths in Ventura County were among residents from the communities of South Oxnard, La Colonia (Oxnard), West Ventura and Santa Paula.
- ▶ In 2000, more than 30% of all Latino deaths in Ventura County were directly attributable to diabetes.
- ▶ Nationwide for every two persons diagnosed with diabetes, another has undiagnosed diabetes.

Cancer: Cancer is the second most common cause of death in the United States among all ethnic/racial groups. Early intervention of cancer patients is important in surviving the condition. Thus, it is important to ensure that screening services, such as mammography, pap smears and PSA tests, and high-quality follow-up treatment are available and accessible. This care is particularly important for medically underserved Latinos, who are more likely to seek treatment at advanced stages of the cancer.

- ▶ In Ventura County, the overall cancer death rate in 2000 was 149 per 100,000. The three types of cancers most prevalent in Ventura County are prostate, breast and lung.
- ▶ Latinos make up less than 20% of all cancer patients in Ventura County in contrast to Whites that comprise 80% of all cancer patients.
- ▶ Compared to Whites, Latinos in California are two to three times as likely to develop stomach cancer and two to five times as likely to develop liver cancer.
- ▶ Latino women in the state also have the highest annual incidence rate of invasive cervical cancer, 17%, more than twice as high as among White women, 7.4%.
- ▶ In Ventura County, 10% of Latino deaths were from cancer in 2000. The percent of Latino cancer deaths were highest from prostate cancer (13.43%), breast cancer (10.17%) and lung cancer (10.14%).

Obesity: Much attention has been given recently to the national epidemic of childhood obesity, which disproportionately affects Latinos and African Americans. Childhood obesity not only increases the risk of obesity into adulthood, it is the leading cause of pediatric hypertension and is associated with Type II Diabetes Mellitus, increased risk of coronary heart disease, and increased stress on weight bearing joints. Prevention is an essential strategy that is less costly and more effective than treatment. Obesity prevention calls for increased physical activity for children, diet management, behavioral modification, and nutrition education.

- ▶ According to the Ventura County Public Health *2002 Community Health Status Report*, the percentage of obesity in youth has doubled in the past 30 years, which signals the need to address this continuing problem in the county.
- ▶ In 1999, at 13.2% Ventura County ranked higher than the nation as a whole, and slightly below the state's rate of 14.2%, for childhood obesity in 1-12 year olds according to the pediatric nutrition surveillance, a statewide summary of indicators.
- ▶ The prevalence of childhood obesity in Ventura County has also been consistently higher than the national average from 1994 to 1999.
- ▶ In Ventura County, 25% of children ages 3-4 years old were classified as overweight based on measurements taken as they entered the Head Start program in 2002.
- ▶ Over one-third of Ventura County Children tested in grades 5, 7, 9 were physically unfit and 21% to 25% were overweight, based on a recent statewide survey.
- ▶ These figures affirm the CDC's 1997 National Youth Risk Behavior Survey that found 36% of high school students did not participate in vigorous physical exercise; 51% were not enrolled in physical education classes; and 71% did not eat the recommended servings of fruit and vegetables.

The incidence of overweight and obese adults, principally caused by poor dietary habits and inadequate physical activity, is also a serious concern. The health risks associated with overweight and obese individuals are many. Studies indicate that Latino populations, along with Blacks and Native Americans, are more affected.

- ▶ In 1999, the National Health and Nutrition Examination Survey revealed that 61% of US adults are overweight or obese.
- ▶ Another prevalence study showed that a high percentage of Latino men and women over the age of 20 years (63.9% and 65.9%, respectively) were obese from 1988 to 1994.
- ▶ Poor diet and physical inactivity in California claim about 33,000 lives annually. These two risk factors cost the state an estimated \$24.6 billion each year in related medical and lost productivity costs.

Communicable Diseases

The rates of communicable diseases in the United States have decreased in the past 50 to 75 years due to improvements in sanitation, housing and food handling. Such improvements include widespread immunization, use of antibiotics, and other disease control activities. Health care providers and others are required by law to report data on infectious diseases to local health officials. Every year a wide variety of these diseases are reported.

- ▶ In 2000, 2,841 different diseases were reported to the Ventura County Health Department.
- ▶ Fifty-one percent of infectious diseases reported in Ventura County were sexually transmitted diseases (STDs).
- ▶ Latino rates for many communicable diseases are higher than the state norm, indicating a lack of access to immunizations and other health programs designed to protect the public from these diseases.

Chlamydia, Hepatitis C, and Hepatitis B: There has been a steep increase in these reportable diseases since 1998. Chlamydia is a sexually transmitted disease; hepatitis C is a blood born disease that is often transmitted sexually or by intravenous drug use; and hepatitis B is transmitted sexually or by exposure to infected body fluid.

- ▶ Between 1998 and 2000 Ventura County experienced an increase in chlamydia, hepatitis C and hepatitis B.
- ▶ Chlamydia incidences in Ventura County increased in 2000 to 160 incidences per 100,000, an increase of 231 cases between 1990 and 2000. Teenage girls have the highest rates of chlamydia, an infection common to poor, young women. Latinas had the highest rate of chlamydia among all groups in Ventura County at 528.6 per 100,000 compared to 100.7 for White women.
- ▶ In terms of hepatitis, low-income Latinos in Ventura County are most at risk of the hepatitis C virus (HCV), the second most commonly reported disease in the county. Currently there are no effective immunizations for HCV. Early diagnosis, treatment and case management are the only ways to currently control the spread of this disease.

- ▶ Cases of hepatitis B virus (HBV) in Ventura County have increased in recent years to 187 cases in 2000. The incidence rate of hepatitis B among Latinos is relatively low. In 2000 it is estimated that only 23 Latinos (rate of 10 per 100,000) contracted hepatitis B.

HIV-AIDS: While AIDS incidences in Ventura County are lower than the state's, the number of cases in the county is steadily increasing, with the highest incidence rates for Latinos and African Americans. The growing number of HIV/AIDS cases among Latinos nationwide and in Ventura County is a health concern.

- ▶ Over the past six years, Latinos have been gradually catching up and surpassing the White population in HIV/AIDS cases. Latinos represent 61% of the 216 HIV cases in the county and 34% of the 908 cases of AIDS.
- ▶ In 1999 the HIV/AIDS Center of Ventura County Medical Center saw an increase in Latino male patients with moderate to advanced cases of AIDS. Women represented 8% of the patients in 1998 and a year later represented 20%.
- ▶ With the number of persons living with HIV/AIDS in the Latino community increasing steadily, there is a need for more Spanish speaking outreach workers and medical staff, as well as culturally relevant HIV/AIDS information.

Tuberculosis: Once believed to be eradicated in the United States, tuberculosis (TB) has reappeared due to the emergence of new drug-resistant strains.

- ▶ Ventura County has a moderate TB rate compared to other California counties and a lower rate as a whole. Still, the rate of TB in Ventura County of 7 cases per 100,000 is well above the national health objective of 3.5 per 100,000 population.
- ▶ Ventura County's TB rates among Latinos, Blacks, Asians and American Indians are 6 to 10 times higher than for non-Latino whites. The TB rate for Latinos is 13 per 100,000 surpassed only by Asian Pacific Islanders at 21 per 100,000.
- ▶ Immigrant Latinos are far more prone to suffer from TB than US-born Latinos. The data provided in Dr. David Hayes-Bautista's *The Health Status of Latinos in California*, though dated, gives an idea of TB incidence in Latinos. Based on 1990 Census data, the report explains that the US Latino rate was 13.1 cases per 100,000, while the immigrant Latino rate was 44.4.

Injury and Violence

Unintentional and intentional injuries are another measure of a population's health status. Unintentional injuries are accidents caused by motor vehicles, poisoning, drowning, occupational hazards, etc. Intentional injuries stem from youth and family violence, acts of crime and suicide.

- ▶ More than 90,000 people die in the United States due to unintentional injuries. They are the leading cause of death in the United States for people ages 1-34.
- ▶ In Ventura County, death rates due to unintentional injury have been lower than the state as a whole and well below the national health objective.
- ▶ Crime, rape and sexual assault rates in Ventura County are lower than the state and national rates, and have declined over the past ten years.

