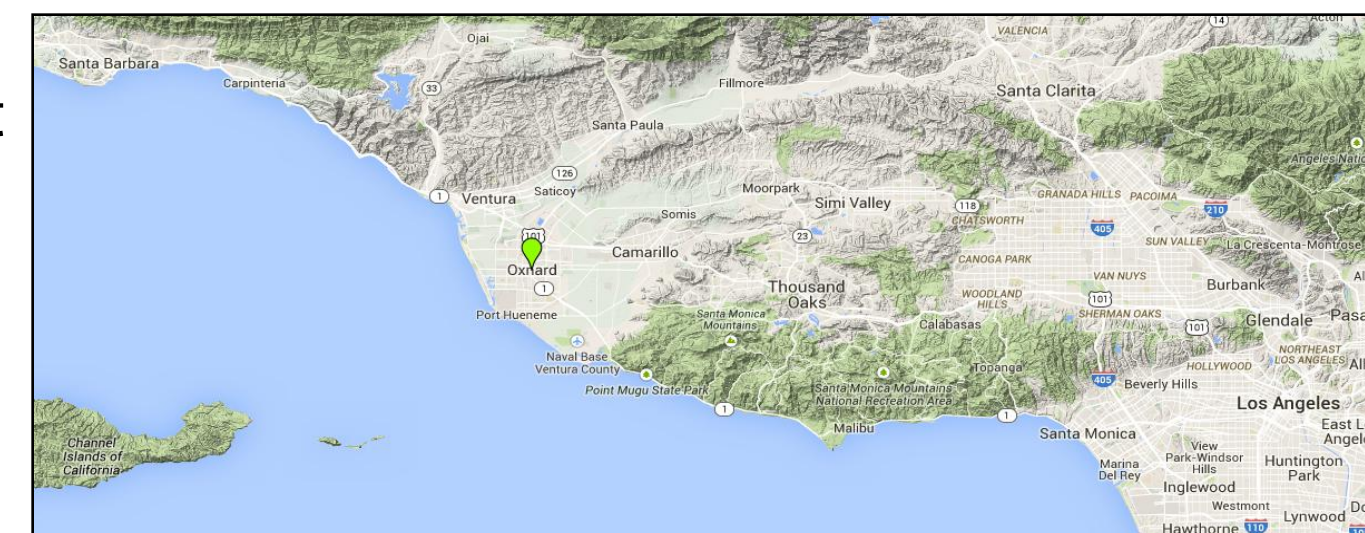


Findings of a Community Health Needs Assessment with a Latino Population Living in the Oxnard Plain, CA

Amanda Tamburro, MPH, CHES, Dignity Health St. John's Hospitals
 Steven Godin, Ph.D., MPH, PHI Certificate, East Stroudsburg University
 George West, BTS, MA, JD, BCCC, Dignity Health St. John's Hospitals

ABSTRACT

Oxnard, California was ranked in the 2010 U.S. Census as having the 9th highest percentage of Latino or Hispanic residents (73.5%) within U.S. cities with a total population over 100,000. Given the *'Patient Protection and Affordable Care Act'* requirements for not-for-profit hospitals to conduct CHNAs, Dignity Health St. John's Hospitals in Oxnard decided to conduct a follow-up Latino-based CHNA in 2013 for their primary service area within the Oxnard Plain, CA. The Oxnard Plain, Ventura County, CA, historically has been an agricultural area that generates \$2 billion annually while experiencing an expanding residential population on the periphery of this successful agricultural industry. This industry applies 7.5 million pounds of pesticides annually (measured in 2011) which has ramifications for negatively impacting residents' health-related quality of life. The Latino CHNA used 486 bilingual health surveys completed by Latino residents of the Oxnard Plain, CA. Numerous statistically significant findings on residents' health indices and health disparities (i.e., reported health status, risk factors for disease, limited access to health care) based on educational attainment were found. In sum, our CHNA found lower educational attainment (which was predominately within Latino migrant farm workers) was linked to significant health disparities affecting the Latino population residing in the Oxnard Plain, CA.



