Health Outcomes of Ventura County

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Ana Quintana, Giovanna Lopez,

Eman Alzoghbieh, and

Maira Durazo

Introduction

There are many factors that weigh into the health outcomes of any given geographic location. For Ventura County, these factors are a unique combination for several reasons. To begin, the County of Ventura is among the wealthier counties with their residents earning 20% higher income than other California counties and 1.4 times more than the U.S. general population (Census Reporter, 2018). In addition, other important determinants for health outcomes within the county include education, ethnicity, and gender. Nearly 84% of Ventura County residents have a high school diploma and 32.2% have obtained an undergraduate degree or higher (U.S. Census Bureau, 2018). Ventura County demographics pertaining to ethnicity and gender reveal a nearly 1:1 ratio with males and females, as well as with 45.7% of persons who identify as Caucasian and 42.5% who are Hispanic (Ventura County, 2016), (DataUsa, 2016). One area of potential concern focuses on the education and prevention of chronic diseases among the population.

According to Ventura County, Community Health Assessment in 2017, Ventura County health rankings was 10th out of 57 countries in California for health outcomes and 11th for health factors (VCPH, 2017, p.7). The county's health assessment planning process monitors the population's health outcomes to ensure that families have access to quality preventative and clinical care, promote a healthy social and physical environment to as means to work towards an ideal healthy community. Ventura County continues to set higher standards in health and in 2017 promised to become the "healthiest county in the nation by 2030." (VCPH, 2017, p.5). This paper will explore Ventura County's population trends in health outcomes, such as top diseases,

death, age, gender, and race, and compare the data against state and national data, to determine the likelihood of this goal.

Analysis

Life expectancy in Ventura County ranks 11th in the State of California. Unfortunately, among various areas on the county, ethnicities, and races, we found vast differences. For example, in Figure 1, Asians were found to have the longest life-span with 90.3% compared to any other race. Moreover, life expectancies decreased on Hispanics, Whites, and Blacks, with 81%, 79.1%, and 77.5%, respectively. (Ventura County Public Health, 2017)

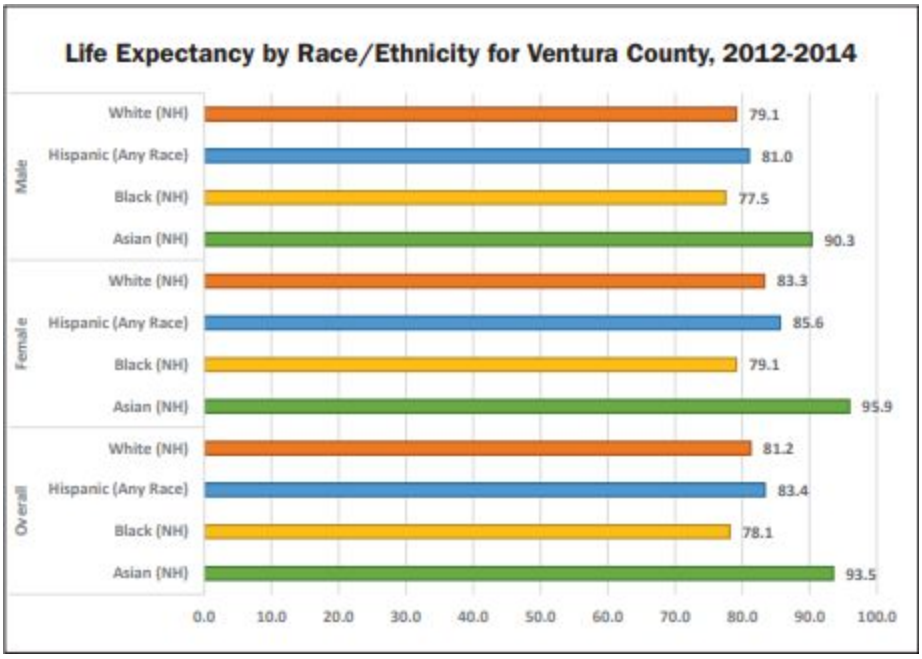

Figure 1. Life Expectancy by Race/ Ethnicity For Ventura County 2012-2014

(Ventura County Public Health, 2017)

