Kaiser Permanente Woodland Hills Medical Center
2022 Community Health Needs Assessment

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Kaiser Permanente Woodland Hills Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Woodland Hills Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Woodland Hills Medical Center has identified the following significant health needs, in priority order:

1. Education
2. Access to care
3. Housing
4. Mental & behavioral health
5. Income & employment
6. Chronic disease & disability

To address those needs, Kaiser Permanente Woodland Hills Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente’s and the community’s assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.
Introduction/background

About Kaiser Permanente
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas

[Map of Kaiser Permanente regions and CHNA service areas]
About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It’s also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn’t just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

Kaiser Permanente’s approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente’s CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente’s and the community’s assets and resources.

The Kaiser Permanente Woodland Hills Medical Center 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.
Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Woodland Hills Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The Kaiser Permanente Woodland Hills Medical Center serves Woodland Hills and West Ventura County communities.

Woodland Hills–West Ventura County service area

![Map of Woodland Hills and West Ventura County service area](image-url)
Woodland Hills–West Ventura County service area demographic profile

<table>
<thead>
<tr>
<th></th>
<th>Woodland Hills</th>
<th>West Ventura County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population:</td>
<td>938,476</td>
<td>515,366</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Black</td>
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<td>2.0%</td>
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<td>Native Hawaiian/other Pacific Islander</td>
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<td>Other race/ethnicity</td>
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<tr>
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<td>Under age 18</td>
<td>20.6%</td>
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<tr>
<td>Age 65 and over</td>
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</tr>
</tbody>
</table>

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we’ve witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals’ and communities’ physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.
Neighborhood disparities in the Woodland Hills–West Ventura County service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the Woodland Hills–West Ventura County service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

Kaiser Permanente’s CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.
Hospitals and other partners that collaborated on the CHNA
No other hospitals or partner organizations collaborated on this assessment.

Consultants who were involved in completing the CHNA
EVALCORP Research and Consulting was used to conduct the assessment within the Woodland Hills-West Ventura County service area. This consulting group was selected for its expertise and capacity to conduct large scale needs assessments and prioritization processes. All of EVALCORP’s evaluation staff have master’s or Ph.D. level degrees in applied research, providing the firm with the necessary skill set and training to conduct this type of process that requires a need for both qualitative and quantitative data collection, coding, and analysis expertise.

Methods used to identify and prioritize needs
Secondary data
Kaiser Permanente’s innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input
In addition to reviewing the secondary data available through the CHNA Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Woodland Hills Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners’ data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments
Kaiser Permanente provides the public an opportunity to submit written comments on the service area’s previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas’ most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Woodland Hills Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Woodland Hills Medical Center staff.

Identifying priority health needs
Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.
Identification and prioritization of the community’s health needs

Process for identifying community needs in the Woodland Hills–West Ventura County service area

Before beginning the prioritization process, Kaiser Permanente Woodland Hills Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need**: Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority**: The community prioritizes the issue over other issues
- **Clear disparities or inequities**: Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Woodland Hills Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the Woodland Hills–West Ventura County service area

**1. Education**: Residents of the West Ventura service area have less formal education than the average American. In addition, 4th grade students in West Ventura score worse on state exams than the national average. In both West Ventura and Woodland Hills, additional geographic disparities are closely associated with race: areas with a higher percent of non-White residents tend to have fewer adults with a high school diploma and lower preschool enrollment rates. In addition, expanding partnerships with schools, particularly for the purpose of improving health education, was recommended.
2. **Access to care:** Within the Woodland Hills service area, residents are less likely to be insured than the California average. Geographic disparities in insurance rates, including of insured children, are also associated with race: ZIP codes with a higher percent of people of color tend to have a lower percent of individuals insured (both for adult and children). A fear of embarrassment about accessing services such reproductive health services, mental health services, and substance use services was also identified, particularly in West Ventura. Health education among the general public was also identified as a concern in both West Ventura and Woodland Hills, including a lack of understanding of available services, and a misunderstanding of vaccines. A lack of transportation to services and a lack of culturally or linguistically appropriate services was also identified.

3. **Housing:** The median rental cost in the Woodland Hills service area is roughly $2,200, and in the West Ventura service area is roughly $1,700, both of which are much higher than the national rate. The percent of income spent on mortgage costs is also much higher than the national average in both service areas. In addition, ZIP codes with a higher percent of people of color tend to have lower home ownership rates in both service areas, and more overcrowded housing in the Woodland Hills service area. The lack of permanent supportive housing for persons experiencing homelessness was also identified as one of the biggest challenges to addressing health needs in both service areas.

4. **Mental & behavioral health:** In both Woodland Hills and West Ventura, mental health was identified as a need of growing concern, especially since the start of the COVID-19 pandemic. A lack of staff and a lack of specialized services were listed as some of the biggest challenges to addressing mental health needs. In addition, improved coordination with other health services, eliminating payment inequities for mental health staff, and providing improved health education (to reduce mental health stigma) were recommended. Additional education for health care providers and employers related to trauma informed care and cultural humility was also identified as a need, and as a strategy that could reduce health disparities and inequities.