INTRODUCTION

In accordance with the ACA, non-profit hospitals in California are required to complete CHNA reports every three years in accordance with IRS regulations and California state regulations. In FY 2013, St. John's Hospitals provided a combined total of **\$33,520,518** in uncompensated community benefit to individuals living in our region who were un/under-insured. While prior health needs assessments have been conducted on our overall service population, to date, no one has formally surveyed a representative sample of Latinos residing in Oxnard, CA.



Oxnard, CA Population

1. Total Population – 197,899 individuals;
2. 73.5% or 145,456 identify as Latino or Hispanic;
3. 134,213 residents consider Mexico their country of origin;
4. Transient farm worker population estimated at 25,000 individuals with 25,000 accompanying family members;
5. Home to 20,000 indigenous-language Mexicans from Oaxaca; and,
6. Poverty rate – 15.9% (ranges from 7.2% to 18.8% within city).

METHODS

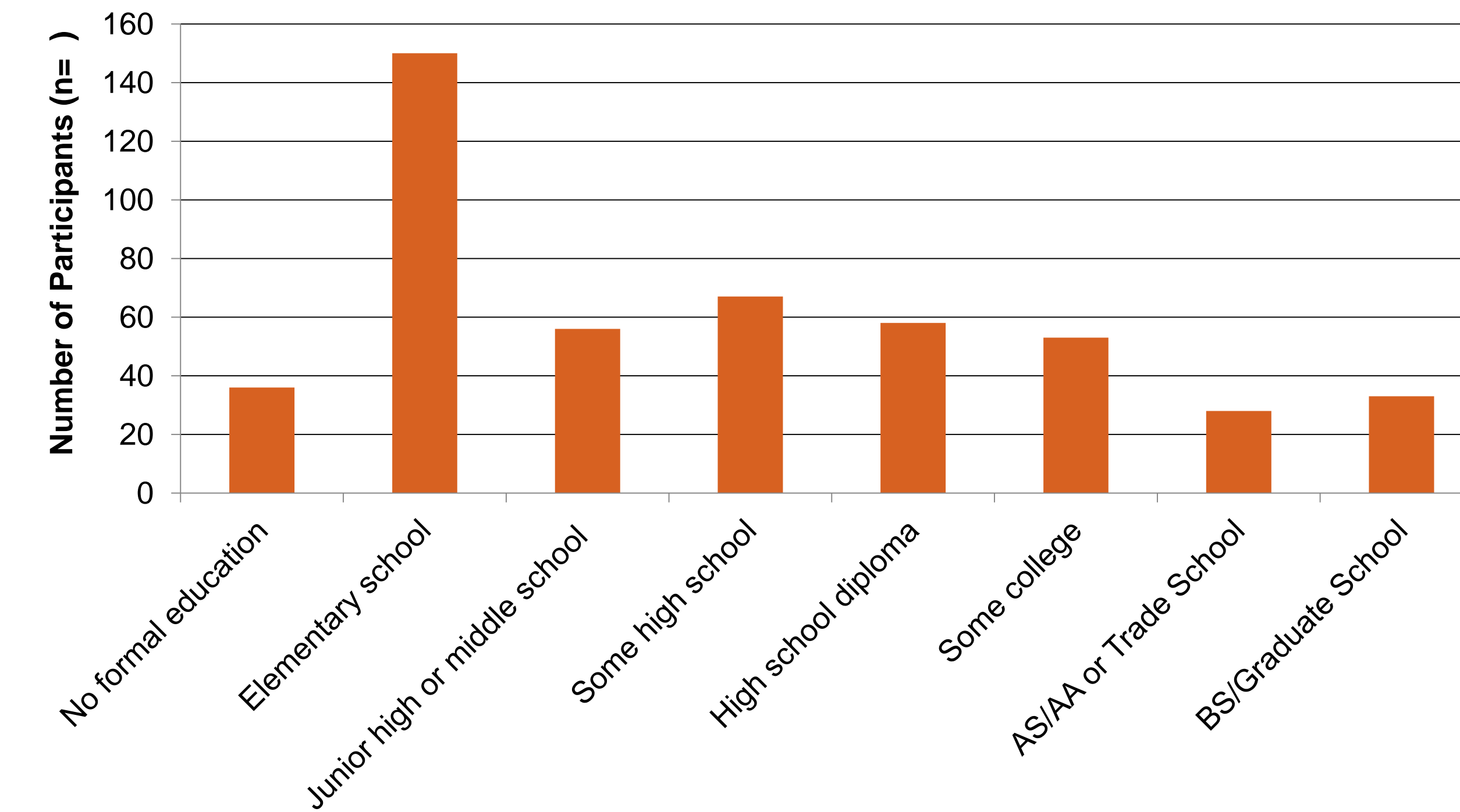
A representative sample of 486 health behavior surveys (169 males and 312 females; 396 completed in Spanish) were completed by self-identified Latino or Hispanic participants, aged 18 and older, residing within the Oxnard Plain, CA. This sample was obtained by Spanish speaking promotores who were known to the target population. Locations selected for data collection were based on being able to sample larger groups of Hispanic/Latino adult residents. All data were analyzed using SPSS and Excel.

