

# COMMUNITY RESOURCE ASSESSMENT STUDY

## 2017-2018



# **COMMUNITY RESOURCE ASSESSMENT STUDY 2017-18**

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& Victoria Chandler, President/CEO**
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## **Community Resource Assessment Executive Summary**

This purpose of the Study was to uncover the issues, thoughts and insights for the future, by gathering information from a broader cross-section of people in Ventura County, through personal interviews. Who to survey was the most important part of the study process, because it is essential to identify and talk with key people involved in the community, who know that non-profits and agencies exist to respond to a need or solve a common problem in society. A positive side benefit of the Study is the interest and excitement generated in the community.

The Study was to help render strategic decisions on how VCMRF can make an impact; how we work and play with others; how to understand the dynamics of the Ventura County market; how others define community need; and what it really means for VCMRF to be a community resource.

Interview questions are technically designed to solicit information in four areas: 1) the reputation of the organization, its programs, executive and board; 2) the alignment with others; 4) needs of the community and 3) the potential for gifts and volunteer assistance to a future development campaign.

Interviews often begin with the general questions and move to the specifics of the subject's ability and willingness to help. Initial questions often establish the interviewees relationship with the organization and determine his or her views of VCMRF and its programs and initiatives.

VCMRF talked with 114 influential community stakeholders over a three-month period to answer the following questions: 1) whether they had heard of our organization and if so, what did they know about us; 2) were they aware of our current mission, special events, touchstone programs and recognized multiple times for various funding achievements; and 3) were they familiar with the key people involved in the organization.

The purpose for these strategic questions was to explain: 1) why we exist; 2) who we serve; 3) if our current programs and services are relevant in serving the compelling needs of the community; 4) are we educating, cultivating, involving and informing people about our organization; 5) can VCMRF's true core competencies be leveraged with others in the community; 6) what should we be doing; 7) how should we go about doing it; and 8) is VCMRF's mission: "To improve, in partnership with others, access to needed health care for the most vulnerable and underserved residents of Ventura County" pertinent, significant and does it inspire?

The second set of questions was to explore: 1) what they thought are the critical needs in the community; 2) who was best to meet those needs; 3) do they think these issues are being addressed in the areas of access, uninsured and prevention promotion; 4) who do they think

are best positioned to effectively address these priorities; 5) what are their questions and concerns facing non-profits and philanthropy in Ventura County; 6) how does the physical environment, health care and social economic issues affect the delivery of services and programs; 7) what effect does immigration have on our society; 8) what are the trends, social service programs and social economic

factors that improve populations well-being; 9) what are the real vs. perceived gaps; and 10) what are the Community Benefit Analyses and Priorities (Kaiser, Dignity and CMH Health System) filed with the State, and the implications for VCMRF.

The Foundation wanted to learn more about the person who participated in the Study and to develop a relationship with the interviewee: 1) where did they attend school; 2) what are their hobbies and interest; 3) what board or civic/social organizations they served on in Ventura County; 4) where they get their local news; and 5) do they have children living in the County.

They were asked what business leaders of Ventura County known to them, that they most admire and respect to identify anyone who is not involved with VCMRF, who may have an interest in knowing more about VCMRF.

The results of the Study identified implications for VCMRF: 1) part of the population will still fall through the “cracks”; 2) forging relationships with others is critical; 3) not all services are available through expanded Medi Cal for adults; 4) population health management and preventing unnecessary ER/hospital utilization/readmissions takes precedence over capital asset acquisition; 5) there is significant competition and duplication of programs by non-profits and government agencies; 6) there is a demonstrated need, especially for children of the underserved, and low-income seniors; and 7) there is a wave of consolidation – the big will get bigger.

The Study asked at what level of interest and support VCMRF can expect from them in preparing for the 2018 funding year: 1) One person offered to support assistance with a marketing campaign; 2) many people were interested in forming and strengthening a relationship with VCMRF's; and 3) a stakeholder offered to monitor a future symposium for people who participated in the Study, to take a deeper look at the Study's potential relationships and partnerships, and how future collaborations will benefit and financially support the community.

The Cluster Analysis distilled the information and provided a statistical analysis of the information gathered from the interviews and reaffirmed the relevance of VCMRF's programs and services.

\*A small to medium sized organization with 25-30 interviews can range anywhere from \$14,000 to \$25,000. VCMRF believes staff time was well spent on this project.

A handwritten signature in black ink that reads "Victoria Chandler". The signature is written in a cursive, flowing style.

Victoria Chandler  
President/CEO

# I. Executive Summary

Victoria Chandler, President/CEO, of the Ventura County Medical Resource Foundation (VCMRF), a donor-supported 501 (c) (3) non-profit foundation, depends on grants, an annual campaign, special events, and programs, to connect people to resources that support the community, conducted personal interviews with individuals throughout the County of Ventura.

VCMRF developed a Feasibility Study specifically designed to assess and scrutinize the needs in Ventura County, and within the organization. We wanted to see if our mission and programs are relevant in the community.

VCMRF selected and engaged key leaders and stakeholders from diverse backgrounds and skills, whose opinions were shared during the interview process. These individuals have a collective distinction because of their personal qualities and accomplishments, and their affiliations within the community and organization. Interviewees were chosen with the intent to obtain a broad-based representation among the County’s leadership. Our work supports the belief that vibrant healthy communities bring people together and build on social and economic assets of their people and organizations.

The original objectives of the feasibility study were to determine the following:

1. Awareness of health issues in the County;
2. Awareness of VCMRF and its mission;
3. Perceptions of VCMRF’s role in addressing health care issues;
4. The level of commitment to supporting VCMRF’s future;
5. Potential contributors; and
6. What structure is needed to support its future.

However, the study revealed valuable information that other non-profits and agencies, who participated in the study can capitalize on, and the focus changed from a Feasibility Study to the Community Resource Assessment because of the unique relationship, partnership and association with the interviewees. They have an increased awareness of the community and contributed pertinent data that can be used to inform strategic planning, priority setting, program outcomes, and program improvements.

Ventura County Medical Resource Foundation’s focus is on Wellness, not “prevention.” The objectives now include a design to assess wellness and the social determinants of health, as well as the percentage that relates to an individual’s overall health:

- |   |     |
|---|-----|
| 1. Health Care – access to care and quality of care | 20% |
| 2. Physical Environment                             | 10% |

- |  |     |
|--|-----|
| 3. Health Behaviors – tobacco use, diet, exercise,<br>alcohol & drug use                               | 30% |
| 4. Socio-economic Factors – education, job status,<br>family/social support, income & community safety | 40% |

*Centers for Disease Control and Prevention:* “Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment, housing, education) are fundamental to well-being. Another measurement is people’s well-being that integrates mental health (mind) physical healthy (body) and resulting in more holistic approaches to disease prevention and health promotion.

Well-being is associated with self-perceived health; longevity, healthy behaviors, mental and physical illness, social connectedness, productivity and factors in the physical and social environment. Wellness is associated with numerous health, job, family, and economically-related benefits. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities.

How does well-being relate to health promotion? Health promotion activities aimed at strengthening such individual, environmental and social resources may ultimately improve well-being. It is measured with self-reports because it is subjective. This is different than objective measures such as household income, unemployment levels, and neighborhood crime, often used to access well-being. The use of both objective and subjective measures, when available, are desirable for public policy purposes.

What are some correlates and determinants of individual-level well-being? Well-being is dependent upon good health, positive social relationships, availability and access to basic resources (e.g., food, shelter, income), as well as access to modern conveniences (e.g., electricity). Pleasant emotions are more closely associated with having supportive relationships. In the broadest sense, well-being encompasses physical, mental and social domains.”

The procedure followed was the personal interview. Interviews were conducted with 113 individuals over 58 days from 2017-18. The purpose was to gain the insight and expertise, as well as opinions of the interviewees regarding the present image and future of VCMRF. Through the interviews, information was also obtained concerning support for VCMRF and recommendations made of other individuals who could be approached to participate in the study and examined as to their potential interest in VCMRF.

The opinions expressed are not identified with specific individuals.

## II. List of Interviewees

### Thank you to all the study participants

Lucas Johnston	<i>VP, Regional Relationship Manager Pacific Western Bank</i>
Connie Baer	<i>Retired Attorney at Law</i>
Roger Case	<i>Realtor, Case Realty</i>
Laura Zarate, RN, BSN	<i>Manager of Case Management, SeaView IPA</i>
Sharon Bick, RN, BSN	<i>CEO, Meditech Health Services, Inc.</i>
Mary Ann Vance	<i>Retired Investment Consultant</i>
Denise Carter	<i>Regional Director of Sales, Mission Home Health</i>
Kathy Hartley	<i>Business Owner, The Lavender Inn</i>
Brandon Katz	<i>Asst. Vice President, Senior Financial Advisor, Senior Portfolio Advisor, The HFKN Group/Merrill Lynch</i>
Rajinder Rai	<i>Pharmacist/Owner, All Med Drugs/Medical Plaza Pharmacy</i>
Ellyn Dembowski	<i>Realtor, Berkshire Hathaway</i>
Bill Kearney	<i>Senior Vice President/Investments, Merrill Lynch</i>
Brian Taylor, MD	<i>Psychiatrist, Ventura County Behavioral Health</i>
Patrick Miller	<i>President/CEO, CBC Federal Credit Union</i>
Barbara Fitzgerald	<i>Trustee, Ventura Unified School District</i>
David Bayer	<i>Retired Firefighter, Community Volunteer</i>
Rod Gilbert	<i>President, Told Corporation</i>
Lawrence Matheney	<i>Retired, County of Ventura- Treasurer/Tax Collector &amp; Public Administrator/ Public Guardian</i>
Scott Packham, DDS	<i>Dentist/Owner, Rosewood Dental</i>
Monica White	<i>CEO, Food Share</i>
Eric Lunquist	<i>Herald Printing/Precision Graphic Solutions</i>
Joe Espino	<i>Vice President/Community Banking Manager, Community West Bank</i>
June Lovell	<i>Retired Sherriff/husband was Past County Coroner</i>
Lynda Bowman	<i>Community Leader</i>
Roy Schneider, Esq.	<i>Attorney, Schneiders &amp; Associates, LLP</i>
Bonnie Subira, MSW	<i>Director, Social Service/Case Management, Community Memorial Health System</i>
Judy Diaz	<i>Retired Managing Member, Tolman &amp; Wiker Insurance</i>
Richard Rothschild, MD	<i>Physician, Cabrillo Cardiology Medical Group/Dignity Health/St. John's Hospitals</i>
Bruce Paller, Esq.	<i>Estate Planning Attorney</i>
Moises Morales	<i>General Manager, SA Recycling</i>
Joel Goldenberg, DDS	<i>Dentist/Owner, Goldenberg Dentistry</i>

Will Garand	<i>Vice President, Planning &amp; Managed Care, Community Memorial Health System</i>
Mindy Puopolo, PsyD	<i>Director, PsyD Program in Clinical Psychology, California Lutheran University</i>
Marni Brook	<i>Vice President/Commercial Sales Manager, Montecito Bank &amp; Trust</i>
Kristine Calara	<i>Associate VP, University Advancement, California Lutheran University</i>
Greg Glover	<i>Senior Vice President/Group Manager, City National Bank</i>
Robert Lopez	<i>Business Owner</i>
Estela Diesfeld, MD	<i>Pain Management Physician &amp; Anesthesiologist</i>
Michael McQuillan, OD	<i>Optometrist/Owner, Michael McQuillan Optometry</i>
Paul Morison, Esq.	<i>Botti &amp; Morison Estate Planning Attorneys</i>
Jack Neely	<i>Partner, Fausset Neely</i>
Pamela Short	<i>Vice President/Mortgage Consultant, Union Bank</i>
Kate Mills, RN	<i>Program Manager, Homeless Outreach Program</i>
Leo Tauber, MD	<i>Retired Physician</i>
Elena Trevino	<i>Graphic Designer/Owner, Elena Trevino Design</i>
Christian Chivaroli, JD	<i>President/CEO, Chivaroli &amp; Associates, Inc.</i>
Mark Varela	<i>Director &amp; Chief Probation Officer, Ventura County Probation Agency</i>
Inna Berger	<i>President/CEO, Oxnard Family Circle-ADHC</i>
Ross Hoffman	<i>President/CEO, Hoffman &amp; Associates</i>
Mary Jarvis	<i>Public Affairs Director, Kaiser Permanente</i>
Deirdre Frank, Esq.	<i>Attorney at Law, Ventura Personal Injury Lawyer</i>
Carlos Olivias	<i>Sales &amp; Production Management, Darvik Productions</i>
Jackie Sherman, PhD	<i>Professor, California State University Channel Islands</i>
Suzanne Berger, DDS	<i>Dentist/Owner, Ocean Adventure Dentists</i>
Emily Barany	<i>Owner, Visionality</i>
June English, PhD	<i>Project Director, Tri-Counties Cancer Detection Partnership</i>
Steve Bennett	<i>District 1 Supervisor, Ventura County Board of Supervisors</i>
Bob Pazen, OD	<i>Retired Optometrist</i>
Cynder Sinclair, PhD	<i>Executive Director, Community Action Ventura County</i>
Dan Jordan, PhD	<i>Formerly with Ventura County Public &amp; Behavioral Health</i>
Judi Balcerzak, PhD	<i>Professor, California Lutheran University</i>
David Krehbiel, Esq.	<i>Retired Grand Jury Attorney at Law</i>
Betsy Friedman Krehbiel	<i>Realtor</i>
Donna Sepulveda-Weber	<i>VP, Sales, Major Accounts, Stewart Title of California</i>
Daren Mills	<i>Air Traffic Controller/Notary, Department of Defense</i>



Betty Alvarez Ham	<i>President/Founder, City Impact, Inc.</i>
Lynda Nahra	<i>President, Central Coast Region, Pacific Western Bank</i>
Linda Parks	<i>District 2 Supervisor, Ventura County Board of Supervisors</i>
Chris Thompson	<i>Vice President, Oxnard Branch Manager, City National Bank</i>
Giselle Lembo	<i>VDS Coordinator, Mexican Consulate</i>
Jonathan Elías Alvarez-Alzua	<i>Consul for Community Affairs, Mexican Consulate</i>
Lynne West	<i>CEO, Big Brothers Big Sisters of Ventura County</i>
Jim McGee	<i>CEO, Central California Region, American Red Cross</i>
Raymond Lopez, MD	<i>Supervising Physician, La Clinica Fresalud/Healthstat</i>
Suz Montgomery	<i>Resource Coordinator, Ventura Adult Continuing Education (VACE), Ventura Unified School District</i>
Dena Jenson	<i>Director of the Center for Nonprofit Leadership (CNL), California Lutheran University</i>
John Zaragoza	<i>District 5 Supervisor, Ventura County Board of Supervisors</i>
Amber Adam	<i>Operating Manager, Herald Printing</i>
Charles Pankratz, MD	<i>Physician, Palliative Care, Community Memorial Health System</i>
Dale Villani	<i>CEO, Gold Coast Health Plan</i>
Gina M. Giambi Peters	<i>Founder/CEO, Center 4 Special Needs</i>
Ronald Atanay, DDS	<i>Dentist, Sunset Dental</i>
Sue Chadwick	<i>CEO, Chadwick Consults</i>
Roberto Martinez	<i>President/CEO, Boys &amp; Girls Club of Camarillo</i>
Molly Buck	<i>Marketing Director, Los Robles Homecare</i>
Erik Sternad	<i>Executive Director, Interface Children &amp; Family Services</i>
Sandra Young, NP	<i>Nurse Practitioner, Las Islas Family Medical Group</i>
Teresa Romney	<i>Executive Director, CASA of Ventura County (Court Appointed Special Advocates for Children)</i>
Linda Braunschweiger	<i>CEO, Ventura County Housing Trust</i>
Dylan Hull	<i>CEO/Founder, Select Homecare</i>
Kelly Long	<i>District 3 Supervisor, Ventura County Board of Supervisors</i>
Asia Fernandez, PhD	<i>Business Owner</i>
Toy White	<i>Superior Court Judge</i>
David Chase, MD	<i>Retired Physician, EMS Consultant</i>
Petra Puls	<i>Executive Director, First 5 Ventura County</i>
Lori Haugh, LCSW	<i>Executive Director, The Partnership for Safe Families &amp; Communities of Ventura County, The Child Abuse Prevention Council</i>

Jann Huling	<i>Board President, Project Understanding</i>
Janet Garufis	<i>Chairman &amp; CEO, Montecito Bank &amp; Trust</i>
Joe Schroeder	<i>President/CEO, Ventura County Credit Union</i>
Mitch Sloan	<i>Vice President of Development &amp; Communications, Alzheimer's Association</i>
Susan Kapadia	<i>Executive Director, OjaiCARES</i>
Doug Halter	<i>Owner, Halter Landscape</i>
Doug Wood	<i>General Manager, Crowne Plaza Ventura Beach Hotel</i>
Eric Harrison	<i>President/CEO, United Way of Ventura County</i>
Heather Donley	<i>Executive Director, Assisted Home Health &amp; Hospice Foundation</i>
Maricela Morales	<i>Executive Director, CAUSE (Central Coast Alliance United for a Sustainable Economy)</i>
Georgianna Regnier, Esq.	<i>Attorney, Schneiders &amp; Associates, LLP</i>
Michele Newell	<i>Public Affairs, Aera Energy LLC</i>
Michael Powers	<i>CEO, County of Ventura</i>
Arcenio Lopez	<i>Executive Director, Mixteco Indigena Community Organizing Project (MICOP)</i>
Blaise Simqu	<i>President/CEO, Sage Publishing</i>
Mike Tracy	<i>Councilmember, City of Ventura</i>
Tara Carruth, MSW	<i>Ventura County Continuum of Care Alliance</i>

### III. Cluster Analysis

#### Background

VCMRF conducted a survey of informed community respondents over the winter of 2017-18. A total of - members of the community responded.

The survey included open-ended questions in which the respondents were free to describe issues they believed needed to be addressed to improve, broadly, the quality of life in Ventura County communities.

To capture the results of these wide-ranging responses, we conducted an informal (not statistical) cluster analysis of these text responses. Cluster analysis is an exploratory data analysis approach that tries to sort different objects (in this case words or phrases) into logical groups. For our purposes, informally identifying categories of clusters was adequate to our analysis. This was conducted as follows.

We attempted to frame our cluster labels following the categories in “What Goes into Your Health.”<sup>1</sup> This framework has limitations however, because it is focused on the individual, not systems of care, communities, or populations. An example of the limitations is that it does not include demographic categories, e.g., breakouts for sex differences, race/ethnicity, or age. We therefore added these types of categories to our groupings, e.g., Children/youth, Seniors, Latino/Hispanic, Mixteco, legal status, etc. Other concerns raised by respondents simply did not fit into these categories, so we developed categories to include them.

#### Methods

**Identifying Factors.** We developed a list of factors from a combination of our knowledge of Ventura County communities in general, and through a review of a sample of survey responses. We came up with more than 100 potential factors (words and phrases) that could be of interest for policy and practice development.

The survey results had all been entered into a single running Word document. This made it possible to do a word search on each of the words and phrases (and variants) of each of the identified factors. We therefore searched word, phrase and its variants in turn. Word displays a count of the results and the results of these searches in a list that can be reviewed. We took the count, reviewed the displayed summaries for any cases that seemed irrelevant, and adjusted the counts accordingly. We entered the adjusted counts into a corresponding list for each word.

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<sup>1</sup> Institute for Clinical Systems (2014)

We identified 1,353 words and phrases that respondents had used that matched our original 100 factors or categories.

**Establishing Clusters.** As noted above, this was done through a logical approach of pairing the list of factors with summary labels that seemed best able to organize these 100 words and phrases into some sort of meaningful summary. The “What Goes into Your Health” framework has a set of primary and secondary factors for analyzing health status, but again, it is limited by its focus on the individual. We used an expanded list of secondary factors to account for system of care, community and population/demographic factors as well.

**Results.** The tables below show the results of this analysis. Table 1 shows the top-level summary of the analysis, just the (expanded) primary “What Goes into Your Health” cluster of factors. As might be expected, at this broad, overview level, Health Care and Socioeconomic Factors account for 72% of the respondents concerns and interests regarding how to focus efforts to improve conditions on our communities.

Interestingly, while the model states that Health Behaviors account for 30% of individual health outcomes respondents gave only 6% of the weight to this domain. That may, of course, be due to the likelihood that they are focused at a more systemic level. They also under-rated physical environment (10% in the model, 4% here), which should be amenable to policy changes. This under-rating may be due to a lack of information about this relatively new area of policy and research on the impacts of physical environment on both individual and overall community health and wellness.

Table 1. Summary of Primary Clusters.

<b>Primary Clusters</b>	<b>Number</b>	<b>Percentage</b>
Health Care	573	42%
Socioeconomic Factors	402	30%
Children & Youth	125	9%
Health Behaviors	85	6%
Demographics	81	6%
Physical Environment	48	4%
Chronic Diseases	25	2%
Behavioral Health	14	1%
<b>Grand Total</b>	<b>1353</b>	<b>100%</b>

Table 2 displays an expanded list of the “What Goes into Your Health” framework’s secondary clusters. At this level, one factor – Access to Care – jumps out as a leading concern (36%). Three other factors, Family/Social Support, Income, Child & Youth Needs, cluster at 10% & 9%. The rest of the factors fall off from there, education at 7% of the responses, Seniors listed at 5%. The counts/percentages for the rest of the factors are extremely small.

Table 2. Summary of Secondary Clusters

<b>Secondary Clusters</b>	<b>Number</b>	<b>Percentage</b>
Access to Care	493	36%
Family/Social Support	132	10%
Income	128	9%
Child & Youth Needs	125	9%
Education	88	7%
Seniors	74	5%
Housing	38	3%
Drug & alcohol abuse	33	2%
Diet, Exercise, Nutrition, Obesity	32	2%
Wellness	28	2%
Chronic Diseases	25	2%
Underserved	20	1%
Transportation	18	1%
Alzheimer's Brain Injury, Dementia	18	1%
Ethnicity	16	1%
Immigration	15	1%
Alcohol	12	1%
Undocumented	8	1%
Environment	8	1%
Quality Care	8	1%
Veterans	8	1%
Farmworker	7	1%
Tobacco Use	6	0%
Job Status	4	0%
Community Safety	3	0%
Self-Care	2	0%
Pesticide Exposure	2	0%
Asthma	2	0%
<b>Grand Total</b>	<b>1353</b>	<b>100%</b>

Table 3 displays the running list of all individual factors, grouped by their secondary clusters for review. This provides the opportunity to identify how each factor was linked to a grouping, as well as how many times the individual factor was listed by respondents as a concern.

**Discussion.** An issue that emerges that might be worth pursuing is whether community forums may be useful to provide education on current national planning frameworks such as the model from the Institute for Clinical Systems. It appears that respondents may be unfamiliar with current research in domains such as the work being done on the impact of the physical environment on health outcomes. For example, the effects of the interaction of community safety, access to parks, walking spaces, etc. on health behaviors is critical.

Table 3.