5. **Income & employment:** Significant geographic disparities in income are closely associated with race in both West Ventura and Woodland Hills. Higher poverty rates and lower median household incomes more prevalent in ZIP codes with a higher percent of people of color. In addition, higher unemployment rates are also more prevalent in these ZIP codes in West Ventura. Income and employment needs are also closely associated with other needs, including housing, education, and access to care. Providing jobs training for underemployed and unemployed individuals, including training that can help address health care provider shortages were recommended.

6. **Chronic disease & disability:** Heart disease, diabetes and asthma are more prevalent in the Woodland Hills service area compared to the national average. Asthma is also more prevalent in the West Ventura service area compared to the national average. However, in the city of Oxnard, diabetes and obesity rates are relatively high, as are self-described rates of “fair or poor” health. Adding or expanding additional community health organizations, healthy food options, and early intervention programs in schools were identified as effective points of intervention in preventing and reducing the negative impact of chronic disease and disability.

**Health need profiles**

Detailed descriptions of the significant health needs in the Woodland Hills–West Ventura County service area follow.
The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low-income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low-income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Residents of the West Ventura service area have less formal education than the average American. The proportion of adults in the West Ventura service area without a high school diploma is 22 percent, which is 77 percent higher than the national average. Early childhood education is also an area of concern. The performance of 4th grade students on state exams is 35 percent worse than the national average.

Low educational attainment in West Ventura may be at least partly driven by systemic inequalities. ZIP codes that have a higher proportion of people of color tend to have, on average, fewer adults with a high school diploma, fewer adults with some college education, and lower preschool enrollment. In some school districts in West Ventura, such as Oxnard, students are half as likely to meet or exceed Math performance (CAASPP) standard as the state average (18 percent local versus 40 percent state), with similarly low performance in English language arts (29 percent local versus 51 percent state).

Residents of the Woodland Hills service area have education attainment that is roughly average compared to other Americans. However, this average may conceal some equity issues. ZIP codes that have a higher proportion of people of color tend to have, on average, fewer adults with a high school diploma and lower preschool enrollment.

People are looking for ways to find things that will help them besides going to the doctor or hospital because they can’t afford a lot of health care and getting education on prevention is slowly becoming more important to some populations. [However, homeless populations] are difficult to reach because they don’t react to the educational kind of things other populations would react to.

– Education leader
Interviewees identified education, and in particular, health education, as a key need for both the Woodland Hills and West Ventura service areas. This included addressing misunderstandings of health-related topics among employers and health care providers, as well as the general public. One recommendation was to expand partnerships with schools for the purpose of improving health education.

Education of everyone is [an effective strategy to reduce health disparities] because mental illness is such a stigma still. The schools are finally addressing it by having wellness centers… for students to get educated… it’s an open, free space for them to go and to learn and meet other people in a similar situation.

– Mental health leader

**ADULTS WITH NO HIGH SCHOOL DIPLOMA, WOODLAND HILLS-WEST VENTURA SERVICE AREA, 2015-2019**

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more adults with no high school diploma.

**ELEMENTARY SCHOOL PROFICIENCY, WOODLAND HILLS-WEST VENTURA SERVICE AREA, 2020**

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower elementary school proficiency.

Source: Kaiser Permanente Community Health Data Platform
Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Residents of the Woodland Hills service areas are less likely to be insured than the state average, with 75 percent of Woodland Hills Residents ensured versus the state average of 80 percent (ACS/HPI, 2015 – 5-year estimates). In the Woodland Hills service area, access to care is geographically associated with communities in which a larger proportion of people of color live. These communities have higher rates of uninsured adults and a greater proportion of uninsured children.

Likewise, in the West Ventura service area, access to care is geographically associated with communities in which a larger proportion of people of color live. ZIP codes that have a higher proportion of people of color tend to have a greater proportion of the population uninsured, including uninsured children. For example, in ZIP code 93033, 22 percent of adults are uninsured, versus a national average of 8 percent. However, these communities have a greater proportion of the population enrolled in public insurance.

[We need to] try to engage other organizations and stakeholder groups in Ventura County so [we are] not trying to independently do the same thing, but instead engaging with the already existing, trusted partners that are serving [these] communities.

– Housing sector leader
Key informant interviews identified access to care as a continuing concern for individuals in both the West Ventura and Woodland Hills service areas. A fear of embarrassment about accessing services (related to concerns about being judged or misunderstood) was identified as a significant factor affecting access to care, particularly in West Ventura. This was reported as particularly affecting services such as reproductive health services, mental health services, and substance use services, as well as telehealth services in general. An additional barrier identified was lack of transportation to services. Finally, a lack of understanding about available services, including an understanding of vaccines, was identified as a health need of growing concern in both service areas.