Survey Development and Completion

- ✓ Survey was primarily based upon selected questions from the CDC Behavioral Risk Factor Surveillance System Survey (BRFSS) item pool;
- ✓ Additional survey questions specific to this study were also developed by staff within Dignity Health in collaboration with faculty from East Stroudsburg University;
- ✓ The draft survey instrument was pilot-tested on Latino men and women from the Community Health Department at St. John's Hospital;
- ✓ All surveys were anonymous;
- ✓ Surveys were collected between May 11 and June 30, 2013 from 10 different community locations, including churches, health fairs, migrant worker education programs, and community events; and,
- ✓ Surveys were either self-administered, or if needed, a private one-on-one interview was conducted by promotores in either Spanish or English.

RESULTS

Figure 1. Survey Participants' Educational Attainment



Participant Education and Poverty

- ✓ 38.7% did not attend school beyond sixth grade;
- ✓ 64.2% did not have a high school diploma;
- ✓ 35.8% survey participants graduated high school;
- ✓ 6.9% of survey participants have a bachelors degree or higher; and,
- ✓ The majority (n=345) of survey participants reside in an area of Oxnard, CA, where the poverty level is 17-19% and <60% are high school graduates.

Figure 2. Survey Participants' with Health Insurance by Educational Attainment

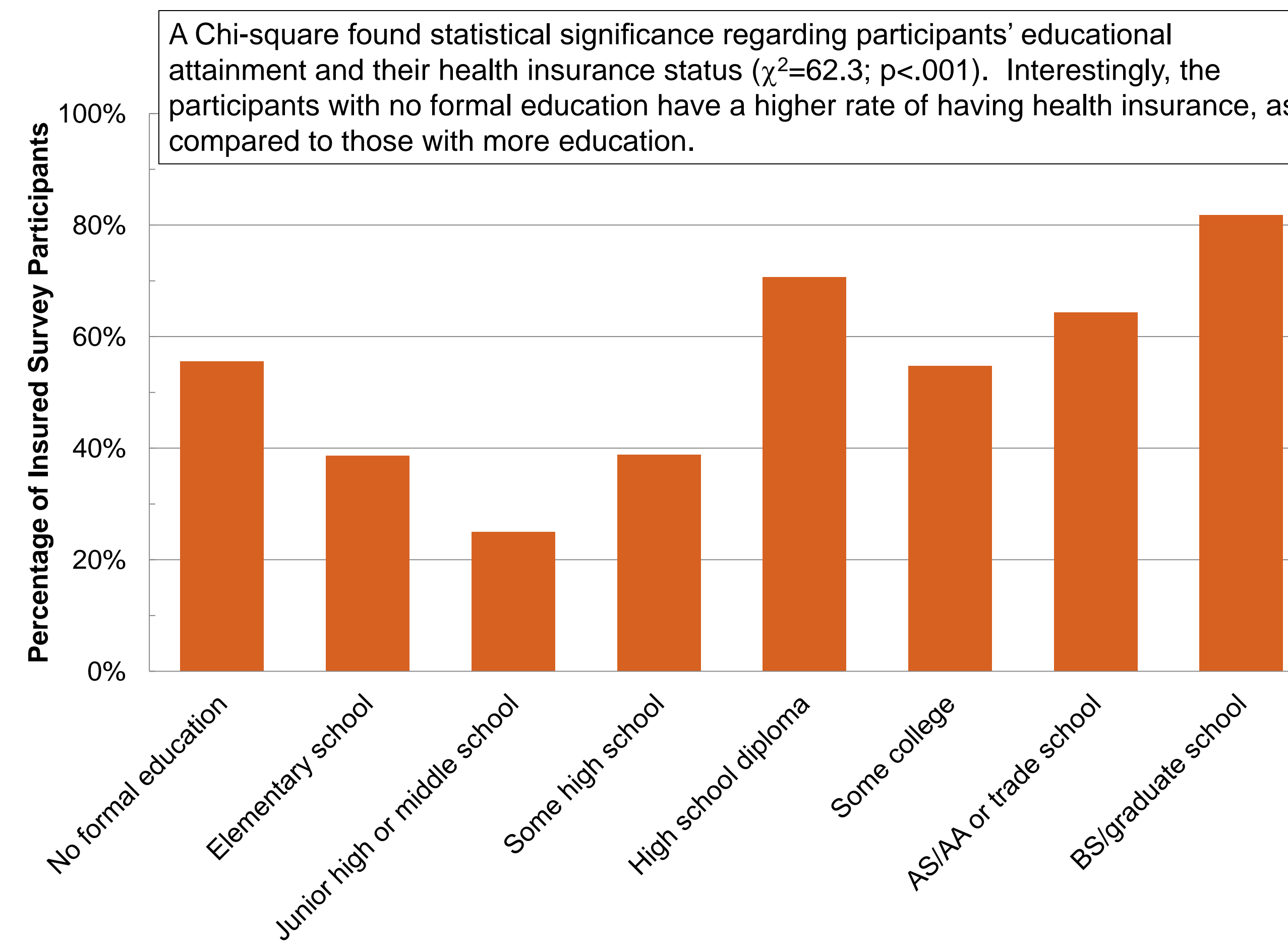


Figure 3. Survey Participants' Response to Physician Need Compared to Health Insurance Status