<b>Secondary Clusters and Individual Factors</b>	<b>Sum and Count</b>
<b>Access to Care</b>	<b>493</b>
Access to Care	50
Advocate	11
Affordability	32
Behavioral Health	14
Breast cancer	3
Cancer	22
Case Managers	4
Colon	9
Coverage	3
Crises	3
Deductibles	5
Dental Prevention & Services	47
Depression	2
Emergency Room	4
Gold Coast	6
Health care	72
Hearing	4
Insurance	26
Intervention	2
Mammograms	4
Medications	10
Memory	2
Mental health	34
Mentally Health Counseling	2

<b>Secondary Clusters and Individual Factors</b>	<b>Sum and Count</b>
Nurse	4
Oral health	5
Patient Care	4
Physicians	4
Prescription	23
STD	2
Stigma	3
Stress	5
Vision care, Macular degeneration, lattice cataracts. glaucoma	19
Volunteer programs	18
Volunteers	35
<b>Alcohol</b>	<b>12</b>
Alcohol	12
<b>Alzheimer's Brain Injury, Dementia</b>	<b>18</b>
Alzheimer's	7
Brain Injury	2
Dementia	9
<b>Asthma</b>	<b>2</b>
Asthma	2
<b>Child &amp; Youth Needs</b>	<b>125</b>
At-risk	7
Autism	2
Child care	4
Children/kids	85
Foster Kids	12
Juvenile	3
Students	9
Youth	3
<b>Chronic Diseases</b>	<b>25</b>
Cholesterol	4
chronic disease	6
Diabetes	8
heart disease	5
Vaccinations	2
<b>Community Safety</b>	<b>3</b>
Gangs	3
<b>Diet, Exercise, Nutrition, Obesity</b>	<b>32</b>

<b>Secondary Clusters and Individual Factors</b>	<b>Sum and Count</b>
Diet	4
Exercise	8
Nutrition	12
Obesity	6
Sodas	2
<b>Drug &amp; alcohol abuse</b>	<b>33</b>
Drug & alcohol abuse	13
Drugs	18
Opioid	2
<b>Education</b>	<b>88</b>
Classes	3
Education	46
Outreach, promotion	21
Politics	3
Socialization	3
Training	12
<b>Environment</b>	<b>8</b>
Environment	8
<b>Ethnicity</b>	<b>16</b>
Latino/Hispanic	10
Mixteco/indigent	6
<b>Family/Social Support</b>	<b>132</b>
Community	78
Domestic/family violence	15
Electric/repairs	3
Families	36
<b>Farmworker</b>	<b>7</b>
Farmworker	7
<b>Housing</b>	<b>38</b>
Housing	31
Shelter	7
<b>Income</b>	<b>128</b>
Farmers Markets	2
Food	49
Homeless	36
Income	23
Low-income	18



<b>Secondary Clusters and Individual Factors</b>	<b>Sum and Count</b>
<b>Job Status</b>	<b>4</b>
Jobs	4
<b>Pesticide Exposure</b>	<b>2</b>
Insecticides	2
<b>Quality Care</b>	<b>8</b>
End-of-life	3
End-of-life issues	2
Quality Care	3
<b>Self-Care</b>	<b>2</b>
Hygiene	2
<b>Seniors</b>	<b>74</b>
Elderly	9
Seniors	65
<b>Tobacco Use</b>	<b>6</b>
Smoking/Tobacco	6
<b>Transportation</b>	<b>18</b>
Transportation	18
<b>Underserved</b>	<b>20</b>
Underserved	20
<b>Undocumented</b>	<b>23</b>
Immigration	15
Undocumented	8
<b>Veterans</b>	<b>8</b>
Veterans	8
<b>Wellness</b>	<b>28</b>
Prevention	24
Wellness	4
<b>Grand Total</b>	<b>1353</b>

## IV. About the Ventura County Medical Resource Foundation (VCMRF)

**Organization Mission:** “To improve, in partnership with others, access to needed health care for the most vulnerable and underserved residents of Ventura County.”

**Purpose:** To provide better access to medical care for those unable to obtain services on their own.

**Vision:** To be continuously involved in determining the current and projected health issues of the community and how to stimulate greater collaboration and cooperation.

VCMRF’s objective is to be a worthy community partner for low-income families, especially children and seniors. To share wellness information and referrals, and how to best utilize its resources while avoiding duplication of services with others and assuring the community outreach efforts are aligned with identified needs in the community. Even with the remarkable accomplishments of the past 61 years, there is still a great need to keep people healthy in our community. We know this is a challenging environment, but we also know the commitment and compassion of this generous community, and there is no doubt that, together, we can meet these challenges.

VCMRF’s current programs include: (1) *The Children’s Resource Program (CRP)* – The dental and vision program links disadvantaged children’s oral health and vision care with donated services from professionals and reduces inequities and disparities for children accessing health care services. These children have been referred to the Foundation by school districts, government agencies, hospitals, clinics and non-profits whose dental, vision, and other health care problems are impeding their academic, social, emotional, and physical development; (2) *The Senior Resource Program (SRP)* – As we continue to focus on helping these children, we seem to forget their grandparents/seniors suffer the same fate the children do; they do not have access to dental or vision care. They are also low-income, underserved, and are left to fend for themselves. VCMRF’s goal is to provide dental and vision services to both, low-income, vulnerable children under the age of 18 and seniors 62 and older – these programs are the only ones in Ventura County that have no fees or deductibles; (3) *InnCourage Program* – A collaboration with the Oncology Departments at local hospitals, and Kathy Hartley to provide Survivorship Wellness Retreats for women with cancer at the Lavender Inn, in Ojai, California. This program is a unique model to respond to patients during cancer treatment, survivorship, and hospice. It facilitates much needed communication and support services in the current health care system and provides tools to empower low-income, vulnerable women undergoing cancer treatment through a respite retreats and self-care, and 4) *Homeless Outreach Program* – Dedicated to improving the health of vulnerable Ventura County households by providing, in

COMMUNITY RESOURCE ASSESMENT STUDY

partnership with others, critical food, health and income benefits, and by supporting those households through case management, outreach, and advocacy to eliminate the basic causes of homelessness.

Additionally, VCMRF presents the prestigious David Fainer, MD & Leo Tauber, MD Awards Dinner, annually. These awards, which over 300 people attend, recognizes outstanding community contributions by those directly involved in the delivery of health care in Ventura County who, through professional, charitable, and public service activities, has demonstrated they exemplify Dr. Fainer and Dr. Tauber's ideals of generosity, excellence, and integrity. The funds raised from this event touch many lives and help support underserved children and families throughout Ventura County obtain access to health care services and programs, including dental and vision care services for vulnerable, low-income children and seniors in pain, survivorship wellness retreats for women undergoing cancer treatment, and homeless outreach for those less fortunate.

**Communities Served:**

Every city in Ventura County – Camarillo, Fillmore, Moorpark, Newbury Park, Oak Park, Ojai, Oxnard, Port Hueneme, Santa Paula, Simi Valley, Thousand Oaks, Ventura, and Westlake Village. Zip codes include: 91319, 91320, 91358, 91359, 91360, 91361, 91362, 91377, 93001, 93002, 93003, 93004, 93005, 93006, 93007, 93009, 93010, 93011, 93012, 93015, 93016, 93020, 93021, 93022, 93023, 93024, 93030, 93031, 93032, 93033, 93034, 93035, 93036, 93040, 93041, 93042, 93043, 93044, 93060, 93061, 93062, 93063, 93065, 93066, 93094, and 93099.



COMMUNITY RESOURCE ASSESMENT STUDY

**Target Population Served:**

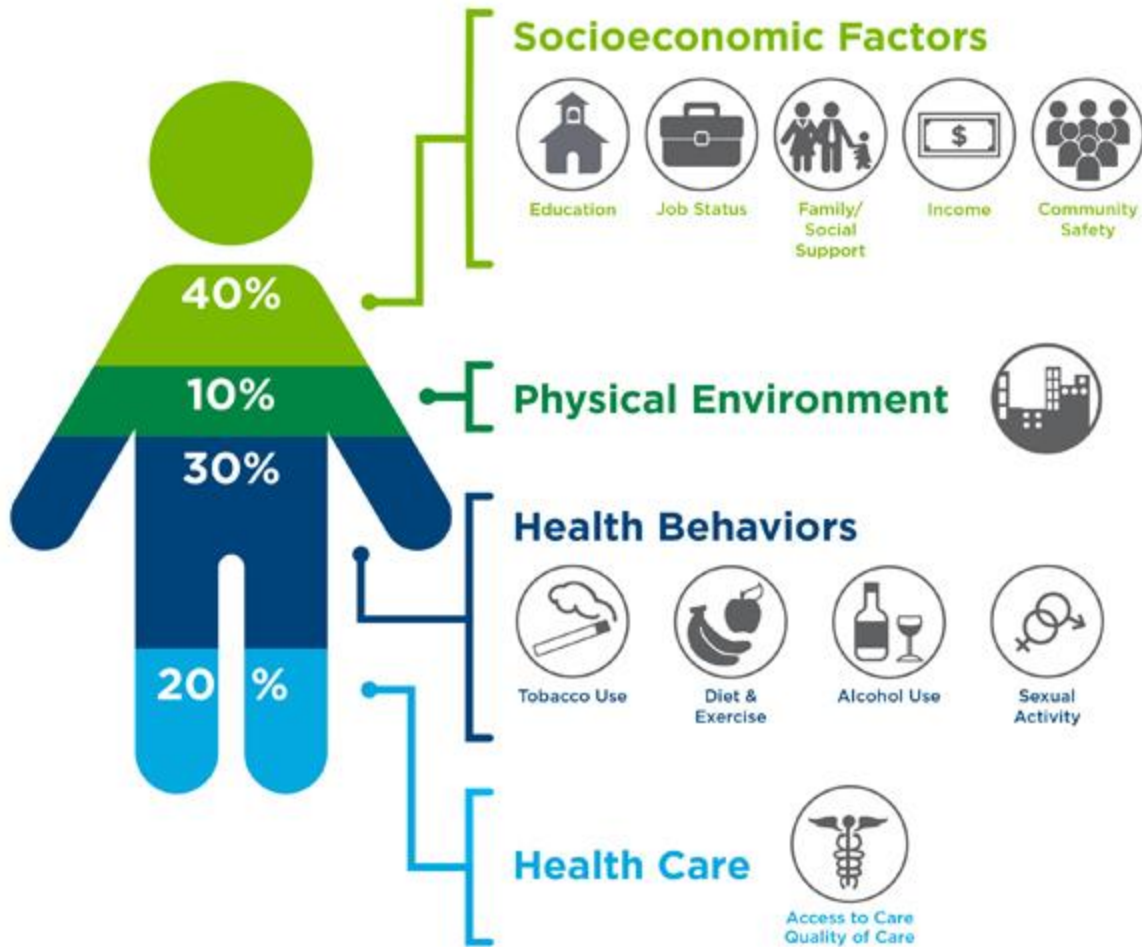
VCMRF serves low-income, underserved, disadvantaged and disabled, male and female, older adults/seniors and children that reside in Ventura County. Additionally, the target population includes: approximately 4% African American, 13% Asian Pacific, 17% Caucasian, 64% Latino/Hispanic, 1 % Native American, and 1% of other ethnicities. Of these adults/seniors, 79% come from families in which languages other than English are spoken. Among the poorest County residents are the homeless and Ventura County's seasonal/migrant farm worker population (an estimated 40,000 persons) who are predominantly Hispanic/Latino immigrants from Mexico and South/Central America. An estimated 25% of the County's residents are underserved or uninsured and have children without dental and/or vision care. According to *Insight Center for Community and Economic Development*, there are 55,000 low-income older adults/seniors residing in Ventura County, and 47% of them (62+years) are struggling to make ends meet.

**Community Resource Assessment's Strategic Plan:**

This includes four focus areas under Wellness and the Social Determinants of Health: (1) Healthcare – Access to Care and Quality Care; (2) Physical Environment; (3) Health Behaviors, and (4) Social Economic Factors.

**Priority Areas Itemized and Ranked Critical Needs and Health Care Issues Facing Underserved Residents of Ventura County.**

# What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

  
The Bridgespan Group

## V. Summary of Responses

- 1) Do you know that Ventura County Medical Resource Foundation (VCMRF) is celebrating its 61<sup>st</sup> anniversary in November of this year?

Yes: 43

No: 70

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- 2) Do you know VCMRF has been recognized multiple times for various achievements?

Yes: 54

No: 59

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- 3) Do you know that VCMRF changed its mission statement in 2014?

Yes: 41

No: 72

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- 4) Do you know what VCMRF's current mission is?

Yes: 45

No: 67

N/A: 1

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- 5) Additionally, VCMRF has 19 Board of Directors members from every city throughout Ventura County. Would you like to see our current Board Member list?

Yes: 43

No: 70

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- 6) Do you know why VCMRF exists?

Yes: 76

No: 37

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- 7) Are you familiar with VCMRF's programs?

Yes: 74

No: 37

Somewhat familiar: 2

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- If not, would you like more information?

Yes: 58

No: 27

N/A: 28

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**8) What is your perception of VCMRF's role in raising funds for programs and services that benefit the residents of Ventura County?**

- Positive perception (4)
- VCMRF needs to be more visible in the public by using the website, social media and providing Board members with their names on VCMRF business cards.
- I see VCMRF's role as facilitator or manager of programs and bringing people together.
- When I left the Board several years ago, there was no clear vision.
- We serve the underserved of the County with our programs.
- Back into the community to provide services and programs that help at-risk families.
- Downtown Ventura is looking to fund a vision clinic for the underserved and a partnership with VCMRF's vision program which would be a good collaboration.
- No perception, except positive, regarding the Board and staff. The organization has a reputation for helping others. Everyone should pitch into the community to help physical and mental health issues.
- Good at filling in the gaps.
- Need specific goals and funding plans for all programs.
- Positive; they are filling a role no other organization fills – in my mind.
- Keep attention on the programs. Shouldn't have too many, need to find our "niche."
- Need more public relations in the community so people don't think you're still connected with the County. I will pay for a PR campaign to change the perception and I know the person that can make this happen.
- My experience is limited to dental. I attended the event in 2016 and know about CRP (used to donate to Lutheran Family Services).
- Positive (I thought it was for hospitals, for surgical equipment)
- An organization that has to fundraise to accomplish their goals, and one that supports the underserved.
- Do an extremely good job with outreach efforts and building funds with businesses in town. VCMRF needs more volunteers to help the foundation.
- Excellent support base for needed services and programs for at-risk families.
- The Senior Resource Program needs to link up with Cal State University Northridge and other institutions in LA to discuss dental programs.
- Good job fundraising for grants, annual campaign and the event.
- Effective and necessary.
- The dental program is very important. There is a lot of need out there, too many non-profits struggling, and there is not enough money. There needs to be more of an emphasis on our seniors.
- Generally accepted, don't know enough.

- I want to be more involved with the Board and community. People need to know we exist and what we do. We need more impact; we need to promote and improve what we do to reach out to more residents about our programs.
- Before the Fainer/Tauber event, I did not know what you did.
- Don't know (9)
- I'm new to the community.
- I don't have a perception (2)
- Only concern is about the dental program. Is aware of an event at Westminster's on the fourth and Salvation Army having trouble setting up dental program.
- Great.
- The InnCourage program is unique to the cancer care community. There are too many non-profits in Ventura County. Non-profits should add value to existence. Contact Dena Jenson (CLU) who is interested in communication.
- The event is great and a precious tool.
- Extremely good, well-known and has lots of support.
- I know of your large event.
- My impression is most people don't have an impression. I recommend more public relations about what you do. You need more public interest and stories. Include them on Facebook and Instagram. People 40 years and under look at smart phones all day.
- I don't know your role in raising funds.
- A single event is enough. Cleaning house – a retreat with non-profit heads to flush out.
- Very effective.
- Really good job so far. What we've raised money for has been beneficial throughout the year - mobile mammography van, funded PICU, MRI machine and dental care program.
- Philanthropic, positive – good group. VCMRF is finding its place in Ventura County community.
- VCMRF has had an amazing fulfillment in raising funds for Ventura County and its residents. It's amazing to see how many people have been able to benefit from the programs that would have been otherwise, underserved.
- Expanding dental services, VCMRF helped fund the original dental program with Kathy Back and the Harriet Samuelsson Foundation. Today, the probation agency contracts with dentists. It's a great program because it doesn't interfere with kids missing school, because they would leave for half a day to receive dental services from juvenile hall. With dental chair supply staff and dentists at the facility, it also saves costs to transport the kids to dental offices off-site.
- No idea! You have a worthwhile program because the parents can't afford programs and services.



- People in the community don't recognize VCMRF for the changes we've made and what the foundation has expanded into. They think we're still a funding arm of the Ventura County Medical Center.
- I think you do a great job – very dedicated.
- More prominent.
- What VCMRF does best is what you are doing right now – looking to see what new unmet needs there are in the community. Since the current health care situation is refocusing because of the new administration in Washington, it's important to do this.
- Awards dinner (2)
- VCMRF provides a whole host of services not recognized by public dollars and fills a lot of gaps in the County.
- Effective – excellent.
- No perception.
- I had no idea VCMRF existed.
- What you do is vital and very important. Your name is a misnomer, unless people work with you they don't know who you are
- Fantastic resource in our community.
- Very helpful – we provide dental and vision referrals to the CRP.
- VCMRF participated with us on a weekend event, where you talked about the services available through the CRP.
- I didn't know much about you.
- I am familiar with the CRP because I ran it under Interface. It was the only program not supported by medical payments. That's why they let the program go.
- We attended the Fainer/Tauber event 4 years ago and loved it, especially the dessert auction. We have not received an invitation since 2013.
- The agency did collaborations and provides resources and education for the community at large.
- You're good at chipping away at the social network and developing/ brokering relationships.
- No perception of VCMRF until today. Now I do, and I like your mission.
- Good at what you do.
- Other than the annual event, I'm not sure.
- Your branding, marketing and communication can be better. You have limited exposure in the community. The only time people hear your story is at the event.
- I don't know if I had a perception.
- Need more storytelling. I look forward to helping with assessment process, integration strategy and budget. I did this for the entire LA Unified School District
- I only know a little bit about VCMRF. I'm impressed with your fundraising efforts over the years.

- I'm just learning about the organization.
- We're doing that – we're raising funds.
- Don't know enough to have an opinion.
- I need more information.
- Board development matters – yes, this assessment builds new energy and enthusiasm to examine the needs in the community. Board members should be part of the solution and help tell the story better.
- Good perception of the valuable services you provide.
- VCMRF has a lot of good programs because of your ability to pivot one funding need to another and keep the heart of your mission/position responsive to the needs of the community – it's a real strength to collaborate and you do this effectively.
- Good at raising funds.
- Good, need to connect more – what you're doing now.
- I don't have a perception; I think that is why you're here.
- Learning about you.

*21 people had no responses*

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**9) What critical needs would you like to see funded that benefits vulnerable families in Ventura County?**

- Develop a Children's Clean Kids Program – a healthy hygiene program to encourage a healthier community. The program will provide outreach education to the schools, parents and kids about the importance of kids using regular soap (not chemical/bacterial soap) before meals and after using the bathroom facilities. VCMRF could distribute the educational material to the schools and raise support (funds) for the wipes. The program would also benefit the Children's Resource Program and provide VCMRF with more recognition.
- VCMRF should focus on the Wellness, not “prevention” – a word that is outdated. Health care – access to care and quality of care – 20%; 2) Physical Environment – 10%; 3) Health behaviors – tobacco use, diet, exercise, alcohol and drug use- 30% and 4) Socioeconomic Factors – education, job status, family/social support, income and community safety; 40% of health.
- Respite children – disabled seniors (elderly), hospice (sit with a person who is dying), and multicultural person.
- Senior homeless programs. I believe non-profits are in disarray. We should create a coalition with the Turning Point Foundation, Project Understanding, Salvation Army, and Behavioral Health. The County is taking over non-profits by default. There need to be more dynamic leaders working together (Catholic Charities don't work well with others).
- Respite care and social programs for dementia patients. (2)
- Guidance to senior for selecting Medi-Care/health care insurance – 65 and above.

- Senior services. With cuts in Medi-Care and the senior population exploding in Ventura County there is a need for nursing homes people can afford – and not lose their home and life savings.
- Increase our programs to benefit seniors and homeless.
- Behavioral Health - Develop messages about their program for the community; Education programs on how to receive medications, meals and healthy meals. There are no behavioral health options in Ventura County. (2)
- Section 8 (housing) for seniors. (2)
- Coordinated programs on bullying, critical nursing support programs, and transportation for cancer programs.
- Lack of understanding or knowledge of the critical needs we serve and how to reach out to vulnerable families. We should make the families aware of our programs and develop a public awareness campaign with a focus on the people we serve.
- Eye glasses for kids 18 years and under on the Avenue in Ventura and volunteer vision specialists to donate their time.
- To provide educational programs to prevent diseases caused from drinking, tobacco, over eating. People need to know about health maintenance.
- Disease prevention.
- Smoke-free County, the benefits of quitting and how to break the addiction cycle. Benefits include: sharp hearing, better vision, clean mouth, clear skin, decreased heart risks, thin blood, and lower cholesterol. Behavioral and partners, Turning Point Foundation and Public Health (coalition), started an 8-week course to achieve goals, and are looking for a peer support person – 6 hours a week. 1 out of 4 completes the program; others drop out. The County picks up the cost for meds for the Behavioral Health population; a loss of 200k per year. Saves lives and improves mental health; provides coping strategies. Rise program, Laura’s law program and MART – a court ordered treatment for mental illness.
- Special needs for families; therapy is not covered by insurance which is a benefit to the child and parents. Parents are stressed and strapped because it takes a full-time parent to be with the child. That parent cannot work and help with medical deductions and other out-of-pocket costs. Programs that prepare students for a quality adult life that is productive and provides self-worth. Some of the activities could include outside activities, such as picking fruit at a ranch. It would help the ranchers and provide students with autism an opportunity to work in a healing environment.
- Day care and elder day care together. Program sharing experience, elder abuse, assistance with hearing/overarching plan to deal with mentally ill. Seminars to get people connected to services for people who don’t know about the services (veterans stand down).
- Parenting classes for people who want to do better. Homeless population is mushrooming using as an “ambassador” to help downtown Ventura with the transients.

- Develop an initiative – a voice for independent pharmacists to come together as a collaborative. To educate the community that the independent pharmacists can provide compounds, and affordable meds/ deliveries. Unaffordable medication – patients could qualify for assistance but don't. After deductible and co-pay people can be wiped out.
- Farm worker health care programs. I don't like people touching the food I am about to eat if they are sick. We need to keep the community healthy.
- Mental illness/health services – homeless, education; more focus on teaching and not on other issues – adults and children; lots of critical needs that are needed but kicked down the road; the fact that they don't have medical insurance; long waiting lines and no wrap around services. (7)
- Would see more CRP children and SRP seniors – but months go by without seeing anyone. Demand is bigger, but not getting very many referrals from CRP. Would see homeless/mentally ill and special needs patients if they stop talking or are controlled
- Food and Shelter, we have a lot of resources in VC residents. They just don't know about them or don't access what's here.
- To work on the drug problem.
- Cancer screenings. I am a survivor of cancer and without screenings, I would not be here.
- Oral health care needs, early elderly screenings, education for all workers who are trying to make ends meet and can't afford housing or kids expenses.
- Oral health for seniors and veterans.
- Continued Medi-Cal/Health care support for at-risk families.
- Health care check-ups and mammograms. I don't know anyone and don't know what they need.
- Routine.
- Stress-free care.
- Senior dental services, as we grow older our needs increase. However, there is no more money and fundraising will take 100% effort to barely meet the demand.
- Care services – deficient in services.
- Chronic care for adults.
- Dementia, including brain injuries.
- Personal center care – that's what matters, patient and families need to weigh in on how the services are delivered.
- Prevention that will change the problem. Try to get ahead of the problem;
- Body Image – women feel they will be judged for their conditions, and don't want to see a doctor because of weight or other body issues (spider veins, stretch marks).
- Education in end of life choices, 25% of our patients have none. They don't understand or utilized at the hospital. Need to contact healthcare agencies, families, and churches about end of life issues. Occupational therapy, people/patients are not aware of the resources. Other needs are nutrition, prescription drugs, smoking and screening for

diabetes, blood cholesterol, mammograms, and pap smears. Teaching the community to make good choices.

- Transportation from Ojai to Ventura for medical services (oncology/ radiology). **(2)**
- Transportation, in general. **(3)**
- Job training.
- Low-income retail jobs.
- Need people with coding and marketing skills (plumbing, electricians).
- Healthy habits/nutrition – people eat too much junk food, need more veggies, fruits in their diets. Get rid of to-go foods. **(2)**
- Elderly folks need good nutrition and healthy meals, sometimes they're too proud to seek out services.
- Why don't we provide services to all ages in need, not just children and seniors? During the great recession the government cut reimbursements for dental. They are now increasing the rate of pay. Why not check out mail order dentures, they don't last as long but are in the price range that makes dentures affordable.
- Need to do a needs assessment.
- Affordable housing/housing insecurity – needs to attract people to Ventura County; low-income, homeless, and disabled utility payment program; currently 2 families are living in one unit or living in a garage and really can't afford to live here. **(6)**
- Housing – it is health care because it provides a roof over people's heads.
- Shelter – we need to investigate being part of the housing future for everyone, including the disabled and mentally ill. Castillo del Sol is housing for special needs (mid-town Ventura). **(2)**
- Basic Needs, such as rental subsidies for the homeless. Housing, which is health care, because without shelter, people become sick and their health care is impacted. We have 12 beds in Ventura County, so we are not discharging people to the streets after they leave the hospital, but that is not enough. The LA Hospital Association introduced us to the National Health Foundation and their model of providing temporary shelter to people being discharged from the hospital. However, when someone lives in a garage, car or on the streets or river bottom, and they come into the clinic or hospital for care, they do not always share with their health care provider that they are homeless in fear of losing their children, and that they will be taken away and turned over to foster care and their children's education is disrupted. How do we intervene in situations like that? How do we find out how to bring them the resources and housing/shelter they need? We are experiencing a huge avalanche of homeless who avoid care until it's too late and their too sick. There is a sub culture in homeless populations. Some homeless people live in their car, own a gym membership where they can clean up, and they keep their situation private from family and friends. Some of the culture is so entrenched in the system because they live in the river bottom for generations.
- Health care for kids and seniors. **(3)**

- People should be able to get what they need. Non-profits should not duplicate services. There should be one Boys & Girls Club, not 5, because they compete with one another.
- Poverty/hunger/food security. **(6)**
- Homeless – help people interview for jobs, balance a check book once they are in a shelter, dress for a job, help pay utilities (gas & electric), water assistance, financial literacy & basic living skills; need a more global approach to homelessness; Housing for the homeless because they need case management. People deserve to live in a safe place and not on the streets. **(10)**
- Do away with the insurance companies to reduce costs. At Gold Coast the individual deductible or \$1,000, most people can't afford this because they don't have emergency cash to pay for car or auto repairs.
- Seniors and kids.
- Will get back to you.
- Crisis intervention.
- Counseling.
- Facilitator between providers, patients, and others in need.
- Outreach programs.
- Dental/vision programs expand to all families in Ventura County; low-income families can't afford insurance because premiums are too high. **(4)**
- Provide child care expenses for low-income families.
- Child care program – working poor can't afford to live in Ventura County.
- Access to health care.
- Social support families and foster kids (not enough beds for foster kids). **(2)**
- Needs of the underserved and uninsured. **(2)**
- We have an addict day health – participants enroll in our program and receive a full assessment with conditions, family dynamics, equipment, health care activities. We have monthly discipline meetings to discuss each person and make recommendations and design their care. We go over the plan and any medications with the physician, pharmacist, and registered nurse.
- More preventive programs for uninsured individuals in the community. It's well as more programs for the older population as this group is increasing in numbers and it is not represented with in our community.
- More services provided to kids in their schools because families try to get their kids to school. In school they see the first sign of risk factors in kids (violence, being sick, etc.). If not addressed the juveniles will end up in foster care or the juvenile justice system. When they cut educational budgets, more juveniles enter the system.
- Speech disorders for children.
- Older foster kids who have emancipated out of the system.
- Sexually transmitted diseases (STDs).
- Substance abuse.
- Divorce clinics.