According to Ventura County's Health Care Agency 2017 Self Responsive Survey, the

top two diseases with the highest morbidity rates were cancer and diabetes. Moreover, premature deaths were in this county were ranked 57th among all 58 California's counties. Which implies that premature death rates in Ventura County the lowest in the state and nationally, with national death rates at 4700 incidents in every 100,000 individuals. In addition, when looking further into how these rates affect individual races, we find that one's minority has a major impact. For example, Figure 2 and Figure 3 shows how Black has the highest premature death and Coronary Heart disease, followed by Hispanics, and Whites. Asians in both categories scored the least. These trends are very similar when comparing cancer and diabetic illness (California, 2018).

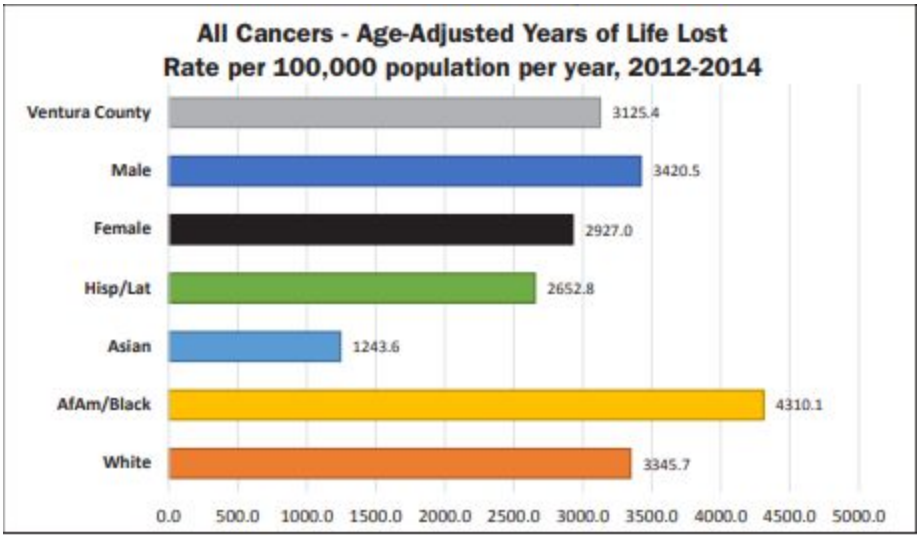

Figure 2. All Cancer- Age-Adjusted Years Of life Lost Rate per 100,000 population per year, 2012-2014 (Ventura County Public Health, 2017)

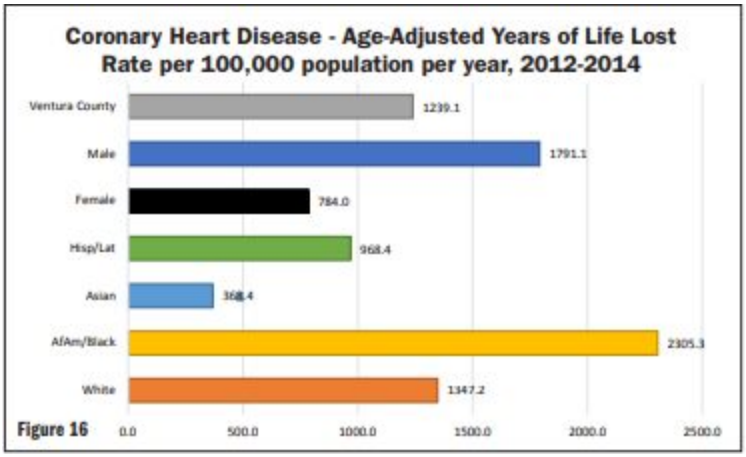

Figure 3. Describes the rate of Coronary Heart disease in every 100,000 residents of Ventura County. (Ventura County Public Health, 2017)

Furthermore, Ventura ranked 26th among California counties with cancer mortality rates, with an incidence of 414.3 in every 100,000 people. However, the Center for Disease Control (CDC) reports cancer incidence rates falling at 1.7 for every 100,000 individuals (CDC, 2017). When comparing these rates nationally, these mortality rates for cancer and heart disease still ranks the highest in premature death in the United States at first and second place, respectively.