Unfortunately, family violence has increased in Ventura County despite a declining trend at the state level.

- ▶ According to the data provided by the *2002 Community Assessment Conference*, domestic violence in the county has increased by more than 150% since 1990.
- ▶ The county's rate of domestic violence-related calls for assistance has been higher than the state for the years of 1996-1997. Approximately 50% of the calls included the use of a weapon. These figures are likely to be even higher since domestic violence remains an area that is underreported.
- ▶ A report by the Ventura County Violence Prevention Partnership, *Nurturing a Community of Safety, Peace and Health*, provided data on domestic violence calls by city from 1996 to 1999. Oxnard had the largest increase (53%) in the number of calls over the four-year period. In 1999, 34% of the 6,084 calls countywide were in Oxnard.

Providing culturally competent assistance is essential in addressing family violence among Latinos.

- ▶ The Violence Prevention Partnership report further indicated the need to build the capacity of agencies and organizations to deliver culturally competent services to families experiencing family violence.
- ▶ Community agencies participating in the Partnership's assessment confirm that language and cultural sensitivity are essential in working with immigrant and undocumented families on domestic and child abuse issues. For example, agencies with limited bilingual staff may use family members for translation, which can create a barrier to disclosure of information. Fear of the "system" often prevents a battered immigrant woman from reporting the violence.
- ▶ This report goes on to say that elder abuse and neglect is one of the most under-reported and undetected crimes in the community.

Gun violence is a critical problem in the Latino community affecting young Latino men.

- ▶ Hospital admittance records show that more Latinos entered Ventura County hospitals for gunshot injuries than Whites or other groups.
- ▶ Nearly 60% of gunshot admittance was Latino compared to about 20% White. The age of most gunshot patients was between 15-29 and over 80% were men.

Mental Health

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. Mental health problems are real. They affect a person's well-being and the ability to handle stress, relate to other people, and make decisions. These problems, which may be caused by a person's situation or biochemical makeup, affect one's thoughts, body, feelings, and behavior. They can be severe and can seriously interfere with one's life. They can even cause a person to become disabled.

Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, social phobia, post-traumatic stress disorder, obsessive compulsive disorder, panic disorder, suicide and conduct disorder. Mental health problems manifest themselves differently in different age groups and in the context of varied cultural norms.

- ▶ The report *Mental Health: A Report of the Surgeon General* notes that in the United States about 20% of the adult population is estimated to be affected by mental disorders during any given year.

- ▶ The World Health Organization's report *The Global Burden of Disease* focuses on the loss of productivity in developed nations due to mental health problems and reports that depression will replace cancer as the second leading cause of morbidity in the next decade.
- ▶ The National Alliance for the Mentally Ill (NAMI) states that one in every five families is affected in their lifetime by a severe mental illness.

Mental health services in California are woefully inadequate.

- ▶ *The Well-Being of California's Children 2003* finds that only 21% of California children with serious behavioral problems receive services, compared with 30% nationally.
- ▶ In addition, they found that children who live in families with incomes below 200% of the poverty line and who experience severe problems have a much lower probability of receiving mental health services than children in families with higher incomes.
- ▶ Approximately 16% of children living in or near poverty who have serious behavioral problems are receiving services. Similarly, these children are much less likely to be treated if their parents have lower levels of education or are non-White.
- ▶ Another report of the Surgeon General entitled, *Mental Health: Culture, Race, and Ethnicity*, provides extensive evidence that Latinos are at significantly high risk of poor mental health outcomes and show a consistent pattern of depressive symptoms.
- ▶ This report concludes, "the system of mental health services currently in place fails to provide for the vast majority of Latinos in need of care. This failure is especially pronounced for immigrant Latinos, who make the least use of mental health services."
- ▶ Typical barriers to mental health services include costs and limited insurance coverage, system fragmentation, and inadequate supply of providers.
- ▶ Latinos face additional burdens of culture and language differences, poverty, and immigration status, which further complicate access to mental health services.

It has been suggested that the County of Ventura needs to double the current level of services to meet the community's service needs.

- ▶ In Ventura County there are approximately 7,800 to 24,000 residents needing a range of treatment. However, in fiscal year 1999 to 2000, the County of Ventura provided mental health services to a total of 7,628 clients, 28% of these clients being children under the age of 18.

Specialized services and housing for the severely mentally ill and dual-diagnosed patients are needed in Ventura County.

- ▶ It is estimated that one half of the mentally ill also have substance abuse problems.
- ▶ About 57% of the homeless also have a mental illness and 15% to 20% of people in jail are mentally ill. They often have no place to go since Ventura County has an inadequate supply of specialized housing for the mentally ill.

Depression, in particular, appears to be high among Latinos. Unfortunately, Latinos are less likely to seek out needed services since there is considerable stigma attached to mental illness and seeking counseling.

- ▶ The 1997 report on the Center for Disease Control's Youth Risk Behavior Surveillance Survey found that Latino adolescents had higher rates of suicidal ideation than both white and black adolescents.
- ▶ Depression and stress-related disorders are widespread among undocumented immigrants given the severe stress they often endure in coming to the US and their day-to-day living, housing conditions, exploitation at work, fear of deportation, and separation from family and friends. Few therapists speak Spanish, even fewer are able or willing to offer affordable therapy to the undocumented population.

Tobacco, Alcohol and Drug Use

Today, alcohol and substance abuse are among the most pervasive health and social problems in the United States. Drugs and alcohol differ in the forms of social dysfunction they wreak, but have plenty in common. For example, the abuse of drugs and alcohol increases the risk of motor vehicle accidents, birth defects, unsafe sexual practices, the spread of infectious disease, domestic violence, sexual assault, homicide and suicide.

- ▶ More than 50% of American adults have a close family member with, or recovering from, alcoholism.
- ▶ In a 1997 survey conducted by the Gallup Organization, 45% of Americans reported that they, a family member, or a close friend, had used illegal drugs.
- ▶ Recent studies on the use of alcohol and drugs by young people in the United States show a decrease in overall use. However, this trend does not seem to be true for the Latino community. Current research shows that there has been an increase in substance use and abuse by Latino young people.
- ▶ Two out of every ten Latino youth report using alcohol recently. Four out of every 100 report "heavy use" of alcohol recently. Almost one out of every ten reports recent "binge" alcohol use (five or more drinks on one occasion).
- ▶ About one in ten Latino youth has recently used illegal drugs. Three out of ten report smoking marijuana once a month, according to a 1997 National Household survey on drug abuse.
- ▶ One study of eighth-grade students showed Latinos to have the highest prevalence in that age group for use of marijuana. In addition, Latino youths ages 12 to 17 may have higher rates of cocaine use than their non-Latino counterparts.
- ▶ Latina women use illegal drugs at a younger age than males. In one study, six out of ten Latino pregnant adolescents reported drinking beer or wine before their third month of pregnancy and half report smoking marijuana.
- ▶ Roughly 1,100 babies are born each year in Ventura County to mothers who abuse alcohol, smoke pot or use methamphetamines, heroin or cocaine during pregnancy.
- ▶ In a report *In Their Own Words: Farmworker Access to Health Care in Four California Regions*, farmworkers indicated that financial stress and emotional anxiety lead to heavy drinking. Some consume alcohol on the job and use illicit drugs to increase their stamina at work. Although some

workers receive therapy through drug or alcohol rehabilitation programs, others refuse to recognize the problem or seek treatment.

Tobacco use is the single greatest preventable contributor to disease and premature death in the nation. According to the Centers for Disease Control (CDC) tobacco causes more than 400,000 deaths annually and results in direct medical costs of between \$50-\$73 billion per year. Smoking is responsible for 87% of all lung cancer deaths in the United States. Women who smoke during pregnancy are more likely to have the following pregnancy complications: premature birth, stillbirth, and babies with low birth weight. Nonsmokers also incur serious health problems from environmental tobacco smoke or second-hand smoke.

- ▶ The average young smoker begins at age 14.5 and is a daily smoker by age 18.
- ▶ Smoking rates are high among Latinos nationally with 31.3% of Latino teens reporting that they currently smoke cigarettes.