- Dental/vision – they are so vital, and it is critical for young and old; communities to be pro-dental. (6)
- It is an uphill battle with 100,000 kids who need basic dental education and exams. Dental affects all areas of poverty. The oral collaborative is looking at oral prevention strategies.
- Survivorship retreats – what is driving health care may be changing.
- Senior payer program in California would make it a leader and pioneer.
- Migrant workers and student nurses program.
- Prevention socialism – teach community health.
- Low-income seniors without families who need support. (2)
- I am just a dental provider and take the CRP kids and that's all I care about.
- Caregiver's population at a high risk.
- Navigator's dental.
- Optometrists to donate their time after they are retired.
- Partner - VCMRF & veterans - stand down for veterans.
- Lions club – partner with Dan Clower to help support glasses.
- Veterinarian – people's animals are family.
- Parents providing screenings for their kids.
- Referrals for Alzheimer's/dementia.
- Alzheimer's patient and their caregivers.
- Programs for at-risk kids from gangs – they create a cycle of crimes and violence.
- To understand where the gaps are in health care, I need to know where they are.
- Ombudsman – providing services to seniors without families.
- Providing grass root information to the Mixteco – rumors spread quickly because of fear of deportation.
- I need to know all the resources that are available.
- The Mixteco community is vulnerable to fraud: people promise them legal services and take their money and don't provide legal help because they are not attorneys. The Mixteco are very shy and need the help.
- Hispanic and Mixteco populations are the most vulnerable and need the greatest support.
- Indigent community has problems with language and access. We are working with language barriers of the Mixteco and Zapateco (Central Valley region from Mexico); also help with health and the legal arena.
- Access to quality health care.
- Strategy to address chronic disease wellness and a better system with full disclosure and transparency; the emergency room is a drain on the system.
- Too many gaps in health care.
- Health literacy.

- There is only one senior center per 110,000 population in Ventura. Need more services for seniors which make up 30% of the voting block.
- Early childhood programs with education.
- Obesity; that causes diabetes.
- Prevention screenings.
- Violence prevention.
- Breast Cancer.
- Mental Health; awareness causing stress and depression, this includes drugs and alcohol. **(5)**
- The Latino community has a misconception of mental health – this is a disparity in the Latino community. It's a macho mentality or they don't think about their own health to get screenings because they are thinking of others first.
- Providing food, shelter and housing, for the homeless. We need to be compassionate and not judgmental. We have not walked in their shoes. There are 200 homeless children living in Ventura County; Agencies don't fund or administer medication to this population. They need to show them how to administer insulin for diabetes. **(2)**
- Palliative care for vulnerable patients – where do they go when they leave the hospital? We need to find public/private referrals to help them.
- In medicine, resources for long-term care and planning. It is necessary to provide education and philanthropic resources to improve the treatment of patients and how well they do managing their treatment.
- Free dental clinic for people who can't pay for services.
- Nursing centers with full benefits.
- More money for Denti-Cal for adults; less paper work.
- Medication support for low-income children, seniors and families.
- What we do at the Club is to provide transportation to after school programs. We provide the supervision for kids and their working parents. We pick up the kids from school and deliver them to the Club. We have a partnership with the school districts and pay a small fee (\$40 per kid/month) to deliver the kids to the Club.
- Domestic violence - men involved in their domestic violence; ways to get out of a toxic environment that affects health. **(3)**
- Training.
- Preventing kids from entering into foster care.
- Reaching undocumented families in this political climate we're in- this is a persistent issue.
- Positive parenting programs more technology than we do today. Tell people what we do through technology streams; look at Facebook and how they target their audience. They know everything about you.
- Need money to fund AA for Mixteco in a supportive project; this population needs housing – they sleep on someone's couch or in their garage when they arrive. They need housing to feel safe and clean. **(2)**



- Health care is not covered by medical insurance. Treating kids and families at home to cover gaps in services. Let foster kids stay in the system longer. Provide additional services for foster kids.
- Shelter is #1. Healthy living, education, and longevity in life follow. It's not acceptable for people to be living on the streets. In Simi Valley, TO, and Camarillo can't access public transportation and there is no access to care.
- In-home care for low-income patients.
- There's a gap between in-home care and home health care – they do medical and we do non-medical. The middle ground is not being addressed.
- Politicians don't care enough about low-income seniors.
- Dementia and public health issues.
- Latino perception of receiving mental health – it's a cultural problem. They are afraid it will show on their medical records.
- Sexual abuse (children) amongst the vulnerable population. (2)
- Opioid abuse.
- Depends on how much money we have. At my work we see lots of children who don't have access to dental care and can't get providers. We need to build capacity for more dentists.
- More services for fathers to access.
- More visiting programs for young families.
- More prevention programs.
- Provide training for abusers/domestic violence.
- Health care education needs and basic needs, such as food for young people and families to get them through a crisis.
- Education is a necessity. Education on how to access resources in the community.
- The underserved do not know how to apply for medical resources. They require a MFW to navigate referrals. The undeserved suffer the most – they don't have access to social media.
- Helping people get treatment.
- Conflict resolution to resolve family issues.
- Long-term planning for disasters caused by climate change, resilient from fire and floods, we need to look at social-economic levels, relief preparedness and how it will affect health as we experience more hot days.
- I would need to see a list of critical needs and then see them prioritized.
- Birth control.
- Children's programs, such as child care, education, and training.
- When we discharge people from the hospital they need somewhere to go – continuity of care for the homeless is provided under a partnership with HUD (section 8); private health, non-profits, etc. to provide rental assistance for 6 months. When we started the partnership, there were 110 homeless veterans and I think we are down to 60 now.
- Farm workers because I was involved in their movement in Bakersfield and veterans.
- Socialization.

- People falling out of the work force and not having family or a social network.
- Environmental advocates and regulatory bodies don't know how much pollution is being created by people living outdoors, and what the impact is on the environment. One person who lived in the river bottom for 20 years without healthcare, shows up in the emergency room with advanced cancer and is immediately sent to Hospice. When they finally need medical attention, they become high users of the medical system because of HIV, poor hygiene, trading drugs for sex, opioids drug use, sharing needles, etc. What we need is a collaborative approach to solve the problem of homelessness because we don't live in silos. We need more initiatives, and innovation, like the State initiative: "NO Place Like Home". As a society, we're scarred of the mentally ill and homeless. If they are dirty and didn't smell good, it makes us feel uncomfortable. We don't ask them what they want. If we place mothers in a home and inform them that she must take "Parenting classes", she thinks that she is not a not good parent. We are sending them a broken message before we know them. We need to ask them what they need and not make decisions for them. The homeless and mentally ill are anxious and stressed, and their mental health falls apart quickly because they have lost their safety and security. We need to provide clinic focused services for mentally ill and not community focused. We don't have mandatory group or mental institutions because of Laura's Law which defends people's rights, and the motto is, "What's best for the person." If this is not working, should the government intervene to ensure the mentally ill take their meds on time, and have shelter and medical care? The Court system is a default to personal choice -where is a judge going to send someone when there are no programs or a long a wait list for shelter? They usually end up in the jails. We need a model where we bring housing and resources to the mentally ill, but society does not want them living in their neighborhoods.

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**10) Do you think VCMRF's role is appropriate for best meeting the health care needs of this County? If yes, please explain.**

Yes: **74**

No: **11**

N/A: **28**

**If not, how can VCMRF meet these unmet needs in Ventura County?**

**Comments:**

- VCMRF should expand its fundraising efforts by partnering with other non-profits, school, and community organizations.
- VCMRF should focus on senior services. VCMRF has few services available for seniors. There are no AA groups for people 61-65 and older. The emergency rooms are expecting a high volume of senior prescription drug overdoses that are driving up costs. Partnering or joining a coalition of senior organizations, such as Camarillo Health Care District (CHCD), senior housing agencies, Area Agency on Aging, skilled nursing facilities for advocacy programs, churches, and congregational senior services. Senior programs that will lower health care costs and help seniors include: 1) Senior homeless services; 2)

COMMUNITY RESOURCE ASSESMENT STUDY

Caregiver services; 3) Community gardens (healthy food); 4) Develop dementia friendly community (the color purple); 5) Transportation; 5) Support groups; 6) Nutrition services – AAA sends boxes of food to low-income seniors, but older people may not have the energy/health or knowledge on how to prepare food, or have basic kitchen utensils, like a pot for cooking.

- Low-income seniors will require our conditioning in their homes. I am involved in a group that is looking through a health lens, a systemic health prospective and how it is impacted by transportation to health foods and how to form farmer's markets in poorer areas. We are advocates for parks and we are looking at what drives health factors and behaviors – what drives environmental stressors, and what are the health risks, conditions and systems.
- VCMRF should be the gateway for serving seniors' needs and work on a clear vision that is a part of the solution, not part of the problem.
- Provide music and walks to the beach. Socializing seniors (work with assisted living solutions). More education on programs/luncheon services; organizations, hospital, fairs, and programs to assist the elderly.
- Partnering with others.
- Educational seminar – seniors need help. People end up in the ER, and are placed on hold and sent out to Bakersfield or LA. The hospitals are billed for the ambulance and care outside the County. Some private hospitals don't take care of the mentally ill, and they need rehab – 50-70% are shipped out.
- Need to identify the funding and the needs.
- Not everyone is aware of what we do. We are not the best if people don't know what we do or know about the services we provide.
- Providing people with the opportunity to engage in the economics of health care. At my church, we discovered that the farm workers have one pair of shoes – the shoes they work in. In two weeks my church purchased 290 pairs of athletic shoes (I call it God's Economics).
- Need more visibility that explains your programs and what they do.
- With other non-profit organizations networking to help move underserved people and families.
- Kids and Families Together/Women of Substance Abuse/Men of Honor (crisis counseling in probation kids)/Dark to Dawn (churches)/B & G's Club Camarillo/VC Office of Education/Behavioral Health/CSUCI, and Supervisor Steve Bennett.
- Could do with more money for programs.
- Coverage and track records.
- Partner with others.
- Emotional, financial, and medical when providing services. Need to know the patient's needs – same times they know what time of day it is best, ask what is best. One person said when she can put her panty hose and go to church (she was overweight). Some people don't want you in their house because of their knickknacks.

- Prevention education – we developed a program (not implemented) for patients to attend 8 meetings and receive a diploma – classes would be offered by physicians, pharmacists, etc. (couldn't get support from hospital).
- I was aware of clinics being the largest employer. Maybe the state provides dental to low-income families through Medicare and Medi-Cal.
- Focus on healthy centers. Diet, health, screenings, and prevention education. Too many parents leave their children on their own.
- VCMRF is good at fundraising the dental needs, screening and advocating.
- Shortage of housing in VC; it is too expensive. The middle class is getting stretched. The millennials like smaller residences, saving and more affordable housing. They like getting out and socializing in open spaces.
- Collaboration to attract companies.
- Network with others making similar efforts.
- Can VCMRF have an event at the fairgrounds and provide dental services? Help people experiencing social isolation, who need to connect- if not it effects their health care.
- I've seen that you've tuned into the health care needs of Ventura County and what the residents need.
- VCMRF is the relationship builder for the community. Continue networking; help integration between doctors and hospitals to come together.
- You have a wide array of programs aimed at helping the population, from children to seniors, to people that do not have families and/or friends and are hospitalized. We provide day care services, so they may remain in their homes because people live longer. Hospitals need be accountable for quality of care, not just to put a patient in a bed. They need rehab and utilized services. We have physical therapists, social workers; occupational therapy. We believe in empowering the caregiver at our center and providing case management and lots of activities (art, music, memory, etc.). We see an opportunity with the foundation to help provide services for the veterans and underserve participants.
- I don't know. (7)
- We are really doing a great job finding out the health care needs in the County.
- Differently.
- By linking people, schools and companies; sharing referrals with non-profits and other agencies. Can't live in silos.
- Don't know because I am not involved in the industry.
- I am a Board member of the dental society. I am involved membership and getting dentists involved. I would like to see them support programs like yours.
- Survivorship advocates (InnCourage) and continue looking for agencies devoted to health, who are providing local resources and helping with outreach education at the grass roots level.
- Anyone who can help – contact and partner with the Tri-County Optometrist Society. Collaborate with Dr. Bob Avery for the senior vision program.
- I hope to learn more because now I don't know enough.
- Anything you want to be.

- Your mission is broad.
- Marketing in the Spanish-speaking telenovelas – Channel 34 advertises
- La Vida Radio using Pablo Ortiz’ voice, KKLA and Christian Radio (Spanish-speaking)/ Marketing through radio – Bronco, LAM and Lazer broadcasting. The best way to communicate with the Hispanic/Mixteco population is through the media.
- Not sure, I need more education. Your website stated that you provided a nursing program?
- Get involved in our Senior Summit and our workshops/conferences. In Oak Park we bus service every 20 minutes, so seniors are not isolated, and this also prevents them from driving.
- Also need “Home Share” because many of our seniors live alone and should be matched with someone to live with. The County (AAA) has a great video that helps match by doing background checks and compatibility.
- You’re doing a very good job trying to talk with the people, which is very important.
- Not enough people know what we do. Need to be at the table with people that provide direct services.
- Expand more resources to meet the needs in the community and be aggressive and productive; prevention is cheaper than remediation.
- You need a rebranding story and to communicate it to the broader community. You’re the connector catalyst for additional services. We need you now more than ever before.
- A home for getting resources and more mental facilities to house the homeless. Change the laws about foster kids and provide job training and not kick them out of the system at 18.
- The elderly who had jobs when they retired are living in a community where the cost exceeds their resources. So, we need to keep the elderly with referrals and support.
- The extreme gap and who is caught in the middle – the elderly and the young.
- Yes, absolutely. Outreach to children and elderly are the main concern.
- Who do you partner with to provide services?
- I don’t know because I have no knowledge what that role would be. Maybe use technology; it can predict how long you’ll live.
- It depends on the program and collaboration.
- Non-profits should look for a “for profit’ business and file “B” to sustain the non-profit business.
- More can be done with the homeless who suffer from economic and substance abuse; VCMRF can partner with others.
- Very appropriate to help families access services and referrals.
- What we are doing to stay relevant because of changes happening around us. We need to reduce cost and share referrals and connect networks.
- Roundtable partnerships, awareness building.
- By being a member of the oral health collaborative.
- VCMRF has a limited role – limited by staff and funds.
- Raising money, exploring the needs of the underserved.

- Identifying which of those needs are terms of foremost on making a difference.
- VCMRF is absolutely meeting the health care needs of the County.
- Help link others to collaborators.
- I want to find out and learn more about your organization.

*39 people had no responses*

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**11) In your opinion, what are the three most important health care issues facing underserved residents of Ventura County?**

- Providing access to care for the underserved population. (2)
- Teaching children the basics of hygiene.
- Providing support for the children with disability issues. (2)
- Services for the mentally ill; their medical needs – Ventura is not meeting their needs (6)
- The One Stop Program is provided in 3 cities as a linkage to services, including vaccinations, alcohol and drug abuse programs and other referrals and benefits.
- Access, in general.
- Access to senior services/aging population. (4)
- Access to Behavioral Health services for seniors.
- Behavioral Health needs to develop messages about their program for the community.
- Chronic conditions because we're living longer, and the services are not available.
- Chronic Drug use at an elderly age.
- Respite services for seniors.
- Low-income housing for seniors.
- Low-income seniors with glaucoma, cataracts, and macular degeneration (detect and refer).
- Seniors need social activities, or they waste away; ongoing routine. (2)
- Senior housing.
- Seniors are not on a computer and maybe they don't have an advocate.
- Finding seniors who slip through the cracks without family.
- Senior issues are a gigantic problem because seniors can't access dental or vision services. I recently wrote a book on how to perform over 30 exercises in bed.
- Advocating for patient care.
- Support services for caregivers – overwhelmed with caregiving; most is given by family members. (3)
- Caregivers experience health problems because of isolation, depression and they suffer in silence. They don't feel they can ask for help.
- Caregivers to help patients – temporary companions.
- Lack of infrastructure to support wellness and address issues such as drugs and alcohol – a major issue with seniors.
- Access to timely medical appointments. (2)

- Dental services/costs; access to good doctors without waiting to see them because you don't have the money. **(24)**
- Vision services; access to good doctors without waiting to see them because you don't have the money. **(7)**
- Medical needs for children and seniors.
- Women's health care/children's health care.
- Homeless; the agencies don't fund or administer medication to this population. They need to show them how to administer insulin for diabetes; chronic conditions. **(9)**
- Knowledge of available help.
- Education programs on how to receive medications, meals and healthy meals. There are no behavioral health options in Ventura County.
- Mental health – affordable care/services; this is the #1 area of need and a huge economic divide, especially now that Vista Del Mar burned down. **(13)**
- Mental health – interfering to self-sustain and survive the assessment. Mental health should be the first step in helping them and from there evaluating their nutrition (access to food) and other physical health-related issues.
- In the Latino perception mental health translates to “we're crazy” – we spend years educating immigrants to let them know it is not actually about being crazy.
- Social determinants of health (mental health- housing safety in the home Now it depends on your zip code.
- Access to programs.
- Prevention. **(3)**
- Communication (appropriate) cell phones, internet, and email.
- Giving prescriptions drugs to the underserved.
- People go out of the County for services.
- Dementia issues – nutrition.
- Lack of insurance. **(4)**
- Cost of insurance; affordable insurance; inability to pay. **(4)**
- Education on how to get insurance (access).
- Rising cost of health care services and availability to people who can't afford health care/affordable health care – losing dental care because of co-pay. **(3)**
- Not diagnosed correctly.
- Don't understand preventive health and don't seek health care unless they have symptoms.
- Seek out medical help because it will worse.
- Diabetes/wound control. **(4)**
- Education, in general. **(2)**
- Prevention Education. **(3)**

- Health care education, better informed people to make better choices regarding nutrition, exercise, prescriptions, smoking, drugs, diabetes, cholesterol, and mammograms. People feel empowered to make good decisions.
- Access to care education (referrals because the patient didn't know where to go or who to call). **(2)**
- Today hospitals are "health resources."
- More proactive about going after the abuse of health care behaviors in the community.
- Tobacco.
- Drug abuse – opioids (the use and management; need to educate patients. This should not involve a policy action; prescription drugs. **(10)**)
- Alcohol abuse. **(3)**
- Early diagnosis of diseases – prevention. **(2)**
- Cost of medication.
- Access – housebound seniors have no transportation to services including pharmacies
- Transportation – people need help keeping their appointments; people can't afford deliveries. **(6)**
- Transportation – a lot of the Mixteco population do not have a driver's license, and own one car that is used to get them to the fields and back; there is no transportation for specialty appointments.
- My theology: yes-I had opportunities; I had nothing to do with my parents/ grandparents or economic benefits which followed from them. It has nothing to do with my education or genetics I received from my parents. It was God who chose to create me with a purpose. I am trying to figure out that purpose, and that's what this journey is about.
- Kids need dentistry and healthy lifestyles, including exercise. **(2)**
- Referrals to services (provide them at food share meal centers- remind people on how to access the services).
- Nutrition – healthy living, physical activities. **(11)**
- Education about nutrition starting in the first grade; processed foods. **(2)**
- Sugar and technology (kids attached to cell phones).
- Self – help on how to keep the body healthy by using an inflated doll that if you feed it sugar (bad food) it inflates.
- Obesity; that causes diabetes (homeless need insulin, lots of homeless are seniors and Vets); kids born since 2000 are not expected to live longer than their parents because of obesity. **(10)**
- Exercise – insufficient. **(2)**
- Outreach Programs (for young teenage kids, a camp with workshops, tutors, skill help programs, help with homework, and how to make presentations).
- Access to needed services.
- Medical clinics are doing a good job providing medical care.



- Hunger.
- Not qualified to answer this unless I have seen the data.
- Language barriers (including cultural issues).
- Look at the current needs assessment at CMHS – Behavioral Health is not on the committee because they give too many free services in the community.
- Need to grow foods – that’s the time to introduce good habits; generations need to work together. Today, we have no more centralized farming.
- People would rather pay for a cell phone than take care of their dental issues, unless they are in pain. Dental health is a serious, life-threatening issue. Everyone should have universal health care and minimum dental services.
- Health care screenings. (2)
- Early child care.
- Mixed housing – why would Amazon move here if there was not enough housing
- Housing affects health! Currently, Section 8 has 8,000 people on a waiting list, holding vouchers. There are not enough places to put people. Land trust trade properties are too expensive and limit people/companies and it is forcing them to leave the area. Adult children can’t afford rents and their parents follow them to VC to be near their grandkids. Once you leave it is too expensive to get back in, even though we are a dense area. Housing issues won’t change until the political influence of the politician’s change. People are moving out of Ventura County because they can’t afford to live here. This will affect everything; workforce, attracting businesses, navy and corporations. All the partners are at the table at the County’s Economic Vitality Strategic Plan, which aims to foster local economic growth. The collaborative is focused on the inventory of developable land and looking at the largest industries and how they could be improved. The problem for Ventura County is the lack of local jobs and their median salaries for each industry compared to other counties on the national level. The community is worried about long-term job losses and what to do to promote economic growth.
- Heart disease/issues. (2)
- Cancer; too many people employed by the cancer industry, this is why they haven’t discovered a cure; especially colon cancer. (9)
- Lifestyle changes – the earth is spinning faster and we’re out of control.
- Infectious diseases.
- Qualified health care providers.
- Non-profit hospitals/clinics are making tons of money providing patient care. They only have to donate 5% of their profits back. We are passing all the cost of care to future generations. 1) No eye glasses for adults – one pair is available after cataract surgery; 2) Hearing services (hearing aid cost \$1,000 min).
- Homeless prevention fund target clientele – vulnerable population of Ventura County. There is a lack of affordable housing, lack of sustainable employment, mental illness, acute/chronic medical illnesses, lack of education, including literacy, poor credit history,

substance abuse, and a history of legal issues including incarceration. There should be a round table that meets quarterly.

- Homelessness.
- Housing.
- Education on taking prescription medication.
- Who to call if the drugs are not affordable or they are cut off because of insurance.
- Referrals to other resources (government, non-profits, undocumented).
- Access to care. (3)
- Quality of care.
- Being able to deliver health care services.
- Recruit doctors to Ventura County.
- Alzheimer's disease/Dementia. (3)
- Preventive care. (2)
- Substance abuse/chemical dependency.
- High blood pressure.
- Delayed care, I take health care seriously at that. Health care is wealth care; don't like to see families in terrible debt. I am an advocate of family planning. We need to make that available and have fewer children and more kids to take care of ... needs preventative care.
- TV makes a difference in the U.S., not England. Everyone here wants a big healthy smile because of TV that has helped dentistry. We treat the whole family. Kids need to stay with us for at least two years. We are getting candy out of the home, Halloween and buy candy back and destroy with sledge hammer.
- Sexually transmitted diseases (STDs) – screenings and pre-natal care. (3)
- Lack of stability for patient care because “covered California” is not good. Predictable, this area is projecting growth and thus eligibility.
- Economy – hard for people who are not documented.
- The importance of vaccinations to prevent cervical and oral cancer.
- Big picture of the County system.
- Keeping people out of the ER and hook them up to primary care providers. More consistent care on a daily basis.
- Children's insurance program was defunded 'no public health care' kicking kids off health care is not Christian and it gives the tax money to the billionaires.
- Prescription preventative care and immunizations. (2)
- Affordable care, in general.
- Children.
- Veterinary. (2)
- Aging.