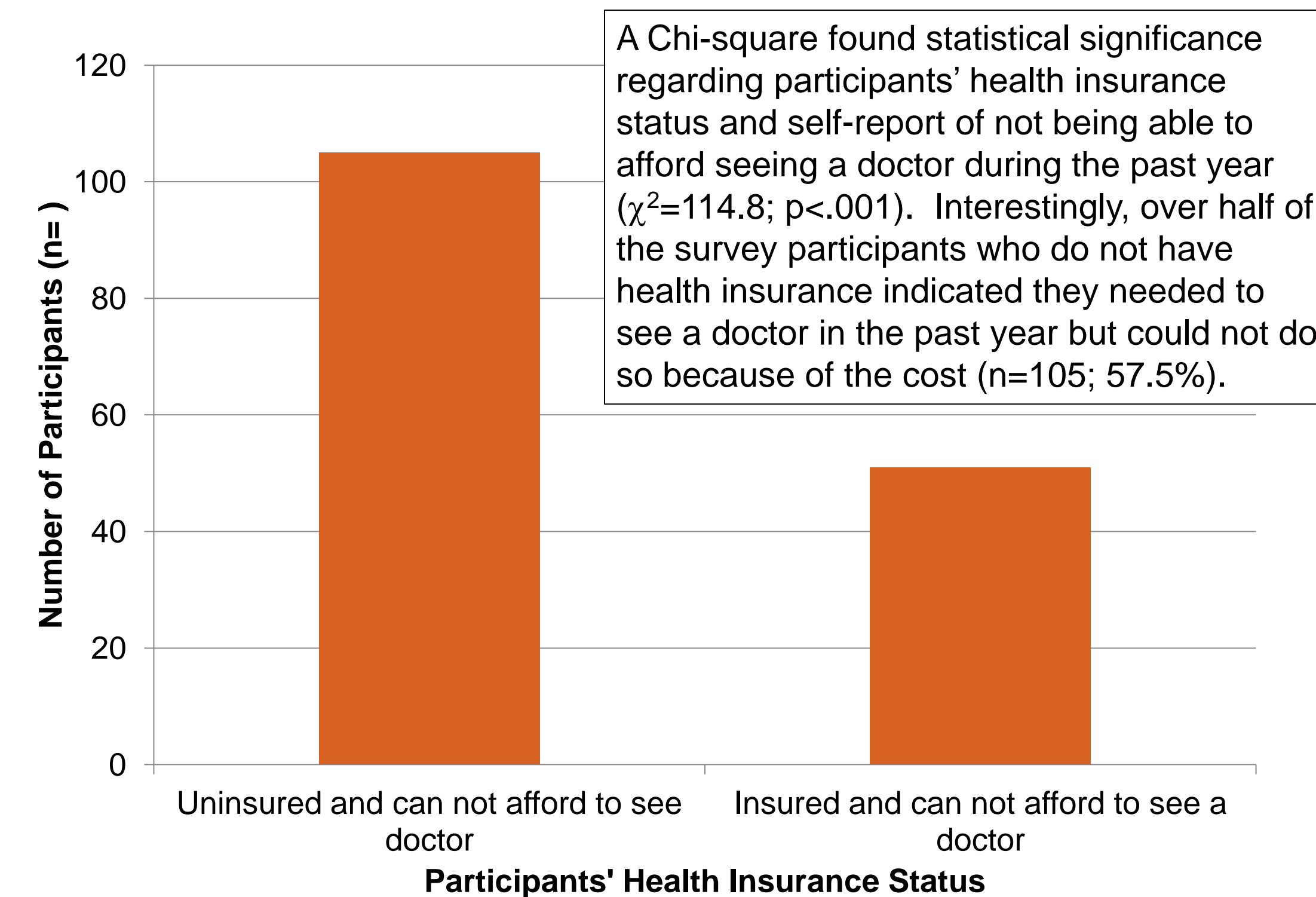