Furthering partnerships between health care providers, and between providers and community organizations, as well as improving providers’ implementation of culturally/linguistically appropriate services were identified as effective strategies to improve access to care issues. Expanding free services, including testing, was also recommended.

Not enough people are going to the doctor every year for physicals and vaccines, especially those who are financially limited or who are uninsured.

– Education and employment leader

PERCENT UNINSURED BY ZIP CODE

Areas shaded red (1) are ZIP codes with the highest percent uninsured in the service area.

Source: Kaiser Permanente Community Health Data Platform

UNINSURED CHILDREN, WOODLAND HILLS-WEST VENTURA SERVICE AREA

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and a higher percent of uninsured children.

Source: Kaiser Permanente Community Health Data Platform
Having a safe place to call home is essential for the health of individuals and families.

American families’ greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters’ situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Of the seven housing indicators assembled in Kaiser Permanente dashboard, all show that housing conditions in the Woodland Hills service area are worse than the national average, and 6 of the 7 of those are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average, in absolute terms and as a proportion of income. The median rental cost is roughly $2,200, 88 percent higher than the national average. Residents of the Woodland Hills service area who have a mortgage spend 31 percent of their income on their mortgages, 79 percent greater than the national average. The housing affordability index places the Woodland Hills service area at 48 percent less affordable than the national average. Moreover, residents are roughly twice as likely to live in overcrowded housing as the national average.

There are likely several equity issues related to housing in Woodland Hills. ZIP codes in the Woodland Hills service area that have a higher proportion of people of color tend to have more overcrowded housing, lower home ownership rates and a higher proportion of households suffering from a severe housing cost burden.

Similarly, of the seven housing indicators assembled in Kaiser Permanente dashboard, all show that housing conditions in the West Ventura service area are worse than the national average, and 6 of the 7 of those are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average, both in absolute terms and as a proportion of income. The median rental cost is $1,700, 46 percent higher than the national average. Residents of the West Ventura service area who have a mortgage spend 30 percent of their income on their mortgages, 77 percent more than the national average. Additionally, the housing affordability index places the West Ventura service area at 46 percent less affordable than the national average.

There are likely several equity issues related to housing in West Ventura. ZIP codes in the West Ventura service area that have a higher proportion of people of color tend to have a lower home ownership rate and a larger proportion of residents with a “severe” housing cost burden.
Housing and homelessness were identified among the most important issues affecting individuals in both the Woodland Hills and West Ventura service areas. In particular, the lack of permanent supportive housing for persons experiencing homelessness was identified as one of the biggest challenges to addressing health needs in both service areas.

In addition to investing in housing programs, the importance of tailoring existing health care services for unhoused individuals was also emphasized, such as the increased use of mobile clinics. Improved housing stability and the increased availability of affordable housing were identified as effective strategies that would allow housing insecure individuals the opportunity to focus more direct health care needs.

Housing should be able to be prescribed by doctors. The lack of housing alone really results in poor health outcomes. We see when people are brought indoors so many of those health conditions, including mental health, can stabilize significantly just from having that safety and security of a place to sleep and keep your medicine.

– Housing sector leader

**OVERCROWDED HOUSING, WOODLAND HILLS-WEST VENTURA SERVICE AREA**

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more overcrowded housing.

**HOME OWNERSHIP RATES, WOODLAND HILLS-WEST VENTURA SERVICE AREA**

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower homeownership rates.

Source: Kaiser Permanente Community Health Data Platform
Health need profile: Mental & behavioral health

Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental/behavioral health was identified as a community need primarily using qualitative data. In comparative terms, the Woodland Hills-West Ventura County service area has mental health needs that are fairly typical of California.

For both the Woodland Hills and West Ventura service areas, mental/behavioral health was identified by interviewees as a health need of growing concern, as one of the current most important needs, and as a health need that became worse because of the COVID-19 pandemic.

A lack of staff and lack of specialized services were listed as among the biggest challenges to addressing mental health needs. Coordinating with other services, providing improved health education (including about trauma informed care, cultural humility, and mental health stigma), and addressing the payment inequities for mental health staff were identified as effective strategies to reduce health disparities and address this health need.

Especially with the homeless population, we see a growing concern with opioids. We are seeing a lot of overdoses and overdose deaths, and a lack of local treatment options - sometimes people are reluctant to go to treatment in LA for inpatient treatment. A lot of the mental health and substance use services available are still based on a firm medical model where you make an appointment and keep it to get the services. But the people who are struggling with those things are in crisis because they don’t know where they’re going to sleep, store their stuff, put their dog.

– Housing and homelessness leader

We need more of a focus on harm reduction and field-based services that make it easier for people to access the treatment and services they need. There would be better outcomes and more participation in those services if there wasn’t such a barrier for them to even get in for the services. And a lot of those services, if you relapse, then you’re back to square one.