- Physical abuse – years ago we brought Latino men together where they felt “safe” to talk about their issues, over menudo. Men bond over food. It was at 6:00 a.m., so they didn’t miss work.
- Gangs.
- Women’s Care/Obstetrics.
- Prenatal/Postnatal care counseling.
- Increasing high school graduations rates.
- Cholesterol. (2)
- Immigration issues that require behavioral health services. It’s a cultural issue – people don’t want to admit that they’re loco/crazy.
- Access to care to prevent our diverse population from utilizing the ER.
- Healthy lifestyles.
- Low-income sending their kids to school when they are sick because they can’t afford to take time off work or hire a caregiver.
- Need more nurse’s practitioners and clinics to keep people out of the ER.
- It takes 6 weeks to get an appointment at a clinic for a 5-minute visit, and only for the one health care issue, and not about all the holistic-related reasons for the illness. We are a society that doesn’t take care of its own. We need a better system for everyone. Also, the medical deductibles are too high, so people postpone getting medical treatment until they end up in the ER.
- Food insecurity.
- Health literacy.
- Lack of engagement – not having access to education or awareness of where to find the resources that are available. Also, Ventura County is the #1 city in all of California for the highest breast cancer rates. I believe it’s because of pesticides in the water.
- Pesticides exposure – there are not enough scientific studies linking chemicals to health conditions. We have awareness, but the doctor does not diagnose a child that was exposed because it happened several months earlier.
- Breast cancer prevention and screenings.
- Reproductive health.
- Children – the detriments of health determine success or failure.
- Gaps in health care.
- More dental programs in school.
- Have dentists volunteer their time in 1st grade classrooms.
- Family violence – kids exposure to violence even if it’s not directed at them. This issue is under addressed.
- Non-profits should be more integrated and come together to share resources
- Access to low cost health care. (2)
- Easy access for low-income populations.

- We should be a support system including the businesses and professionals in our community. I don't think businesses are doing their part.
- Money and resources to pay for long term care. They go to a medical facility in LA and turn over their social security benefits (income).
- Residency funding for research – present something at a conference and pay for the posters and marketing for the residency documents.
- Shelter and housing for the mentally ill, substance abuse and counseling. We need more case workers in the fields to provide services/outreach to the homeless; also, the Mixteco population is vulnerable.
- Long-term effects of lifestyle choices – if you make the wrong ones you could be at-risk for obesity, oral health issues and diabetes.
- Immigrants because of fear of deportation.
- Stress management.
- Board Members and organizations are responsible to know issues. Need a strategic review – look at the work objectives and at the results. All board members should go through program leadership for non-profits understand the resources. Gaps and referrals necessary to meet health care issues facing underserved residents.
- People who don't have health insurance and don't go to hospitals, clinics or see doctor. It cost the community thousands to get them healthy. It's a political issue – we should make insurance available to the underserved. If people don't have insurance, they don't go to the doctor. This is not the solution, they need healthcare prevention. Including checkups, and health care services to avoid worse outcomes.
- Outreach education (culturally appropriate). (2)
- Mentoring others about healthy lifestyles.
- Collaboration among non-profit and government agencies.
- Medical care for farm workers.
- Children at-risk for trauma.
- Diet – healthy eating; organic food is too expensive for most of the population to afford.
- Arthritis caused from physical labor.
- Soda – which rots teeth; we need to be advocates for families, but don't have the capacity to understand how the system works.
- Domestic violence.
- People should not have the availability or access to offense assault weapons; there are over 400 million firearms – some causing emotional, mental and physical health disasters.
- Chronic health issues.
- Mobility issues – it's difficult to see a homeless person who needs a hip or knee replacement in a wheel chair.

**12) On a scale of 1 to 5, how effective do you think these issues are being addressed in the community? (5 being the most effective, 1 the least effective):**

<i>Issue</i>	<i>Effectiveness</i>					
	1	2	3	4	5	N/A
Access	(12)	(23)	(31)	(23)	(9)	(12)
Uninsured	(14)	(30)	(25)	(15)	(10)	(19)
Prevention Promotion	(21)	(19)	(33)	(21)	(6)	(13)

**Others mentioned:**

- Everyone is having a hard time, especially the non-profits. West side Ventura County is not a wealthy county; 1) Dependent on employment; 2) Housing prices are up; 3) People are moving out of LA and retiring in Ventura County, and 4) Seniors are on a fixed income and don't have money to live on.
- High School seniors need to volunteer their time to: 1) Pay rent on the first; 2) Sign up for email training; 3) Trained by High School seniors to qualify and satisfy high school requirements.
- Someone shows up at the ER and they won't be turned away if they don't have insurance. The bill ends up as a charity case. Everyone should have skin in the game. Maybe a program should provide scholarships for students who can help health care providers by using the computer and the doctor can tend to the patient.
- I don't know how private hospitals are being managed? We are managing the severe, not the mild BH issues. Ambulatory care clinics are good at providing access. Prevention is critical in solving health care issues facing the underserved of Ventura County (not enough providers in beacons).
- Access to information; refer your patients to a community page on VCMRF's website and the services that are available. Look into other services and cross reference with VCMRF's, and other businesses – check out their websites. The country's second-largest health insurer, Anthem will partner with CVS to start their own pharmacy – benefit management business or PBM and cut ties with Express Scripts. A PBM runs the prescription-drug plans for insurers, employers and government agencies. The U.S. is the world's biggest spender on pharmaceutical products. Americans spend more than \$1,026 annually per person, according to the Organization for Economic Co-operation and Development. That is almost twice as much as Germany, France and Australia. Total U.S. spending on prescription drugs reached \$450 billion last year, according to the research firm Quintiles IMS. It could be as high as \$610 billion by 2021. The issue isn't the drug companies. The issue is the PBMs. They are involved in everything. Gold Coast and OptumRx will receive \$100 million from Medi-Cal over the next year. This tax money comes from the California Department of Health Care Services and is meant to go to pharmacies in Ventura County to pay prescription costs for the poor. The independent

pharmacies have been serving the poor for many years; care that induces lowered drug costs, the ability to make inexpensive compounds, providing information between doctors and patients about the drugs the patient is taking, in some cases providing transportation to patients who are only allowed a 7-day prescription, providing culturally sensitive, bilingual services and helping the patient understand the medication they are taking. This not only prevents future problems, it provides quality of life and helps keep them out of the emergency room, which saves the hospital lots of money and keeps the costs down. Many patients skip their medicine because they have a co-pay they can't afford, and this puts their health care in jeopardy.

- No one is denied medical treatment; access is good for the community.
- Uninsured don't seek things out (services).
- Room for improvement.
- Mental health.
- Interface Children & Family Services has one of the best call centers – 2-1-1 in the County. I don't know if it's used by the underserved; however, enough people know about it to access services. I think Interface will take abused pets.
- Look for solutions – try something new. New physicians' groups – using High School students; Training kids to help deliver messages in the community; Life style changes, low or no cost to seniors, and youth employment to present to teachers, schools and supervisors.
- We have good problems but need more information about the programs available to the residents.
- The problem is the capacity of the medical community and access to care. Most important issues: 1) Social workers resources; 2) Transportation out there; 3) Financial incentives, and 4) Substance abuse.
- Habits are learned early on, so we should start with the younger generation and teach them about nutrition.
- I provide services in Honduras and the people are so grateful, but it doesn't put a dent in the problem. They know they shouldn't drink sodas, but everyone does it because of the culture.
- Lots of programs if people want to take advantage of them. Too many resources going to the government.
- VCMRF should provide a survey to utilize their delivery service and share important information for other programs. Become Ventura's Camarillo Health Care District how to fund it with community connections.
- The "whole person care" for people with multiple needs, coordination of social worker, Behavioral Health, Public Health, clinics and hospitals to coordinate the services so they all know how the patient is receiving care.
- Lots of changes taking root. Some want expansion in medical prevention. Some providers are seeing double eligibility in Medicare and Medi-Cal. Lots of charity care out there, hospitals receive \$1.00 for commercial and \$50 for the underserved. Insurance is not an entitlement – so who is going to pay- is there a better way to fund care?

- We provide good intervention, special services, community-based programs, after school programs and improve in collaboration with others, ways to keep kids out of juvenile hall. The transition team will work with the whole kid – mental and physical health. SERB – all the departments of the government – look at the root of the problem such as nutrition/exercise to understand why the kids are struggling.
- Our County is inefficient in providing access to services for elder seniors.
- Dental is not a requirement of ACH.
- It is not good health care when you can't get in to see a physician, and you end up in the emergency room.
- Not enough information we're not in the field of health care.
- Not enough information.
- I have a personal interest in supporting single parent families or families with both parents working – to offer them after school programs and sports options, to keep them out of trouble.
- Need to expand senior dental programs, and include the Senior Resource Program, as a part of the program.
- We must advocate for the homeless, they don't know how to change their circumstances.
- Compared to large counties, Ventura is fully invested in health care.
- We need more dentists to provide services because there are not enough of them right now.
- We should give people a break when rebuilding their homes, if they add a granny flat. We know where the target audience is – ask google to predict services and programs for clients before they are aware of them.
- Unless you have medical care, you're screwed.
- We need shelter for the homeless to give them stability which affects their health. There's a direct connection between health and housing.
- I don't have enough experience with the uninsured population.
- Care is available, but the perception is that people don't have access to care. Maybe because a security guard is at the facilities? Maybe the solution is to not have them in uniforms?
- We have a long way to go to get the message out there and need to work at the health care gaps and how they affect health care access.
- Funding is drying up. We have no battered men's groups. You should interview Kids and Family Together. We should work on prevention.
- Homeless don't know about resources that are available. We need to be here for them. The homeless and hungry have a different take/look than they did before the fire.
- I need to look at the facts; I can't answer these questions because I am not down in the trenches. I will help facilitate planning, as a result, of the community resource assessment. Also, we could be a symposium sponsor of the process and the solution.
- Kids know more about good food than their kids. So not having supermarket 5 miles from their home is not the issue.
- The County does a good job at this.
- More education and programs that are sustainable.

- People complain about access to care and they don't realize that Gold Coast has over 220,000 Medi-Cal members. Public Health is doing an amazing job with prevention. We just have to keep reaching vulnerable populations – the homeless, mentally ill and children from volatile homes. What we are missing is people with Alzheimer's and dementia.
- These are not things that I think about, so I have no comments.

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**13) What institutions or agencies do you think are best positioned to most effectively address current health care priorities?**

- (5) Government
- (4) Ambulatory Care Clinics
- (9) Behavioral Health
- (11) Public Health
- (31) Coalition of Providers/Agencies/Other Non-Profits
- (7) Educational Institutions
- (78) All of the above

**Comments:**

- Coalitions move faster than government, the big X factor is attracting private money.
- Government should outsource health care priorities.
- There are so many gaps filled in by the private sector partners. It's important to meet with those partners to discover where the needs are, universally.
- Not government because it's wasteful and not effective, especially with their time (it's a bureaucracy).
- Our problems are way bigger than what the government can do on its own. The government sinks millions of dollars into an idea it forms and a bureaucracy. They justify their existence by controlling the reporting requirements to keep the program going. Non-profits – if the program is not successful then the program goes away. The County is like a small unmovable object, it's like a large boulder on top of a mountain that is going to dislodge and come crashing down.
- Are you aware of the center for non-profits leadership at CLU?
- Most non-profits/coalitions are more effective and efficient. Everyone can see what they're doing and where it's going.
- There were 2 organizations – VC together and See for See collaborations. I don't know if they still exist. Food Share would like to collaborate with VCMRF and refer information about services (nutrition for dental programs and homeless).
- Everyone should be participating.
- Everybody can contribute by connecting providers. More powerful because we have common grounds – not pulling against each other.
- Government has a big job, but we should all work together.
- Not enough people know what VCMRF does. Many people are on the edge and barely coping, and they require services. We should all have a holistic approach to healing.



- What is missing is Spiritual/Faith Community.
- Many people know how to work the system (housing-Section 8, food services). The government does not protect us from unnecessary services. People are not motivated to get off welfare.
- Not faith-based for dental.
- Providers, agencies, government, and non-profits need more interactions, more collaborations and more support from one another.
- Can't rely on government, must advocate/collaborate bringing smart people together to affect health care priorities.
- Need volunteers to help implement activities of the foundation.
- You need them all.
- Needs to be all the above. It's a complicated political structure. It's social, legal, and political.
- County has been providing the majority; however, we have a coalition including the faith-based organizations that are at the table.
- Need to see who can spearhead a committee made up of a coalition of providers, agencies, and non-profits to make sure organizations are not duplicating services.
- "A child with need" – disabled; we have a great public health system with the help of coalitions.
- All the above. Survey the landscape and see who is doing well.
- Big part played by ambulatory care clinics.
- Each one has their own area of strength and most provide their piece of the service.
- Tax payers should have a choice where to spend their charitable dollars- not the government.
- Government is putting their hands into everything and displacing the non-profits. Tax payer dollars should be left up to the tax payer.
- Add faith-based organizations. Our organization partners with Juvenile Justice, District attorney, Probation, Sherriff's office, courts, and schools for wrap around services.
- What if the current government changes the deduction for non-profits? I think this will have a negative impact.
- We must work together.
- Collaboration of non-profits to encourage innovation. Non-profits should stay in their line and not duplicate services.
- Non-profits do a better job than the government.
- Every person must pitch in.
- This is a partnership. We all must work together, why have 3 wheels when you need 4 and you need a spare.
- It takes a village to keep a community in tack. Everyone should give back if they can.
- They all play a role.
- Roberto M – non-profits are more self-sustaining, more efficient we are in the community. Comprehensive approach – there is a cultural disconnect. Need to educate parents that strangers are not watching their children. The children are being introduced

to art, new hobbies, and job training; matching needs of the community with kids to also provide social skills. Our focus is educating career development healthy lifestyles and character leadership skills.

- All the above – although the government should play a lesser role, but they have most of the money and profits to disperse to agencies (non-profits).
- The government keeps dollars intentionally and does not share with non-profits. However, the government doesn't like to work weekends and provide services. Non-profits are in the trenches 24/7, if need be.
- Collaboration with non-profits is critical. Non-profits have a role in the community and are effective at the grassroots.
- Must be a collaborative.
- We have to work collaboratively – send many messages on how to receive services.
- Everyone needs to team up.
- All of us impact change.
- We should all work together.
- Government is part of the problem, instead of the solution.
- It's everybody's job to figure out and not get caught up in the politics; it takes a village.
- Physical health is a higher priority than behavioral health. Educational institutions are not well positioned to address health care priorities.
- A portion of all the above if they can work collaboratively and understand all the moving parts.
- What we deliver at the right cost is important; lists of duplications of programs and services; The County picks and chooses their service providers and the services now are heavily competing with non-profits because some non-profits don't deliver programs effectively.
- Government should be a granting agency, not running program. As a tax payer, I'm not big on government.
- We have mental health providers in over 100 schools in Ventura County. Health and education is under one roof and we are engaging the students and staff.
- Government has the biggest impact.

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**14) Do you believe that the current concerns regarding immigration issues will affect the delivery of health care programs in Ventura County?**

Yes: **92**

No: **15**

N/A: **6**

**If yes, please explain.**

- Cost if we keep open borders.
- Undocumented people fear ICE.
- Fear to receive services/care. **(3)**

- The bracero program was a good program. One worker came, and the money was sent home to the family. Now the families move around and follow the work, hurting their children's education. The parent leaves the child, and the child has no support system.
- Clients are afraid of ICE- lots of fear that immigrants are talking with people at local centers.
- Don't know the issue.
- The services for the County will be there, whether they access or not.
- Such a large backlash against immigrants who are essential in our area. I have a lot of faith we can turn this around.
- Fear to come forward and provide personal information.
- Funding non-citizens fear. There is no decrease in crime, women are afraid to report abuse and are afraid to call the police.
- So sad, it is shocking to me to see if they go to a hospital, police department, or dentist, they may be deported (they go to Mexico and get medical care). Immigrants are part of the engine; we are components to the engine. Bad apples exist in all cultures, the government's role is to knock them out, but most of them are immigrants.
- Especially in Oxnard and Port Hueneme.
- Fear of deportation. (3)
- I think it's a small number of people in fear.
- Immigrants are affected by the health care delivery system.
- I don't know. (3)
- There are some individuals afraid to seek assistance due to their immigration status.
- We've become a sanctuary state. I think they leave Ventura County alone.
- Huge problem, I don't believe in open borders – we can't let everyone in.
- Not much in California – we don't have the same fear as other states.
- California has them covered and they can go to the hospital – it's a federal issue.
- We need immigration control – can't support the masses with access to health care. Immigration is a state-to-state issue.
- Health stats show people undocumented, who are afraid to go to the doctor.
- Less willing to present.
- We are being overwhelmed with non-paying (illegal Immigrants).
- Society not government should give programs to the people.
- The federal government told the State and County government to notify and report the undocumented. This is mandated and will hurt programs for the undocumented residents in Ventura County.
- Afraid of access to care and that their health will get worse.
- Budget cuts (Cal Fresh) – food is only available a few times a month. They don't seek out services, including vision because they are afraid.
- Across the system.
- Everyone deserves health care, regardless of documentation. We have an individual residing in Ventura County without documentation and he's ill. He is out in the community contagious and infecting others.

- Our people first, need to get legalize before they receive free services.
- Patients walk through my door, I look at them as patients.
- What is Ventura County's capacity to handle immigration? CA has highest #.
- Negatively.
- People are afraid to come out and get their health coverage.
- We are not delivering.
- This is a public health issue, they are afraid to come get help because they will be arrested. TB is higher among the homeless and where they come from.
- We are seeing some of it in our programs and kids are not coming to preschool.
- Every person needs health care, no matter who they are.
- If someone is undocumented they are afraid to go to the government for help.
- Fear of deportation, ER use increase, employer fear of hiring.
- Ventura County is the second manufacturing County in the world and we need their work force.
- The undocumented are a very large base of families and children with needs. They provide a lot of services for the growers and the growers provide clinics, but not dental services.
- A recent study conducted in Oxnard junior high schools, revealed that 75 - 90% of students are afraid of being deported.
- There is fear in the community. We try our best to reassure them and to let them know we are not in the business of enforcing or prosecuting immigrants.

*56 people had no responses*

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**15) Do you know that 50-70% more resources are raised from individuals in Los Angeles and Santa Barbara Counties to support non-profits?**

Yes: **60**

No: **51**

N/A: **2**

**Comments:**

- Yes, there was been a problem for VC. It's not a philanthropic County, older donors are dying off and no one is there to take their place. The younger generation is not interested.
- New money is moving into the Conejo Valley (Thousand Oaks/Westlake), and the people are not culturally connected to this place (new money). Many employees of Amgen may move on, so they are not invested financially.
- We need more support for non-profits. Hopefully it will grow over the next generation. We have had too many CEO's turn over lately, bad example of what's happening in non-profits. Charitable giving is lacking in VC, the same people are giving and invited to numerous events. Maybe next generation would learn to give.
- Not surprised, based on demographics – mostly working class here in VC.
- This is why we expanded our business into the LA area.

COMMUNITY RESOURCE ASSESMENT STUDY

- Not a surprise. (7)
- Wow, I didn't know that.
- Santa Barbara is more efficient and people in a better place to spearhead initiatives.
- Didn't know.
- I do know, I published that report. We took donations from the IRS and looked at populations in each County.
- Ventura County philanthropy is down, and the future does not look bright for non-profits anytime soon.
- People who live in the "East" side work in LA and people work in Santa Barbara and live in Ventura. Ventura County has the lowest per capital of giving in the state of CA (saw this in *Board Source*).
- Not good.
- What can we do?
- I'm well aware.
- It makes a difference because they have a large university. Per capita income where is the money coming from? Fees for services – County, state, federal?
- The County there is very rich – they should send some money down to Ventura County; there are too many non-profits.
- I thought it was more than 70% in Santa Barbara. I'm impressed with the generosity of Santa Barbara.
- Need research to see what's missing and why.
- Need to crack the code as to why people give so little in Ventura County.

**16) Do you know, according to the recently released *State of the Region Report*, the number of non-profits that filed tax forms required of charitable organizations more than doubled over the last ten years, from 1,244 to 2,543? These are challenging times for non-profits because of the competition.**

Yes: **42**  
 No: **64**  
 N/A: **7**

**17) Are you aware of VCMRF's annual event – the David Fainer, MD & Leo Tauber, MD Awards?**

Yes: **88**  
 No: **24**  
 N/A: **1**

**If yes, what are your impressions of the annual event? Do you have any recommendations or comments?**

- Well attended, great event to honor health care professionals.
- Classy, well organized and a well-deserved tribute to the awardees every year.
- Easier Parking/shorter cocktail hour/end earlier.

- Location, location, location, tent/video-engaging the crowd. Live auction – don't start it too high, let the auctioneer push the bids higher. First hour – keeping audience pumped up.
- Make the programs more real and have stories of hope and healing. People can raise their paddles to make more money. Possible MC – Andrew Firestone. Sherwood Country Club – outside. The Lloyd-Butler estate was the perfect venue. Maybe have Hamilton – type entertainment, using light.
- The biggest shiniest event of the year. It benefits the organization because it provides the most awareness of VCMRF's programs and what we do, that the community may not be aware of.
- Recommend a house party – a person invites 10-12 friends for wine and food. People bring wine and appetizers; the event is to pledge \$1,000 for 5 years. Pass out pledge cards at the end of party. Her company has raised \$8-10k on this type event to support scholarships in memory of people.
- Great! We need to “upsell” to get the stand-up going at a higher level. Maybe next year the event should be at the botanical gardens in Ventura. Call Doug Halter. Do future events at a ballroom – maybe an event on the eastside of the county? I would pay to stay home, ha ha ha.
- Two hours to recognize award winners – just a seat and charge \$250. Have a second fundraiser event with auction and ask donors to write checks.
- Great event – start awards sooner.
- I think it is a wonderful event.
- The return on event is positive and the event gives the visibility, so we can sustain the business.
- Successful event that honors many deserving health care professionals.
- Get the high donors to donate and set the stage for additional gifts, more focus on what we do. Call Cal Lutheran for participation opportunities to make connections.
- Great 2016 event, sorry I missed this year's event.
- Positive-Professional class act. I think Senior Concerns raised half a million dollars – they auctioned off a puppy.
- Great events. Suggestion-this last event was so stunning. The people went to enjoy the views and didn't get back to the auction tables to bid. Also, people didn't have enough time to drink enough. The champagne was easier – lots of people thought the “tropical drink” had too much sugar or didn't care for it. They come to the dinner sober and not ready to bid on the live auction items.
- It is first class – you do a great job, almost too nice. We are way up there above the others. I took my district manager from outside the area once.
- Excellent with long-term dedicated support.
- Should consider a free breakfast and people should pledge or give money. Need (active) event committee and have people pay \$100 for a ticket(s); if they win they can pick any auction item they want. Usually people give two of the same live auction items. Do this last so people stay at the event because they leave early at Fainer. Maybe Saturday event and inside location.

- Great opportunity to recognize and honor health care professionals.
- Great event, I missed the last two events. No one at my old office is involved with the community; this is why they don't participate in non-profits.
- Thursday after work is hard with all the traffic towards east of the county. Beautiful at Petersen Ranch, it was a logistic nightmare getting people up and back. The silent auction was sparse and spread out to far on the tables. The Lloyd-Butler estate was our favorite location.
- Great way to honor health care professionals. I love the event, I met nice people. The food and environment are a good and the people seemed to be very comfortable.
- Need to encourage donations, demonstrate and show how effective the programs are working. Reward donor professionals with PR campaign and a plaque. Send a monthly update of how the programs are doing.
- I heard it was well done recently.
- I haven't attended an event. (4)
- Fabulous event, I like the outdoor event.
- I am out of town in August and unable to attend.
- Great event, PA system needed improvement. Needed more acknowledgements of award winners when the event is outside, and you are not showing a video.
- Beautiful, well run and operated.
- Killer event, first class great. You should video the event for posterity and give as gift to the award winners.
- You should call John Zaruka.
- Access was a problem, other than that it was a fabulous event.
- First-hand experience, very worthy award winners.
- Vicariously experienced it.
- I love being part of the process and getting everyone together. You are open to other ideas and listen.
- We attend every year. It's our favorite County event.
- Do a great job.
- Fabulous. (2)
- It's beautiful and creative. Outdoor venues are different and lots of fun.
- Good event, well attended.
- Amazing event.
- Loved it, great time and great environment.
- There needs to be more recognition of the award winners and tighter on the time frame; start dinner earlier.
- Loved it, but it was to spread out. It was difficult to find where to buy drink tickets – not informed at check-in. There should be people selling drink tickets, roaming around; not enough people serving at the bar. Food was great but couldn't hear the music. Not as professional of an event as in the past. Auctioning the same standard items as the last event. Older people expect more from event.