Nutrition and Hunger

A healthy diet and good nutrition is key to maintaining good health. Poor nutrition is a major problem among the young and poor in the United States.

- ▶ Numerous studies have pointed to large numbers of children, especially those from poor families, who are not receiving the recommended nutritional intake that is associated with good health outcomes.
- ▶ Many children are consuming useless and potentially harmful calories, including nearly half of five year olds in households below the federal poverty level.
- ▶ The consequences are many. Children drinking soda instead of milk coupled with lack of access to dental services results in increased tooth decay.
- ▶ The lack of physical exercise and junk food consumption has contributed to the epidemic of childhood obesity.

Lack of assured access to enough food is termed "food insecurity." In its extreme form, results in hunger – going without food for lack of money or other resources. Food insecurity causes families to forego such basic needs as rent, utilities, and medical care in order to put food on the table. Food insecurity is a serious threat to the well-being and long-term health of poor families. There is abundant evidence that hunger and food insecurity pose substantial risks to health and large costs to society.

- ▶ Individuals who are food insecure have been shown to have poor quality diets making them vulnerable to a wide variety of diseases.
- ▶ Children living in food insecure households tend to do poorly in school with increased absences, tardiness, more school suspensions, and poorer cognitive function. Their overall health status is worse with more health problems such as headaches, colds, and ear infections than other children.
- ▶ Adolescents in food insecure households have higher rates of depressive and suicidal symptoms.

There are large numbers of children, families and workers living in the United States that do not have enough food to eat.

- ▶ In 2001, the number of Americans who were food-insecure, hungry or at risk of hunger was 33.6 million, an increase from 2000, when 33.2 million Americans were food insecure. The number of individuals who are suffering from hunger rose from 8.5 million in 2000 to 9 million in 2001. (USDA's Economic Research Service Household Food Security in the US, 2001.)
- ▶ More than 2.24 million low-income adults in California cannot always afford to put food on the table and as a result almost one out of three of these adults, 658,000, experience episodes of hunger.
- ▶ The highest rates of food insecurity are among low-income American Indian/Alaska Natives, African Americans, and Latinos.
- ▶ Undocumented immigrants are at particular risk: 35.8% of low-income adults who reported not being legal residents were food-insecure compared to 25.2% of US citizens of similar income levels.
- ▶ Prevalence of food insecurity with hunger among adults below the 200% poverty line in Ventura County in 2001 was 4.8% compared to 8.3% statewide.
- ▶ As a defense against hunger, Congress established The Food Stamp Program. Eligibility for the program is based on several factors that include income, assets, and immigration and citizenship status. However, according to the US Department of Agriculture, it reaches only 49% of eligible Californians.
- ▶ In the last decade, hunger-relief agencies have found that the greatest increase in hungry Americans has been among the working poor.
- ▶ In its Summer 2002 newsletter, Food Share a food bank in Oxnard states, "Experts say the recession is in its death throes and the economy is starting to creep upward, but the fact remains there are more hungry people today in the United States than ever before. About 100,000 of them are in Ventura County." Forty-five percent of their clientele are comprised of Latinos.

Environmental Health

Today we live in an environment that is vastly different from that of a generation or two ago. While exposure to some environmental hazards has decreased due to new regulations and increased vigilance, we continue to come in contact with chemicals in food, air, land and water. These hazards have detrimental affects on the health of the population. For example, asthma is exacerbated by air pollution and second-hand cigarette smoke; delayed development can be caused by lead in paint and contaminated drinking water, and cancers caused by radiation and benzene.

- ▶ Ventura County ranked 13 out of 58 California counties in the percent of housing that was built prior to 1960, and thus at a greater risk for lead exposure.
- ▶ Oxnard, with the largest number of Latino residents, has the largest number of housing units built prior to 1960.
- ▶ Sixty-four percent of identified lead burdened children under the age of six lived in Oxnard in 1999.

Children have substantially heavier exposures pound for pound than adults to toxins. They also are more likely to ingest toxins in dust or soil by putting their hands in their mouths and playing close to the ground exposing them to toxins in dust, soil and carpets.

Agricultural workers are also at high risk of exposure to toxins. Pesticides, herbicides, dust and plant allergies are major concerns even though enforcement of pesticide regulations has increased in recent years. Unfortunately, pesticide poisonings among farmworkers often go unreported.

- ▶ Ventura County had 119 cases of pesticide poisonings between 1991-1996 (11th in the state).
- ▶ In the Oxnard area, providers and farmworker advocates see exposure to pesticides in the fields as a major problem.

Oral Health

Recently, a spotlight has been placed on the state of oral health among the poor in the US. The Office of the Surgeon General reports that low-income and ethnic minority groups have disproportionately more occurrences of untreated oral disease than the population as a whole. Population studies in California have also pointed to unacceptable levels of dental and gum disease among the state's vulnerable populations: children, elders, non-White racial and ethnic communities and the poor.

- ▶ Tooth decay affects five to eight times as many children as asthma, making it the most common chronic pediatric disease.
- ▶ In a recent screening of Ventura County second graders, 10 out of 70 were identified as requiring emergency dental care; low-income families are most underserved and at risk of oral diseases.

Dental care services of all kinds are in short supply and too costly for the poor and uninsured. Existing public programs are not reaching their potential for expanding access to dental care for underserved Latinos.

- ▶ Among low-income children, almost 50% of tooth decay goes untreated potentially causing life-long oral and related health problems.
- ▶ Latino children are less likely than White children to make dental visits and less likely to have at least one dental sealant.
- ▶ Dental care gets low levels of expenditure and funding. All people need dental care, yet only 4% of California HMOs and no PPOs cover it.
- ▶ Only one in five children covered by Medicaid received preventive oral care for which they were eligible.
- ▶ Dental workforce shortages in some areas are a serious problem. In the cities of Oxnard, Ventura and Camarillo, there were 80,000 children and five pediatric dentists in 1998. That is 6.3 children's dentists per 100,000 children.

A Community Health Brief for Ventura County on oral health concludes that dental services in Ventura County are inadequate to meet the needs of low-income children and adults. The report stresses that County residents and agencies need to establish oral health as a priority.