– Housing and homelessness leader
Health need profile: Income & employment

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Economic indicators in Woodland Hills such as median household income are fairly typical for California. However, several income and employment indicators are geographically associated with communities in which a larger proportion of people of color live. In the Woodland Hills service area, ZIP codes that have a higher proportion of people of color tend to have higher poverty rates, higher child poverty rates, and lower median household income.

In the West Ventura service area, economic indicators such as the median household income are lower than in Ventura but still fairly typical for California. Several income and employment indicators are geographically associated with communities in which a larger proportion of people of color live. West Ventura ZIP codes that have a higher proportion of people of color tend to have higher poverty rates, higher child poverty rates, lower median household income, and higher unemployment rates.

[We need to continue] to reach out to health industry employers to see what their needs are so they can make their community members ready to get better jobs and provide for their family, including by offering certifications. [We should] make the community ready for the jobs that are out there.

– Employment leader
Income and employment needs were identified as closely interrelated to several other health needs during key informant interviews, particularly housing, education, and access to care. Interviewees described how having a low income forces individuals to make difficult choices between several health needs because of the costs. These situations are exacerbated by the lack of payment and reimbursement systems for many wellness services, as well as stigma and lack of information about available services. One subpopulation disproportionately affected by these issues are undocumented immigrants, which includes many farm workers.

Effective strategies to address these needs, and others related to low income and unemployment (or underemployment) include providing job training (including training that can help address the health care provider shortage) and educating employers about stigma related to seeking or providing services.

Most of the jobs in East [Ventura] County are done by the Latino community, who are struggling with cost of living, social bias, discrimination from education to housing… For [the entire] county the jobs are not stable as there are fires, COVID outbreaks, or other crises.

– Health care leader

POVERTY RATE, WOODLAND HILLS-WEST VENTURA SERVICE AREA, 2015-2019
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher poverty rates.

MEDIAN HOUSEHOLD INCOME, WOODLAND HILLS-WEST VENTURA SERVICE AREA, 2015-2019
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower median household incomes.

Source: Kaiser Permanente Community Health Data Platform
Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes.

These and other chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs.

High blood pressure, diabetes, and smoking are key risk factors for heart disease and stroke, along with poor nutrition and lack of physical activity. Many of these same risk factors are also linked to cancer, which is the second leading cause of death nationwide. Nearly a quarter of adults in the U.S. have arthritis, most of whom are of working age; arthritis is a leading cause of work disability and a common cause of chronic pain.

While a healthy diet and exercise can help prevent and manage chronic conditions, people of color and families with low incomes are more likely to live in neighborhoods that lack health-promoting infrastructure, such as parks and green spaces and places to buy affordable healthy food. Furthermore, they are more likely to be uninsured and less likely to receive preventive services and care for chronic health conditions.

In Woodland Hills, heart disease is 15 percent more prevalent than the national average. Similarly, 30 percent of the Woodland Hills population 20 years and older has been diagnosed with diabetes at some point in life, which is 14 percent worse than the national average. Asthma is 13 percent more prevalent than the national average.

In West Ventura, asthma prevalence is 17 percent higher than the national average (6 percent locally vs 5 percent nationally). One likely cause of asthma in the region is poor outdoor air quality. The respiratory hazard index for the West Ventura service area is 34 percent worse than the national average. Fine particulate concentrations in the West Ventura service area are 21 percent worse than the national average (PM2.5, or particles that are 2.5 microns or less in width). However, fine particulate concentrations and the respiratory hazard index values are similar across West Ventura and Woodland Hills.

Residents of the city of Oxnard have higher rates of diabetes and obesity than California residents in general. In addition, the percent of Oxnard residents who rate their health as “fair or poor” is higher than California residents in general for both 18 to 64 year old individuals, and individuals 65 or older.

Since the pandemic started, we’ve been providing shelter through motel placement for high-risk homeless individuals. I’ve been surprised with number of seniors, and more surprised by how serious the health needs are of unsheltered community. There are a lot of folks with diabetes, serious respiratory illnesses, COPD, and others and then there’s a pretty good percentage of folks with even more serious cancer treatment, organ transplants, people on dialysis. It’s hard to stomach that you’re going through those health issues while living in your car or tent in the community.

– Housing and homelessness leader
Needs related to chronic disease & disability were identified during key informant interviews as ongoing health needs and health needs of growing concern in both the Woodland Hills and West Ventura service areas. In particular, health needs related to cardiovascular disease, diabetes, and obesity were identified as ongoing health needs, and the needs of individuals with cancer (including skin cancer from working outside), stomach issues, back and neck issues, and hypertension were identified as a growing concern. In the West Ventura service area, diabetes and obesity prevention was identified as one of the current most important needs.