- Shorter silent auction, maybe from 5-7 p.m. There should be higher ticket items during dinner and need to get people engaged. Sound and lighting were good but needed a few more highlights.
- Never been to an event.
- Never attended, I think you should provide a virtual online auction.
- Maybe, recognize Gold Coast Health Plan.
- Positive.
- Great.
- I've never attended but heard only great things about the event.
- I volunteered one year! It was stunning.
- Donated auction item in the past.
- Better every year.
- Outstanding – a few items mentioned at last VCMRF Board meeting about ways to improve it.
- Well done.
- Very well organized – good event.
- This year it was a good venue, it worked better, more fun this year. Sorry that the award winners don't receive more recognition. I missed last year's event, but heard it received outstanding reviews.
- Good/great event. (2)
- Beautiful event, happy to be part of it.
- Don't know about the event. (3)
- We have a recognition event, but we don't raise funds. We prefer smaller, more intimate gatherings.
- Don't know, we do 4 events per year.
- Please put us on your mailing list.
- Don't ever stop doing it! Talk to Rich, he can do the VCMRF video.
- I've attended in the past! I didn't know that this is your organization's event, but now I know.
- Loved the annual event. It brings so many different people together to be recognized. People across the board from the community.
- Great event this year, it was beautiful – very positive. How about a garden event on the east side in 2018?
- I did not receive an invitation.
- It's a great event. I am a past award winner. I haven't received an invitation for the event in several years.
- Nice event – enjoyed seeing camaraderie in the health care community.
- I have heard of it, but never attended.
- I am not aware of the event.
- I have not attended the event. Please send me an invitation in the future.
- What a fun event. I think Dr. Duncan should be recognized.
- No impression.



- Put us on your mailing list.
- Is it the night of stars? If so, I've heard of it.
- Yes, it's a great event that I have attended for many years. I will provide a list of Santa Barbara and Ventura events. The event should be on Saturday, and easy to find.
- I attended.
- It is one of the signature events in the County.
- I have heard of it – great event.
- Great! Although I haven't attended the event for a few years.
- Improve access – vans, golf carts; reduce the impact of the auction on the event. The focus should be the awards, and the event is too long, especially outside events.
- Yes, I would like an invite to the event.
- Well done, but too many award winners.
- It was a great event at the Lloyd-Butler Estate, but I missed last year's event.
- Well organized, elegant, glamorous, but the program is too long; it could be shorter. The last one I attended was in 2011.
- I would like an invitation to the event.

*9 people had no response*

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**18) Do you have a relationship with VCMRF?**

Yes: **86**

No: **27**

**If yes, do you see this involvement staying the same, decreasing, or increasing, in the future?**

**(28)** Same

**(76)** Increasing

**(1)** Decreasing

**(8)** N/A

**If not, how can VCMRF increase your participation?**

- Would be willing to serve on the Executive Committee of VCMRF- if they would have me and event planning committee, again.
- Look forward to joining the Board in July 2018.
- I am a big fan of VCMRF, I will write a small check.
- I can't, I am strapped.
- Depends on how many glasses of iced tea you have had in my garden at 5:00 p.m.
- Visibility – PR campaign/social media and access to the market data bus.
- TBD – names of other DDS donors. Will talk to other DDS in office to donate including braces.
- Invite me to a Board meeting.

- Heritage planned giving event, you receive a pin that you belong to this as a member of the Heritage (30-40 people social planned giving). I will help with planned giving event.
- I am now retired and traveling a lot.
- Fabulous community partners.
- I try to absorb more information about the foundation. To develop a feasibility study for the people needing the services and talking to them about their needs and concerns.
- In the near future partner on transportation grants.
- I will donate an estate gift to your next auction worth \$1,000 and help with living wills at hospitals.
- Always here for you.
- Maybe will serve on the Board. **(3)**
- Interested in joining VCMRF's Board.
- Homeless – though “faith in action.”
- Call Maria Tauber.
- Whatever we need, I'll do it.
- Call my sister (Keira Abrums Chivaroli) to serve on the Board.
- My wife and I would be happy to host a small gathering of about 12 people at our home for wine, food and conversation, not political. Learn something new about increasing and maximizing the value of your assets.
- May be interested in re-joining the board in the future.
- I look forward to serving on the Board.
- That depends on the work we do together.
- Serving on the Fainer/Tauber event selection committee for 2018.
- Collaboration – learning more, engaging, and getting involved to find more ways to partner.
- Volunteering.
- Now that you elected Lucas to chair the Board for 2 more years, I'll be at the next events.
- I contributed in the past.
- Maybe an opportunity to partner with the CRP and provide first aide training for high schools. Would like to meet again – check-in with me, so I can introduce you to others, and I would also like to meet Barbara Fitzgerald.
- We will send referrals. Contact Monica at my Office.
- Provide a PowerPoint presentation about the CRP's dental and vision partnership.
- Just ask me.
- PowerPoint to educate the community about your mission.
- Be on the event selection committee.
- I would consider Board service.
- I am open to the collaboration.
- I would like to see it increasing.
- If we play a role with you convening a round table.
- Absolutely.
- We are downsizing.

- How can we partner more closely through the collaboration of shared interests?
- Hopefully increasing.
- Come visit us at 2734 Johnson St., Suite E, in Ventura
- Supportive of the community resource assessment.
- Help find throughout research and resources why philanthropy is so low in Ventura County. We need fact-based answers/good research to help with a solution as to why East Ventura has built a wall and doesn't include West Ventura as part of the solution to hunger and other social issues.
- Engagement and collaboration and investment partnership opportunities. The Alzheimer's Association is looking at the early stages of dementia and providing master training. We have 30 support groups County-wide.
- I will be President of the Rotary Club of Downtown Ventura in July.
- Start with the event and meeting with MICOP.
- Provide volunteer opportunities for Veterans – take a tour of OFC.
- Looking for opportunities and connecting.
- VCMRF funded our first grant “Well Baby Classes.”
- I don't know. Help us make that decision.
- The County does. Not yet – I hope soon.

*44 people had no additional comments*

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**19) There is currently \$2.7 million in VCMRF's Endowment Fund. Would you be interested in learning more about Planned Giving options?**

Yes: **36**  
 No: **75**  
 N/A: **2**

**If yes, please provide us with days/times you are available to discuss options.**

- Will try to attend but I don't need the lecture.
- Call anytime, we are here.
- I'm participating, call if you need anything.
- I used to work with Bruce Johnston on estate planning.
- Fridays at noon.
- We talked with our lawyers, but they said there are too many loopholes now. I heard VCCF is focused on donors and not non-profits.
- We have several investors from Northern Trust and Canterbury Consultants on Montecito Bank & Trust's Investment Committee. We would be happy to make a presentation to your donors.
- VCCF is no different than any other non-profit – they have one scholarship program and someone else does their investing and they charge fees to send report to non-profits.

*45 people that answered “yes,” had no additional comments*

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**20) We would like to know more about you:**

- **How long have you lived in Ventura County?**

(17) 0-10  
(88) 11-20  
(18) 21-30  
(22) 31-40  
(12) 41-50  
(7) 51-60  
(3) 61-70  
(3) 71+  
(4) N/A

- **Do you have children?**

Yes: **101**  
No: **12**

- **Do you have grandchildren?**

Yes: **23**  
No: **90**

- **Do they live in Ventura County?**

Yes: **53**  
No: **35**  
Both: **18**  
(some live in VC/some live elsewhere)  
N/A: **7**

- **What are your hobbies/interests?**

- Kids; their hobbies & interests (**8**)
- Being with grandkids (**2**)
- Camping (**7**)
- Cooking/Baking (**6**)
- Travel: Mexico, Europe, Hawaii, all over south to enjoy the diversity in music, civil war and civil rights.
- Gardening; passionate about plants, nature, etc. (**12**)
- Enjoying my family and parents; family is the most enjoyable; the big key to a happy life (**6**)
- Reading (**22**)
- Reading 20 newspapers a day
- Walking (**4**)

- Crafts
- Enjoy thrift stores (looking for old things)
- Boating (2)
- Politics & government (2)
- Entertaining
- Singing (2)
- Dancing (2)
- Comedy
- Resource community, love my community (2)
- Community and County
- Giving back to/involved in the community (2)
- Volunteering (4)
- Mission for the church in Costa Rica and Mexico “Seeds for Hope”
- Photography (4)
- Horseback riding/horses (3)
- Fishing
- Hiking/Outdoors/Backpacking (24)
- Eating/Food (3)
- Working – too much (3)
- Lake
- Football (2)
- Hockey
- Running (4)
- Skiing-snow/water (11)
- Snowboarding (2)
- Tennis (9)
- Kayaking (4)
- Swimming (6)
- Biking/cycling (9)
- Softball
- Golf (8)
- Surfing (7)
- Rock climbing
- Weightlifting (2)
- Rugby
- Body building
- Fitness/Exercise (3)
- Pilates
- Yoga (5)
- Boating on the lake & in the ocean
- Scuba diving (4)
- Watching/playing soccer (played professionally in Mexico)
- Sports (9)
- Sports with my sons

- Sports – when I was in high school I played volleyball & basketball
- USC
- Sailing **(5)**
- Ventura Yacht Club
- Vacation home in Maui
- Finance
- Travel **(22)**
- Participating in/watching triathlons **(3)**
- Autism
- History
- Bridge
- Watching the Dodgers win the World Series
- Enjoying a glass of wine/drinking Pinot/good wine **(5)**
- Wine tasting, but my husband says that's not a hobby
- Education
- Doing things at my house
- House remodeling (love to buy houses)
- Theater **(2)**
- Riding motorcycle **(2)**
- Family patient care
- Walking the dog
- My dog
- Bible study
- National Charity League
- Conejo Board CBU
- Movies **(3)**
- Watching Netflix
- Scrap books
- Advocacy human rights
- Medicine
- Sleeping
- Meditation and spiritual things **(2)**
- Clothes
- Make-up
- Wood carving
- Music **(6)**
- Going to see live music
- Fine furniture made from cherry wood
- Plays
- Art; mixed media art; great interest **(3)**
- Artist in paint
- Beach activities **(3)**
- Teaching in Ojai
- Loving & growing your business

- Animal husbandry
- Classic cars
- Target shooting
- Rotary Club
- Writing
- Making jewelry
- Playing the piano (2)
- Making money
- Shopping
- Decoration
- Animals
- Technology
- Passionate about caring for healthcare needs of the underserved. Work with the migrant workers who feel safe at our clinic.
- Knitting
- Work and family. My #1 is family; prior to being a Supervisor, I was in the business of preparing taxes on the Oxnard City Council.
- Walk the streets and river and give blankets and necessary things for the homeless.
- Taking care of my 93-year-old father
- Social justice issues (2)
- Working with my hands – woodworking
- Non-profits (habitat for humanity)
- Healing, I was trained by a Shaman
- Wildlife
- Bird watching
- Taking care of the homeless
- Nature
- I was raised in Santa Cruz, so I am used to be around animals and have a passion for the Redwoods & gardens.
- Thousand Oaks Rotary
- Sleeping
- Friends
- Helping people
- City council

• **Where do you get your local news?**

- (61) Internet
- (35) Radio
- (35) Social Networking (Facebook, Instagram, LinkedIn)
- (48) Newspaper/Magazines
- (48) TV
- (24) All of The Above

- **Where did you attend school?**
  - California Lutheran University – CLU (8)
  - Buena High School
  - Ventura Community College of Nursing to be a nurse, today, it's necessary to have a 4-year degree.
  - Ventura Community College (2)
  - Washington State University
  - University of Idaho
  - Boston University
  - University Southern California – USC (9)
  - University Southern California – USC; optometry
  - Cal Poly Pomona (2)
  - University of Miami
  - Antioch (New England)
  - Southwestern Law school (4)
  - California State University Northridge – CSUN (6)
  - Hiram College, Ohio
  - University of Connecticut
  - University of the Pacific – Stockton
  - University of Boulder Colorado (2)
  - Denver, Colorado
  - Adolfo Camarillo High School (2)
  - University California Santa Barbara – UCSB (9)
  - Santa Barbara City College
  - University California Los Angeles – UCLA (14)
  - University California Los Angeles – UCLA (medical) (2)
  - University California Los Angeles – UCLA (full ride for baseball)
  - Cal State LA
  - Cal Poly San Luis Obispo (2)
  - Porterville, Fresno State
  - High School at North Dakota
  - Azusa Pacific University – APU (2)
  - University of Phoenix
  - Loyola Law School (3)
  - Loyola Marymount University (2)
  - Ventura High School (2)
  - California State University Long Beach – CSULB (4)
  - University California Berkeley – UCB (5)
  - Oxnard
  - Universidad de Guadalajara
  - Harvard
  - Claremont College (2)
  - Wayne State University
  - Michigan State (2)



- Cornell
- Sacramento
- Boston (2)
- LA Law School
- Notre Dame High Scholl
- Pepperdine University (2)
- University of Redlands
- France
- Claremont High School
- University California Riverside
- Connecticut for High School
- Tulane College
- Whittier Law School
- Whittier College
- University California Santa Cruz (2)
- Ventura
- New York City-Brooklyn College
- Medical College of Wisconsin
- University California San Diego – UCSD (4)
- Former Soviet Union – Ukraine
- PhD in Nursing, MA in nursing/counseling, BA in nursing
- University of California Irvine – UCI
- Residency at San Francisco hospital
- San Francisco State University
- University of California Davis (4)
- Rhode Island, Boston College
- Fairfax High School in LA
- Fuller Theological Seminary
- Baylor University, Texas
- University of Washington (2)
- Mexico City
- Chicago University
- St. Albany- NYC
- Long Island University
- Oxnard High School (2)
- Moorpark Community College
- Guadalajara Medical
- VCMC residency
- University of La Verne
- Cuesta College
- California State University Fullerton (2)
- California State University San Bernardino
- San Diego State University (2)
- Brigham Young University (BYU)

- National University for Master's in Public Policy and Business
  - Europe
  - Concordia College
  - Minnesota School of Business
  - Kennedy School of Business
  - University of Kansas
- **Do you currently serve on any Boards or civic/social organizations in Ventura County?**

Yes: **69**

No: **34**

N/A: **4**

**Comments:**

- Westlakers – a men's organization that raises funds to support high school scholarships. The men are much older and most of them are retired. John Jacobs is involved in the group, and he donates his time to develop resources for the New West Symphony. I am also involved in a merchant group whose purpose is to improve business in downtown Ventura.
- Interface Children & Family Services
- Ventura College
- Livingston Memorial
- Museum of Ventura County – past (2)
- Community Memorial Health System (2)
- Channel Islands
- Sterling Care Psychiatric Care Board of Directors
- VCMRF (6)
- Music Festival
- Rotary Club (7)
- Rotary Club of Downtown Ventura
- La Montana in Costa Rica
- Christian Club
- Latin association
- California Lutheran University Board
- Camarillo YMCA Board
- Health of Hope – go to Romania once a year to do DDS/OD work (2)
- American Red Cross Chair
- American Red Cross
- Women's Economic Ventures – WEV (5)
- Alliance of the Arts
- Ventura Chamber of Commerce (4)
- Ambassador the Ventura Chamber of Commerce

- Former Food Share Chair
- Surf Rider Foundation
- Boys & Girl's Club of Greater Oxnard/Port Hueneme
- Ventura County Contractors Association
- Teach Committee for Foster Kids
- For the Troops with Rosemary Alliance
- I was on ASC but not this year/medical records for Foster kids
- Alzheimer's Association
- Previous app is VCERS VUPC
- Future volunteer – committed to Ojai, probably the Humane Society
- Boy Scouts/Eagle Scouts
- Teaches High School heart sciences
- Student mentoring program
- Temple Beth Torah
- Extremely involved with social programs, including: homeless, food pantry
- Casa Pacifica (2)
- Ventura County Housing Trust Fund (2)
- Many Advisory Boards
- Chair of the Dignity Health/St. John's Health Care Foundation Board
- Camarillo Sunrise Rotary
- I'm free to join VCMRF's Board, I'm a worker
- Not currently
- Ventura County Continuum of Care (contact Tara Carruth, CEO)
- No, not at this age – 101
- Gold Coast Health Plan
- Area Agency on Aging (2)
- United Way (working with them on women-focused leadership roles with low-income single moms)
- County Representative of the Board for Resource Development
- Chair a lot of task force committees
- In the past I served on United Way Advisory Board for VCCF
- VCMC Defense Giving Board
- American Living Association
- Planned Giving Council
- Boys Scouts Estate Planning Council.
- Segue, a non-profit to keep kids from dropping out of school and helping them develop a career path.
- City Impact, Inc. meets the needs of at-risk/high-risk children, youth and low-income families through a variety of mentoring programs and student support groups for prevention – President is Betty Alvarez-Ham.
- Rubicon Board
- Ventura County Trial Lawyers

- Oxnard Planning Commission
- Board of Consumer Attorneys of CA
- Ojai Women's Fund
- Center of Non-Profits Leadership
- The Dental Association
- American Cancer Society – community leader with Pam Brady
- Air Pollution Control District (APCD)
- Animal Regulation Committee – Chair
- Beach Erosion Authority for Control Operations & Nourishment (BEACON)
- California Biodiversity Council
- County Finance Committee
- Fox Canyon Groundwater Management Agency Board
- Health Care Plan Standing Committee (VCHCP) – Chair
- Information Technology Committee
- Local Agency Formation Commission (LAFCO) – Alternate
- Matilija Dam Executive Committee
- Matilija Dam Steering Committee-Plan Implementation Committee
- Service Authority for Freeway Emergencies
- Ventura County Employee Retirement Association Board
- Ventura County Regional Energy Alliance – Alternate
- Ventura County Transportation Commission (VCTC)
- My committee stopped meeting.
- Ventura Yacht Club
- Church of the Foothills (and all other denominations) – Church council; next meeting is at Temple Beth Torah.
- Interfaith Ministerial Association, need to get involved. Contact Kris Bergstorm at the Church of the Foothill.
- Woman United Way (gets women on their feet, to help support their kids)
- Mission Latino Ministries
- Cottage Hospital
- Westmont
- Montecito Rotary
- Partners in Education
- Board of Supervisors
- SME air pollution
- BHAD
- LAFCD
- Ventura County Sheriff
- Assistance League
- Mexican Consulate
- On the Board of Missionary Church
- Soroptimist International of Camarillo

- Every commission and committee you can think off, it comes with the territory
- I raise funds for the Ventura Canine unit. Kensington Foundation. The Brain Injury Foundation for injured children. Brian Whittaker is the Executive.
- Board of Regal Cal Lutheran
- Art Museum
- Center for Non-Profit Leadership
- Rotary Club of Camarillo
- University Preparation Charter School
- Camarillo Chamber of Commerce Board of Directors
- Very involved in the Cancer Support Community
- Gold Coast Healthcare
- VC Home Health Alliance
- VC Home Care Association, Inc. (2)
- SCOPE, Chair (Senior Outreach Program)
- Church – Simi Hills Christadelphian
- Mixteco Project
- House farm workers – housing education outreach
- Community of care with the County government
- County executive office (federal funding) housing and homeless services not financially.
- I am on more than 20 Boards – transportation, water, First 5
- I am overseeing medical services and quality improvement for EMS Fire for the County.
- Local Planning Council
- State-wide group for First 5
- Board president for Project Understanding & Kinder Care for pregnant mothers.
- I am a lifelong learner.
- Food Share
- Ventura County Credit Union
- The Sheriff’s Foundation
- Out-of-State Board
- United Way
- Rubicon Theater
- Music Festival
- Rainbow Umbrella
- I retired from the Food Share and the Ventura Boys & Girls Club Boards
- Girl Scouts
- Ventura County Economic Development Association (VFCEDA)
- California
- Fillmore High School
- Stanford – majored in human ecology, I was going to be a doctor but changed my career because I wanted to interact with people.

- Board Chair, Leaders of America
- California Non-Profit Associate
- Appointed as the alternate to the California Coastal Commission
- Studio Channel Islands
- Africa Environmental
- Film Foundation
- African Wildlife Preservation Trust
- VECEDA
- CSCU Technology Partnership
- Ventura Community Partnership Foundation
- UCLA
- ARC Foundation
- California State Channel Islands
- KCLU Board
- Resigning from a few because my extensive travel
- Most of my focus with Buckley School in Sherman Oaks is because my grandmother founded the school; Board work is important to the employees of this organization.
- Emergency Food & Shelter Board with United Way.
- VC Leadership Academy

*23 people had no responses*

- **Do you or your company currently support VCMRF?**

(25) Personally  
 (23) Professionally  
 (36) Neither  
 (30) Both

- **Does your company provide medical, dental and/or vision insurance coverage?**

Yes: **68**  
 No: **38**  
 N/A: **4**

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**21) In preparing for the 2018 funding year, what level of support can VCMRF look to you for?**

(30) Financial  
 (40) Special Event(s)  
 (35) Volunteer  
 (10) Planned Giving  
 (11) All of The Above  
 (30) Don't Know

**22) Do you know anyone who is not involved with VCMRF, who might have an interest in knowing more about the Foundation?**

Yes: **57**

No: **26**

N/A: **30**

**If yes, who?**

- Let me get back at you with names.
- Fillmore Educator- Mr. Fernandez.
- Christine Voth (Area Agency on Aging) & Lynda Bowman.
- Dr. Ann Kelley- just retired and plans to wait a year.
- Carolyn Chubb.
- Daniel Paris – USC Human Resources Master of Psychology- Harvard.
- Don't know anyone outside of work.
- I know lot of doctors at CMHS.
- Emily Barany – Ad campaign, who publishes “State of the Region Support.”
- Will provide DDS list.
- Amber Adam-employee operating manager for 15 yrs.
- Will send you a list.
- Go back to him for names.
- Most of the wealth is donated outside Ventura County. Raising money for the whole cost of the program is a struggle for all organizations (I heard United Way is struggling).
- I'm working on it.
- We are looking for leadership at the temple.
- My husband has lots of contacts on the east side of the County. He owns a printing company in LA. We need his help when it slows down; his only day off is Sunday, he is great at fundraisers.
- Matthew-economic research forecast (CLU).
- Nancy Borchard, her issue is mental health. She may be help us with mental health patients in Dignity Health/St. John's. There are patients sent out of the County. Ambulances for services we don't have enough beds for the mentally ill.
- LA Rams who practice at CLU. My friend Vince caters for the Rams, and he also owns a restaurant in Camarillo. Ruby buys and sells restaurants. She owns Matisse in Arcadia and lives in Westlake. She might be interested. Tom Holden, DO, Barbara Meister, Paul Ginger.
- Let me think about it. Kinko's founder Paul Orifelo – I know attorneys for Cottage Hospital.
- Thinking about it; it has to be the right fit.
- Tony Perez is a friend and dentist. He is with the American Dental Association. They do 2 large events each year, where people receive free dental services.
- Lois Manning – retired head of nursing at Public Health. Contact the Resource Child Development.

- My sister (Keira Abrums Chivaroli), call her to be on the Board.
- Going to think about it. (2)
- Petra Puls who took over for Claudia Harrison at First 5.
- Lynne West – Big Brothers Big Sisters Ventura County– been there for 30 years.
- Talk with Jim Duran – Project Understanding; they provide case management and cash for people that are about to become homeless covered medical. (2)
- Trevor Quart – Lawyer that represents Hispanics.
- Andre Garcia – insurance company; will provide contact info.
- Dr. Raymond Lopez – he is very enthusiastically into obesity prevention and runs 5 different clinics for minorities (Hispanics).
- Need to know more about you, before connecting you.
- Dr. Ray Lubberts – he is providing braces for the CRP.
- Dental society executives – Teresa & Sue Murphy.
- Arcenio Lopez- MICOP
- Senior Concerns, Direct Relief in SB, Oxnard College dental program.
- Dan Clower, optometrist.
- Midge Stark.
- Kris Skromme.
- Tri-County Optometrist Society.
- Bob Avery, optometrist/senior retina problems – their foundation.
- Board supported organizations.
- Ventura Interface Ministerial Association.
- Clark Rice – Red Line Realty. (2)
- Harriet Friedman – St. John’s (InnCourage Donor).
- Debi Klein – Philanthropic head, St. John’s Hospitals.
- Sam Hishmeh – Domino’s Pizza he is joining our Board at City National Bank.
- The population we serve – you can provide a PowerPoint presentation.
- Susan Cotton – was the CFO of WellPoint and is now in charge of the Lilly Project in Nicaragua, next to Costa Rica – to teach women about health care screenings and empowering them (social entrepreneurial).
- Call Partnership for SAFE families and get on their schedule to do a presentation.
- Miguel Cervantes, MD.
- Dr. Ronald Atanay of Sunset Dental Ventura, I’ll make the introduction.
- Not off hand/at this time/don’t know who to ask. (3)
- Bill Kearney.
- Jeff Loebel.
- Jane Koch at Simi Valley Hospital.
- Contact new providers at Las Islas Family Medical Group – Dr. El-Sayed, Sam Phang, Andrew Chang.
- Michael Jump.
- Many Mansions.
- Cabrillo Economic Development.