When comparing the leading causes of death among Ventura County, California Unites States populations we find a variety of similarities and differences among the top ten diseases (Figure 4). After the top three spots which include all cancers, coronary heart disease and cerebrovascular diseases (stroke) among three groups, we find Alzheimer's and Chronic Lower Respiratory take the fourth or fifth spot among Ventura and California populations, but 3rd and 5th spots among national populations. Conversely, diabetes ranks 7th in all three groups and suicide is only present at the 9th and 10th leading cause death in Ventura County and the United States populations, respectively, but not in outside California populations. Interestingly, all

counties in Calfornia ranked drug-inducing deaths in 9th or 10th spots, but not in the top ten of United States deaths. (Ventura County Public Health, 2017).

Leading Causes of Death, 2012-2014 (VC and CA) and 2014 (US)			
Rank	Ventura County	California	United States
1	All Cancers	All Cancers	Diseases of the Heart
2	Coronary Heart Disease	Coronary Heart Disease	All Cancers
3	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (Stroke)	Chronic Lower Respiratory Disease
4	Alzheimer's Disease	Chronic Lower Respiratory Disease	Accidents (Unintentional Injuries)
5	Chronic Lower Respiratory Disease	Alzheimer's Disease	Cerebrovascular Disease (Stroke)
6	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)	Alzheimer's Disease
7	Diabetes	Diabetes	Diabetes
8	Drug-Induced Deaths	Influenza-Pneumonia	Influenza-Pneumonia
9	Suicide	Chronic Liver Disease and Cirrhosis	Kidney Disease
10	Chronic Liver Disease and Cirrhosis	Drug-Induced Deaths	Suicide

Figure 4. Leading Causes of Death in Ventura County and California from 2012-2014 and United States in 2014. (Ventura County Public Health, 2017)

The area we live in, our social-economic status, and our susceptibility to disease are all detrimental factors that help determine our life expectancy. In 2016, the World Health Organization (WHO) estimated that the average life at birth for the general population is 72 years of age (WHO, 2016). Although the life expectancy of the general population is of equal importance, most states and counties do their own evaluations and determine their resident's life expectancy. With regard to Ventura County, the average life expectancy for a male is 83.5 years of age and 87 years for female residents (Health data, 2016). Ventura County's life expectancy surpasses the national average; the national life expectancy is estimated to be 78.6 years for women and 76.7 years for males. This increase in Ventura County's life expectancy may be due to higher education, and a low 9.8% poverty rate among their residents. According to the

Ventura County of Public Health, life expectancy among Ventura County is expected to rise by four years, particularly for individuals born between the years of 2012-2014 (VCPH, Community Health Assessment 2017). The amount of education resident receive, our economic status and where we live help determine the life expectancy of the population and also deviate them from developing threatening diseases.

According to Ventura County's Department of Public Health, from 2008-2017, Sexually Transmitted Infections (STIs) were the top reporting diseases among Ventura County residents, with Chlamydia infection, Gonorrhea, and Hepatitis C, at the top (Figure 5). Due to Title 17 California Code of Regulations, all public health departments in each county are required to report statistics on 88 infectious and communicable diseases, as well as non-communicable diseases. This information is vital to collect since it creates interventions and lowers the prevalence of diseases. Furthermore, young adult and adult populations, ages 17-45, are the most susceptible to communicable diseases. However, in older adults and senior populations of Ventura County, non-communicable are more prevalent. Just as Coronary Heart and all cancers were among the top diseases affecting particular races, these diseases are the top leading causes of death among men and women (Health data, 2016).

