VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

VENTURA COUNTY COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2026–2028

Adventist Health Simi Valley
Camarillo Health Care District
Clinicas del Camino Real, Incorporated
Communities Lifting Communities®
Community Memorial Healthcare
Dignity Health. St. John's Regional Medical Center | St. John's Hospital Camarillo
Gold Coast Health Plan™ A Public Entity
Kaiser Permanente®
Ventura County Behavioral Health — A Department of Ventura County Health Care Agency
Ventura County Health Care Agency
Ventura County Public Health — A Department of Ventura County Health Care Agency

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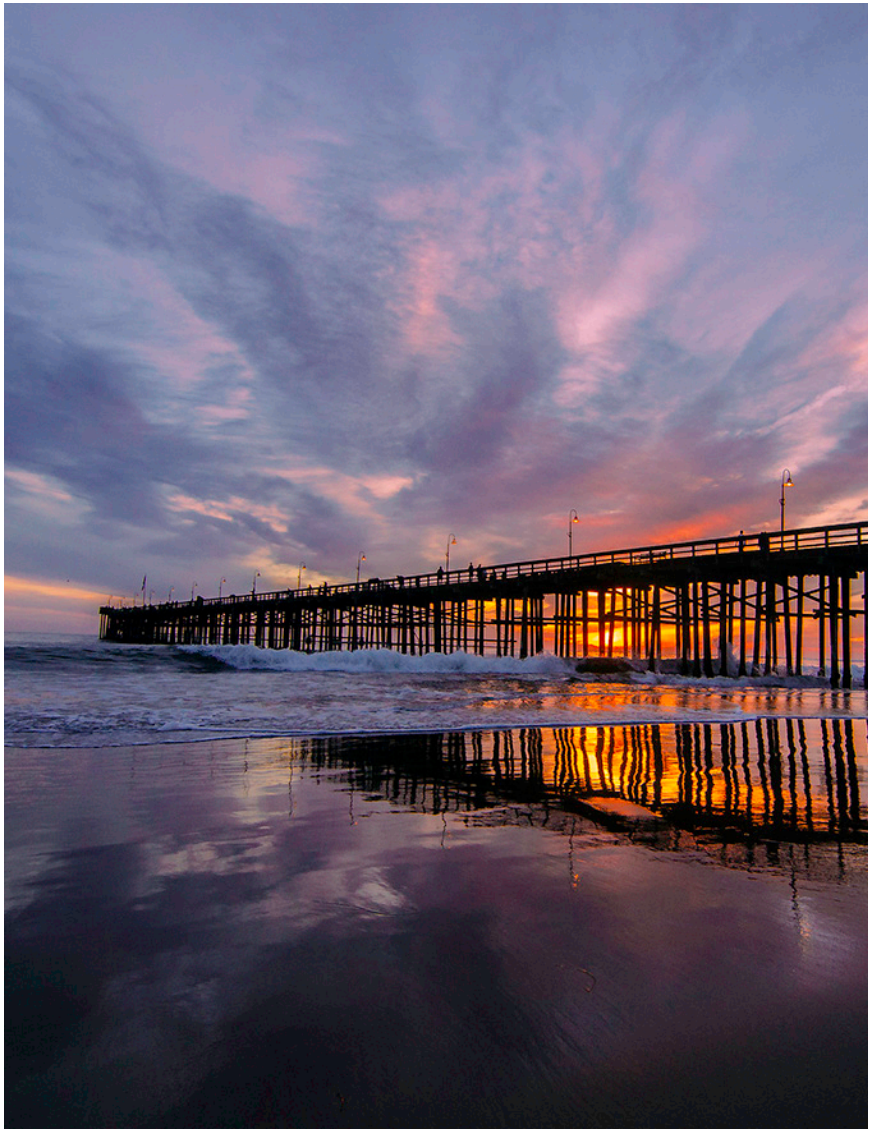


At-a-Glance

VENTURA COUNTY COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2026–2028

BEHAVIORAL HEALTH

GOAL: To create inclusive, low barrier, culturally responsive, and community-driven behavioral health supports that ensure equitable access to services for all individuals, especially underserved populations.

STRATEGIES

1. Integrate and coordinate organizations to improve behavioral health service delivery by making it more accessible, user-friendly, and effective for all.
2. Expand and extend evidence-based behavioral health programming in Ventura County.

OLDER ADULTS' HEALTH

GOAL: Enhance the quality of life for older adults and their caregivers by expanding access to affordable, accessible, coordinated, and inclusive health and support services, especially for those living alone or experiencing poverty.

STRATEGIES

1. Promote education and information sharing about health-promoting practices and services for older adults and their caregivers.
2. Advocate for policy solutions that improve access to care and foster healthy environments for older adults.
3. Advance continuous training and resources for the providers, caregivers, and volunteers supporting older adults.

WOMEN'S HEALTH

GOAL: Improve women's health and well-being through accessible, culturally appropriate, and holistic care that supports reproductive health, preventive screenings, mental health, and family support across every stage of life and for individuals of all abilities.

STRATEGIES

1. Bring health care to all women regardless of location or life circumstance.
2. Educate and empower women about health-promoting behaviors and services.
3. Enhance programs and services that promote health among prenatal and postpartum women.

INTRODUCTION

The Ventura County Community Health Improvement Collaborative (VCCHIC) is pleased to present its 2026-28 Community Health Implementation Strategy (CHIS). This plan follows the development of the 2025 Ventura County Community Health Needs Assessment (CHNA). The full CHNA report (in Spanish and English) can be accessed on the Health Matters in Ventura County website at healthmattersinvc.org.

VCCHIC is a formal, charter-bound partnership charged with collectively developing the CHNA report and CHIS. The 2025 CHNA report and this CHIS represent the third iteration of this groundbreaking collaborative effort that began in 2018.