- Habitat for Humanity.
- People's self-help housing corporation in SLO and SB moving into Ventura.
- John Fowler, CEO at El Patio Hotel – for homeless provide in-house services may be interested in CRP.
- Senior concerns.
- You're well connected.
- Hazel and John Wood-Claeysens.
- Bob Huber.
- Manufacturing industry.
- Mike Vegas – he's looking at air quality in VC and why the quality is improving but asthma is increasing – due to pesticides?
- MICOP – Arcenio Lopez.
- On Step a la Vez (one step at a time), focuses on youth at the Episcopal Church in Santa Clara Valley; a circle of care.
- Executive Director of Studio Channel Islands.
- Anita Diaz – West Park Ventura.
- Dick Crisswell – VUSD.
- Sage HR – I'll make the introduction.

*35 people had no responses*

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**Among the business leaders of Ventura County known to you, who do you most admire and respect?**

- Let me get back/think about it (4)
- Don't know (2)
- Sharon Bick (2)
- Steve Behunin – Financial planner may be interested in the Board
- Sue Chadwick (retired)
- Andrea Rickett – HeartAware nurse practitioner for InnCourage
- Michael Case
- Kathy Hartley (3)
- Debbie and George Fox
- Matt LaVere – Attorney- Ventura City Council
- Fellow Board members
- Mike Powers (13)
- Mike Tracy
- Peter Zierhut – Haas Automation, Inc.
- Sean Leonard (3)
- Steve Bennett – Supervisor (5)
- Barry Zimmerman – Director HCA (3)
- Joe Schroeder – VCCU; like his volunteering program – he commits 40 hours/week to volunteering. (2)

- My husband Max, he came to the Country to live the American dream.
- Lynda Bowman
- Botex Comp – interested in health care bio meds near office.
- Kara Ralston – Camarillo Health Care District
- Judge Brian Back, VCS Superior Court; he looked at the root causes in the justice system and doesn't just lock up the criminals, but asked the questions – what are we going to do? Very innovative and thoughtful. (2)
- Jim McGee (Red Cross) (2)
- Yvon Chouinard – Owner Patagonia (3)
- John Zaragoza – VC Supervisor from Oxnard
- Judge Toy White
- Marni Brook (3)
- The MBT community banking team.
- CHCD's Sue Tatangelo; they evaluated CMHS with health wellness education – forge that partnership in coalition with them.
- Elias – he owns the Oxnard Pallet company; he and his wife are supportive and willing to help.
- Board of trustees of CMHS
- Barbara Meister
- Rod Gilbert (4)
- Mathew Fienup – CLU
- Stephanie Caldwell – Ventura Chamber of Commerce (4)
- Gary Wilde (3)
- Bill Kearney (5)
- Monica White
- Elena Brokaw (2)
- Bud Smith when he was alive (2)
- Krista Cherry – Real estate broker; she is passionate about helping people and volunteering her time.
- Nick Deutch – Main Street Art
- Sheila Murphy
- Sheriff Geoff Dean (5)
- Elaine Crandall (2)
- Board of Supervisors
- Don and Bonnie Carlton
- Jacqui Irwin (politician) a thoughtful person doing a good job. (2)
- Harrison Trash Co., they do good job supporting the different causes.
- Victor Ortiz – Darvik Productions owner.
- Ojai cares – Susan Kapadia
- Lynda.com
- Don't know, but you should contact the Conejo Free Clinic.
- John Graeser – they have a lab and reduced fees for dentures.

- Contact Linda Lacuza
- Tom Hinkle – retired served a lot of Boards.
- Ron Hertel – who passed away
- Eric Nasarenko – Ventura Mayor
- Clint Garman – Santa Paula Council
- Janet Garufis – chairman and CEO Montecito Bank and Trust.
- Dena Jenson, Director of the Center for Non-Profits Leadership (CLU)
- We are leaderless
- Harry Selbin- Business theatre
- Jim Friedl – Conejo Park and Recreation
- Sam Hishmeh– Domino’s Pizza (2)
- Ed Summers
- Debi Klein
- Bill Camarillo
- Harold Edwards (3)
- Randy Hinton, on the Food Share Board
- John Zaruka
- Hank Lacayo, who passed away
- Chief Mark Lorenzo
- Sara Resnick (Edward Jones is her husband & a developer)
- Dr. Dorsey –CMHS
- Armando Lopez, El Chamuco – book on amazon. Still works with developer David White.
- Kathy Long
- Cheryl Heitmann
- Martin V. Smith, who passed away – he offered me my first job when I was a small boy. I wanted to wash dishes at the Colonia house and he told me I was too young. Then, he gave me a job outside, cleaning off the plants, paid me \$3.00.
- Dr. Ronald Atanay
- Tricia Pankratz, MD
- Spencer Garrett
- Kate McLean
- Jon Light
- Montecito Bank & Trust
- Harrison company
- Daniel Wolf
- Joan Plassmeyer – Los Robles Homecare; she does pro-bono work to help the hospital
- Greg Totten, District Attorney, Ventura County.
- Judy Webber, LCSW, Deputy Director, County of Ventura, Human Services Agency - Children and Family Services. (2)

- Bruce Stensil – Economic Development Corporation; supports small businesses - great administration for the people at Casa Pacifica, Cal Lutheran, Cal State Channel Island – ARC.
- Linda Rossie (admin officer), Eric Sternad (Interface CEO), Scott at Mustang Marketing, and Dick Rush.
- Melinda and Channard; Patagonia
- Dr. Fogel – Coastal Radiation
- Rose Macario
- Bob Huber
- Dr. Priscilla Partridge de Garcia
- Dr. Chris Kimball (3)
- Eric Harrison
- Megan Lopez
- Tammie Helmuth – she knows everyone, including the angel couch.
- David Maron (Camarillo) – Chair of the State of the Region Report.
- Mike Silacci
- Jamshid Damooei, Ph.D. – Economics at Cal Lutheran
- Craig Underwood & Sarah Jane
- Kathi Smith, Esq.
- Dr. Leo Tauber
- Roger Case
- Maricela Morales
- Dana Furash – past chair of Interface
- Jeff Green – The Trade Desk

*10 people had no response*

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**23) Are there any other general comments you would like to make regarding VCMRF, its role in the community, unaddressed needs VCMRF can fund or potential funding for VCMRF?**

- VCMRF’s elephant in the room. People in the community think VCMRF is still connected to VCMC. Need to change this public relations/marketing campaign about VCMRF’s current mission.
- VCMRF is doing an amazing job.
- Related community needs.
- Expanding and adding more programs or projects/initiatives.
- Keep doing what we are doing, now is time to review this and set our priorities and next initiatives. Action ideas for the benefit of the underserved residents.
- Covered.
- Special needs.
- Great question.
- Position to continue raising money for health care.

- Funding more DDS offices/finding out more about the needs in the community and contacting school districts, churches and food pantries.
- Great that you are doing this feasibility study, it is an investment on our community. I am glad because this study allowed us to get connected.
- Yes, I would like to bid on the Patagonia trip next year.
- Call Roberta Prada at American Tooth Industry about dentures.
- VCMRF to contact Jaiya John (speaker) global speaker very powerful. Hook up with ACS in Ventura to partner on event (Pam Grady).
- Subaru used to offer several non-profits \$250 for every car they sold. Tap into wealth on the east side of the County.
- I think everything is great, need more promotions. Spanish survey to talk with the families.
- Living wills, they are poorly understood and utilized. ¼ of patients don't have them. Occupational therapy has no resources that I am aware of.
- Yes, I would be willing to serve on VCMRF's Board.
- Leadership.
- We do everything.
- This feasibility study is a valuable exercise and a valuable leadership to do this.
- First to learn about VCMRF.
- Need to learn more.
- No. (7)
- Keep doing what you're doing.
- Let me think about it.
- Nothing that I can add.
- Let me get back to you.
- Fabulous institution and more people should be supporting it.
- Government employees are going from job to job every two years to up their salaries.
- Legal aid, estate planning, probate and mental health.
- Yes, I would like to be more involved.
- Look up Kaiser Permanente Regional grants and see what they are funding.
- The County hospitals need more physical therapists – need more access to this service in the county. VCMRF needs ads on KEYT, get testimonials from providers, participants, and administrators. Let people know VCMRF is local and the money stays here in Ventura County. I think InnCourage should change the name to HOPE, not “retreat”
- Social media campaign would help get awareness out about our mission.
- I think you are doing a great job.
- I see VCMRF as a problem-solving organization; facilitating with others and coordinating care.
- Look at ACS transportation “model” – RIDE, operated by all volunteers who drive cancer patients, etc.
- Becoming too unfocused.
- Keep up the good work.

- Please share information about non-profit agencies.
- We would appreciate referrals to non-profit services.
- Glad we met, and I got a chance to get acquainted with your organization.
- I would like to be on the Fainer/Tauber selection committee.
- Curious about learning more, my mantra is “I serve, that’s why I’m here.”
- VCMRF should be modeling collaborative practices and teaching organizations how to work and share resources because there is not enough oxygen to sustain us all.
- Present a PowerPoint to the Administrative Advisory Council. Tracy Gallagher will set up.
- Overjoyed that VCMRF is taking notice of the community’s needs and doing something about it.
- People should know more about what you do – the public especially! VCMRF has always focused on the mission of their organization.
- More activity and involvement in the community, maybe serving on the Board.
- VCCF and its donor advised funds.
- Open to partnership to fill community needs - Jamshid Damooei, Ph.D. – Economics at Cal Lutheran.
- Look forward to serving on the Board.
- What I see, and what we are dealing with, is creative awareness.
- Round table – where is the leadership and partnership – VCEDA?
- No one comes to mind at the moment.
- I think we’re good.
- It’s all about collaboration and working together to tackle those big problems of the disadvantaged.
- Don’t know much about politics – more connected to social services.
- We covered a lot of ground.
- Ventura has a pioneering spirit. People appreciate diversity. We’re a positive culture, unselfish, as a common demonstrator – look at the way people responded to those affected by the fires. I believe the more we know about good causes, we are a very generous community. We need to be storytellers, so people can connect to our cause.
- We already covered a lot.
- Opportunity for non-profits to partner more.
- Keep up the stellar work you are doing and the amazing achievements.
- I don’t know, I’ve only been in Ventura County for 3 years.
- We need to work on a stronger collaboration and connect the mission and vision from LA to SF and have them look at Ventura County to fund our needs and see our network.

*36 people had no response*

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**24) Are you involved with any organizations that may be interested in a presentation about VCMRF, and its programs, in the upcoming calendar year?**

Yes: **47**

No: **38**

N/A: **26**

**If yes, please provide us with the organization and contact information so we can call them.**

- VCAAA/dementia-friendly Ventura County.
- St. Paul's Episcopal Church, but only if they receive a bequest.
- Ventura County Homecare Association, SCOPE – East County, Ventura County Elder Abuse Council, Fast Team Services – financial help with senior abuse, AAA, Alma Via – Camarillo.
- InnCourage Rotary.
- No already stated.
- Please see attached programs, VCMRF can participate in.
- Rotary (Newbury Park) PowerPoint presentation.
- PowerPoint presentation for new superintendent of Ventura School District.
- National Charity League, B&G clubs, Food Share, and animal shelters.
- Steve Bennett.
- California Lutheran University.
- Bankers are a big network who can introduce VCMRF to others.
- Patty Birmingham – Ventura B&G's Club President.
- Agree with executive to develop a round table with co-chairs once a year. All non-profits and government at the end of the year, go before the Board of Directors with information about referrals.
- YMCA, partner with healthy centers, VC women's lawyers, VC Family Justice Center – Michael Jump, Domestic Violence, Collaboration Resource Center and Girls Inc.
- David Fukutomi – was with FEMA, now a consultant for Disaster Preparedness.
- I think one of the biggest partnerships is the churches such as New Life Church. Four Square Learning how to work together to be productive. We belong to the Calvary Church, Ventura.
- PowerPoint to Supervisor at Community Counseling Clinic in Oxnard and Westlake for CLU.
- PowerPoint to community center referral agencies.
- Greg G – PowerPoint to collaborations and to George West at Dignity Health/St. John's Hospitals.
- Waiting on answer.
- I suggest you change the name back to Medical Resource Foundation.
- Oxnard Family Circle, Ventura County.
- Society should write checks to volunteer organizations.
- Money for transgender and gay community going back in the closet.

- Ventura East Rotary.
- Kris Hansen.
- Program Chairman Rotary Club (PowerPoint).
- State Farm Agency.
- I don't know will think about it.
- Assistance League.
- We would like VCMRF to provide a PowerPoint presentation at our office.
- Send forms – if we have children in need of dental and vision along with a note from me.
- Have your staff talk with Monica about a presentation.
- Counseling office with CLU.
- Kathy and the cancer center at CMHS have just met to work on a referral service. They don't have a name or focus yet.
- PowerPoint Presentation at Sunset Dental.
- Do a PowerPoint presentation at Camarillo Health Care District, Senior Concerns, Simi Valley & Los Robles Hospitals, Meals on wheels, and caregiver programs.
- CRP PowerPoint Presentation at Interface.
- PowerPoint presentation at Las Islas Family Medical Group.
- PowerPoint presentation for dental and vision.
- I don't think the chamber of commerce is interested in housing problems.; it's not filtering up to management in the business sector.
- We need a dentist who would visit our families and seniors; they need dental and vision care services.
- Ventura County Office of Education (VCOE) – they provide free dental services.
- Tiffany Morris is an educator in Camarillo, who trains nurses/dental affiliates; for low-income they pay for bus rides to dental offices.
- PowerPoint presentation for the Santa Barbara/Ventura County Dental Foundation.
- PowerPoint Presentation at Partnership for Safe Families.
- PowerPoint Presentation at Project Understanding.
- MBT would like a presentation on InnCourage.
- Rotary of Ojai (the chapter that meets on Friday noon).
- Tour of OFC/Veterans area.

*50 people had no responses*

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**What is your perception of VCMRF's role in raising funds for programs and services that benefit the residents of Ventura County?**

**Internal Strengths**

- Positive perception/ Great/Good perception of the valuable services you provide. (6)
- Positive; they are filling a role no other organization fills – in my mind.
- Positive (I thought it was for hospitals, for surgical equipment).
- I see VCMRF's role as facilitator or manager of programs and bringing people together.



- We serve the underserved of the County with our programs.
- Back into the community to provide services and programs that help at-risk families.
- Downtown Ventura is looking to fund a vision clinic for the underserved and a partnership with VCMRF's vision program which would be a good collaboration.
- No perception, except positive, regarding the Board and staff. The organization has a reputation for helping others. Everyone should pitch into the community to help physical and mental health issues.
- Good at filling in the gaps.
- An organization that must fundraise to accomplish their goals and one that supports the underserved.
- Do an extremely good job with outreach efforts and building funds with businesses in town.
- Excellent support base for needed services and programs for at-risk families.
- Good job fundraising for grants, annual campaign and the event.
- Effective and necessary.
- The dental program is very important.
- Generally accepted.
- The InnCourage program is unique to the cancer care community.
- Extremely good, well-known and has lots of support.
- A single event is enough. Cleaning house – a retreat with non-profit heads to flush out.
- Really good job so far. What we've raised money for has been beneficial throughout the year - mobile mammography van, funded PICU, MRI machine and dental care program.
- Philanthropic, positive – good group. VCMRF is finding its place in Ventura County community.
- VCMRF has had an amazing fulfillment in raising funds for Ventura County and its residents. It's amazing to see how many people have been able to benefit from the programs that would have been otherwise, underserved.
- Expanding dental services, VCMRF helped fund the original dental program with Kathy Back and the Harriet Samuelsson Foundation. Today, the probation agency contracts with dentists. It's a great program because it doesn't interfere with kids missing school, because they would leave for half a day to receive dental services from juvenile hall. With dental chair supply staff and dentists at the facility, it also saves costs to transport the kids to dental offices off-site.
- You have a worthwhile program because the parents can't afford programs and services.
- I think you do a great job – very dedicated.
- What VCMRF does best is what you are doing right now – looking to see what new unmet needs there are in the community. Since the current health care situation is refocusing because of the new administration in Washington, it's important to do this.
- Awards dinner/ The event is great and a precious tool/I know of your large event. **(4)**
- VCMRF provides a whole host of services not recognized by public dollars and fills a lot of gaps in the County.
- Effective – excellent/Very effective. **(2)**

- Fantastic resource in our community.
- Very helpful – we provide dental and vision referrals to the CRP.
- VCMRF participated with us on a weekend event, where you talked about the services available through the CRP.
- I am familiar with the CRP because I ran it under Interface. It was the only program not supported by medical payments. That’s why they let the program go.
- We attended the Fainer/Tauber event 4 years ago and loved it, especially the dessert auction.
- The agency collaborations provide resources and education for the community at large.
- You’re good at chipping away at the social network and developing/ brokering relationships.
- Good at what you do.
- Good at raising funds/We’re doing that – we’re raising funds/I’m impressed with your fundraising efforts over the years. (3)
- Board development matters – yes, this assessment builds new energy and enthusiasm to examine the needs in the community. Board members should be part of the solution and help tell the story better.
- VCMRF has a lot of good programs because of your ability to pivot one funding need to another and keep the heart of your mission/position responsive to the needs of the community – it’s a real strength to collaborate and you do this effectively.
- No perception of VCMRF until today. Now I do, and I like your mission.
- VCMRF is the relationship builder for the community. Continue networking; help integration between doctors and hospitals to come together.
- You have a wide array of programs aimed at helping the population, from children to seniors, to people that do not have families and/or friends and are hospitalized.
- We are really doing a great job finding out the health care needs in the County.
- You’re doing a very good job trying to talk with the people, which is very important.
- You’re the connector catalyst for additional services. We need you now more than ever before.

### **Internal Weaknesses**

- VCMRF needs to be more visible in the public by using the website, social media and providing Board members with their names on VCMRF business cards.
- When I left the Board several years ago, there was no clear vision.
- Need specific goals and funding plans for all programs.
- Keep attention on the programs. Shouldn’t have too many, need to find our “niche.”
- Need more public relations in the community so people don’t think you’re still connected with the County. I will pay for a PR campaign to change the perception and I know the person that can make this happen.
- My experience is limited to dental. I attended the event in 2016 and know about CRP
- VCMRF needs more volunteers to help the foundation.

- There is a lot of need out there, too many non-profits struggling, and there is not enough money. There needs to be more of an emphasis on our seniors.
- I want to be more involved with the Board and community. People need to know we exist and what we do. We need more impact; we need to promote and improve what we do to reach out to more residents about our programs.
- Before the Fainer/Tauber event, I did not know what you did.
- Don't know/I don't have a perception/ No perception/ I don't know if I had a perception; Don't know enough to have an opinion/I'm just learning about the organization (15)
- I'm new to the community.
- Only concern is about the dental program.
- There are too many non-profits in Ventura County. Non-profits should add value to existence.
- My impression is most people don't have an impression. I recommend more public relations about what you do. You need more public interest and stories. Include them on Facebook and Instagram. People 40 years and under look at smart phones all day.
- I don't know your role in raising funds.
- People in the community don't recognize VCMRF for the changes we've made and what the foundation has expanded into. They think we're still a funding arm of the Ventura County Medical Center.
- I had no idea VCMRF existed/I only know a little bit about VCMRF/I need more information/Learning about you. (4)
- What you do is vital and very important. Your name is a misnomer, unless people work with you they don't know who you are.
- Other than the annual event, I'm not sure.
- Your branding, marketing and communication can be better. You have limited exposure in the community. The only time people hear your story is at the event.
- Need more storytelling. Good, need to connect more – what you're doing now.
- I don't have a perception; I think that is why you're here.
- Your mission is broad.
- Not enough people know what we do. Need to be at the table with people that provide direct services.
- Expand more resources to meet the needs in the community and be aggressive and productive; prevention is cheaper than remediation.
- You need a rebranding story and to communicate it to the broader community.
- VCMRF has a limited role – limited by staff and funds.

### **Opportunities**

- Downtown Ventura is looking to fund a vision clinic for the underserved and a partnership with VCMRF's vision program which would be a good collaboration.
- The Senior Resource Program needs to link up with Cal State University Northridge and other institutions in LA to discuss dental programs.
- Contact Dena Jenson (CLU) who is interested in communication.

- I recommend more public relations about what you do. You need more public interest and stories. Include them on Facebook and Instagram. People 40 years and under look at smart phones all day.
- I look forward to helping with assessment process, integration strategy and budget. I did this for the entire LA Unified School District.

**What critical needs would you like to see funded that benefits vulnerable families in Ventura County? Do you think VCMRF's role is appropriate for best meeting the health care needs of this County? If yes, please explain.**

### **External Opportunities**

- Develop a Children's Clean Kids Program – a healthy hygiene program to encourage a healthier community. The program will provide outreach education to the schools, parents and kids about the importance of kids using regular soap (not chemical/bacterial soap) before meals and after using the bathroom facilities. VCMRF could distribute the educational material to the schools and raise support (funds) for the wipes. The program would also benefit the Children's Resource Program and provide VCMRF with more recognition.
- VCMRF should focus on the Wellness, not “prevention” – a word that is outdated. Health care – access to care and quality of care – 20%; 2) Physical Environment – 10%; 3) Health behaviors – tobacco use, diet, exercise, alcohol and drug use- 30% and 4) Socioeconomic Factors – education, job status, family/social support, income and community safety; 40% of health.
- Respite children – disabled seniors (elderly), hospice (sit with a person who is dying), and multicultural person.
- Respite care and social programs for dementia patients. (2)
- Guidance to senior for selecting Medi-Care/health care insurance – 65 and above.
- Increase our programs to benefit seniors and homeless.
- Behavioral Health - Develop messages about their program for the community; Education programs on how to receive medications, meals and healthy meals. There are no behavioral health options in Ventura County. (2)
- Section 8 (housing) for seniors. (2)
- Coordinated programs on bullying, critical nursing support programs, and transportation for cancer programs.
- Eye glasses for kids 18 years and under on the Avenue in Ventura and volunteer vision specialists to donate their time.
- To provide educational programs to prevent diseases caused from drinking, tobacco, over eating. People need to know about health maintenance.
- Disease prevention.
- Smoke-free County, the benefits of quitting and how to break the addiction cycle. Benefits include: sharp hearing, better vision, clean mouth, clear skin, decreased heart risks, thin blood, and lower cholesterol. Behavioral and partners, Turning Point Foundation and Public Health (coalition), started an 8-week course to achieve goals, and

are looking for a peer support person – 6 hours a week. 1 out of 4 completes the program; others drop out. The County picks up the cost for meds for the Behavioral Health population; a loss of 200k per year. Saves lives and improves mental health; provides coping strategies. Rise program, Laura’s law program and MART – a court ordered treatment for mental illness.

- Day care and elder day care together. Program sharing experience, elder abuse, assistance with hearing/overarching plan to deal with mentally ill. Seminars to get people connected to services for people who don’t know about the services (veterans stand down).
- Develop an initiative – a voice for independent pharmacists to come together as a collaborative. To educate the community that the independent pharmacists can provide compounds, and affordable meds/ deliveries.
- Mental illness/health services – homeless, education; more focus on teaching and not on other issues – adults and children; lots of critical needs that are needed, but kicked down the road; the fact that they don’t have medical insurance; long waiting lines and no wrap around services. (7)
- Cancer screenings. I am a survivor of cancer and without screenings, I would not be here.
- Oral health care needs, early elderly screenings, education for all workers who are trying to make ends meet and can’t afford housing or kids expenses.
- Oral health for seniors.
- Continued Medi-Cal/Health care support for at-risk families.
- Health care check-ups and mammograms.
- Routine.
- Stress-free care.
- Chronic care for adults.
- Dementia, including brain injuries.
- Personal center care – that’s what matters, patient and families need to weigh in on how the services are delivered.
- Need to do a needs assessment.
- Affordable housing/housing insecurity – needs to attract people to Ventura County; low-income, homeless, and disabled utility payment program; currently 2 families are living in one unit or living in a garage and really can’t afford to live here. (5)
- Housing – it is health care because it provides a roof over people’s heads
- Shelter – we need to look into being part of the housing future for everyone, including the disabled and mentally ill. Castillo del Sol is housing for special needs (mid-town Ventura). (2)
- Health care for kids and seniors. (3)
- Homeless – help people interview for jobs, balance a check book once they are in a shelter, dress for a job, help pay utilities (gas & electric), water assistance, financial literacy & basic living skills; need a more global approach to homelessness; Housing for the homeless because they need case management. People deserve to live in a safe place and not on the streets. (9)
- Senior and kids.
- Crisis intervention.