ANNOTATED BIBLIOGRAPHY OF VENTURA COUNTY-SPECIFIC REPORTS

Title/Date Author/Sponsor Contact Information	Purpose	Content/ Methodology	Selected Findings	Selected Conclusions/ Comments
<p>"Challenging the Feminization of Poverty"</p> <p>Central Coast Alliance United for a Sustainable Economy (CAUSE), Women's Economic Justice Project</p> <p>www.coastalliance.com</p>	<p>Analyze the conditions of poverty among women in the Central Coast Region (Ventura and Santa Barbara Counties)</p>	<p>Analysis of feminization of poverty from race and ethnicity perspective; situation of low wage workers; analysis and policy re: poverty threshold; welfare reform; health insurance coverage; occupational safety</p>	<p>Effects of poverty on women have worsened over the last 30 years; despite strong economy, job growth is predominately in low-wage service sector; Latinos make up the majority of low-wage working poor; neglect of labor force will have negative effects on the regions economy.</p>	<p>The current measurement of poverty is inaccurate and alternatives must be sought; ending poverty among low-wage workers should be a policy priority; must shift purpose of welfare reform to reducing poverty; need additional research on health coverage in VC; need to address occupational hazards and expand health & workplace safety promotion</p>
<p>"Community Assessment Conference 2002, East Ventura County"</p> <p>California Lutheran University UCSB Economic Forecast Project</p>	<p>Regional forecast report on economy and quality of life issues.</p>	<p>Data and analysis of quality of life in Ventura County; population changes; education enrollment and performance; family health care and access to health care; public and family safety; poverty; income and affordable housing; traffic; environment</p>	<p>While people below the poverty line declined in the US, there has been an exceptionally high rise in VC; child poverty is also increasing at an alarming rate; currently Hispanics have the highest rate of birth to teenage mothers in the county and also the state; the percentage of people without health insurance is higher than the national level for both the state and county; domestic violence has increased by more than 150% since 1990 in VC despite a decline at the state level; school drop out rates in VC show significant improvement.</p>	<p>Income disparity and a growing population of Hispanics calls for a comparable emphasis on meeting this population's economic and social needs; the rise in the percentage of people without health insurance necessitates looking at the health care delivery system to explain the reasons; the comparatively low rate of low birth weight cases in VC may indicate a prevalence of better mother and child care in the county.</p>
<p>"County of Ventura, Farmworker Housing Study" August 6, 2002</p> <p>Resource Management Agency – Planning Division</p> <p>www.ventura.org/planning/farmworkers/fwh_study.pdf</p>	<p>Farmworker survey to give Board of Supervisors a profile of farmworker households and housing conditions in Ventura County.</p>	<p>Survey regarding the nature, cost and condition of farmworker housing experienced by farmworkers. Also includes analysis of trends in farm labor demand and housing needs. About 1,516 respondents: 70% male and 29% female; 76% permanent VC residents; 70% in HUD's very low-income category.</p>	<p>Sampling of housing conditions reported include: 14% of respondents lack adequate bathroom and kitchen facilities; 41% identified overcrowded housing as a problem; a sizable number reported problems with housing conditions, vermin, and inadequate sanitation.</p>	<p>While the survey indicates that the vast majority of agricultural laborers are permanent residents of VC; there are also significant numbers of migrants working agriculture who require housing. Unsafe and unhealthy conditions are the norm. There is clearly a need for improved housing conditions for farmworkers</p>
<p>In Their Own Words: Farmworker Access to Health Care in Four California Regions.</p> <p>Research Conducted by California Institute for Rural Studies Sponsored by: The California Endowment & California Program on Access to Care</p> <p>www.cirsinc.org</p>	<p>In depth analysis of the status of health services and health issues for farmworkers in California.</p>	<p>Case studies for four regions, including VC. Used secondary data and complete comprehensive health surveys of farm workers and in depth interview with workers, employers, and providers.</p>	<p>Latino immigrants face severe barriers to access health care; 55% of state's farmworkers earn less than \$7,500 annually; 70% have no health insurance; health risks are high due to the nature of living and working conditions.</p>	<p>Recommendations: 1) Design and implement one-stop centers; 2) Promote and support collaboratives; 3) Address housing; 4) Recruit and retain culturally competent health care personnel; 5) Develop effective outreach to indigenous-language farmworkers; 6) facilitate greater freedom of movement through INS "safe havens" for health care access and recreation</p>
<p>FY2003-2004 Annual Plan Update of The Rolling 5 Year Strategic Tobacco Settlement Allocation Plan</p> <p>Norma Camacho & Sheryl Palmer</p>	<p>Ventura County health needs assessment to assist Tobacco Settlement Program in setting objectives to meet its goal of supporting direct health</p>	<p>Provides data and analysis of VC demographics, health status and delivery system in context of current policy and budget situation.</p>	<p>Heart disease and stroke kill more Latinos than any other disease; relatively high percentage of Latino population diagnosed with diabetes; prevalence for obesity in VC is higher than national average with Hispanic population more</p>	<p>Growth of VC Latino population and increased poverty will demand increased cultural competence; high uninsured/underinsured population and continued lack of access will stress emergency services; prevalence of</p>

Ventura County Executive Office 805-677-8761 805-654-2523	care services and prevention programs.		affected; 16% of VC population or 120,000 is uninsured; number w/o dental insurance is higher than those w/o medical insurance; growing number of mentally ill youth and lack of housing for mentally ill are priorities.	heart disease, cancer, diabetes, and obesity need to be reduced; lack of mental health support services stresses safety net and public safety systems; California currently entering a statewide healthcare crisis.
"Maternal Child Adolescent Health, Community Health Assessment and Local Plan 2000-2005" Ventura County Public Health	Needs assessment to form five-year plan for VC County Public Health MCH division.	Year-long review of MCH needs including literature review and interviews with key informants. Undertook problem identification and prioritization process to create plan focusing on six selected priorities.	Hispanics are less likely to enter prenatal care in their first trimester than other groups in VC; Hispanic teens have disproportionate share of teen births—percent is highest in Oxnard; VC ranked 13 of 58 Cal. Counties in housing at greater risk for lead poisoning—greatest percent in Oxnard;	Selected priorities: Family violence; perinatal substance abuse; access to care; childcare and health linkages; adolescent health and environmental health.
"Meeting the Challenge: Extending Health Coverage to Ventura County's Uninsured Working Families" March 2001 Maricela P. Morales and Rigoberto Vargas Central Coast Alliance United for a Sustainable Economy (CAUSE) www.coastalliance.com	Health care access report by the Ventura County Living Wage Coalition Health Coverage Task Force presented to VC Board of Supervisors to call attention to the lack of adequate health coverage for working families.	Reviews literature and data on the problems, causes and implications of inadequate health insurance coverage for the working poor.	There is a disturbingly high percentage of uninsured in Ventura County—estimated in one report to be 18% or 134,000 county residents; uninsured are mainly working poor and Latino; 38% of Latinos compared to 13% of Whites in California are uninsured; small businesses least likely to offer insurance; in VC 94% employers are small businesses; other barriers include cost, complicated requirements; cultural disparities; VC spent \$22 million in 1998 to cover indigent care.	Outreach education and technical assistance efforts need to be intensified to address the complexity of obtaining health insurance for all consumers, including employers; current public health coverage programs should be integrated and expanded; living wage ordinances will provide an incentive to employers to offer insurance; additional research is needed on the uninsured; the extent to which employers provide insurance, and the cost of health plans in the region.
"Community Needs Assessment: Health Care Survey of Ventura County" April 2000 Economics Research Center, California Lutheran University	Community Needs Survey to evaluate existing community needs and measure progress. Previous surveys in 1995 and 1997.	Telephone survey of random sample of VC residents; 1,082 surveys conducted in both English and Spanish; 20.5% of respondents identified themselves as Hispanic/Latino; 85 questions cover a range of topics from accessibility of services, child health, specific health problems and concerns; lifestyle and preventive care.		
"2002 Community Health Status Report" Ventura County Public Health www.vchca.org	Annual health status report issued by Ventura County Public Health, a division of the Ventura County Health Care Agency	Data and comments providing information about VC demographics; health insurance coverage; death, injury and environmental health; communicable diseases; health issues over the years; and emerging health issues. Limited data is segregated by ethnicity.	There were an estimated 104,870 uninsured individuals of all ages in VC in 1997 (14% of population); calls for domestic violence assistance in VC occurs at a rate of 11.3, which is higher than state's rate of 7.6; low-income persons are most at risk of the hepatitis C virus, the second most commonly reported disease in VC; the Hispanic population is substantially below federal goals of first trimester entry into prenatal care; in 2000 VC experienced the highest rate of low birth rate babies in the past 10 years; adolescent pregnancy is a considerable problem among Hispanics in VC; 68% of the children in Oxnard tested for lead	na