The VCCHIC Steering Committee organizations led this process. They are:

- Adventist Health Simi Valley
- Camarillo Health Care District
- Clinicas Del Camino Real, Inc.
- Community Memorial Healthcare
- Gold Coast Health Plan
- Kaiser Foundation Health Plan
- St. John's Regional Medical Center and St. John's Hospital Camarillo, Dignity Health
- Ventura County Health Care Agency Community Health Center
- Ventura County Behavioral Health
- Ventura County Public Health

The mission of VCCHIC is to build partnerships to improve community health across Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment. This CHIS plan illustrates the partnerships that drive VCCHIC's work. More than 100 representatives from various health-oriented organizations — direct service providers, community advocates, hospitals, a health district, public agencies, community clinics and the Medi-Cal Managed Care plans — collaborated generously and thoughtfully to develop this plan.

This collective approach built upon the foundation established by the 2025 CHNA — and will carry through as the CHIS is implemented over the next three years. It is only through this collective approach and accountability that we can effectively meet these challenges to improve community health across Ventura County in the years to come.

THIS REPORT INCLUDES:

- An overview of the three priority areas in the most recent CHNA
- A description of the process and methods used to design the implementation plan
- Broad goals, community-level indicators, strategies, and objectives for each priority area

Community Health Implementation Strategy (CHIS) Purpose

The traditional purpose of this CHIS report is to identify the goals, objectives, and strategies that VCCHIC members will use to collectively address the three health priorities identified in the 2025 CHNA:

Behavioral Health

Older Adults' Health

Women's Health

The Ventura County CHIS has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r). It requires hospital facilities owned and operated by an organization, described in Code section 501(c)(3), to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. This report is intended to satisfy all members' applicable requirements, including those for Public Health Accreditation.

Beyond these regulatory functions, the 2026-28 Ventura County CHIS serves a greater purpose. It channels and aligns Ventura County's rich resources — committed personnel, data, cooperative communities, and strategic knowhow — into a clear, feasible plan of action to address challenges. More than a strategic plan of action, it embodies and advances VCCHIC's values. Those values of community-centered, data-informed, and equity-advancing health improvement can be seen in every aspect of this plan.

To that end, this plan intentionally embeds VCCHIC's foundational priorities of access to care, care navigation, and health equity inside each of the 2026-28 priority areas' goals, objectives, and interventions. This ensures clear, accountable progress is made on each.

Crucially, VCCHIC's values were embedded in this plan's very development. Robust community participation marked every step of the process – from data analysis to decision-making, from priority-setting to publicity. We thank all who contributed to this effort. It stands as a testament to the committed collective spirit that will drive its success.

CHIS Development Process

Over the course of three months, an extensive series of virtual meetings and workshops were conducted to review CHNA data, examine pertinent health disparities, and outline existing efforts pertaining to each of the respective priority areas. Composed of local experts and advocates, these groups identified the goals and designed the objectives and strategies documented in this plan. An overarching goal was developed for each priority area to ensure alignment and consistency across partner organizations. These plans will guide VCCHIC and member organization health improvement efforts from 2026 to 2028.

The individual implementation plans that make up this CHIS were thoughtfully developed to leverage current community resources, align with current efforts, and prioritize efforts that would benefit from collaborative action across sectors — ideally to build working relationships with new community partners. The implementation plans for 2026-28 include procedural, policy, and programmatic strategies designed to make a measurable impact in the three priority areas.

CHIS Structure

We designed the 2026-28 CHIS to be flexible so that VCCHIC can nimbly respond to evolving community challenges across these three priority areas. The CHIS is a living document in which priorities and strategic objectives will remain constant – but our activities will be designed on a rolling basis to ensure they continually align resources and direction to effectively address these dynamic priorities. As such, this document will be updated annually to reflect those strategic evaluations and adjustments.

Most importantly, this CHIS reflects VCCHIC's desire for partnership with — and accountability to — the communities we serve across Ventura County. This means that the strategies and related activities prioritize clear evaluation indicators so that progress can be tracked and reported out. But no one organization carries this implementation load alone — the entire collaborative that makes up VCCHIC must band together over these three years to ensure that together, we can achieve these lofty aims.

This CHIS describes the planned response by VCCHIC Steering Committee and partner organizations to the priority areas identified in the 2025 CHNA. We intend to meet all stated objectives to address these strategic priorities within this three-year span. Delivery of any specified programs, services, and mechanisms, however, may be adversely impacted by external forces — including changes in policy, environmental conditions, or funding availability. As such, VCCHIC reserves the right to modify or postpone programs and services from this CHIS in response to unforeseen circumstances. The CHIS can be accessed on the Health Matters in Ventura County website at www.healthmattersinvc.org.

Acknowledgments and Comments

VCCHIC commissioned Conduent Healthy Communities Institute (HCI) to support report development of the Ventura County CHIS 2026-2028. Conduent HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate interventions, establishing monitoring systems, and implementing performance evaluation processes. This report was authored by Jane Chai, MPH, Community Health Subject Matter Expert at Conduent HCI. To learn more about Conduent HCI, please visit www.conduent.com/communityhealth.

Written comments or questions regarding this report can be submitted to Communities Lifting Communities at clc@hasc.org.