Effective strategies and investments recommended by interviewees focused on disease prevention, including by investing in community health organizations, expanding healthy food options, and implementing early intervention programs in schools.

OVERALL HEALTH AND CHRONIC ILLNESS METRICS FOR SELECT CITIES, 2018

Across several metrics related to overall health and chronic illness, residents of Oxnard are less healthy than Californians overall.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Oxnard</th>
<th>Thousand Oaks</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever diagnosed with diabetes (18+)</td>
<td>12.8%</td>
<td>8.2%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Ever diagnosed with heart disease (18+)</td>
<td>5.5%</td>
<td>7.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Fair or poor health (18-64)</td>
<td>31.5%</td>
<td>14.8%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Fair or poor health (65+)</td>
<td>39.9%</td>
<td>18.7%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Obese (BMI ≥ 30) (18+)</td>
<td>30.5%</td>
<td>17.5%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

Source: [California Health interview Survey, 2018](#)
Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Woodland Hills–West Ventura County service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.
Kaiser Permanente Woodland Hills Medical Center 2019 Implementation Strategy

evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Woodland Hills Medical Center’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

Kaiser Permanente Woodland Hills Medical Center 2019 Implementation Strategy priority health needs

1. Access to care
2. Healthy eating, active living
3. Economic opportunity
4. Mental health

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Woodland Hills Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Woodland Hills Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 67 grants totaling $4,921,548 in service of 2019 IS health in the Woodland Hills–West Ventura County service area.
One example of a key accomplishment in response to our 2019 IS includes Advancing Health and Education Equity for Latinos in Ventura County to address Access to Care. Westminster Free Clinic (WFC) provides access to free medical care services to the uninsured across Ventura County through its two clinic sites. In 2021, WFC provided health care services to an average of 200 people a week, including basic primary care, chronic disease prevention, vision and dental services, case management, mental health counseling, and food assistance program. In addition, 200 students (most of whom are first generation Latinos from high schools across Ventura County), enrolled in its two-year health care pathway program and assisted volunteer medical providers weekly in the delivery of free health and prevention services to the uninsured.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. KP Woodland Hills Medical Center partnered with community partners to deploy two mobile clinics to distribute COVID-19 vaccine in communities with low vaccination rates and low access to transportation.

**Kaiser Permanente Woodland Hills Medical Center 2019 IS priority health needs and strategies**

**Access to care**

**Care and coverage:** Kaiser Permanente Woodland Hills Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

<table>
<thead>
<tr>
<th>Individuals served</th>
<th>Amount</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid, CHIP and other government-sponsored programs</td>
<td>15,500</td>
<td>17,100</td>
<td>$13,603,894</td>
</tr>
<tr>
<td>Charitable Health Coverage</td>
<td>82</td>
<td>70</td>
<td>$6,634</td>
</tr>
<tr>
<td>Medical Financial Assistance</td>
<td>6,383</td>
<td>5,310</td>
<td>$6,360,994</td>
</tr>
<tr>
<td><strong>Total care &amp; coverage</strong></td>
<td><strong>21,965</strong></td>
<td><strong>22,480</strong></td>
<td><strong>$19,971,522</strong></td>
</tr>
</tbody>
</table>

**Other access to care strategies:** During 2020-2021, 24 grants were awarded to community organizations, for a total investment of $3,784,883 to address access to care in the Woodland Hills–West Ventura County service area.

**Examples and outcomes of most impactful other strategies**

**Advancing Health and Education Equity for Latinos in Ventura County**

Westminster Free Clinic has provided essential services during the COVID-19 pandemic aimed at advancing access to health, mental health, dental, prevention, social supports, and basic needs for Ventura County’s working-poor uninsured residents who face cultural, language, and financial barriers. This program is expected to serve about 10,000 individuals through improved health outcomes, high satisfaction with services, and receiving culturally competent services.

**California Primary Care Association (CPCA) Core Grant Proposal**

CPCA has supported the organization’s core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.
Healthy eating, active living

During 2020-2021, 10 grants were awarded to community organizations, for a total investment of $107,487 to address healthy eating, active living in the Woodland Hills–West Ventura County service area.

**Examples and outcomes of most impactful strategies**

**Let’s Grow Healthy in Schools**

California State University Northridge Foundation has encouraged elementary schools to plant gardens, teach students about healthy nutrition, and incorporate moderate to vigorous physical activity at least three times per week into children’s school days. This program is expected to serve about 1,500 individuals by improving their knowledge of nutrition, their access to healthy snacks and foods, and through increased awareness of, and referrals to, CalFresh.

Economic opportunity

During 2020-2021, 56 grants were awarded to community organizations, for a total investment of $788,796 to address economic opportunity in the Woodland Hills–West Ventura County service area.