			poisoning had elevated blood levels; the percentage of obesity in youth has doubled in the past 30 years, which is a major issue among low-income Hispanic children; diabetes disproportionately affects older people and racial minorities	
"Nurturing a Community of Safety, Peace and Health – Strategic Plan 2001-2006 – History, Process and Development" Ventura County Family Violence Prevention Partnership	Needs assessment to inform strategic plan for the Ventura County Family Violence Prevention Partnership	Includes analysis of data on family violence (domestic, child and elder abuse) and findings from service provider surveys; quick intercept street survey; and teen focus group. Service providers queried regarding cultural competency and public on perceptions of prevalence of and responses to abuse.	Majority of agencies surveyed indicated concern about cultural diversity/ competence and the need for more information, bilingual/bicultural staff; and training on outreach and family violence. 58% of the street intercept respondents were Latinos and 70% of those felt that their ethnic group was most affected by family violence; a significant portion of the total respondents (n=561) did not know of resources for family violence assistance; nearly half of the teens (n=34) were afraid about safety.	The resulting Strategic Plan includes strategies in five domains: collaboration and coordination; systems development and integration; communications, media and community outreach; education and training; and program development.
"A Community Health Brief for Ventura County – Oral Health" September 2002 Ventura County Public Health California Lutheran University, School of Business www.ventura.org/healthycom	Summary of issues and needs to promote oral health in Ventura County issued by Ventura County Public Health, a division of the Ventura County Health Care Agency	The report describes the state of oral health care and problems faced by underserved populations. Includes information on oral health status; early intervention; water fluoridation; access to dental care.	In a recent screening of second graders, 10 out of 79 were identified as requiring emergency dental care; low-income families are most underserved and at risk of oral disease; among low-income children almost 50% of tooth decay goes untreated potentially causing life-long oral and related health problems; dental workforce shortages exist in some areas of VC.	While some headway has been made in providing early intervention services for children, county services are woefully inadequate to meet the needs of low-income children and adults. County residents and agencies need to establish oral health as a priority.
"A Community Health Brief for Ventura County – Communicable Disease" December 2002 Ventura County Public Health California Lutheran University, School of Business www.ventura.org/healthycom	Summary of issues and needs to reduce the prevalence of communicable diseases in Ventura County issued by Ventura County Public Health, a division of the Ventura County Health Care Agency	Report describes the communicable disease prevalence and health care challenges in VC. Includes information on the ten top infectious diseases in VC; food borne and sexually transmitted diseases and bioterrorism.	51% of communicable disease cases in 2001 were sexually transmitted infections; chlamydia is the most frequently reported with teenage girls having the highest rates and infection common with poor, young women; TB remains a serious public health threat in VC, California has the highest number of TB cases and the second highest rate in the U.S, rates among Latinos, African Americans, Asians and American Indians are 6-10 times higher than for non-Latino Whites; While AIDS incidences in VC are lower than the state's, both have steadily increased with the highest incidence rates in VC for Latinos and African Americans.	Expand existing systems for immunization registries to include more underserved groups; find the true extent of disparity in health status among socio-economic, racial and ethnic groups; find ways to address the burden of infectious diseases for underserved groups; upgrade HIV/AIDS and STD health education in schools; expand hepatitis C detection and prevention.
"A Community Health Brief for Ventura County – Chronic Disease" January 2003 Ventura County Public Health California Lutheran University,	To provide information to county policy makers about chronic disease prevalence and health care challenges. Report issued by the Chronic Disease Prevention Partnership of	Report describes the economic and social burden of chronic diseases on people from different age groups, genders, ethnicities and living environments; describes risk factors and importance of addressing lifestyle behaviors that cause chronic problems	The burdens of chronic diseases fall disproportionately on women and racial minorities; a large segment of California teens are at high risk of chronic disease due to poor eating habits and physical inactivity; childhood obesity are consistently higher in the State and VC	Increasing obesity and type 2 diabetes among children, especially low-income children is of utmost concern. VC needs to find innovative ways to promote healthy lifestyles, develop good health habits and opportunities for early detection, reduce obesity among

School of Business www.ventura.org/healthycom	Ventura County under the auspices of VC Public Health	and the need for early identification and detection. Limited VC data with some ethnic-specific data.	than the rest of the US; a higher percentage of Latino children suffer from obesity than other ethnicities; more Latinos face barriers to adopting health-healthy lifestyles due to language, cultural differences and lack of health insurance; Latinos and other ethnic and racial groups are at particularly high risk for Type 2 diabetes and gestational diabetes; the number of Latinos diagnosed with diabetes is much higher in the 18-44 age group than in other ethnic groups; Latinos need access culturally competent diabetes screening; Black and Latino children had worse asthma status and less use of preventive medications than White children.	all children, especially Latino children and to increase use of preventive asthma medications and early diabetes detection among the county's Latino population.
"The 2003 Community Profile of Health and Human Services in Ventura County" California Lutheran University ww2.clunet.edu/CLV/DB/hhsprofile.asp	Online resource that provides researchers, students, community leaders and agencies access to in-depth data about the county and its socio-economic characteristic.	Extensive database of current quantitative data covering: demography, socio-economic conditions, dependency issues, education, food/shelter, financial assistance, employment, healthcare, public safety, recreation, environmental indicators, real estate and housing affordability. Ethnicity statistics in most areas. A "Snapshot" report is available that compares data over 1990-2002.	NA	NA
"The State of the Region, Ventura County 2002" Regional Civic Alliance for Ventura County, A Collaborative Regional Initiative of the Ventura County Community Foundation Funded by a Grant from The James Irvine Foundation www.vccf.org/regionalcivic	Provide information for regional planners and organizations regarding quality of life, and to serve as a baseline to measure progress in the future.	Snapshot of the quality of life in VC containing 58 different statistical indicators including demographic and income data followed by statistical indicators in 12 domains: agriculture, civic engagement, cultural and recreational resources, economy, education, environmental quality, land use and housing, natural resources, public health, public safety, social services and transportation.	Each indicator includes a description of why the measure is important and how we are doing. Selected findings include: Schools in Oxnard, El Rio, Santa Paula, and Fillmore, where the majority of population is Latino, are the lowest performing schools in the county; 12.4% of the county's households were overcrowded in 2002 compared to 28%-31% in the mostly Latino cities; the child obesity rate in VC is above that for US, though somewhat below rates for other counties in the state; a tremendous unmet need for childcare exists in the county.	NA
"Ventura County HIV/Aids Care Consortium Needs Assessment Report" October 1999 Joyce E Jones and Gloria Chinea VCCF Library	Report of findings from the HIV/AIDS Summit conducted by the HIV Care Consortium on September 25, 1999.	Summary findings and notes from Summit, includes overview of statistics and issues by several speakers and group discussion regarding most important needs of people with HIV/AIDS, how services can be improved and where gaps exist. Addresses needs for English and Spanish speaking patients.	In 1999 the HIV/AIDS Center of VCMC saw an increase in Hispanic male patients with moderate to advanced cases of AIDS; women represented 8% of the patients in 1998 and a year later represented 20%.	The number of persons living with HIV/AIDS in the Latino community is increasing steadily; need more Spanish speaking outreach workers and medical staff. Also, a critical need exists for culturally relevant HIV/AIDS information.
"Overview of the Uninsured,	The Insure the Uninsured	Collection of available data on the	14% of VC total population is uninsured;	NA

<p>Ventura County 2002"</p> <p>Megan Hickey, Insure the Uninsured Project - Funded by Grants from The California Wellness Foundation and The California Endowment www.work-and-health.org</p>	<p>Project was established to serve as a forum for health care leaders seeking to increase coverage for the uninsured in CA. The organization provides data and special reports for regions in the state.</p>	<p>uninsured, health care coverage and the delivery system in Ventura County.</p>	<p>Hispanics comprise 56% of the uninsured and 72% of community clinic patients in county; VC has twelve community clinic sites with Clinicas de la Comunidad de Oxnard serving the most uninsured patients, followed by Planned Parenthood.</p>	
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COMMUNITY INPUT ON LATINO HEALTH NEEDS IN VENTURA COUNTY

In addition to the literature review, community input was gathered on priority health needs for Latinos in Ventura County. Besides the Study Advisory Committee, nearly 60 people were consulted including health care officials, service providers, Latino health outreach workers, and consumers. Input was collected from four focus groups and from surveys e-mailed to health and human service organizations on the Community Foundation's list serve.

Community participants in the study were asked to comment on the following questions:

- Which population groups among Latinos in Ventura County are most underserved and what are the most critical gaps in services and programs to meet those needs?
- What strategies realistically hold the most promise of overcoming the major barriers to health care access (e.g., cost, language, transportation, knowledge, etc.)?
- What are the most significant and pressing health problems among Latinos in Ventura County that need focused attention by funders and health professionals?
- What strategies do you feel are most effective in preventing health problems and maximizing healthy lifestyles among Latinos in Ventura County?
- If you could suggest priority health issues for funding by the Destino Fund, what would they be?

The discussion and ideas provided by the participating respondents were extremely rich and informative. This section attempts to summarize their comments and identify areas of strong agreement.

Which population groups among Latinos in Ventura County are most underserved and what are the most critical gaps in services to meet those needs?

“There is a huge number of working poor who don’t make enough money to buy health insurance but make too much to qualify for Medi-Cal or anything else....they are caught in the middle.”