DESCRIPTION OF THE COMMUNITY SERVED

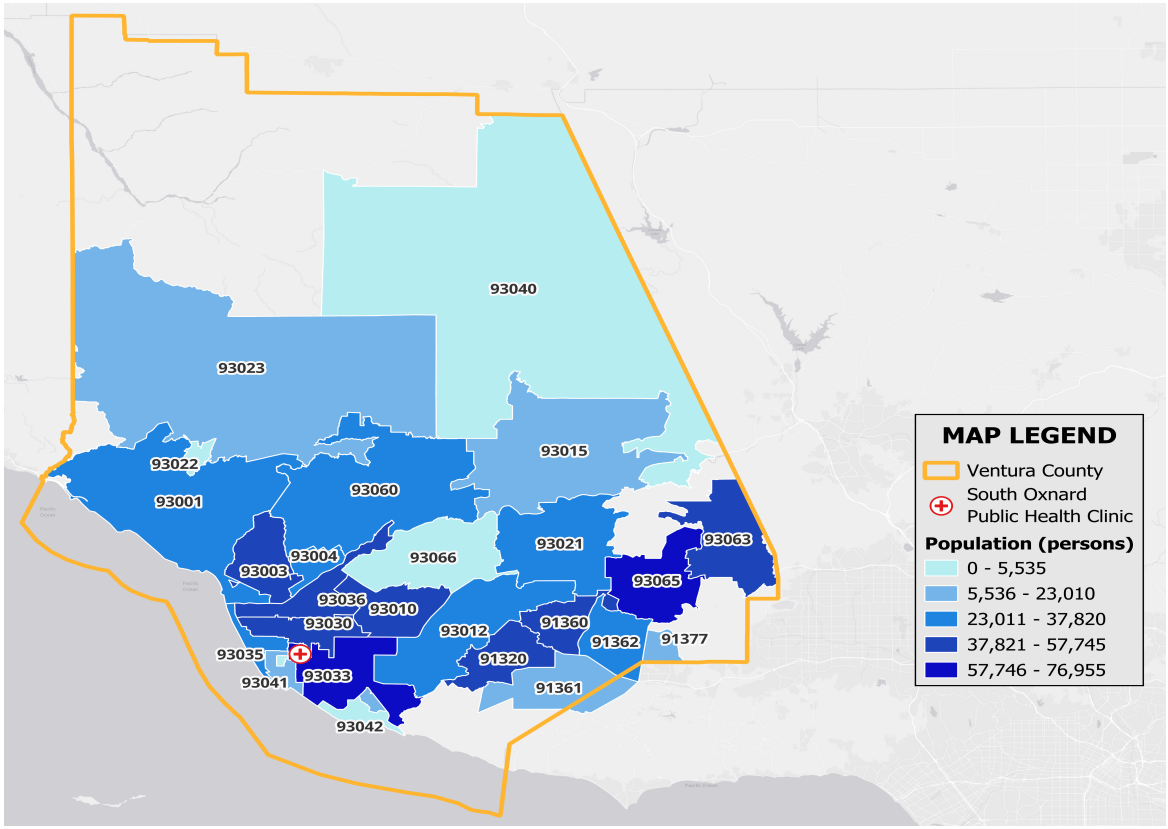
Community Definition and Description

To address community health challenges and deliver impactful, coordinated care using shared resources, the 10 health care institutions of the VCCHIC Steering Committee have defined their service area as Ventura County.

Located in Southern California, Ventura County has an area of land of 1,843.1 square miles, which encompasses 10 cities, 23 census-designated places, and 15 other unincorporated communities. According to 2024 Claritas Pop-Facts, Ventura County has a population of 831,228 and is the 12th largest county in terms of population. Figure 1 shows the population size in Ventura County by zip code. The most populated zip codes are 93033 (in Oxnard) and 93065 (in Simi Valley) with population totals of 76,955 and 73,034.

In 2024, Ventura County's population had a median age of 40.3 and a median household income of $103,111. Additionally, 50.9% of the population is female, 5.1% are below five years of age, 20.8% are below 18 years and 18.6% are 65 years and above and 37.9% of the people in Ventura County speak a non-English language at home. Additional details describing the community in Ventura County, including demographics and social and economic determinants of health, can be found in the 2025 Ventura County CHNA report on the Health Matters in Ventura County website at www.healthmattersinvc.org.

FIGURE 1. VENTURA COUNTY POPULATION ZIP CODE, 2024



Source: Claritas Pop-Facts, 2024

2025 CHNA PROCESS AND FINDINGS

VCCHIC conducted its 2025 Community Health Needs Assessment (CHNA) between January and June 2025. The purpose of the CHNA was to identify and prioritize the significant health needs of the community.

Methods for Identifying Community Needs

To gain a comprehensive understanding of assets and needs in Ventura County, findings from primary and secondary data sources were analyzed for areas of overlap. Secondary data used in this assessment consisted of community health indicators, while primary data consisted of community member focus group discussions, partner listening sessions and a community survey.

Findings from these data sources as well as from Life Expectancy and Years of Life Lost analysis were combined to identify the significant health needs for Ventura County.

Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: top 10 health needs as ranked by HCI's Data Scoring Tool
- Survey analysis: identified by 20% or more of respondents as a priority issue
- Qualitative analysis: frequency topic was discussed within or across focus groups
- Life expectancy data: analysis of leading causes of death, leading causes of premature death, and all- cause mortality

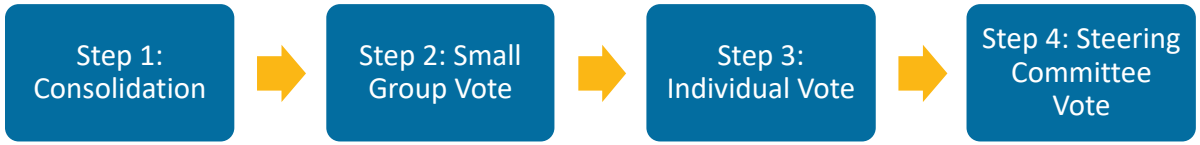
Using this criteria, 19 needs emerged as significant. Figure 2 shows the final 19 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of various data collected for the 2025 CHNA.

FIGURE 2. SIGNIFICANT HEALTH NEEDS

Prioritization Process and Criteria

As shown in Figure 3, VCCHIC utilized a multi-step process to review findings from the 2025 CHNA and identify priority areas for action in the Ventura County CHIS 2026-2028.

FIGURE 3. PRIORITIZATION PROCESS



In April 2025, VCCHIC held a 2.5-hour virtual meeting with 47 participants, including VCCHIC Steering Committee members and community host representatives, to review health data presented by Conduent HCI and identify key health priorities for the next three years of the CHNA cycle. Attendees discussed findings, consolidated the list of significant health needs and voted, in small groups and individually, for the top three health topics that they considered VCCHIC to be uniquely suited to address. The Steering Committee reconvened the following week to finalize the list, uplifting Access to Health Care, Care Navigation, and Health Equity as overarching topics core to VCCHIC's mission.

VCCHIC's final decision was made using a digital survey tool in which Steering Committee members scored each health topic based on specific criteria, combining data insights with community knowledge to produce a ranked list of prioritized health needs. Criteria used for scoring included:

- **Scope** – The magnitude of impact of the issue. Considers how many people or communities in Ventura County the topic area impacts.
- **Severity** – The severity of the issue. Considers how the issue impacts health and quality of life in Ventura County.
- **Ability to Impact** – VCCHIC's ability to the issue. Considers whether the goals are actionable and achievable in a reasonable timeframe and whether resources are available to address the issue.