**Examples and outcomes of most impactful strategies**

**Financial Training and Coaching to Improve Economic Security and Health for Low-Income Women**

Women’s Economic Ventures has provided personal and business financial training and coaching to improve economic security and health for low-income women throughout Ventura County. This program is expected to serve about 140 individuals by improving financial literacy and management skills, and through the development of business plans.

**California Housing Services & Operating Subsidy Fund for Project Homekey**

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

**Inner City Capital Connections Program**

Initiative for a Competitive Inner City, Inc. was awarded $180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.
## Mental health

During 2020-2021, 27 grants were awarded to community organizations, for a total investment of $408,922 to address mental health in the Woodland Hills–West Ventura County service area.

### Examples and outcomes of most impactful strategies

#### Mental Health Services

- Interface Children Family Services has increased the accessibility of free, critical mental health services for residents of Ventura County. This program is expected to serve about 650 individuals by increasing access to mental health services, increasing clients’ sense of self-efficacy and functionality, and decreasing clients’ feelings of “in crisis” or “vulnerable.”

#### Child Behavioral Health Agenda

- Children Now was awarded $300,000 over 2 years to lead the development of California CBHA policies to improve children’s behavioral health. The program is expected to develop a policy agenda to better serve children and youth exposed to poverty, racism, and adverse childhood experiences in California.

#### Mental Health Services

- Interface Children Family Services has provided mental health and trauma treatment services. The program is expected to serve approximately 350 children, adolescents, and adults by increasing the accessibility of free mental health services.
Appendix

A. Secondary data sources
B. Community input
C. Community resources
## Appendix A: Secondary data sources

**Kaiser Permanente Community Health Data Platform**

<table>
<thead>
<tr>
<th>Source</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. American Community Survey</td>
<td>2015 - 2019</td>
</tr>
<tr>
<td>2. Behavioral Risk Factor Surveillance System</td>
<td>2020</td>
</tr>
<tr>
<td>3. CDC, Interactive Atlas of Heart Disease and Stroke</td>
<td>2016 - 2018</td>
</tr>
<tr>
<td>4. Center for Medicare &amp; Medicaid Services</td>
<td>2018</td>
</tr>
<tr>
<td>5. CMS National Provider Identification</td>
<td>2019</td>
</tr>
<tr>
<td>6. Dept of Education ED Facts &amp; state data sources</td>
<td>Varies</td>
</tr>
<tr>
<td>7. EPA National Air Toxics Assessment</td>
<td>2014</td>
</tr>
<tr>
<td>8. EPA Smart Location Mapping</td>
<td>2013</td>
</tr>
<tr>
<td>9. Esri Business Analyst</td>
<td>2020</td>
</tr>
<tr>
<td>10. Esri Demographics</td>
<td>2020</td>
</tr>
<tr>
<td>11. FBI Uniform Crime Reports</td>
<td>2014 - 2018</td>
</tr>
<tr>
<td>12. Feeding America</td>
<td>2018</td>
</tr>
<tr>
<td>13. FEMA National Risk Index</td>
<td>2020</td>
</tr>
<tr>
<td>14. Harvard University Project (UCDA)</td>
<td>2018</td>
</tr>
<tr>
<td>15. HRSA Area Resource File</td>
<td>2019</td>
</tr>
<tr>
<td>16. HUD Policy Development and Research</td>
<td>2020</td>
</tr>
<tr>
<td>17. National Center for Chronic Disease Prevention and Health Promotion</td>
<td>2018</td>
</tr>
<tr>
<td>18. National Center for Education Statistics</td>
<td>2017 - 2018</td>
</tr>
<tr>
<td>19. National Center for Health Statistics</td>
<td>2018</td>
</tr>
<tr>
<td>20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
<td>2018</td>
</tr>
<tr>
<td>23. NCI State Cancer Profiles</td>
<td>2013 - 2017</td>
</tr>
<tr>
<td>25. NHTSA Fatality Analysis Reporting System</td>
<td>2014 - 2018</td>
</tr>
<tr>
<td>27. USDA Food Environment Atlas</td>
<td>2016</td>
</tr>
</tbody>
</table>
**Additional secondary data sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. California Health Interview Survey (CHIS)</td>
<td>2018 - 2019</td>
</tr>
<tr>
<td>2. California Healthy Places Index</td>
<td>2010 - 2015</td>
</tr>
<tr>
<td>3. Education Data Partnership (Ed Data)</td>
<td>2019 - 2021</td>
</tr>
</tbody>
</table>
## Appendix B. Community input