- Counseling.
- Facilitator between providers, patients, and others in need.
- Outreach programs.
- Dental/vision programs expand to all families in Ventura County; low-income families can't afford insurance because premiums are too high. (4)
- Provide child care expenses for low-income families.
- Access to health care.
- Needs of the underserved and uninsured. (2)
- We have an adult day health – participants enroll in our program and receive a full assessment with conditions, family dynamics, equipment, health care activities. We have monthly discipline meetings to discuss each person and make recommendations and design their care. We go over the plan and any medications with the physician, pharmacist, and registered nurse.
- More preventive programs for uninsured individuals in the community.
- More services provided to kids in their schools. In school the teachers see the first sign of risk factors in kids (violence, being sick, etc.). If not addressed the juveniles will end up in foster care or the juvenile justice system. When they cut educational budgets, more juveniles enter the system.
- Speech disorders for children.
- Older foster kids who have emancipated out of the system.
- Dental/vision – they are so vital, and it is critical for young and old; communities to be pro-dental. (6)
- Migrant workers and student nurses program.
- Prevention socialism – teach community health.
- Low-income seniors without families who need support. (2)
- Optometrists to donate their time after they are retired
- Partner - VCMRF & veterans - stand down for veterans.
- Veterinarian – people's animals are family.
- Parents providing screenings for their kids.
- Referrals for Alzheimer's/dementia.
- Alzheimer's patients and their caregivers.
- To understand where the gaps are in health care, I need to know where they are.
- Ombudsman – providing services to seniors without families.
- Health literacy.
- Early childhood programs with education.
- Prevention screenings.
- Violence prevention.
- Breast Cancer.
- Mental Health; awareness causing stress and depression, this includes drugs and alcohol. (5)
- More services for fathers to access.
- More visiting programs for young families.

- More prevention programs.
- Provide training for abusers/ domestic violence.
- Health care education and basic needs, such as food for young people and families to get them through a crisis.
- Education is a necessity. Education on how to access resources in the community.
- Children's programs, such as child care, education, and training.
- Socialization.
- VCMRF should expand its fundraising efforts by partnering with other non-profits, school, and community organizations.
- VCMRF should focus on senior services. VCMRF has few services available for seniors. There are no AA groups for people 61-65 and older. The emergency rooms are expecting a high volume of senior prescription drug overdoses that are driving up costs. Partnering or joining a coalition of senior organizations, such as Camarillo Health Care District (CHCD), senior housing agencies, Area Agency on Aging, skilled nursing facilities for advocacy programs, churches, and congregational senior services. Senior programs that will lower health care costs and help seniors include: 1) Senior homeless services; 2) Caregiver services; 3) Community gardens (healthy food); 4) Develop dementia friendly community (the color purple); 5) Transportation; 5) Support groups; 6) Nutrition services – AAA sends boxes of food to low-income seniors, but older people may not have the energy/health or knowledge on how to prepare food, or have basic kitchen utensils, like a pot for cooking.
- Low-income seniors will require air conditioning in their homes. I am involved in a group that is looking through a health lens, a systemic health prospective and how it is impacted by transportation to health foods and how to form farmer's markets in poorer areas. We are advocates for parks and we are looking at what drives health factors and behaviors – what drives environmental stressors, and what are the health risks, conditions and systems.
- VCMRF should be the gateway for serving seniors' needs and work on a clear vision that is a part of the solution, not part of the problem
- Provide music and walks to the beach. Socializing seniors (work with assisted living solutions). More education on programs/luncheon services; organizations, hospital, fairs, and programs to assist the elderly.
- Partnering with others. (2)
- Coverage and track records.
- VCMRF is good at fundraising the dental needs, screening and advocating.
- I've seen that you've tuned into the health care needs of Ventura County and what the residents need.
- I am a Board member of the dental society. I am involved in getting dentists involved. I would like to see them support programs like yours.
- Survivorship advocates (InnCourage) continue looking for agencies devoted to health, who are providing local resources and helping with outreach education at the grass roots level.

- Anyone who can help – contact and partner with the Tri-County Optometrist Society. Collaborate with Dr. Bob Avery for the senior vision program.
- Outreach to children and elderly.
- Non-profits should look for a “for profit” business and file “B” to sustain the non-profit business.
- More can be done with the homeless who suffer from economic and substance abuse; VCMRF can partner with others.
- Very appropriate to help families access services and referrals.
- By being a member of the oral health collaborative.
- Raising money, exploring the needs of the underserved.
- Identifying which of those needs are terms of foremost on making a difference.
- VCMRF is absolutely meeting the health care needs of the County.
- Help link others to collaborators.
- Collaboration to attract companies.
- Network with others making similar efforts.
- Can VCMRF have an event at the fairgrounds and provide dental services? Help people experiencing social isolation, who need to connect- if not it effects their health care.
- We provide day care services, so seniors and veterans may remain in their homes because people live longer.
- We have physical therapists, social workers; occupational therapy. We believe in empowering the caregiver at our center and providing case management and lots of activities (art, music, memory, etc.). We see an opportunity with the foundation to help provide services for the veterans and underserve participants.
- By linking people, schools and companies; sharing referrals with non-profits and other agencies.
- Marketing in the Spanish-speaking telenovelas. Channel 34 advertises and faith-based organizations.
- La Vida Radio using Pablo Ortiz’ voice, KKLA and Christian Radio (Spanish-speaking).
- Get involved in our Senior Summit and our workshops/conferences. In Oak Park we bus service every 20 minutes, so seniors are not isolated, and this also prevents them from driving.
- Also need “Home Share” because many of our seniors live alone and should be matched with someone to live with. The County (AAA) has a great video that helps match by doing background checks and compatibility.
- Marketing through radio – Bronco, LAM and Lazer broadcasting. The best way to communicate with the Hispanic/Mixteco population is through the media.
- A home for getting resources and more mental facilities to house the homeless. Change the laws about foster kids and provide job training and not kick them out of the system at 18.
- Maybe use technology; it can predict how long you’ll live.
- What we are doing to stay relevant because of changes happening around us. We need to reduce cost and share referrals and connect networks.



- Roundtable partnerships, awareness building.

### **External Threats**

- Senior homeless programs. I believe non-profits are in disarray. We should create a coalition with the Turning Point Foundation, Project Understanding, Salvation Army, and Behavioral Health. The County is taking over non-profits by default. There need to be more dynamic leaders working together.
- Senior services. With cuts in Medi-Care and the senior population exploding in Ventura County there is a need for nursing homes people can afford – and not lose their home and life savings.
- Lack of understanding or knowledge of the critical needs we serve and how to reach out to vulnerable families. We should make the families aware of our programs and develop a public awareness campaign with a focus on the people we serve.
- Special needs for families; therapy is not covered by insurance which is a benefit to the child and parents. Parents are stressed and strapped because it takes a full-time parent to be with the child. That parent cannot work and help with medical deductions and other out-of-pocket costs. Programs that prepare students for a quality adult life that is productive and provides self-worth. Some of the activities could include outside activities, such as picking fruit at a ranch. It would help the ranchers and provide students with autism an opportunity to work in a healing environment.
- Parenting classes for people who want to do better. Homeless population is mushrooming, and we need an “ambassador” to help downtown Ventura with the transients.
- Unaffordable medication – patients could qualify for assistance but don’t. After deductible and co-pay people can be wiped out.
- Farm worker health care programs. I don’t like people touching the food I am about to eat if they are sick. We need to keep the community healthy.
- Would see more children and seniors – but months go by without seeing anyone. Demand is bigger, but I can take referrals. Would see homeless/mentally ill and special needs patients if they stop talking or are controlled by medications.
- Food and Shelter, we have a lot of resources in VC residents. They just don’t know about them or don’t access what’s here.
- Senior dental services, as we grow older our needs increase. However, there is no more money and fundraising will take 100% effort to barely meet the demand.
- Care services – deficient in services.
- Prevention that will change the problem. Try to get ahead of the problem;
- Body Image – women feel they will be judged for their conditions, and don’t want to see a doctor because of weight or other body issues (spider veins, stretch marks).
- Education in end of life choices, 25% of our patients have none. They don’t understand or utilize information at hospitals. Need to contact healthcare agencies, families, and churches about end of life issues. Occupational therapy, people/patients are not aware of the resources. Other needs are nutrition, prescription drugs, smoking and screening for

diabetes, blood cholesterol, mammograms, and pap smears. Teaching the community to make good choices.

- Transportation from Ojai to Ventura for medical services (oncology/ radiology). (2)
- Transportation, in general. (3)
- Job training.
- Low-income retail jobs.
- Need people with coding and marketing skills (plumbing, electricians).
- Healthy habits/nutrition – people eat too much junk food, need more veggies, fruits in their diets. Get rid of to-go foods. (2)
- Elderly folks need good nutrition and healthy meals, sometimes they're too proud to seek out services.
- Why don't we provide services to all ages in need, not just children and seniors? During the great recession the government cut reimbursements for dental. They are now increasing the rate of pay. Why not check out mail order dentures, they don't last as long but are in the price range that makes dentures affordable.
- People should be able to get what they need. Non-profits should not duplicate services. There should be one Boys & Girls Club, not 5, because they compete with one another.
- Poverty/hunger/food security. (6)
- Do away with the insurance companies to reduce costs. There are medical deductibles of \$1,000 and most people can't afford this because they don't have emergency cash to pay for car or auto repairs.
- Child care program – working poor can't afford to live in Ventura County.
- Social support families and foster kids (not enough beds for foster kids). (2)
- Sexually transmitted diseases (STDs).
- Substance abuse.
- It is an uphill battle with 100,000 kids who need basic dental education and exams. Dental affects all areas of poverty. The oral collaborative is looking at oral prevention strategies.
- Survivorship retreats – what is driving health care may be changing.
- Senior payer program in California would make it a leader and pioneer.
- Caregiver's population at a high risk
- Providing grass root information to the Mixteco – rumors spread quickly because of fear of deportation.
- I need to know all the resources that are available.
- The Mixteco community is vulnerable to fraud: people promise them legal services and take their money and don't provide legal help because they are not attorneys. The Mixteco are very shy and need the help.
- Hispanic and Mixteco populations are the most vulnerable and need the greatest support.
- Indigent community has problems with language and access. We are working with language barriers of the Mixteco and Zapateco (Central Valley region from Mexico); also help with health and the legal arena.

- Strategy to address chronic disease wellness and a better system with full disclosure and transparency; the emergency room is a drain on the system.
- Too many gaps in health care.
- There is only one senior center per the 110,000 population in Ventura. Need more services for seniors which make up 30% of the voting block.
- Obesity; that causes diabetes.
- The Latino community has a misconception of mental health – this is a disparity in the Latino community. It's a macho mentality or they don't think about their own health to get screenings because they are thinking of others first.
- Providing food, shelter and housing, for the homeless. We need to be compassionate and not judgmental. We have not walked in their shoes. There are 200 homeless children living in Ventura County; Agencies don't fund or administer medication to this population. They need to show them how to administer insulin for diabetes (2)
- Palliative care for vulnerable patients – where do they go when they leave the hospital? We need to find public/private referrals to help them.
- In medicine, resources for long-term care and planning. It is necessary to provide education and philanthropic resources to improve the treatment of patients and how well they do managing their treatment.
- Free dental clinic for people who can't pay for services.
- Nursing centers with full benefits.
- Need money to fund AA for Mixteco in a supportive project; this population needs housing – they sleep on someone's couch or in their garage when they arrive. They need housing to feel safe and clean. (2)
- Health care is not covered by medical insurance. Treating kids and families at home to cover gaps in services. Let foster kids stay in the system longer. Provide additional services for foster kids.
- Shelter is #1. Healthy living, education, and longevity in life follow. It's not acceptable for people to be living on the streets. In Simi Valley, TO, and Camarillo can't access public transportation and there is no access to care.
- There's a gap between in-home care and home health care – they do medical and we do non-medical. The middle ground is not being addressed.
- Politicians don't care enough about low-income seniors.
- Latino perception of receiving mental health – it's a cultural problem. They are afraid it will show on their medical records.
- Sexual abuse (children) amongst the vulnerable population. (2)
- Opioid abuse.
- Depends on how much money we have. At my work we see lots of children who don't have access to dental care and can't get providers. We need to build capacity for more dentists.
- The underserved do not know how to apply for medical resources. They require a MFW to navigate referrals. The undeserved suffer the most – they don't have access to social media.
- Helping people get treatment.

- Conflict resolution to resolve family issues.
- Long-term planning for disasters caused by climate change, resilience from fire and floods. We need to look at social-economic levels, relief preparedness and how it will affect health as we experience more hot days.
- When we discharge people from the hospital they need somewhere to go – continuity of care for the homeless is provided under a partnership with HUD (section 8); private health, non-profits, etc. to provide rental assistance for 6 months. When we started the partnership, there were 110 homeless veterans and I think we are down to 60 now.
- People falling out of the work force and not having family or a social network.
- Educational seminar – seniors need help. People end up in the ER, and are placed on hold and sent out to Bakersfield or LA. The hospitals are billed for the ambulance and care outside the County. Some private hospitals don't take care of the mentally ill, and they need rehab – 50-70% are shipped out.
- Not everyone is aware of what we do. We are not the best if people don't know what we do or know about the services we provide.
- Providing people with the opportunity to engage in the economics of health care. At my church, we discovered that the farm workers have one pair of shoes – the shoes they work in. In two weeks, my church purchased 290 pairs of athletic shoes (I call it God's Economics).
- Need more visibility that explains your programs and what they do.
- Networking to help move underserved people and families.
- Could do with more money for programs.
- Emotional, financial, and medical needs when providing services. They should ask the patient what time of day it is best for them to receive services. One person said, when she can put her panty hose and go to church (she was overweight). Some people don't want you in their house because of their knickknacks.
- Prevention education – we developed a program (not implemented) for patients to attend 8 meetings and receive a diploma – classes would be offered by physicians, pharmacists, etc. (couldn't get support from hospital).
- I was aware of clinics being the largest employer. Maybe the state provides dental to low-income families through Medicare and Medi-Cal.
- Parents don't focus on healthy diets, health screenings, or prevention education. Too many parents leave their children on their own.
- Shortage of housing in VC; it is too expensive. The middle class is getting stretched. The millennials like smaller residences, saving and more affordable housing. They like getting out and socializing in open spaces.
- Hospitals need be accountable for quality of care, not just to put a patient in a bed. They need rehab and utilized services.
- I don't know/Don't know because I am not involved in the industry/I don't know because I have no knowledge what that role would be. (9)
- Can't live in silos.
- I hope to learn more because now I don't know enough.

- The elderly who had jobs when they retired are living in a community where the cost exceeds their resources. So, we need to keep the elderly with referrals and support.
  - The extreme gap and who is caught in the middle – the elderly and the young.
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### **Priority Area: Children’s Oral Health Care**

1) Children of the underserved population have no access to dental care. Even children whose family incomes qualify them for Medi-Cal still suffer from unmet dental, orthodontic, and other specialty oral care needs. Some examples include: extractions, crowns, sealants, root canals, fillings, cleanings, x-rays, spacers, and braces for medical reasons; 2) Many low-income families cannot afford deductibles for dental appointments and postpone their oral health care; 3) One of the top five health issues facing the Hispanic/Latino community is oral health; 4) The 2014 Kaiser Permanente Health Needs Assessment listed oral health among children, as the number one health issue facing Ventura County, and that 50.2% of children and adolescents used the oral health care system, in the past year; 5) A study conducted in Sweden presented evidence of a link to consider gum disease, as a risk factor, to having a heart attack; 6) Over 100,000 kids in Ventura County need basic dental education and exams. Dental affects all areas of poverty and the community needs to look at oral prevention strategies; 7) Expanding dental services, VCMRF helped fund the original dental program with Kathy Back and the Harriet Samuelsson Foundation. Today, the Probation Agency contracts with dentists. It is a great program because kids do not miss a half day of school, and we do not have to transport them off site; 8) Lack of dental services is significant in Ventura County; 9) During the Great Recession, the government cut reimbursements for dental. They are now increasing the rate of pay; 10) People would rather pay for a cell phone than take care of their oral health issues, unless they are in pain; 11) Oral health is a serious life-threatening issue. Everyone should have universal health care and minimal dental services available to them; 12) I donate dental services in Honduras and the people are so grateful, but it does not put a dent in their oral health care problems. They know they should not drink sodas – but everybody does because of the culture; 13) Children are in need of dental services, but as we grow older, our oral health care needs increase; 14) We see a lot of children who do not have access to dental care, and cannot get providers to build capacity for more dentists; 15) Long-term effects of lifestyle choices and good nutrition effect oral health issues. It is a triple-down effect, and we have a long way to go to get the message out there about oral health care, and 16) Public health is building capacity with medical providers to do oral health screenings and fluoride applications.

### **Priority Area: Children’s Health Care Programs**

1) Government agencies provide comprehensive and effective wrap around preventative and treatment services for low-income, underserved infants, children, teen and foster kids; 2) Health care is facing a lack of stability for patient care because Covered California is not predictable; 3) More services should be provided to kids in their schools; 4) We need a healthy hygiene program to encourage a healthier community; 5) We should provide services to address risk factors in kids, and if not addressed they will end up in the juvenile justice system or foster care. When schools cut educational budgets, more juveniles enter the system; 6) Programs to keep at-risk kids away from gangs that create a cycle of crime and violence; 7) A healthy work environment

for Special Need Kids (e.g., piercing avocados on a ranch) to prepare them for a quality adult life that is productive and provides self-worth; (8) Classes on disease prevention, nutrition, and drug prevention; 9) Outreach programs for young teenagers; 10) Self-help programs; 11) Classes to help children with their homework and life skills; 12) Early, intervention programs for children with Autism. While the brain is forming, comprehensive programs will provide a higher success rate for increased social skills, speech communications, improvement of occupational therapy feeding disorders and physical motor control; 13) Develop a good quality care center on a parcel of land for the disabled; 14) Children need exercise and youth wellness programs, and 15) Kicking kids off health care is not Christian, and it gives the tax money to the billionaires.

### **Priority Area: Mental Health and the Homeless**

1) When people are discharged from a hospital they need somewhere to go, and a place to receive a continuity of care, including rental assistance; 2) Housing is health care because it provides a roof over people's heads; 3) Linking the homeless, including the mentally ill, with medical services, alcohol and drug programs, vaccinations and health care referrals; 4) Providing services for individuals with a brain injury; 5) The County picks up the costs of medication for the mentally ill population; over \$200,000 per year; 6) We just have to keep reaching vulnerable populations – the homeless, mentally ill and children from volatile homes; 7) What we are missing are people with Dementia, Alzheimer's and brain injuries; 8) We have mental health providers in over 100 schools in Ventura County; 9) Behavioral Health should develop messages about how to access mental health programs and receive medications; 10) Behavioral Health is helping the mentally ill improve coping strategies and stop smoking; 11) People with mental illnesses end up on the street, instead of in community clinics; 12) The indigent community needs help with mental illness, depression, and stress; 13) The health care community should understand that the mentally ill turn to drugs to ease their depression; 14) The mentally ill account for only about a third of the homeless population, and include Veterans suffering from PTSD; 15) We need to build and fund a health center to deinstitutionalize the mentally ill; 16) Non-profits, in partnership with the government, and cities, offer meals, drug counseling, and medical referrals; 17) People with mental illnesses should not be in jails, they need rehab, but end up in ER, placed on hold, and sent to Bakersfield or Los Angeles. As a result, the hospitals are billed for the ambulance and care outside the County. Some private hospitals do not take care of the mentally ill; 18) Stress about immigration issues is causing depression; 19) Bringing job training for the mentally ill. Growing Works will secure land from the County to grow wholesale plants and sell the retail plants to the public; 20) In the Latino perception, "We're not crazy" keeps them from seeking mental health services; 21) Agencies do not fund or administer medications to the homeless. They need to show them how to administer insulin for diabetes; 22) Shelter for the homeless to give them stability which impacts their health; 23) Latino perceptions of receiving mental health is a cultural problem. They are afraid it will show on their

medical records; 24) Dysfunctional families are the worst because no one benefits. They need a psychologist but do not have the money or understand why it is important to ask and protect each other, and to find common ground. Everything in your daily life plays a part of happiness and stress; 25) Stress causes substance abuse and violence and people are afraid to talk about it, especially in the Latino culture; 26) In Russia, everyone works unless one is mentally ill, and then the government provides shelter. We should protect people and provide mental health services. We should make work mandatory for everyone else and take them off welfare so that they feel productive; 27) We need a more global approach to homelessness; 28) We should provide counseling, and case workers in the fields to provide serious outreach to the homeless; 29) The homeless need case management and oral health; the homeless do not know about the resources that are available; 30) Mental health is the number one area of need, and a huge economic divide, especially now that Vista del Mar burned down; 31) Students are stressed because of immigration issues. In Oxnard, a Junior High school study revealed that 75% to 90% of students are afraid of being deported; 32) Basic needs, such as rental subsidies for the homeless. Housing, which is health care, because without shelter, people become sick and their healthcare is impacted. We have 12 beds in Ventura County, so we're not discharging people to the streets after they leave the hospital, but that's not enough. The LA Hospital Association introduced us to the National Health Foundation and their model of providing temporary shelter to people being discharged from the hospital. However, when someone lives in a garage, car or on the streets or river bottom, and they come into the clinic or hospital for care, they do not always share with their health care provider that they are homeless in fear of losing their children, and that they will be taken away and turned over to foster care and their children's education is disrupted. How do we intervene in situations like that? How do we find out how to bring them the resources and housing/shelter they need? We are experiencing a huge avalanche of homeless who avoid care until it's too late and their too sick. There is a sub culture in homeless populations. Some homeless people live in their car, own a gym membership where they can clean up, and they keep their situation private from family and friends. Some of the culture is so entrenched in the system because they live in the river bottom for generations, and 33) Environmental advocates and regulatory bodies don't know how much pollution is being created by people living outdoors, and what the impact is on the environment. One person who lived in the river bottom for 20 years without healthcare, shows up in the emergency room with advanced cancer and is immediately sent to Hospice. When they finally need medical attention, they become high users of the medical system because of HIV, poor hygiene, trading drugs for sex, opioids drug use, sharing needles, etc. What we need is a collaborative approach to solve the problem of homelessness because we don't live in silos. We need more initiatives, and innovation, like the State initiative: "NO Place Like Home". As a society, we're scarred of the mentally ill and homeless. If they are dirty and didn't smell good, it makes us feel uncomfortable. We don't ask them what they want. If we place mothers in a home and inform

them that she must take “Parenting classes”, she thinks that she is not a not good parent. We are sending them a broken message before we know them. We need to ask them what they need and not make decisions for them. The homeless and mentally ill are anxious and stressed, and their mental health falls apart quickly because they have lost their safety and security. We need to provide clinic focused services for mentally ill and not community focused. We don’t have mandatory group or mental institutions because of Laura’s Law which defends people’s rights, and the motto is, “What’s best for the person.” If this is not working, should the government intervene to ensure the mentally ill take their meds on time, and have shelter and medical care? The Court system is a default to personal choice -where is a judge going to send someone when there are no programs or a long a wait list for shelter? They usually end up in the jails. We need a model where we bring housing and resources to the mentally ill, but society does not want them living in their neighborhoods.

Ventura County is the fifth wealthiest County in California and the median household income stands at \$76,500, well above the state and national average. Yet, 1 in 10 people live below the poverty line, according to U.S. Census figures. At least 1,500 people have no permanent shelter and statistically half of the homeless adults in the county have lived on the streets for years and suffer from mental illness and drug addiction, without protective supervision or medical assistance.

Depressive disorder is also a serious medical illness affecting an estimated 15 million American adults. Chronic stress increases the risk of developing problems including obesity, diabetes, heart disease, cancer and a weakened immune system. Many studies show that chronic stress affects a person’s mental health and a correlation between stress and the development of mood disorders, such as anxiety disorders and depression. *MentalHealth.gov* stated that the effect of mental illness can be severe on the individuals and families concerned, and its influence is far reaching for society.