Prioritized Significant Health Needs

Based on the multi-step process described, the following three priority areas were identified for action in the 2026-2028 CHIS: (1) Behavioral Health; (2) Older Adults' Health; and (3) Women's Health.

FIGURE 4. PRIORITIZED HEALTH NEEDS

Behavioral Health

Older Adults' Health

Women's Health

CHIS PLANNING PROCESS

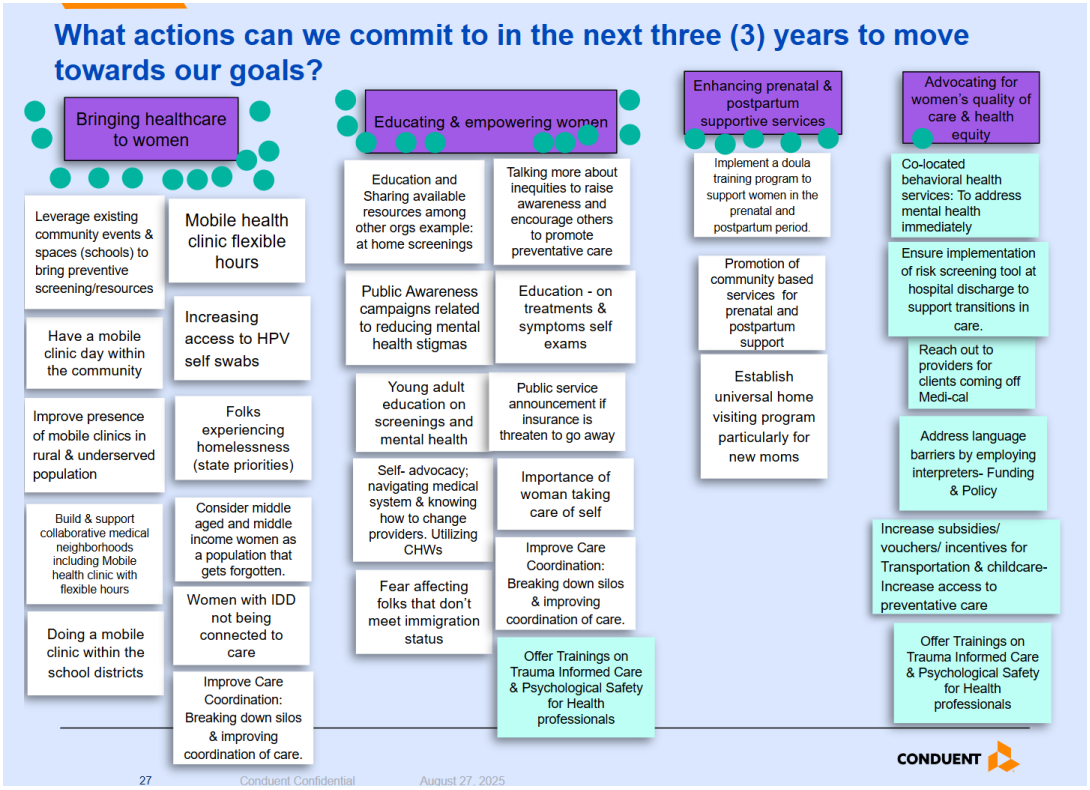
The CHIS planning process included a kickoff and series of virtual workshops as shown in Figure 5. This report includes goals, strategies, and objectives based on the planning process that VCCHIC intends to deliver, support, and/or collaborate on to address significant prioritized community health needs over the next three years. The strategies and planned activities considered the CHNA findings, community assets, and underlying challenges related to each priority area as well as VCCHIC's mission and capabilities.

FIGURE 5. CHIS VIRTUAL PLANNING SESSIONS

CHIS Kickoff

On July 10, 2025, VCCHIC members and community partners met for a Regional Convening and kickoff of the 2026-2028 CHIS process. Over 115 participants representing a range of health, behavioral health, education, social services, and community-based organizations attended the in-person event. The meeting emphasized VCCHIC's efforts centering inclusivity, equity, and collective action. Conduent HCI provided an overview of the 2025 CHNA process, highlighting findings that led to the selection Behavioral Health, Older Adults' Health, and Women's Health as the top priority areas for the CHIS. VCCHIC leadership discussed the integration of access to care, care navigation, and health equity across the priority areas. Local subject matter experts reviewed the current landscape of each priority area including state and federal policy impacts and local initiatives. Emphasis was placed on collaboration, upstream prevention, and engaging community voices to shape a responsive and equitable health improvement strategy.

FIGURE 6. SESSION 2 STRATEGY WOMEN'S HEALTH WORKSHOP EXAMPLE



CHIS Planning Sessions

After the kickoff, Conduent HCI facilitated a series of virtual workshops with workgroups for each priority area. Participants included community partners, providers, and subject matter experts knowledgeable about community needs and services for the priority area.

During the first virtual session, Conduent HCI facilitated a group discussion to understand the landscape impacting each priority area. The conversation was captured using a collaborative Google Slides document. Before the meeting, participants received *Pre-Workshop Worksheets* along with key findings from the CHNA specific to the priority area to prepare them for the conversation. During the workshop, participants discussed:

- Their vision for the priority area
- Community-level indicators that are most important to improve
- Existing programs, initiatives, and resources that could be leveraged towards their goals
- Challenges hindering progress in the priority area and their common causes

At the second workgroup session, participants agreed on an overarching goal or long-term change they hoped to achieve based on ideas expressed in the first session for their vision.

Conduent HCI then facilitated a consensus workshop to agree on key strategies to focus on over the next three years. Participants considered structural or policy changes that

could address barriers, actions to improve access to care and navigation, reduce disparities, and evidence-based practices that could be effective in Ventura County. They also looked at whether each idea aligned with VCCHIC's shared vision and values, was feasible to carry out, and could benefit from collaboration through VCCHIC. The process included individual brainstorming, small group discussions, and a facilitated session with the full group. As shown in Figure 6, participants shared ideas, grouped those with similar intent, and identified top strategies for action.