Summary of Top Ten Reportable Diseases in Ventura County for 2008 - 2017

	Annual Number of Cases										5-Year Averages (2013-2017)		
5 Yr Avg Rank - Disease Name	2008	2009	2010	2011	2012	2013	2014	2015	2016	Provisional 2017	Number of Cases	Percent of All Cases Reported	Cases per 100,000 Population
1 - Chlamydial infection	2,088	2,318	2,272	2,506	2,631	2,367	2,297	2,437	2,389	2,546	**2,407**	61	**282**
2 - Gonorrhea	156	147	170	210	379	315	325	573	566	707	**497**	13	**58**
3 - Hepatitis C (All)	736	672	603	637	614	398	747	535	20	266	**393**	10	**46**
4 - Campylobacteriosis	96	102	117	168	187	143	163	203	208	258	**195**	5	**23**
5 - Salmonellosis (Other than Typhoid)	83	83	122	64	94	102	110	111	103	110	**107**	3	**13**
6 - Syphilis (All Stages)	98	63	53	58	51	74	86	100	91	139	**98**	2	**11**
7 - Pertussis (Whooping Cough)	6	43	352	182	21	37	271	58	14	42	**84**	2	**10**
8 - Coccidioidomycosis	48	48	64	58	95	44	46	46	65	185	**77**	2	**9**
9 - Giardiasis	30	33	39	32	30	35	32	44	54	49	**43**	1	**5**
10 - Syphilis (Primary&Secondary)	14	18	13	17	15	18	48	35	33	51	**37**	1	**4**
Total CMR's Filed	**3,355**	**3,527**	**3,805**	**3,932**	**4,117**	**3,533**	**4,125**	**4,142**	**3,543**	**4,353**	**3,939**	**NA**	**462**

Data Source: Ventura County Public Health Confidential Morbidity Reports from 2008 - 2017

Population for Rates: State of California, Department of Finance, E-2 California County Population Estimates and Components of Change by Year, July 1, 2008 through 2017.

2017 Provional data: Has not been finalized for the year, and may be updated at any time.

Figure 5- Summary of ten Reportable Diseases in Ventura County from 2008-2017.

Most data and statistics are typically acquired through health outcome surveys and projects. These methods often help researchers decipher the extent of health disparity in a population. It is through these surveys and assessments, that data is obtained, assessed, and implementation of policy change can occur to end health disparities among populations. For example, such data provided the insight that 20-39-year-olds in Ventura County were more likely to participate in survey-community health assessments than other age groups. Despite the fact that Ventura County requires that data collected must be collected from all age groups to avoid the of skewing data, communicable and non-communicable diseases among Ventura County populations are known to be skewed because younger populations are more likely to conduct surveys.

Discussion and Conclusion

In our previous paper, Community Demographic of Ventura County populations, we discussed how these residents were more educated and wealthier than their state and national

counterparts in age, race, and sex. As we divulged further into the health outcomes of Ventura County populations, we find similarities in this populations likelihood to have better odds in the rates illness, death, and quality of life among its age, race, and sexes, when compared to state and national populations. This information would imply that the level of education, economic standing, and place of residency does indeed influence the health outcomes of a population.

Statistics collected on Ventura County residents showed that the quality of life and life expectancy of this population was much greater than national averages. Perhaps, since the family household averages about three individuals, everyone over the age of 16 works, and are educated. These populations have a higher likelihood to be economically stable, spend more, and have less stress. The poverty rate under 10% for Ventura County residents would support the economic stability theory. Perhaps, the county officials political stance on setting higher standards and working towards becoming the "healthiest county in the nation by 2030" is a major factor influencing these statistics. When the county's public health leaders are supported and working together to better the quality of life and health of its population, you will a stronger push towards having more opportunities, resources, and health education available to a population. Furthermore, public health programs provide increase awareness and education that is geared solely to reduce health disparities among vulnerable populations.

If the level of education, economic standing, and place of residency do influence health outcomes then health professional, scholars, and researchers must then ask: What can do be done to reduce and ultimately, prevent these health disparities? This answer will vary and depend on the individual populations and the barriers that influence them. There is no one size fits all solution to solving this critical health outcomes concern. However, the more Public Health

agencies collect and analyze on their individual populations, the greater fundamental understandings, and scope of the disparities health scholars and professionals will have to create strong policy implementations, programs, and education to decrease health outcomes and disparities.

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