“I am most concerned about the indigenous population. They have a completely different language and often don’t speak Spanish or English. Outreach and more interpreters are needed; there are only a few interpreters for this group in Ventura County.”

“Lack of dental care for children is a real problem. Even children eligible for Healthy Families and Medi-Cal don’t get the treatment they need.”

“Nutrition and health education are major needs...I still see parents putting babies to sleep with bottles of sugar water in their mouths, going hungry or eating cereal for dinner.”

“Everything is complicated by having a disability...it is a challenge for us to reach Latino consumers...more outreach is needed to link them up with existing resources...we need help adding bilingual staff.”

Survey and focus group respondents most frequently mentioned the “working poor” as one of the most underserved populations among Latinos in Ventura County. Included are adults who work in low-wage occupations where salaries are barely adequate to support a family’s basic needs. The working poor are often uninsured because they cannot afford health insurance and, in most cases, do not qualify for Medi-Cal or other public assistance. Low-wage workers who are medically indigent include farmworkers (most often mentioned), manual laborers, service sector employees, and child-care providers. Many are illiterate and monolingual adults for whom language and interpretation assistance are needed. Health care access is a critical concern for recent immigrants, especially those who are undocumented. They have multiple problems not only in obtaining needed services but also in meeting basic needs for food, housing and safety. Also frequently mentioned were the Mixteco and other indigenous-language immigrants living in extreme poverty. Very few health care programs have the language and other capabilities needed to reach and serve this new and growing immigrant population in Ventura County.

These groups lack access to the full continuum of health care services from health education, prevention, early intervention, primary care, specialty services and assistance in managing chronic conditions. They lack information about not only where to find needed services, but also when to seek care, and how to appropriately utilize health care. They also need low or no cost preventive services such as exercise classes, nutrition education and stress reduction programs. Respondents continually stressed the importance of making health screenings and immunizations easily available and having adequate referral and follow-up systems in place when problems are detected. Latinos living in poverty regularly have emotional and stress-related problems that go untreated and often will “self-medicate” with drugs and alcohol. They need mental health services that are affordable and accessible as well as culturally and linguistically appropriate.

Other priority populations with special unmet needs include the youngest and oldest age groups. Health education for parents of young children, dental care and testing were mentioned as services most in demand for children. Adolescents are another underserved group whose health is threatened by poor nutrition, lack of exercise, unprotected sex and other high-risk behaviors. Of major concern was young Latina girls getting pregnant at early ages.

Latino elderly are often very isolated and unable to get needed services for a variety of reasons. An increasing number of Latino elders need assisted long-term care but are hampered by the lack of appropriate alternatives and by their families’ cultural stigma in asking for outside help to care for elderly family members. It was also mentioned that elderly poor have difficulty affording prescription drugs.

Families living in crowded housing and single parent households as well as other low-income families impacted by multiple problems were identified as high-risk groups. Some of the problems they experience include family dysfunction, depression, family violence, teen pregnancy, food insecurity and substance abuse. Services needed are counseling guidance, substance abuse treatment, support in healthy decision-making, life skills and parenting training. Respondents acknowledged that few bilingual, culturally competent family-centered mental health services are available in Ventura County. In addition, hunger and poor nutrition is a real problem for poor families in general, and particularly difficult for families living in crowded and substandard housing where kitchen facilities are inadequate.

Latinos with disabilities were also mentioned as an underserved group. People with disabilities need help in order to function to their fullest capacity and, in some cases, remain independent. More bicultural, bilingual outreach services are required to link them with existing resources.

What strategies realistically hold the most promise of overcoming the major barriers to health care access?

“Access to medical care is understandably daunting to people who have had limited or no experience with it. Resistance and fear can build unless the “system” is demystified for Latinos.”

“We have found that many families eligible for Medi-Cal coverage with ‘limited service’ benefits do not understand that Medi-Cal only covers some types of services. Diagnostic or emergency room services for urgent care problems are not covered.”

“I’ve been seeing a lot of patients with advanced cancer that didn’t get tested or screened soon enough. A big problem is lack of knowledge about where and when to seek help...need to find more effective outreach and early intervention strategies.”

Study respondents were asked to identify promising strategies to address the most prevalent barriers to health care access including:

- Cost
- Language and Culture
- Availability (Supply and Distribution)
- Transportation
- Knowledge and Awareness
- Attitudes and Beliefs

A range of strategies were discussed, however two predominate themes emerged. First, bring more health care services into Latino neighborhoods by increasing the use of mobile units and existing sites such as schools, churches, and Neighborhood for Learning Centers. Since fear and intimidation is often a deterrent from seeking care, many respondents pointed to the importance of identifying institutions and people that are trusted and considered safe by Latino immigrants. While the concept of centralized “one-stop” service centers is not new, shoring-up existing programs and expanding them in un-served communities continues to be an essential strategy for increasing Latino access to health care services. Also, neighborhood-based health programs need help in finding and training bilingual and bicultural staff and health care professionals. In addition, expanding hours and adding childcare to accommodate working families should be considered.

The second major theme called for increasing the use of lay outreach workers or promotoras/es. Bringing health education and service referral directly to underserved Latinos can be accomplished cost-effectively by using paid trained paraprofessional health educators who are respected and trusted community members. Enlisting outreach workers and interpreters from the indigenous-language groups is an essential strategy for increasing access for this medically indigent population. Similarly, several respondents suggested that underserved groups typically need help navigating the health system and knowing their rights. Thus, increasing the number of case managers, ombudsmen, and/or patient advocates is advisable.

In addition to these two themes, other suggestions for addressing cost impediments included increasing utilization of Healthy Families, Medi-Cal, and other public programs; identifying ways to use Children and Families First Commission (Proposition 10) funding to address health care cost issues; supporting clinics in offering loan and installment programs for those patients with no insurance; and exploring models of providing affordable health insurance for uninsured families and individuals.

Interventions that would reduce language barriers to health care might include improving interpreter services, hiring more bilingual staff and enhancing the cultural competence of providers. Trained interpreters are essential staffing additions since communication errors and misunderstanding can occur when untrained people such as family members or friends attempt to interpret medical information. On the other side of the equation, some suggested that more English-as-a-second-language (ESL) instruction is needed.

Knowledge and awareness of where and when to go for assistance were considered critical impediments to obtaining medical care. Once again, community based outreach and education strategies were favored. Strategies for expanding Latino residents' knowledge and awareness about health and health care services included: creatively using Spanish-language media and advertising venues; and working with churches, schools, employers and health care providers to distribute specially tailored information.

Some respondents commented that Ventura County's public transportation is too costly and inadequate in meeting the health-related transportation needs of low-income Latinos. Suggestions included increasing hours and routes for buses, creating shuttle and van pick up services, offering free bus tokens for medical-related travel, installing shaded benches at major transfer points and, for older adults who no longer drive, offering satellite service by local dial-a-ride to out of area medical facilities.

Another impediment to health care access involves cultural beliefs and attitudes, which affect how a person views health and seeks assistance. One area mentioned by several respondents was the stigma related to family violence and mental illness in which "pervasive patterns of intra-familial violence and cultural responses stress keeping family matters private and keep many from seeking services. Community education is needed to combat the "code of silence" and counter the stigma of admitting the need for help. "

What are the most significant and pressing health problems among Latinos in Ventura County that need focused attention by funders and health professionals?

"Culturally sensitive education is needed to assist families to stop the cycle of alcohol and substance abuse. Being proactive can also prevent injury and violence in the home."

"Many forms of cancer are easily treated if detected early...early detection can stop the disease but if undiagnosed the treatment is more costly and death can result."

"Dental pain/issues are among the top three reasons for school absences among elementary age children. Parent and child education and access to dental care could reduce the tendency to put dental hygiene and care at the bottom of their "to do" list."

“Diabetes is at epidemic proportions among Latinos. Offering low, or ideally, no cost nutrition counseling and exercise classes would be a good step in controlling the condition.”

“Latino community has very little understanding about mental illness and dementia.”

“The biggest health factor in our entire population is obesity...with education and direct help more fruits/vegetables and cardiovascular activities could be introduced to change lifestyle habits.”