<table>
<thead>
<tr>
<th>Data collection method</th>
<th>Affiliation</th>
<th>Number</th>
<th>Perspectives represented</th>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Key informant interview</td>
<td>1</td>
<td>Low income, health care providers</td>
<td>Leader</td>
<td>7/29/2021</td>
</tr>
<tr>
<td>2</td>
<td>Key informant interview</td>
<td>1</td>
<td>Persons experiencing homelessness</td>
<td>Leader</td>
<td>8/10/2021</td>
</tr>
<tr>
<td>3</td>
<td>Key informant interview</td>
<td>1</td>
<td>Food insecure</td>
<td>Leader</td>
<td>7/30/2021</td>
</tr>
<tr>
<td>4</td>
<td>Key informant interview</td>
<td>1</td>
<td>Persons with mental illness</td>
<td>Leader</td>
<td>8/12/2021</td>
</tr>
<tr>
<td>5</td>
<td>Key informant interview</td>
<td>1</td>
<td>Young adults, students</td>
<td>Leader</td>
<td>8/24/2021</td>
</tr>
<tr>
<td>6</td>
<td>Key informant interview</td>
<td>1</td>
<td>Young adults, students</td>
<td>Leader</td>
<td>8/23/2021</td>
</tr>
<tr>
<td>7</td>
<td>Key informant interview</td>
<td>1</td>
<td>Unemployed and underemployed</td>
<td>Leader</td>
<td>8/9/2021</td>
</tr>
<tr>
<td>8</td>
<td>Key informant interview</td>
<td>1</td>
<td>Hispanic, immigrants</td>
<td>Representative</td>
<td>7/22/2021</td>
</tr>
<tr>
<td>9</td>
<td>Key informant interview</td>
<td>1</td>
<td>Persons experiencing homelessness</td>
<td>Leader</td>
<td>8/18/2021</td>
</tr>
<tr>
<td>10</td>
<td>Key informant interview</td>
<td>1</td>
<td>Public health</td>
<td>Representative</td>
<td>8/5/2021</td>
</tr>
</tbody>
</table>
### Appendix C. Community resources