At the third and final planning session, the workgroups finalized strategies for each priority area and began developing implementations plans. The workgroups reviewed existing programs, goals, and metrics for each strategy. Small groups for each strategy developed SMARTIE objectives — goals that are Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, Equitable. Each small group then outlined key activities to carry out throughout the first year of the CHIS.

CHIS Implementation and Progress Tracking

The CHIS implementation plans outline details about each priority area strategy. The following components of the plans: 1) broad goals and community-level indicators to track long-term progress; 2) strategies with measurable shorter-term objectives; and 3) specific activities, timelines, and lead organizations or individuals responsible. Priority area workgroups will meet regularly to implement activities and track progress. The CHIS implementation plans will be regularly reviewed and revised to reflect evolving community needs, assets, and activities. Progress and updates will be shared on the Health Matters in Ventura County website at: www.healthmattersinvc.org.

BEHAVIORAL HEALTH

Behavioral health refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. Improving behavioral health involves supporting healthy communities and addressing social factors that affect well-being.[1]

The following were findings from the 2025 Ventura County CHNA and key community-level indicators the Behavioral Health Workgroup was interested in improving:

- **High Need for Support:** Over 1 in 4 Ventura County residents (26%) report needing help with mental health, emotional, or substance use issues.[2]
- **Rising Overdose Deaths:** Opioid-related deaths in Ventura County have nearly quadrupled—from 7.1 per 100,000 in 2014 to 27.9 in 2023 and are higher than the state average.[3] Young adults, males, and White residents are more likely to experience hospitalizations or ER visits due to substance use.[4]
- **Mental Health and Self-Harm:** Hospitalization rates (16.1 per 100,000 per 10-17 years) and ER rates (82.1 per 100,000 population 10-17 years) for adolescent suicide and self-inflicted injury are higher than the state average and continue to rise. Hospitalization and ER rates due to suicide and intentional self-inflicted injury are especially high among teens (ages 15–17), young adults, females, and Black/African American and White individuals.[4]
- **Unmet Mental Health Needs:** 39.6% of VCCHIC survey respondents said they didn't receive needed mental health care. This was even higher (53.2%) among individuals identifying as transgender and nonbinary. Common barriers included lack of provider information, cost, and limited service hours.[5]
- **Unmet Substance Use Needs:** 44.4% of respondents reported not receiving needed substance use services. Among individuals identifying as transgender and nonbinary, this rose to 58.8%. Barriers included lack of information, insurance, fear of judgment, and transportation challenges.[5]

> "I think right now in our political climate there is a lot of suicidal ideations with young folks there is increased hostility and rejection from family relationships in addition to friendships, but just this feeling of hopelessness."
> *—Behavioral Health Listening Session*

Behavioral Health Workgroup

- Adventist Health Simi Valley
- Bienestar CCC
- Camarillo Health Care District
- Casa Pacifica Center for Children & Families
- Clinicas del Camino Real, Inc.
- CommonSpirit: St. John's Hospitals
- Community Action of Ventura Couty
- Community Memorial Healthcare
- Conejo Health
- EO Green Junior High School
- Esperanza Project
- Global Empathy Training Academy
- Gold Coast Health Plan
- Health Care for All
- Hospital Association of Southern California
- Housing Authority of the City Of San Buenaventura (HACSB)
- Interface Children & Family Services
- Kaiser Permanente
- Lideres Campesinas
- Nate's Place, A Wellness and Recovery Center
- Oxnard School District
- Rainbow Connection Family Resource Center
- Santa Paula Latino Town Hall
- The Social Changery
- Tri-Counties Regional Center
- United Parents
- Ventura County Ambulatory Care
- Ventura County Behavioral Health
- Ventura County Health Care Agency
- Ventura County Human Services Agency
- Ventura County Public Health

Community Assets:

Ventura County has a range of assets that could be leveraged to improve behavioral health including, but not limited to:

- Medi-Cal programs that foster collaboration with local health jurisdictions such as community-based programming, coordinating care for high-need populations, and expanding access to services.
- Statewide initiatives that aim to strengthen behavioral health infrastructure, workforce capacity, and youth-focused prevention through funding, policy, and advocacy.
- Collaborative partnerships and data-sharing platforms enhance care coordination, workforce development, and access to behavioral health services across systems.
- Integrated school-based and cross-agency programs provide flexible, accessible behavioral health support tailored to the needs of children, youth, and families.
- Culturally specific programs support behavioral health and social services.

Underlying Challenges:

Some challenges hindering progress for behavioral health and their common causes include:

- System Navigation and Structural Complexity: Fragmented systems, rigid mandates, and misaligned funding streams create challenges in coordination, innovation, and access to behavioral health services.
- Sociopolitical and Cultural Dynamics: Shifts in political priorities, underrepresentation, and resource limitations can impact equity, trust, and progress within behavioral health systems.
- Stigma and Public Understanding: Persistent stigma, limited awareness, and systemic biases can discourage individuals from seeking support and create barriers to care.
- Workforce Capacity and Training: Shortages of qualified professionals, especially those with cultural and linguistic competencies, along with limited training and reimbursement, affect service delivery and equity.
- Compassionate, Person-Centered Care: Systemic constraints and traditional care models may limit the ability to provide holistic, person-centered, and trauma-informed behavioral health services.

Goal, Strategies, and Objectives

The following plan was created by the Behavioral Health Workgroup after consideration of data findings, community assets, and underlying challenges related to behavioral health.

GOAL: To create inclusive, low barrier, culturally responsive, and community-driven behavioral health supports that ensure equitable access to services for all individuals, especially underserved populations.

Key Community-Level Indicators

- Adults needing help with mental, emotional, or substance use problems — 26% (2023)[2]
- Adults needing and receiving behavioral health care services — 51.8% (2022-2023)[2]
- VCCHIC survey respondents accessing needed mental health care services – 60.4% (2025)[5]
- VCCHIC survey respondents accessing needed substance use services – 55.6% (2025)[5]
- Age-adjusted death rate due to all opioid overdose — 27.9 deaths per 100,000 population (2023)[3]
- Age-adjusted death rate due to fentanyl overdose — 24.5 per 100,000 population (2023)[3]
- Age-adjusted hospitalization rate due to adolescent suicide and intentional self-inflicted injury — 16.1 per 10,000 population 10-17 years (2020-2022)[4]
- Age-adjusted ER rate due to adolescent suicide and intentional self-inflicted injury — 82.1 per 10,000 population 10-17 years (2020-2022)[4]

Strategy 1: Integrate and coordinate organizations to improve behavioral health service delivery by making it more accessible, user-friendly, and effective for all.