Community respondents were given a list of health problems and asked to identify the five most significant health problems among Latinos in Ventura County. The grid below identifies the top health problems they identified.

Ethnic Health Problems Ranked 1st, 2nd, or 3rd by at Least One Group
(Based on Number (#) of Votes)

Health Problem Ranked 1, 2 or 3 by at least one group	Survey Respondents		Seniors		Promotores		Service Providers		Service Providers	
	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#
Alcohol and Substance Abuse	1 ST	16					3 RD	3	2 ND	5
Cancer	7 TH	5			1 ST	4				
Dental Health	3 RD	12	4 TH	2	3 RD	2	1 ST	5	2 ND	5
Diabetes	2 ND	14			2 ND	3	3 RD	3	3 RD	4
Heart Disease			3 RD	3	3 RD	2				
Hunger and Poor Nutrition	5 TH	7			3 RD	2	2 ND	5	4 TH	3
Family Violence	6 TH	6			1 ST	4	2 ND	5	4 TH	3
Mental Illness	4 TH	8	1 ST	6			2 ND	5		
Obesity	3 RD	12	2 ND	4	2 ND	3	4 TH	2	4 TH	3
Teen Pregnancy	4 TH	8							1 ST	7
Unsafe Work and Living Environments	3 RD	12					3 RD	3		

What strategies do you feel are most effective in preventing health problems and maximizing healthy lifestyles among Latinos in Ventura County?

“The training of more para-educators that know their communities, language and dialects is needed.”

“Bring information into Latino communities, use surroundings where they feel most comfortable, and make information understandable...use trained outreach workers.”

“Work through existing organizations that already have a strong Latino base to provide education and preventive programs such as exercise classes and health screenings at no or low charge.”

Much of the discussion of this question reemphasized strategies suggested above under increasing access to health care services. Once again, the themes involved bringing services and information into Latino neighborhoods, using community-based institutions, and maximizing the use of lay outreach workers and health educators. The main points are summarized below:

- Use community settings
- Train more lay health educators and outreach workers
- Integrate health education into existing community services
- Address education and literacy needs of population
- Support more health prevention and early intervention
- Ensure that referrals and follow-up treatment is linked to screening
- Expand school-base nutrition and exercise efforts
- Use mass media and peer educators to build trust
- Expand case management, referral and navigation services
- Provide assistance in applications and appeals for health benefits

If you could suggest priority health issues for funding by the Destino Fund, what would they be?

Finally, both focus group and survey respondents were asked to rank the top six issues (service gaps, health conditions or effective strategies) as possible focus areas for Destino grantmaking. The top-ranked issues most often suggested include:

- Family violence, anger management, parenting and family counseling
- Counseling services for depression, stress related problems
- Mental health services
- Substance abuse prevention and treatment
- Health education and outreach, expand use of promotores
- Screening for chronic conditions linked to follow-up treatment
- Language access, expansion of bilingual and bicultural health services, including interpretation
- Primary care access
- Expansion of health services for uninsured
- Expansion of Healthy Families, Medi-Cal and other low-cost health insurance
- Special services and interpretation for indigenous groups

- Farmworkers' health
- Teen pregnancy prevention
- Sex education, contraception and family planning
- Dental services—all ages
- Obesity prevention—nutrition and exercise
- Diabetes prevention and disease management
- Cancer support services for patients and their families
- Elder care
- Unsafe living and working environments

STUDY COMMITTEE RECOMMENDATIONS TO DESTINO VISION COMMITTEE

A core element of this needs assessment was the establishment of a community health study committee to oversee the assessment process, analyze findings, and recommend priority issues to Destino's Vision and Grants Committees. Committee members were carefully selected to bring together a group of subject matter experts with deep knowledge and diverse perspectives on the range of issues and needs facing Latinos in Ventura County.

A central role for the committee was to verify the findings from the literature review and community input, and to use this information, along with their own knowledge, to recommend five to ten funding priorities for Destino's grantmaking. This list of high-priority Latino health issues will then be presented to Destino founders and donors to select the specific funding focus for 2004 and 2005.

After considerable discussion, the Study Committee chose a specific target population and a series of promising strategies to be supported and emphasized by Destino's grants program. Then the Committee developed a list of eight high-priority health issues to be included on the issue ballot used by donors and founders in selecting the grantmaking focus. The recommendation is as follows:

Target Population

It is recommended that Destino's grants focus on assisting the working poor and their families who are uninsured or underinsured. Priority will be given to monolingual individuals, farmworkers, and recent immigrant groups, with a particular emphasis on Ventura County's indigenous-language populations.

Grantmaking Goals

The goal of Destino's health grants is to enhance the health of underserved Latinos in Ventura County by increasing access to health education, preventive care, screening services and early detection leading to appropriate treatment and follow-up as needed. We believe that the most effective way to achieve this goal is to expand knowledge among this group of existing resources, to promote healthier lifestyles and to provide services in culturally and linguistically sensitive ways.

Preferred Strategies

Destino funding will be awarded to high-quality projects promoting one or more of the following strategies:

- ▶ Increase language access and cultural competency through addition of interpretation services, bilingual/bicultural staff positions and/or cultural competency training.
- ▶ Expansion of paid paraprofessional outreach and health educators (i.e. promotores), case managers and patient advocates.
- ▶ Bring needed health information and services into Latino neighborhoods and workplaces through mobile units and community-based institutions including schools, churches, health clinics and community centers.

Priority Health Issues

Chronic Diseases: Support health education, prevention, screening and disease management for the following four chronic conditions affecting Latinos in Ventura County: diabetes, heart disease, cancer and obesity.

Communicable Diseases: Support health education, immunizations, screening and treatment referrals for communicable diseases prevalent among Latinos in Ventura County with an emphasis on hepatitis, HIV/AIDS, sexually transmitted diseases and influenza.

Family Strengthening: Support family counseling, mental health services, anger management, parenting and other support services to address problems leading to domestic violence, child abuse and family dysfunction.

Nutrition and Hunger: Support nutrition education and access to healthy food for families and individuals who go without food for lack of money or other resources.

Oral Health: Support the expansion of oral health education and free dental services with an emphasis on children and adults not currently served by existing programs.

Substance Abuse: Support education and early intervention programs that can effectively prevent and/or treat the abuse of alcohol, tobacco and/or drugs among Latinos in Ventura County.

Teen Pregnancy and Parenting: Support health education, prevention and support services to ensure appropriate prenatal care and support for pregnant teens as well as parenting skills, child health assistance and life-skills education for young parents.

Women's Health: Support health education, outreach, screening and referral services with an emphasis on prenatal care, gestational diabetes, annual gynecological exams, menopause and osteoporosis.

ATTACHMENTS

- (i) Latino Health Needs Assessment Plan**
- (ii) Study Advisory Committee Roster**
- (iii) Latino Health Needs Survey**
- (iv) Community Respondents**

**THE VENTURA COUNTY COMMUNITY FOUNDATION
DESTINO 2000: THE HISPANIC LEGACY FUND**

**LATINO HEALTH NEEDS ASSESSMENT PLAN
May 2003**

Background: In 2003, the Ventura County Community Foundation received funding from The California Endowment's Focus Funders Program to support Destino 2000: The Hispanic Legacy Fund. The grant supports a series of activities over the next two years aimed at strengthening Destino's organizational and grantmaking capacities. The Focus Funders Program seeks to expand Destino's financial resources, knowledge, leadership and community partnerships with the goal of increasing the quality and accessibility of health and human services for underserved Latino communities in Ventura County.

Needs Assessment Purpose and Objectives: The two-year plan calls for a Latino health needs assessment to be conducted in summer and fall 2003. The information gathered by this assessment will help the Destino Vision and Grants Committees and Destino Founders and Donors who complete the issues ballot, in identifying and strategically responding to high-priority Latino health issues. This information is intended to inform the Fund's grantmaking, community education, leadership development and donor involvement activities directed toward improving Latino health in Ventura County. The objectives set out in the plan include:

- Develop a Latino community health study committee to oversee the assessment process, analyze findings, and recommend priority issues to Destino's Vision and Grants Committees.
- Identify existing studies and needs assessments addressing Latino health and well-being in Ventura County.
- Conduct focus groups and interviews with Latino community leaders, health care providers and professionals, and local health experts to determine major issues, service gaps, and how to target Destino Funds to have the greatest impact.
- Educate Destino donors and other potential partners about Latino health needs and promising community responses to meeting those needs.