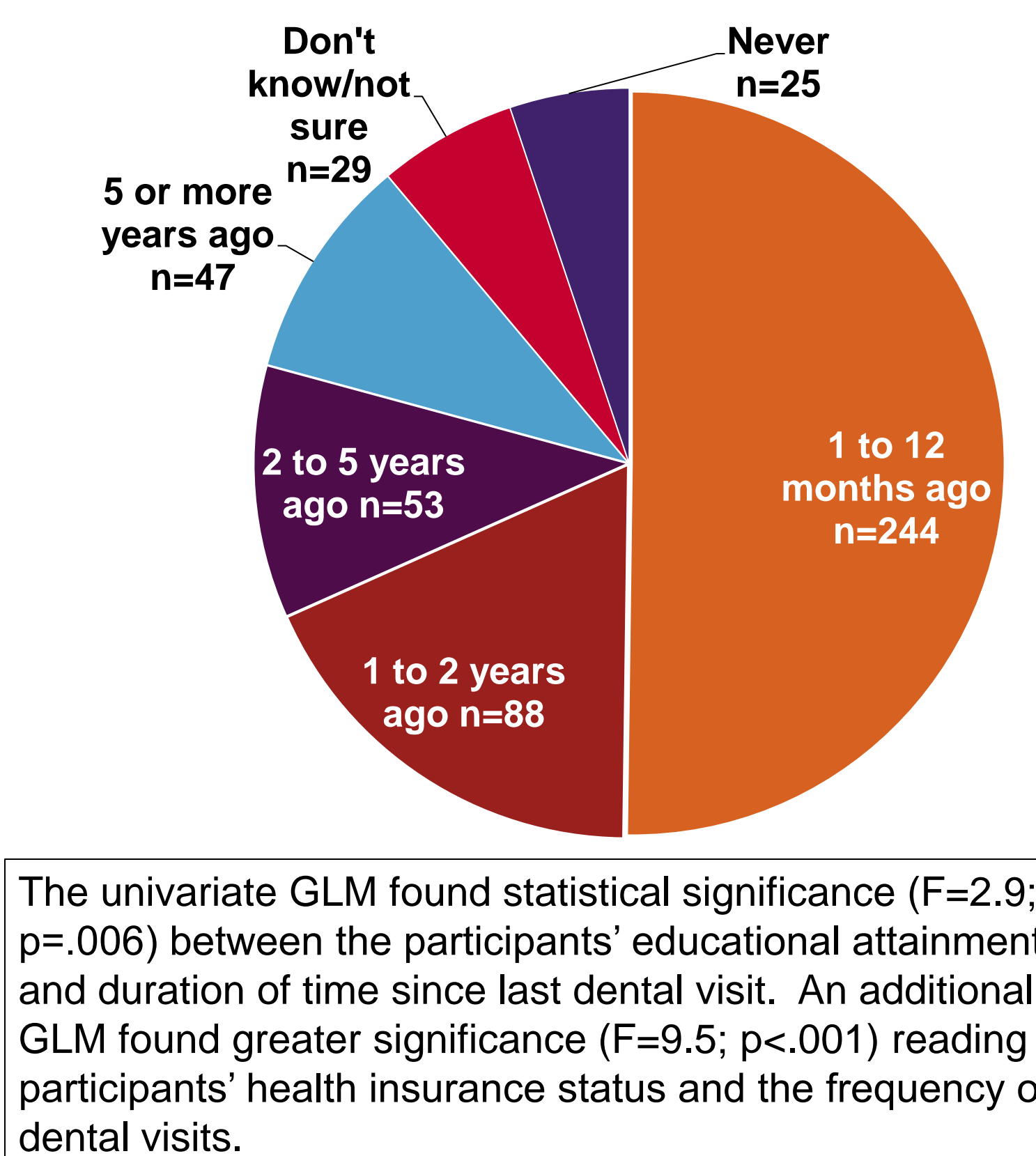