Objective 1.1: By 2028, increase the number of VCCHIC-partnering organizations that are utilizing a closed-loop referral system (e.g., Ventura County Community Information Exchange, 211, etc.) for behavioral health services.

Objective 1.2: For those organizations utilizing a closed-loop referral system, ensure that 50% of referrals are tracked and follow-up outcome documented.

Strategy 2: Expand and extend evidence-based behavioral health programming in Ventura County.

Objective 2.1: By December 2028, increase the percentage of agency staff working directly with community members who receive evidence-based program trainings from baseline to 75% or more.

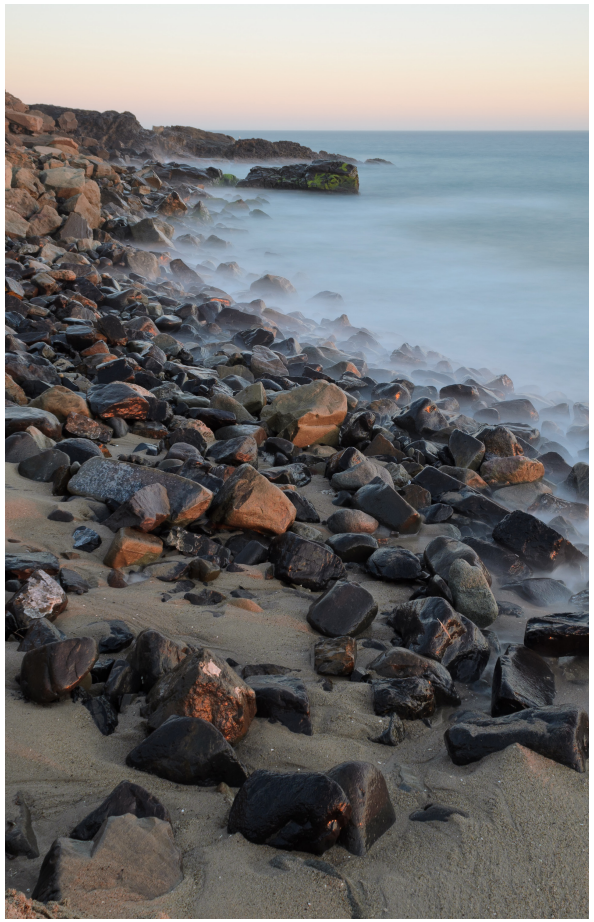
1 Centers for Disease Control and Prevention. (2024, June 9). About Behavioral Health. Retrieved from https://www.cdc.gov/mental-health/about/about-behavioral-health.html

2 California Health Interview Survey available on www.healthmattersinvc.org

3 California Opioid Overdose Surveillance Dashboard available on www.healthmattersinvc.org

4 California Department of Health Care Access and Information available on www.healthmattersinvc.org

5 VCCHIC Community Survey 2025



OLDER ADULTS' HEALTH

Ventura County is home to nearly 260,000 people age 55 and older — about 3 in 10 people in the county.[1] Adults 65 and older are the only age group that is projected to grow as a proportion of that population, from 18.7% of the population in 2025 to 23.2% of the population in 2035.[1,2] Older adults are more likely to have chronic health conditions and face serious complications from infectious diseases. Helping older adults get regular preventive care can help them stay healthy and improve quality of life.[3]

The following were findings from the 2025 Ventura County CHNA and key community-level indicators the Older Adults' Health Workgroup was interested in improving:

- **Cognitive Health Concerns:** 6% of Medicare recipients in Ventura County are treated for Alzheimer's or dementia – higher than most counties in California.[4]
- **Chronic Conditions:** Older adults are managing multiple multi chronic conditions. One-third of adults 65 and older have a disability; 22% have diabetes; and 22% have heart disease.[4,5]
- **Mental Health Disparities:** 17% of Medicare beneficiaries have depression, with higher rates among women and American Indian/Alaska Native individuals.[4]
- **Social Isolation and Poverty:** 1 in 5 (21.2%) adults 65 and older live alone and 8.4% live below the poverty level.[5]
- **Unmet Health Needs:** 15.9% of adults 55 and older reported not receiving needed health care services, 37.8% did not receive needed mental health care services, and 45.3% did not receive needed substance use services.[6]
- **Caregiver Burden:** More than 1 in 3 adults 55 and older are caregivers, often facing stress, burnout, and limited support.[6,7]

> "I think about seniors and elderly who don't have the resources or even transportation to get this kind of information."
> *—Black and African American Focus Group*

Older Adults' Health Workgroup

- Access Central Coast
- Adult Protective Services
- Adventist Health Simi Valley
- Brain Injury Center
- Cal State Channel Islands
- Camarillo Health Care District
- Casa Pacifica Center for Children & Families
- City of Oxnard
- Community Memorial Healthcare
- Cottage Health
- Dignity Health / St. John's Regional Medical Center in Oxnard & St. John's Hospital Camarillo
- Gold Coast Health Plan
- HELP of Ojai
- Interface Children & Family Services
- Kaiser Permanente
- Líderes Campesinas
- Long Term Care Services of Ventura County, Inc.
- Rainbow Connection
- Senior Concerns
- Senior Helpers (HCO)
- Syndicated Insurance Agency
- Tri-Counties Regional Center
- Ventura County Area Agency on Aging
- Ventura County Community Foundation
- Ventura County Health Care Agency — Ambulatory Care
- Ventura County Human Services Agency
- Ventura County Public Health

Community Assets:

Ventura County has a range of assets that could be leveraged to improve older adults' health including, but not limited to:

- Local coalitions and advocacy groups help align organizations and improve service coordination.
- Programs offer navigation assistance, respite care, and emotional support for family caregivers.
- Public and specialized transit services help older adults and individuals with disabilities reach essential destinations.
- Behavioral health programs provide early intervention and support, including for Medicare-eligible individuals.
- Community guides and listings help residents find housing, wellness programs, and local events.
- Ventura County Community Information Exchange facilitating shared data for coordinated care.
- Local initiatives include senior center activities, outreach to farmworkers, and care management services.
- Public health teams and community campaigns raise awareness and connect residents to services.