**Priority Area: Senior/Veterans Services**

1) There is a significant community need for Adult Day Care Center services to improve medical care, mental health, socialization, pain management, physical and occupational therapy, nursing care and rehab, memory care, psychological counseling, dietary counseling, transportation and protective supervision for caregivers; 2) Ventura County has an estimated 14,000 people living with Dementia or Alzheimer’s disease; 3) There are a growing number of low-income senior populations with chronic debilitating diseases that require care during the day. Many of them require 24-hour nursing, monitoring, and supervision, for safety, and often have no one who can help them; as a result, they end up in hospitals and nursing homes. Their family caregivers struggle to provide care and end up in neglecting their own health and needs, quitting their jobs and/or losing family income. Thus, becoming more vulnerable, impoverished and deprived, due to lack of resources, and showing signs of diminished health; 4) There are no geriatric psychiatrist programs in Ventura County. Patients must be sent to Northridge and transportation

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is a problem; 5) The Seniors need speech therapy because of strokes, and seniors must engage and stay involved to survive; 6) We need more senior activities: Take them to the library and teach them how to access email. Also use computers and recreation rooms and give them limited access and teach them how to use a computer; 7) Every senior in high school has to volunteer their time before they can graduate. Have them work with seniors to teach art, music and technology. 8) Work with the churches to educate seniors about programs; 9) If seniors go to a nursing facility they can lose their transitional home; 10) Patients do not tell their doctors what is happening to them. They need an advocate with eyes and ears, and to help them select a bank, utilize the resources at Area Agency on Aging, and have access to a cell phone and know how to use it. Seniors are opting out of their insurance into HMO's. They are discovering huge wait lines for health care services; 11) Physicians change and seniors do not know this or know the new doctor – no choices on medical doctors; 12) Younger generations do not care about a verbal society. They like to text and do not want to pay health care deductible; 13) Young people are using Web MD services to diagnose their health care issues; 14) Senior citizens cannot access many physical therapy sessions. Patients need safety assessments for aging parents; 15) Mission Home Health works with health care professionals to provide help for anxiety, late stage depression, loneliness, shut-in's and medications. They also provide resources in the community; 16) Older populations are at-risk for Dementia; 17) The Alzheimer's Association is looking at the early stages of Dementia and providing master trainers. We have 30 support groups County-wide, and 18) our organization is looking for volunteer opportunities with Veterans.

#### **Priority Area: Adult Health Care Programs**

1) Social Worker resources; 2) Occupational therapy; 3) Hearing programs and hearing aids; 4) Oral health care; 5) Vision services, including glasses; 6) Incentives to have better health outcomes; 7) Psychiatrists on staff to help patients; 8) More public services about Cardiology; 9) Cholesterol screenings; 10) The indigent community suffers from arthritis from physical labor and cannot afford hip and knee replacements; 11) The Mixteco population is exposed to pesticides; 12) Scientific studies linking pesticides to health conditions soon after the mother is exposed to chemicals; 13) Healthy habits and nutrition are missing from Indigent diets. People eat too much junk food and live on soft drinks; they need more veggies and fruits in their diet; 14) We are seeing an increase of colon cancer among our workers and think it is connected to the poor diet they adopted when they moved to this country; 15) Indigent people cannot afford organic food or buying food at farmer's markets; 16) Farmworkers consume soft drinks and bad food that is damaging their oral and physical health; 17) Access to timely medical appointments; 18) There are no AA groups for people ages 61-54, and 19) The emergency rooms are experiencing a high volume of senior prescription drug overdoses that are driving up costs.

#### **Priority Area: Chronic Diseases and Obesity**

1) Prevention education to prevent heart failure. We developed a program for patients, to attend 8 meetings and receive a diploma offered by a physician and a pharmacist, and could not get

support from the hospital, and the program was not instituted; 2) Coronary heart disease is the leading cause of death among the general population; 3) Colon Cancer is the second leading cause of death, but the number one cause of death, among Ventura County farmworkers; 4) Ventura County has the highest number of breast cancer cases in California; 5) We need to screen for diabetes, blood cholesterol, mammograms, pap smears and teach the community to make good choices about their health care, and learn about diabetes and wound care; 6) We need better health care education, better informed people, and better health care choices regarding nutrition, exercise, prescription drugs, smoking, illegal drugs; 7) People need to be empowered to make good decisions; 8) The problem is the capacity of the medical care community; not enough physicians and nurses are available to provide access to care; 9) Chronic diseases are often preventable by having access to healthy food, farmers markets, and maintaining a healthy weight and diet; 10) Almost ¼ of the children from Ventura County are considered to be obese; however, there is a disparity between school districts in terms of the percentage of overweight and obese students. Low-income areas with a higher enrollment of Hispanics have a higher prevalence of obesity; 11) A random audit of five California Ambulatory Care Clinics found that 73% of adults were either overweight or obese, with a BMI over 25; 12) Health and education under one roof, engaging the students and staff, is effectively addressing health care priorities; 13) Person-centered care, that is what matters-need to weigh in on services and how the care is delivered; 14) The health care community needs to focus on services for seniors; 15) Too many people employed by the cancer industry, maybe this is why they have not discovered a cure, and 16) I would need to see a list of critical needs and then see them prioritized.

### **Priority Area: Vision Care**

1) Children are at greater risk for vision health care issues if their education is being hindered by not being able to read the words on the board or focus, due to vision problems. These children are at a disadvantage from their other classmates, and it may be reflected in their grades. These are the children of the underserved population who have no access to vision care because they cannot meet the deductibles. Additionally, Medi-Cal only provides one pair of glasses per year, and most children break or lose more than one pair of glasses, annually. Even children whose family incomes qualify them for Medi-Cal still suffer from unmet optical or specialty health care needs; 2) Families need education, guidance and information for available vision care services that can help them; 3) Providing children with vision care promotes a practical form of social justice and facilitates personal and systemic collaboration to improve community health; 4) We are starting a program to provide eye glasses for kids 18 years and under, and vision specialists will donate their time on the Avenue in Ventura; 5) Optometrists to donate their time after they retire, and 6) Vision services for people with glaucoma and macular degeneration.

### **Priority Area: Affordable Prescription Drugs**

1) Ventura County's independent pharmacists are concerned because Medi-Cal reimbursements for prescriptions don't cover their costs and could put them out of business; 2) Publicly funded Gold Coast Health Plan that administers Medi-Cal to about 200,000 people throughout Ventura County, hired the company that manages pharmacy benefits and that set the rates that represent the pharmacies; 3) Gold Coast issued a study to compare the rates paid by similar managed care plans; 4) An important issue facing residents is education on taking prescription medications; 5) Who do you call if the drugs are not affordable or patients are cut off because of insurance; 6) It is critical to address the complaint that the pharmacy benefit manager is profiting from lowered payment rates. After paying the deductible and co-pays, people can be wiped out.

Develop an initiative – a voice for independent pharmacists to come together, as a collaborative, and educate the community about their services, including delivering affordable medications and compounds, and providing deliveries. Patients could qualify for assistance but do not know about the resources available.

### **Physical Environment**

1) Technology can determine how long you will live and will depend on your zip code; 2) Long-term planning for disasters caused by climate change; 3) People need to be resilient from fires and floods; 4) We need disaster relief preparedness; 5) We need to know how climate change will affect health as we experience more hot days; 6) Low-income seniors will require air conditioning as the days get hotter; 7) We are advocating for parks in poorer areas; 8) We have a farmer's market in Santa Paula, and we are looking at starting more farmers markets in poorer areas so people have access to healthy food; 9) We are looking at what drives environmental stressors, what are the health risks, conditions and systems. We know that kids born since 2000 are not expected to live longer than their parents because of poor nutrition and obesity; 10) Air quality in Ventura County is improving but Asthma is increasing; 11) Maybe look at why asthma is increasing due to insecticides; 12) Birth control is important because too many people are inhabiting the planet, and 13) Water sources are being depleted

### **Priority Area: Affordable Housing**

1) Housing is health care, because without a roof over our heads, we do not have our health; 2) There will be a building boom and VCMRF's depressed construction wages and difficult housing market will rebound; 3) We need shelter and low-cost housing for seniors and the disabled; 4) We need a Utility Payment Program; 5) The middle class is getting stretched; millennials like smaller residences, energy savers, affordability, and open spaces. They like getting out and socializing; 6) Section 8 housing has 8,000 people on a waiting list, holding vouchers; not enough places to put people; 7) Land Trusts trade properties. It is expensive and limited and not a solution to our housing shortage; 8) Companies are leaving the area because their workforce cannot afford to live here; 9) Adult children cannot afford rents, and their parents

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follow them to another state to be with their grandkids; 10) Once you leave Ventura County, it is too expensive to get back in, even though we are a dense area; 11) Housing issues will not change until the political influence of the politicians change; 12) Understand the patient's physical environment. Some people do not want you in their home because of their knick knacks, or it is a scheduling issue; 13) We need to change past judgments when providing health care; we need to look for solutions and try something new; 14) Training kids to help deliver health care messages in the community; 15) Lifestyle changes using youth employment to provide low, and/or no cost services for seniors; 16) Provide baby classes; 17) Advocate for academic achievement; the elderly who had good jobs when they retired are living in a community where the costs exceed their resources now; 18) After- school programs that support single parents; 19) At the Boys and Girls Club we see families living in one unit or living in a garage; 20) Shelter is the number one critical need in Ventura County. Healthy living, education, longevity in life, follows. It is not acceptable for people to be living on the street; 21) I do not think the Chamber of Commerce is interested in housing problems. It is not filtering up to management in the business sector; 22) Housing and care facilities are needed. I do not think Gold Coast provides waivers for low-income patients in need of a care facility. This care is not being served for institutional care in Ventura County; 23) There is a gap between in-home and home health. They do medical and we do non-medical. The middle ground is not being addressed; 24) Politicians do not care enough about low-income seniors in need of money and resources to pay for long-term care; 25) Seniors in need of long-term care go to a medical facility in L.A., and turn over their social security benefits and income, and 26) The Mixteco population lack housing. They sleep on a couch or in garage when they arrive. They need housing to feel safe and clean.

### **Transportation**

1) We have identified transportation needs from Ojai to Ventura for medical services; 2) People cannot afford to drive to Los Angeles to receive oral health care treatment; 3) Transportation limits people from receiving services from other cities where services are available; 4) Look at ACS' transportation model called RIDE, operated by volunteers, who drive cancer patients to their appointments; 5) Transportation is now a benefit under Gold Coast, for dental care; 6) We need transportation to our survivorship retreats in Ojai; 7) We provide transportation to after-school programs at the Club. We have a partnership with the school district and pay a small fee; \$40.00 per kid, per month, provided by the school district, and 8) The majority of the Mixteco population does not have a driver's license and do not own a car that is used to get them to the fields and back. They have no transportation for specialty appointments; transportation from Ojai to various oncology/radiology offices.

### **Health Behaviors –**

#### **Priority Area: Drug, Alcohol, Tobacco Programs, Domestic Violence, Bullying, Sexually Transmitted Diseases and Pesticides**

1) Substance abuse is on the rise; 2) Undocumented women are afraid to report abuse and crime; 3) The undocumented are afraid to call the police; 4) While rates of drug abuse and suicide

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among whites have long outnumbered minorities, the gap is closing fast; 5) Death rates from alcohol, drugs or suicide grew by 11% overall, between 2015 and 2016, with drug-related deaths among blacks jumping 39%; 6) “What we’re seeing with this data are trends that are almost nightmarish,” said Benjamin Miller, a study author and chief strategy officer, with the *Well Being Trust*, which aims to advance mental, social and spiritual health. The study only looked at the numbers – not the causes behind these trends. But a few triggers are obvious, experts said, namely: opioids, which have spread to a national crisis, and the lack of social and economic supports; 7) Gangs are a big problem; 8) Domestic violence is a root cause because of a lack of support; 9) We need to educate the public about opioids, and this should not involve a police action policy. Opioid overdoses are increasing the number of people seen in the ER; 10) Kids are exposed to violence even though it is not directed at them. This issue is under addressed; 11) Mixteco Men involved in domestic violence do not have money to fund AA; 12) More services for fathers to access services; more visiting programs for young families; 13) More prevention programs; 14) Provide training for abusers of domestic violence; we have a battered men’s group and we are working on a state grant for funding; 15) People should not have the availability or access to offensive assault weapons. There are over 400 million firearms out there now; some causing emotional, mental and physical disasters. According to the *Ventura County Star*, on February 25, 2018, “In Ventura County, approximately 2,500 crime victims who were helped in 2017 by advocates in the Ventura County District Attorney’s Office and they were dealing with domestic violence cases. A total of 4,656 victims were counted, according to figures released by the program.”

## **Social Economic Factors –**

### **Priority Area: Affordability of Healthy Food**

According to *Forbes Magazine*, 77% of the Supplemental Nutrition Assistance Program (SNAP) is composed of children, elderly or the disabled. The non-disabled adults, between 18 and 49, who are living in a childless home can only receive three months of benefits during any three-year period, unless they are already working 20-plus hours, per week. 1) Low-income families cannot afford organic food and they do not receive nutritional benefit from farmers who grow fresh produce; 2) Poor people are food insecure; low-income families do not have access to most farmer’s markets and they consume processed foods, and too much sugar; 3) Low-income families do not have the benefit of making better choices because of socio-economic factors; 4) No financial resources; 5) End-of-Life choices and Living Wills – ¼ of our patients at Dignity Health have none; 6) Parenting Classes; 7) Forming a coalition of senior organizations; 8) Affordable insurance; 9) More beds for foster kids; 10) Increasing the number of kids who graduate from high school; 11) Matching seniors to live with someone. The match requires doing background checks, a compatibility study, and health exams; 12) There is only one senior center for every 110,000 people in Ventura County. We need more services for seniors; 13)

Affordable care for the middle-class; 14) Pre-natal care; 15) Caring for animals because they are family; 16) At the Club, we provide supervision for kids and their working parents; 16) Providing basic food for young people and families to get them through a crisis; 17) We are delivering millions pounds of food for the underserved; 18) Kids know more about good food than their parents, so not having a supermarket 5 miles from their home is not the issue; 19) We need research to see what gaps are missing, and why. I know that east Ventura County has built a wall, (psychologically) and are not including west Ventura County as part of the solution to hunger and other social issues, and 20) Conflict resolution to resolve family issues.

### **Priority Area: Job Training, Child Care, Reflecting Parent Program**

1) We are losing retail jobs, and technology is changing. We need people with coding experience, marketing skills, plumbers and electricians. The government does not need to protect the at-risk populations. People are not motivated to get off welfare; 2) Funding Summer Student Scholarship Programs; 3) Child Care. Too many parents leave children on their own because they have to work to provide for their families; 4) Large employers should provide job training and child care to maintain a skilled work force; 5) Teach people the basic living skills: balancing a check book, dressing for a job, helping pay utilities (gas and electric), water assistance, and financial literacy; 6) Technology is a concern because kids are attached to their cell phones, and 7) We need a comprehensive approach to effectively address current health care priorities. There is a culture disconnect. The Club is providing art, new hobbies, job training, and the matching needs of the community with our kid's needs; providing social skills with a focus on education, career development, healthy lifestyles, and character and leadership skills.

### **Priority Area: Socialization**

1) We need to help people experiencing social isolation and who need to connect to others; 2) Vulnerable people need crisis intervention, and counseling; 3) Social support services for families and foster kids; 4) We need to grow food to introduce good eating habits and teach them about nutrition; generations working together; 5) A study published by the *British Cardiovascular Society* found that poor social relationships were associated with a 29% increase in risk of chronic heart disease, and a 32% increase in risk of stroke. Another study conducted over several years, in Sweden, presented evidence that men with close friendships are at a reduced risk of having a first heart attack; 6) Support to caregivers because they are family members who experience health problems because of isolation, depression, and they suffer in silence, and do not feel they can ask for help; 7) Seminars to get people connected to services for people who do not know about the services; 8) Day Care and Elder Day Care (together) programs, sharing experiences; 9) Social Programs for Dementia patients; 10) Respite for Dementia Patients; 11) Patient advocacy and companion programs, and walks to the beach; 12) Music and art programs to help patients with Dementia and other social activities so they do not

waste away; 13) Hospice programs that match multi-cultural patients and hospice advocates; 14) Community Gardens (heathy foods) and information on how to prepare food, use basic kitchen utensils, or equipment for cooking; 15) Forming a coalition of senior organizations, such as the Camarillo Health Care District, senior housing agencies, AAA, skilled nursing homes for advocacy programs, churches, and congregational senior services; 16) Providing grass root information to the undocumented because rumors spread quickly for fear of deportation; 17) People falling out of the work force and not having any family, or a social network; 18) Lack of education is a socio-economic factor; 19) Income, job status, social support, having a place to live in a safe neighborhood and transportation, are all factors when looking at socialization; 20) Ventura has a pioneering spirit; people appreciate diversity. We are a positive culture, unselfish. As a common denominator, look at the way people responded to those affected by the Thomas Fire.

### **Health Care –**

#### **Priority Area: Access to Care and Quality Care**

1) The “Whole Person Care Model” should be adopted because people with multiple needs require coordination of services from a physician, social worker, mental health worker, public health worker, clinics and hospitals; 2) There are a lot of critical needs in the County that are vital, but kicked down the road; 3) Being able to deliver healthcare services satisfactorily and not just treat and triage; 4) Recruit doctors to Ventura County; 5) Language Barriers and cultural issues are preventing access to care; 6) Providers are seeing double ineligibility in Medi-Cal and Medi-Care; 7) High deductibles are limiting access to care; 8) Body image: women will be judged because of their weight and spider veins and do not seek services; 9) Ventura County provides a lot of charity care in the community. Hospitals receive \$1.00 for commercial and 50 cents for the underserved; 10) What people do not understand is that insurance is not an entitlement; 11) We need to find better ways to fund care; 12) We need to educate people on how to get insurance; 13) We need facilitators between the providers, patients and others in need; 14) Patients do not know where to go, or who to call; 15) We need to get information out to the community; 16) People cannot afford dental and vision care because the insurance premiums are too high; 17) People cannot afford \$500 deductibles for vision care and over \$80.00 for dental care; 18) Non-profit hospitals and clinics are making tons of money providing patient care. They should donate 5% of their profits, because we are passing all the costs of care to future generations; 19) We cannot rely on the government. We must advocate and collaborate and bring the smart people together to affect health care priorities; 20) Too many resources going to the government; 21) There are a lot of programs if people want to take advantage of them; 22) There is a need for early childcare programs and health care screenings; 23) There needs to be more collaboration among institutions and agencies, supporting one another to effectively address current health care priorities; 24) A Spanish survey would help to identify their concerns; 25) Person-centered care, that is what matters-need to weigh in on services and how the care is delivered; 26) People complain about access to care, and they do not realize that Gold Coast Health Plan has over 220,000 Medi-Cal members; 27) The Public Health Department is doing an amazing job with prevention/promotion; 28) Interface Children & Family Services has one of the

best call centers – 211, in the state. I do not know if it is used by the underserved populations. However, enough people know about it to access services; 29) Organizations and people are making a difference and providing access to care: Women of Substance, Men of Honor, Dark to Dawn, Boys and Girls Club in Camarillo, Ventura County Office of Education, Kids and Families First, and the Human Services Agency, are a few that come to mind; 30) We have a lot of resources for low-income residents, but they just do not know about them or they do not access what is available; 31) Patients could qualify for pharmaceutical assistance but they do not know about the resources; 32) Patients cannot afford deliveries of drugs and supplies to their homes, and charity medication only provides 7 days of meds, so they have to come back to the pharmacy. Some leave without filling important medications or supplies, or they leave the hospital without their prescriptions and end up back in the ER; 28) Providing people with the opportunity to engage in the economics of health care improves access; 29) No one is denied medical treatment in Ventura County; 30) Access is good for my community; 30) Health care priorities are way bigger than what the government can do on its own. The government sinks millions of dollars into an idea and it forms a bureaucracy and justifies their existence by controlling the reporting requirements to keep the program going. If a non-profit is not successful, it runs out of money and the program goes away. The County is like a small immovable object. It is like a large boulder on top of a mountain that is going to dislodge and come crashing down; 31) We need to help downtown Ventura, using ambassadors to help with the homeless population that is mushrooming; 32) Seminars to get people connected to services for people who do not know about the services; 33) Ambulatory Care Clinics are good at providing access to care. Prevention is critical in solving health care issues facing the underserved of Ventura County; 34) There are so many gaps filled in by private sector partners. It is important to meet with hospitals to discover where the needs are, universally; 35) Someone shows up at the ER and they will not be turned away if they do not have insurance. The bills end up as charity. Everyone should have skin in the game; 36) Maybe a program should provide scholarships for students who can help health care providers by using the computer, while the doctor tends to the patient; 37) Vaccinations to prevent cervical cancer and oral cancer; 38) Funding Navigators; 39) Best way to provide access and referrals is through Spanish-speaking radio; 40) Big picture of the County system, and the critical needs that are provided by the Ambulatory Care Clinics; 41) It is not good health care when you cannot get into see a physician; Latino's have a macho mentality and they do not think about health care screenings or their own health because they are thinking of others; 42) Tax payers should have a choice about where they spend their charitable dollars, not the government. The government is putting their hands into everything. It should be society, not the government making decisions about our health care; 43) Quality care is understanding where the gaps are; 44) Palliative care for vulnerable patients; 45) Access to resources for long-term care, planning, and education; 46) We need to see that patients do well managing their own treatment; 47) It takes six weeks to get a five minute clinic visit. We are a society that does not take care of its own. We need a better system for everyone. We need a holistic approach to care; 48) Better access is attracting young professionals and encouraging diversity; 49) More access to health care screenings; Encourage innovation in health care; 50) Intervention for families with children with special needs because families cannot afford the costs; 51) Health is not a political issue, it is a community issue. Why don't people take better care of their health? If we can answer that question, we win the jackpot!



52) Medical and mental health should be under one program and forced into a marriage, but the government has them separated; 53) I am an advocate for integrated care. Government does not do a good job being an advocate. Health plans see the bigger picture in health care; 54) Schools will not help with children that have special needs. Parents do not know about *their* rights because school districts will not make the educational materials available; 55) We need to hold the school districts accountable for providing help to special needs children; 56) All agencies should address health care priorities, but the government should play a lesser role. However, they have most of the money and profits to disperse to agencies and non-profits; 57) Positive parenting programs and more technology than we do today. We should look at the way Facebook targets their audience – they know everything about you – and non-profits should do the same through technology; 58) The government does not like to work weekends and non-profits are in the trenches 24-7, if need be; 59) We need to treat kids and families at home to cover gaps in services; 60) Foster kids should stay in the system longer and receive additional services; 61) Easy access to low cost health care. We should be a support system including the businesses and professionals in our community. I do not think businesses are doing their part; 62) Care is available but the perception is that the underserved do not have access to care. Maybe it is because a security guard is at the facilities. Maybe the solution is to not have them in uniforms; 63) The government uses tax payer dollars to operate the programs, and they are taking over the role of non-profits because they do not deliver services effectively; 64) The government is in the best position to most effectively provide access to care; 65) The underserved does not know how to apply for medical resources. They require a MFW to navigate referrals; 66) The underserved do not have access to social media; Education is a necessity to access resources in the community; 67) The underserved do not understand preventative health and do not seek health care unless they have symptoms, and 68) Government should be a granting agency, not running programs. As a tax payer, I'm not big on government.

## VI. Conclusion

The Ventura County Medical Resource Foundation would like to express its gratitude by sincerely thanking the participants for their time and sharing their insights and opinions. This study would not have been possible without everyone's united effort to identify and support the unmet needs in the community.

The Community Resource Assessment confirmed that VCMRF's efforts are aligned with identified needs in Ventura County. VCMRF's programs are relevant, according to the Cluster Analysis, and the guidelines for *Disease Control and Prevention* – the determinants of individual-level well-being.

Non-profit organizations face many of the same challenges that for-profit companies confront: 1) Adapting to rapidly changing market conditions; 2) Duplicating program services; 3) Managing and motivating volunteers (personnel), and 4) Attracting investments – but they typically do so with fewer resources than for-profit companies and government agencies, that operate on a percentage of tax payer dollars.

Even in well-managed charitable non-profits, technology/communication gathering at companies, such as Google, is urgently needed to provide outreach education, attract contributions and connect committed volunteers.

To leverage limited funds, non-profit organizations need assistance, at a price they can afford. Due to scarce resources, non-profits must constantly evaluate what programs and strategies produce the greatest impact and funding, and adapt accordingly, without the duplication of services. The basic premise of a non-profit organization is to serve the public. The best way to serve the public is by fulfilling the needs of the community. Performing this Community Resource Assessment has provided us with an effective way to determine our community needs and to assess organizations' readiness for current and future projects and partnerships.

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