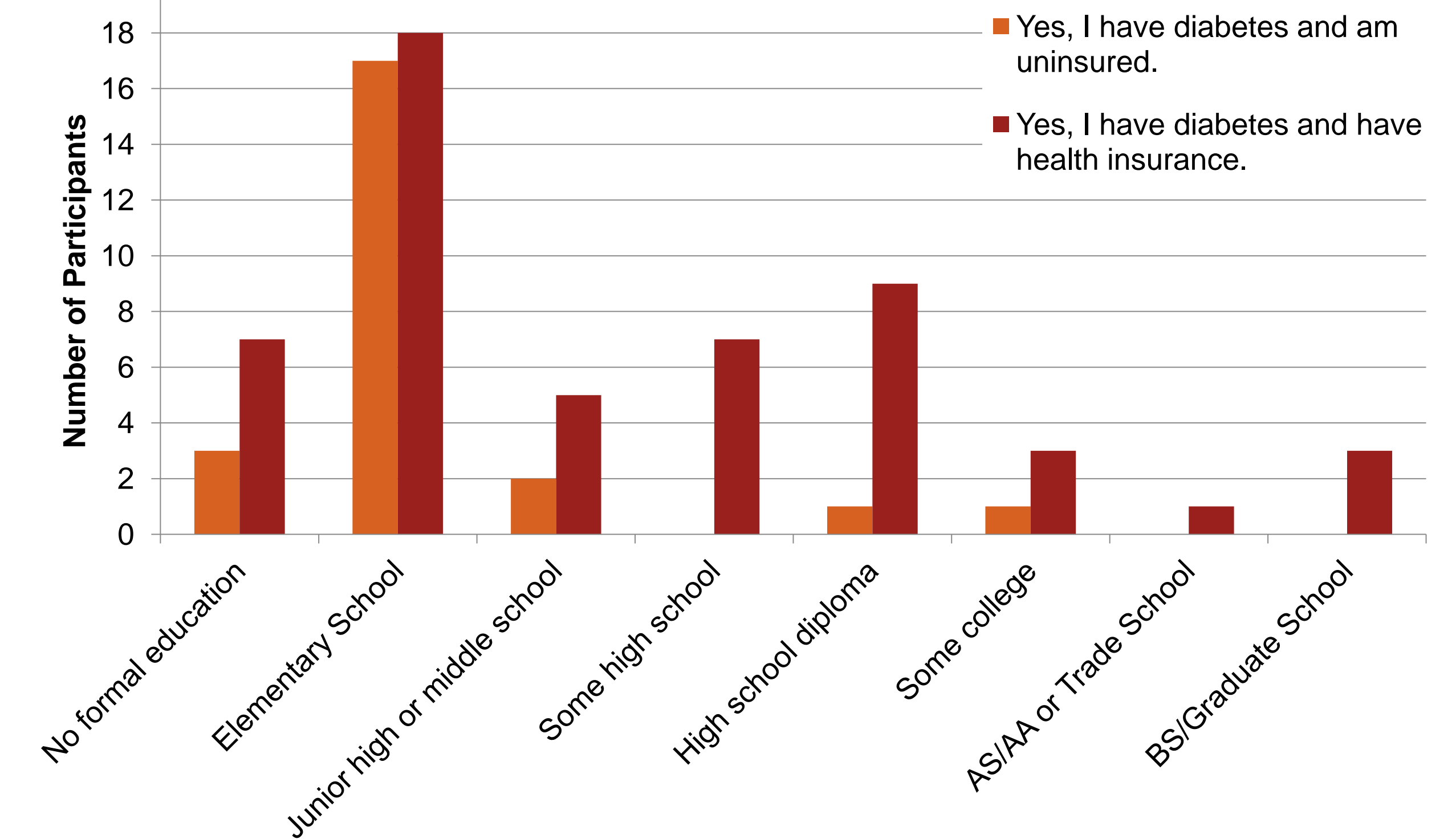
Figure 4. Survey Participants' Length of Time Since Their Last Dental Visit