Underlying Challenges:

Some challenges hindering progress for older adults' health and their common causes include:

- Federal Funding Cuts and Political Climate: Cuts, deficits, grant dependency, and competition for limited resources.
- Burnout and Resource Constraints: Staffing challenges due to labor shortages, turnover, burnout, retiring experts, and financial stress.
- Collaboration Gaps: Difficult communication, limited transparency, and siloed operations.

Goal, Strategies, and Objectives

The following plan was created by the Older Adults' Health Workgroup after consideration of data findings, community assets, and underlying challenges related to older adults' health.

GOAL: Enhance the quality of life for older adults and their caregivers by expanding access to affordable, accessible, coordinated, and inclusive health and support services, especially for those living alone or experiencing poverty.

Key Community-Level Indicators

- Alzheimer's disease or dementia among Medicare population — 6% (2023)[4]
- Depression among Medicare population — 17% (2023)[4]
- People 65+ living alone — 21.2% (2023)[5]
- People 65+ living below poverty level — 8.4% (2019-2023)[5]
- VCCHIC survey respondents 55 years and older accessing needed health care services — 84.1% (2025)[6]
- VCCHIC survey respondents 55 years and older accessing needed mental health care services — 62.2% (2025)[6]
- VCCHIC survey respondents 55 years and older accessing needed substance use services — 54.7% (2025)[6]

Strategy 1: Promote education and information sharing about health-promoting practices and services for older adults and their caregivers.

Objective 1.1: By December 2028, increase older adults' knowledge related to older adult health services by those completing the pre/post-test education trainings.

Objective 1.2: By December 2028, increase caregiver knowledge by 5% from pre to post-test results.

Strategy 2: Advocate for policy solutions that improve access to care and foster healthy environments for older adults.

Objective 2.1: By December 2026, increase awareness of VCCHIC and aging adult issues in Ventura County among local elected and administrative officials from 25% to 50% by our members participating in various local meetings.

Strategy 3: Advance continuous training and resources for the providers, caregivers, and volunteers supporting older adults.

Objective 3.1: By December 2028, decrease caregiver burnout and stress as measured by the ZBI + PHQ2 among caregivers from initial course/intake to 6 month follow up.

Objective 3.2: By December 2028, increase the number of caregiver course attendees, caregiver courses, and variety of caregiver courses available among caregivers.

1 Claritas Pop-Facts available on www.healthmattersinvc.org

2 California Department of Finance, Report P-2B 2035 Projections

3 Office of Disease Prevention and Health Promotion. (n.d.). Older Adults. Retrieved September 5, 2025, from Healthy People 2030: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults

4 Centers for Medicare and Medicaid Services available on www.healthmattersinvc.org

5 American Community Survey available on www.healthmattersinvc.org

6 VCCHIC Community Survey 2025

7 VCCHIC Community Health Needs Assessment 2025 available on www.healthmattersinvc.org

WOMEN'S HEALTH

Women face unique health concerns such as pregnancy, childbirth, menopause, and increased risks for diseases like breast and cervical cancer. Addressing these issues through preventive care, screenings, and high-quality health care is essential to improving women's long-term health outcomes.[1]

The following were findings from the 2025 Ventura County CHNA and key community-level indicators the Women's Health Workgroup was interested in improving:

- **High Breast Cancer Rates:** Breast cancer incidence and mortality in Ventura County are higher than state and national averages, especially among White women.[2,3] Mammography screening rates among those with Medicare are lower for Hispanic and American Indian/Alaska Native women.[4]
- **Rising Cervical Cancer:** Cervical cancer incidence rates in Ventura County are higher than California's average and are increasing, with Hispanic women having the highest rates.[2]
- **Prenatal and Postpartum Concerns:** Over 10% of pregnant individuals did not receive prenatal care in the first trimester.[5] Ventura County has higher rates of postpartum depression than the state, which can lead to serious health risks for both the pregnant person and child.[6]
- **Adolescent Female Mental Health Crisis:** Hospitalization and emergency visits due to suicide and self-harm are significantly higher among adolescent girls than boys.
- **Barriers to Health Care:** Nearly 1 in 5 women reported not receiving needed health care due to long wait times, cost, lack of respect, insurance issues, and distrust in the system.[8]
- **Limited Access to Mental Health Services:** 39.4% of women did not get needed mental health care, often due to provider shortages, cost, lack of information, and inconvenient service hours.[8]
- **Unmet Substance Use Needs:** 45.2% of women did not get needed substance use services, with barriers including lack of information, no insurance, fear of judgment, and travel difficulties.[8]

Women's Health Workgroup

- Adventist Health Simi Valley
- Academic Family Medical Center
- American Cancer Society
- Breastfeeding Coalition of Ventura County
- Camarillo Health Care District
- City of Fillmore
- Clinicas del Camino Real, Inc.
- CommonSpirit: St. John's Hospitals
- Communities Lifting Communities
- Community Memorial Healthcare
- Conejo Free Clinic
- Dignity Health - St. John's Regional Medical Center
- EO Green JHS Wellness Center
- Esperanza Project
- Every Woman Counts
- First 5 Ventura County
- Gold Coast Health Plan
- Interface Children & Family Services
- Kaiser Permanente
- Líderes Campesinas
- Mixeco Indigena Community Organizing Project
- Oxnard Union High School District
- Rainbow Family Resource and Empowerment Center
- Rescue Mission Alliance Lighthouse for Women and Children
- Ventura County Ambulatory Care
- Ventura County Health Care Agency
- Ventura County Human Services Agency
- Ventura County Public Health
- Westminster Free Clinic & Community Care Center
- Women's Economic Ventures

> Lack of sexual health education leads to people ignoring a lot of things. It leads to poor health outcomes in the long run. It contributes to teen pregnancy. I mean, there's just so many health disparities that it ends up contributing to overall. And if we just had some basic education. It would really take us further in being healthy and taking care of ourselves. *—LGBTQIA+ Focus Group*

Community Assets:

Ventura County has a range of assets that could be leveraged to improve women's health including, but not limited to:

- Statewide and health system initiatives such as Department of Health Care Services (DHCS) Birthing Care Pathway, DHCS Bold Goals, and perinatal metrics that aim to improve maternal and infant outcomes with a focus on equity.
- Home visiting and parenting support programs offered through Ventura County Public Health and community providers that offer direct support to pregnant people and families.
- Community education and navigation services including community health workers, self-advocacy training, and support for women.
- Local collaboratives such as the Birth Equity Stakeholders Group, Farmworkers Health Collaborative, and Perinatal Substance Use Task Force working together to improve health among women and their families.
- Cancer screening and support programs providing education, screenings, and navigation support for breast and cervical cancer care.
- Services that support maternal health, nutrition (e.g., WIC), mental health screening, and safety for women and families.