<table>
<thead>
<tr>
<th>Identified need</th>
<th>Resource provider name</th>
<th>Summary description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple needs</td>
<td>Ventura County Department of Public Health (VCPH)</td>
<td>VCPH works to prevent epidemics, spread of disease, and injuries; promote and encourage healthy living opportunities; respond to disasters and assist communities in recovery; and assure the quality and accessibility of preventive and health care services throughout Ventura County. <a href="https://vchca.org/agency-divisions/public-health">https://vchca.org/agency-divisions/public-health</a></td>
</tr>
<tr>
<td></td>
<td>Los Angeles County Department of Public Health</td>
<td>The Los Angeles County Department of Public Health provides public health services to Los Angeles County residents, including vaccinations, preventing foodborne illnesses, improving environmental health, substance use services, unhoused individuals, services for domestic violence survivors, and family health services. <a href="http://publichealth.lacounty.gov/">http://publichealth.lacounty.gov/</a></td>
</tr>
<tr>
<td></td>
<td>211 Ventura County</td>
<td>211 Ventura County is the comprehensive information and referral service for Ventura County, connecting over 30,000 Ventura County callers and texters each year with information about health and human services available to them. <a href="https://211ventura.org/">https://211ventura.org/</a></td>
</tr>
<tr>
<td></td>
<td>211 LA County</td>
<td>211 LA is the hub for community members and community organizations looking for all types of health, human, and social services in Los Angeles County. <a href="https://www.211la.org/">https://www.211la.org/</a></td>
</tr>
<tr>
<td></td>
<td>Consulado de México en Oxnard (Mexican Consulate of Oxnard)</td>
<td>The Mexican Consulate of Oxnard is an official branch of the Mexican government that focuses on assisting Mexican citizens living in or travelling to the United States by providing legal, outreach, and other services. <a href="https://consulmex.sre.gob.mx/oxnard/index.php/inicio">https://consulmex.sre.gob.mx/oxnard/index.php/inicio</a></td>
</tr>
<tr>
<td>Education</td>
<td>California State University Northridge (CSUN) - College of Health and Human Development (HUD)</td>
<td>California State University Northridge serves over 38,000 students and is one of 23 campuses of the California State University system. The College of Health and Human Development (HUD), in addition to academic departments and programs, offers community focused centers that work to improve personal and family development, increase wellness, reach out for early intervention, and help prevent or address trauma and injury. <a href="https://www.csun.edu/health-human-development">https://www.csun.edu/health-human-development</a></td>
</tr>
<tr>
<td></td>
<td>California Lutheran University</td>
<td>California Lutheran University is a private, non-profit university based in Thousand Oaks, CA that serves over 2,800 undergraduate and 1,200 graduate students. <a href="https://www.callutheran.edu/">https://www.callutheran.edu/</a></td>
</tr>
<tr>
<td>Access to care</td>
<td>Westminster Free Clinic &amp; Community Care Center</td>
<td>Westminster Free Clinic &amp; Community Care Center is a private, non-profit community care center serving the working poor and uninsured of Ventura County, that also serves as a training site for high school students considering careers in health care. <a href="https://westminsterclinic.org/">https://westminsterclinic.org/</a></td>
</tr>
<tr>
<td></td>
<td>Ventura County Health Care Agency (HCA)</td>
<td>The Ventura County HCA oversees a variety of service divisions within Ventura County, including a medical center, ambulatory care, behavioral health, public health, and a health care plan. <a href="https://vchca.org/index.php">https://vchca.org/index.php</a></td>
</tr>
<tr>
<td></td>
<td>Los Angeles County Department of Health Services</td>
<td>LA County Department of Health Services is an integrated health system that operates 26 health centers and four acute care hospitals, in addition to providing health care to youth in the juvenile justice system and inmates in the LA County jails. <a href="https://dhs.lacounty.gov/">https://dhs.lacounty.gov/</a></td>
</tr>
<tr>
<td>Identified need</td>
<td>Resource provider name</td>
<td>Summary description</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Housing</td>
<td>Ventura County Continuum of Care Alliance</td>
<td>Ventura County Continuum of Care Alliance is a collaborative dedicated to ending homelessness in Ventura County. <a href="https://www.venturacoc.org/">https://www.venturacoc.org/</a></td>
</tr>
<tr>
<td></td>
<td>San Fernando/Santa Clarita Homeless Coalition</td>
<td>The San Fernando/Santa Clarita Homeless Coalition is a collaboration between the Northeast Valley Health Corporation and LA Family Housing that provides comprehensive health care and housing services.</td>
</tr>
<tr>
<td></td>
<td>Los Angeles County Development Authority (LACDA)</td>
<td>The LACDA is an independent agency consolidated from the Housing Authority, Community Development Department, and the Redevelopment Agency that works to provide affordable housing and community and economic development through Los Angeles County. <a href="https://www.lacda.org/">https://www.lacda.org/</a></td>
</tr>
<tr>
<td>Mental/behavioral</td>
<td>National Alliance on Mental Illness (NAMI) Ventura</td>
<td>NAMI Ventura works to provide emotional support, education and resources for families affected by mental illness. <a href="https://namiventura.org/">https://namiventura.org/</a></td>
</tr>
<tr>
<td>Health</td>
<td>Los Angeles County Department of Mental Health (LACDMH)</td>
<td>The LA County Department of Mental Health is the largest county-operated mental health department in the United States, directly operating programs in more than 85 sites and serving over 250,000 residents. <a href="https://dmh.lacounty.gov/">https://dmh.lacounty.gov/</a></td>
</tr>
<tr>
<td></td>
<td>Ventura County Behavioral Health Department (VCBH)</td>
<td>The Ventura County Behavioral Health Department provides mental health and substance use treatment services, and works as an integrated component of the Ventura County Health Care Agency. <a href="https://vcbh.org/en/">https://vcbh.org/en/</a></td>
</tr>
<tr>
<td>Income &amp; employment</td>
<td>Goodwill</td>
<td>Goodwill serves individuals with disabilities and disadvantages by providing education, training, work experience and job placement services. <a href="https://www.goodwillsocal.org/">https://www.goodwillsocal.org/</a> - Los Angeles County <a href="http://gwvsb.org/">http://gwvsb.org/</a> - Ventura County</td>
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<td></td>
<td>Los Angeles Department of Public Social Services (DPSS)</td>
<td>Los Angeles County DPSS works to help low-income families and individuals by providing multiple services, including cash assistance, food and nutrition services, job services, health care, and homeless services. <a href="https://dpss.lacounty.gov/en.html">https://dpss.lacounty.gov/en.html</a></td>
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<td></td>
<td>Center for Living and Learning</td>
<td>The Center for Living and Learning is a non-profit organization based in the San Fernando Valley that works to prepare individuals transitioning from rehabilitation (or with other barriers to employment) to enter the workforce. <a href="https://center4living.org/">https://center4living.org/</a></td>
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<tr>
<td>Chronic disease &amp;</td>
<td>Los Angeles County Department of Parks and Recreation</td>
<td>The Los Angeles County Department of Parks and Recreation serves as a steward of parklands while also working to build healthy and resilient communities by providing a variety of outdoor and fitness programs. <a href="https://parks.lacounty.gov/">https://parks.lacounty.gov/</a></td>
</tr>
<tr>
<td>disability</td>
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<tr>
<td>Identified need</td>
<td>Resource provider name</td>
<td>Summary description</td>
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<tr>
<td>Special Supplemental Nutrition Program for Women, Infants &amp; Children (WIC)</td>
<td>The WIC program serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk.</td>
<td><a href="https://www.fns.usda.gov/wic">https://www.fns.usda.gov/wic</a></td>
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<tr>
<td>Food Share</td>
<td>Food Share distributes nearly 19 million pounds of food, providing 16 million meals annually to people in Ventura County through its hunger programs and 190 pantry and program partners.</td>
<td><a href="https://foodshare.com/">https://foodshare.com/</a></td>
</tr>
</tbody>
</table>