



2003 NEEDS ASSESSMENT RECOMMENDATIONS

OBJECTIVES

- **EXPAND** paid paraprofessional outreach and health educators (i.e. promotores), case managers and patient advocates.
- **INCREASE** language access and cultural competency through addition of interpretation services, bilingual/bicultural staff positions and/or cultural competency training.
- **PROVIDE** 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 prevention, screening and disease management for the following four chronic conditions: diabetes, heart disease, cancer and obesity.

COMMUNICABLE DISEASES: Support health education, immunizations, screening and treatment referrals for communicable diseases prevalent among Latinos 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.

WOMEN'S HEALTH: Support health education, outreach and referral services with an emphasis on prenatal care, gestational diabetes, annual gynecological exams, menopause and osteoporosis.

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.

SUBSTANCE ABUSE: Support programs that can effectively prevent and/or treat the abuse of alcohol, tobacco and/or drugs.

ORAL HEALTH: Support the expansion of oral health education and free dental services with an emphasis on underserved populations not currently served by existing programs.

FOOD INSECURITY 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.

This study is made possible by a generous grant from The California Endowment to strengthen Destino's organizational and grantmaking capabilities with a special emphasis on health care to underserved Latinos. The Ventura County Community Foundation and Destino 2000: The Hispanic Legacy Fund are most grateful for the support of The California Endowment and for the chance to share this information with a wider community. To view the complete Latino Health Needs Assessment Report, please visit http://vccf.org/download/Full_Report.pdf or contact Susan Clements at 805-988-0196, ext. 115.

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DESTINO: THE HISPANIC LEGACY FUND

A PROGRAM OF THE VENTURA COUNTY COMMUNITY FOUNDATION

VENTURA COUNTY LATINO HEALTH NEEDS ASSESSMENT A SUMMARY OF THE HEALTH STATUS OF VENTURA COUNTY LATINOS

What is health? A guiding assumption 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.

This summary of 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. The main purpose of 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.

ABOUT LATINOS IN VENTURA COUNTY

Latinos are the County's largest ethnic group, with a population of 251,734 or 33.4% of County residents, an increase from 26.4% in 1990. Latinos are the fastest growing population group in the County and have accounted for at least 2/3 of 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.*



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 significant Latino population. Port Hueneme has approximately the same number of white and Latino Residents.

LANGUAGE AND CULTURAL BARRIERS

Latinos face barriers in accessing needed services. Impediments include 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.

Language is a serious health care impediment for limited English-speaking Latinos. The inability to communicate directly with one's health care 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 studies demonstrate that people with language barriers experience decreased access to care, diminished quality of care, and lower patient care satisfaction. Other consequences of poor care include misdiagnosis and inappropriate medications.

DESTINO: THE HISPANIC LEGACY FUND

Destino was created in 1996 to address the needs of Ventura County Latinos. Destino's mission is to become the bridge in Ventura County to a stronger, well informed, and involved Latino Community. The Fund is a grantmaking endowment that is currently supported by contributions from nearly 400 donors who actively participate in its annual grants program. Destino has provided 73 grants to 32 programs totaling more than \$458,000. These grants have impacted more than 11,000 Latino youth and adults in Ventura County.

*Note: This Report has not currently been updated to include 2000 Census Results.

CHRONIC & COMMUNICABLE DISEASES

CHRONIC DISEASES

HEART & CARDIOVASCULAR

In Ventura County, in 1997, 27% of deaths due to heart disease were among the mostly Latino communities of South Oxnard, La Colonia, West Ventura and Santa Paula.



Chronic diseases are prolonged illnesses that are often not curable such as heart disease, cancer and diabetes. 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.

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.



DIABETES

Diabetes among Latinos is a major public health issue in Ventura County. 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 who have increased risk of developing Type II diabetes. 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.

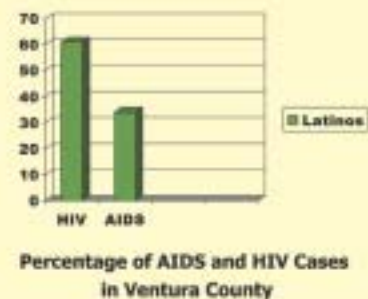
DIABETES

Latinos have the highest prevalence of diabetes in California with 10% vs. 6.8% for Californians overall.

In 2000, more than 30% of all Latino deaths in Ventura County were directly attributable to diabetes.

HIV/AIDS

COMMUNICABLE DISEASES



While the incidence of AIDS in Ventura County is lower than the state's, the number of cases in the County is steadily increasing, with the highest incidence 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.



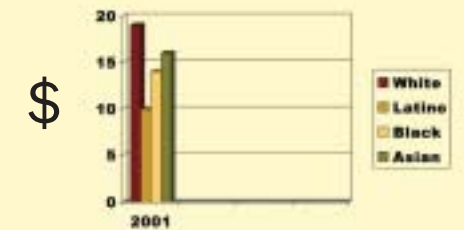
THE WORKING POOR

DEFINITION OF LOW WAGE WORKER

Low wage workers are defined as anyone whose hourly wage is less than \$10. In 2000, there were 116,166 low wage workers in Ventura County—31.4% of the work force. 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. Upon entry into the United States, many undocumented workers find employment as manual laborers and farmworkers.



Median Hourly Wage By Ethnicity- California 2001



Source: WIB State of the Workforce Report 2003

LATINO WORKING POOR

The working poor are often uninsured because they cannot afford health insurance, employers do not provide health insurance, or, in most cases, they do not qualify for Medi-Cal or other public assistance. These low-wage workers include farmworkers, manual laborers, service sector employees and child-care providers. Many are illiterate and monolingual adults for whom language and interpretation assistance are needed. They have multiple problems not only in obtaining needed services but also in meeting basic needs for food, housing and safety. *Mixteco* and other indigenous-language immigrants are living in extreme poverty. Health care access is a critical concern for recent immigrants, especially those who are undocumented.

Undocumented immigrants are more often uninsured and medically underserved than documented and U.S.-born Latinos, who are eligible for public benefit programs and tend to have better paying jobs. Often, they do not seek medical care until there is an emergency need, which creates additional costs.

Health Insurance



LATINOS HAVE THE HIGHEST UNINSURED RATE IN CALIFORNIA (28.3%) COMPARED TO WHITES (8.6%).

HIGH HOUSING COSTS



According to the Ventura County Homeless & Housing Coalition report of February 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.

The working poor feel the negative implications of these high housing costs, which leads to overcrowded and unsafe housing conditions. Multiple 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, and risk of infectious diseases, are among the problems posed by inadequate housing conditions.