Underlying Challenges:

Some challenges hindering progress for women's health and their common causes include:

- Current Political Climate and Uncertainty: Changes in coverage, program cancellations, and threats to reproductive rights create fear and uncertainty around women's health care access.
- Physical and Systemic Barriers to Care: Limited appointment availability, transportation, affordability and lack of culturally appropriate care restrict access to care.
- Knowledge Deficits: Community members and organizations are unaware of available services or the importance of preventive care.
- Stigma and Biases: Social stigma, clinician bias, and lack of culturally relevant care can create barriers, especially those with disabilities or postpartum needs, from accessing care and services.

Goal, Strategies, and Objectives

The following plan was created by the Women's Health Workgroup after consideration of data findings, community assets, and underlying challenges related to women's health.

1 Office of Disease Prevention and Health Promotion. (n.d.). Women. Retrieved September 5, 2025, from Healthy People 2030: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/women

2 National Cancer Institute available on www.healthmattersinvc.org

3 California Department of Public Health available on www.healthmattersinvc.org

4 Centers for Medicare and Medicaid Services available on www.healthmattersinvc.org

5 California Department of Public Health available on www.healthmattersinvc.org

6 California Department of Public Health Maternal Mental Health Dashboard available on https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Maternal-Mental-Health.aspx

7 California Department of Health Care Access and Information available on www.healthmattersinvc.org

8 VCCHIC Community Survey 2025

9 CDC – PLACES available on www.healthmattersinvc.org

GOAL: Improve women's health and well-being through accessible, culturally appropriate, and holistic care that supports reproductive health, preventive screenings, mental health, and family support across every stage of life and for individuals of all abilities.

Key Community-Level Indicators

- Breast cancer incidence rate — 139 cases per 100,000 females (2017-2021)[2]
- Mammogram in past 2 years: ages 50-74 — 75.2% among women aged 50-74 (2022)
- Mammogram screening among Medicare population — 44% (2023)[4]
- Cervical cancer incidence rate — 7.5 cases per 100,000 females (2017-2021)[2]
- Cervical cancer screening: ages 21-65 — 82.2% among women aged 21-65 (2020)[9]
- Mothers who received early prenatal care — 89.2% (2020-2022)[3]
- Prenatal Depression Symptoms — 14.2% (2020-2022)[6]
- Postpartum Depression Symptoms by Year — 18.7 (2020-2022)[6]
- Age-adjusted hospitalization rate due to adolescent suicide and intentional self-inflicted injury — 16.1 per 10,000 population aged 10-17 (2020-2022)[7]
- Age-adjusted ER rate due to adolescent suicide and intentional self-inflicted injury — 82.1 per 10,000 per 10,000 population aged 10-17 (2020-2022)[7]
- Female VCCHIC survey respondents accessing needed health care services — 80.9% (2025)[8]
- Female VCCHIC survey respondents accessing needed mental health care services — 60.6% (2025)[8]
- Female VCCHIC survey respondents accessing needed substance use services — 54.8% (2025)[8]

Strategy 1: Bring health care to all women regardless of location or life circumstance.

Objective 1.1: By December 2027, increase the number of women accessing breast cancer screening by 10%.

Objective 1.2: By December 2027, increase the number of women accessing cervical cancer screening by 10%.

Strategy 2: Educate and empower women about health-promoting behaviors and services.

Objective 2.1: By December 2028, increase the percentage of women with physical and/or intellectual disabilities who accessed screenings.

Objective 2.2: By December 2028, increase the number of trauma-informed and inclusive care trainings among health care professionals.

Objective 2.3: By December 2028, increase the number of health education materials about preventative care and behaviors across the economic sector and health care professionals.

Strategy 3: Enhance programs and services that promote health among prenatal and postpartum women.

Objective 3.1: By December 2028, increase the percentage of pregnant and postpartum women with Medi-Cal insurance who are screened for depression and receive follow up within 30 days by 10 percentage points.

Objective 3.2: By December 2028, increase the percentage of women participating in a home visiting program by 10 percentage points.

CONCLUSION

The Ventura County Community Health Implementation Strategy (CHIS) 2026-2028, developed by Ventura County Community Health Improvement Collaborative (VCCHIC), fulfills federal requirements for charitable hospital organizations to develop a three-year plan addressing significant health needs identified in the most recent Community Health Needs Assessment (CHNA), as outlined in IRS Section 501(r) (3).

This CHIS contributes to Ventura County Public Health meeting the Public Health Accreditation Board's standards for community health improvement planning. VCCHIC partnered with Conduent Healthy Communities Institute (HCI) to support the development of this report. Conduent HCI helped ensure the process remained neutral, inclusive, and responsive to community input, engaging partners across Ventura County to shape a strategy that reflects both regulatory requirements and local needs.

VCCHIC developed the goals, strategies, and objectives in this plan through a series of virtual workshops with community partners. These shared priorities will guide collaborative efforts to address the three priority health areas identified: 1) Behavioral Health; 2) Older Adults' Health; 3) Women's Health. To stay on track and ensure progress, VCCHIC will regularly review both process and outcome measures. This ongoing evaluation will help ensure that strategies are being implemented effectively and continue to meet the evolving needs of the community.

Written comments or questions regarding this report can be submitted to Communities Lifting Communities at clc@hasc.org.