Leadership: Destino's Vision Committee and the Community Foundation's Program and Grants Committee share responsibility for monitoring progress and assessing the outcomes of the Destino Fund's Capacity Building Plan funded by The California Endowment. A special, ad hoc Study Committee made up of health providers and professionals with diverse expertise on Latino health issues will be organized to oversee the needs assessment in summer/fall 2003. The Study Committee is expected to meet three times. The first and second meetings will be to inform the scope of the study, identify existing reports, plan focus groups and interviews. Finally, the Study Committee will meet to review the study results and select the five-ten top issues to be included in Destino's health issues ballot from which Destino Founders and Donors will vote on health grantmaking priorities. These grantmaking priorities will be further vetted and developed into a request for proposal by Destino's Grants Committee, which is responsible for conducting the annual grants program.

STUDY ADVISORY COMMITTEE ROSTER

NAME	ORGANIZATION
Dr. Gabino Aguirre	Community High School
Gloria China	St. John's Regional Medical Center
Esperanza Gonzalez	Westminster Health Clinic
Dora Gonzalez	Attorney/Pharmacist
Elvia Guizar, RN	Ventura County Public Health
Yvonne Gutierrez	El Concilio Del Condado De Ventura
Benito Juarez	Services United
Roberto Juarez	Clinicas Del Camino Real
Hank Lacayo	Destino Vision Committee
Petra Luna	CMH Center for Family Health
Bonnie Midura	The California Endowment
Maricela Morales	CAUSE
David Rodriguez	American Lung Association
Ramona Tovar	National Association For Seniors
Rigoberto Vargas	Ventura County Public Health
<u>Staff:</u>	
Julie Drezner	Study Consultant
Jovita Valdez	Destino Program Director

**Ventura County Health and Human Service Providers
Latino Health Needs Survey**

Health Needs and Priority Populations

1. Which population groups among Latinos in Ventura County are most underserved and what services are most in demand?

2. In your opinion, what are the most critical gaps in services and programs to meet those needs?

3. What strategies realistically hold the most promise of overcoming the following major barriers to health care access? *Note: Please add other barriers you feel need to be addressed*

Barrier	Please Identify Promising Strategies
Cost	
Language	
Availability (Supply and Distribution)	
Transportation	
Knowledge and Awareness	
Attitudes and Beliefs	
Other:	
Other:	

4. In your opinion, what are the five most significant and pressing health problems (i.e., physical and mental health conditions) among Latinos in Ventura County that need focused community attention by funders and health professionals? *Please check five priority issues below that require more attention (prevention and/or intervention) and briefly comment on what is needed and why?*

- AIDS/HIV_____
- Alcohol and Substance Abuse_____
- Asthma_____
- Cancer_____
- Dental Health_____
- Depression and Stress-Related Problems_____
- Diabetes_____
- Exposure to Toxins_____
- Heart Disease_____
- Hunger and Poor Nutrition_____
- Hypertension_____
- Injury and Violence_____
- Mental Illness_____
- Obesity_____
- Problem Pregnancies and Birth Defects_____
- Sexually Transmitted Diseases_____
- Suicide_____
- Teen Pregnancy_____
- Tobacco Use_____
- Unsafe Work and Living Environments_____

5. Are there other physical and/or mental health problems not listed above that you feel are equally important and need more attention by funders and health professionals?

6. Do you feel that more investment is needed in prevention, health education and early intervention activities that are accessible and culturally competent?

Circle your answer: **Yes** **No**

7. What strategies are most effective in preventing health problems and maximizing healthy lifestyles among Latinos in Ventura County?

8. In what specific areas are improvements needed in the treatment and management of patients with physical and/or mental health conditions?

Funding Priorities for VCCF's Destino Fund

The Destino Fund provides small grants to support nonprofit, community-based services and programs for Latinos in Ventura County. Over the next two years, the Fund will focus its funding on priority health and health care needs of Latinos in Ventura County.

9. If you could suggest six priority health issues (service gaps/barriers, health conditions and or effective strategies) for funding by Destino, what would they be?

Please rank the top six issues in order of importance with #1 being the most critical

- # 1. _____
- # 2. _____
- # 3. _____
- # 4. _____
- # 5. _____
- # 6. _____

10. Do you have any other comments you would like shared with VCCF and its Destino Fund's leadership?

Organization Name: _____

Address: _____

Representative: _____ **Title:** _____

Telephone: _____ **E-mail:** _____

Please return this questionnaire by August 29, 2003 to:
Jovita Valdez, Destino Fund Program Director at
Ventura County Community Foundation 1317 Del Norte Road, Ste.150
Camarillo, CA 93010
E-mail: jvaldez@vccf.org

Thank you

Attachment (iv)

COMMUNITY RESPONDENTS

July 16th Study Advisory Committee Group

Gloria China, St. John's Regional Medical Center
Dora Gonzalez, Attorney/Pharmacist
Esperanza Gonzalez, Westminster Health Clinic
Hank Lacayo, Destino Vision Committee
Petra Luna, CMH Center for Family Health
Maricela Morales, CAUSE
David Rodriguez, American Lung Association
Ramona Tovar, National Association for Seniors
Rigoberto Vargas, Ventura County Public Health

August 20th Service Providers Group

Kenny Aragon, Livingston Memorial Visiting Nurse Association
Barbara Marquez O'Neil, Partnership for Safe Families
Emperatriz Pinedo, Ventura County Public Health Education Services
Kathy Sube, Ventura County Medical Resource Foundation
Virginia Tirado, La Escuelita & Fillmore Migrant Child Devpt. Center
Martha Torres, Interface Children's Resource Program

August 28th Service Providers Group

Jo Black, Independent Living Resource Center
David Davidson-Methot, Turning Point Foundation
Alicia Flores, El Concilio Del Condado De Ventura
Maria Hamilton, Simi Valley Methodist Church
Benito Juarez, Services United
Fernando Medina, Santa Paula Family Resource Center
Rosie Rodriguez, Sheridan Way Child Development Center
Selfa Saucedo, Ventura County Public Health Services
Veronica Vargas, Coalition to End Domestic Violence

August 20th Promotoras/Promotores Group – 10 attendees

September 3rd Latino Seniors Group – 10 attendees

Respondents to Survey

Betty Alvarez Ham, City Impact
Kenny Aragon, Livingston Memorial Visiting Nurse Association
Jo Black, Independent Living Resource Center
Ellen Braff-Guajardo, California Rural Legal Assistance
David Davidson-Methot, Turning Point Foundation
June English, Ventura County Public Health
Doug Green, Ventura County Community Foundation
Holly Ha, The Salvation Army, Oxnard/Port Hueneme
Maria Hamilton, Simi Valley Community Care Center
Anne Hansen, Hospice of the Conejo
Benito Juarez, Services United
Kathy Kramer, Kramer Consulting
Fernando Medina, Interface/Santa Paula Family Resource Center
Patty Muskat, Boys and Girls Club of Simi Valley
Mary Nason, The Wellness Community Valley/Ventura
Ernie Rodriguez, Alzheimer's Association
Roseanna Rodriguez, Sheridan Way Child Development Center
Alice Romero, American Cancer Society
Peggy Rothschild, Moorpark Senior Center
Selfa Saucedo, Ventura County Public Health Services
Nancy Thompson, Ojai Valley Community Hospital
Virginia Tirado, La Escuelita & Fillmore Migrant Child Development Center
Charlotte Torres, First 5 Ventura County
Caroline Turner, Santa Barbara-Ventura County Dental Society
Ann Ver Planck, ALS Association-Greater LA Chapter
Virginia Weber, VC AIDS Partnership

Prepared By:

Julie Drezner and Kathy Jones, The Drezner Group;
Jovita Valdez, Destino :The Hispanic Legacy Fund; and
The Latino Health Study Advisory Committee