RESULTS (cont.)

Figure 5. Health Insurance Status and Educational Attainment of Survey Participants' Reporting Having Diabetes

The Chi-square test found strong significance between the participants' educational attainment and having diabetes ($\chi^2=64.5$; $p<.001$). The highest frequency of reported diabetes diagnosis occurs within participants with the two lowest educational attainment groups (no formal education {27.8%; n=10} and elementary school {27.3%; n=41}). However, it should be noted that the mean age of participants in the two lowest levels of educational attainment (no formal education and elementary school) was 54.5 (n=184) as compared to the mean age for the entire 48.0 (N=486). Additional significance was found between participants' health insurance status and having diabetes ($\chi^2=31.1$; $p=.002$). Once again, survey participants who have health insurance are more likely to identify themselves as having diabetes (23.1%; n=54). This reporting is almost two times more often than survey participants who report no health insurance (12.2%; n=24). There was no significance found between participants' SES and survey responses for this question.



CONCLUSIONS AND RECOMMENDATIONS

This study documents the health needs of a vulnerable population residing on the Oxnard Plain. Numerous statistically significant findings were between participants' educational attainment and their health indices (i.e., poor health status, risk factors for disease, limited access to health care, to name a few) documenting their struggles in their health related quality of life. Based on the findings of this population focused CHNA, a collaborative effort by community organizations, health care providers, corporations, and policy makers is needed that addresses these significant health disparities, including their basic human right of access to affordable health care. An ethical dilemma exists when we juxtapose our identified health disparities within the Latino/Hispanic population of the Oxnard Plain and the nation's need for low cost fruits and vegetables. To meet low market costs, our local agricultural industry seeks a mostly Latino, low-cost labor force, who often times have immigration issues or in one documented instance were victims of labor human trafficking, excluding them from the ACA. Our experience in the Oxnard Plain parallels similar scenarios found across many states in the U.S. The national demand for low cost food perpetuates the cycle of employing a transient agro-centric population who are experiencing significant health disparities, with little local community resources available to address these disparities. Health systems, along with state and federal public health organizations need to mobilize action to improve access to free health clinics for this Latino labor pool and for their families including robust, culturally appropriate, promotores programs. While many within our service area population have immigration issues and are afraid to access available health care, the residents of the Oxnard Plain, CA, are a noble people who are contributing to our regional economy and like many of us are here to live the American dream, striving to improve the quality of life for the next generation.

SPECIAL THANKS

Without the help of the following individuals this project could not have been a success.

Gwendolyne Boden	Gabriel Guillén, RN, BSN	Lydia Kreil
Dr. Alberto Cardelle	Marisela Guillén	Father Roberto Saldivar
Alicia Castro	Humberto Hernandez	Sr. Suzanne Soppe, MPH
Dr. Margaret Cortese	Yolanda Hernandez	Center for Employment and Training Students