



Appendix A

Public Health + Equity
Existing Conditions

HEALTH EQUITY OVERVIEW

Health “equity” is achieved when every person in a community has a just opportunity to reach their optimal social, physical, and mental well-being at all stages of life. This report presents a broad overview of health challenges and opportunities in Thousand Oaks, including chronic disease prevention, mental health, physical activity, and safe and healthy housing. It also assesses the presence of “disadvantaged communities,” as defined by the State of California in Senate Bill 1000 (Environmental Justice). More specifically, this chapter provides an overview of health conditions for the following topics: disadvantaged communities, general demographics, life expectancy and causes of death, and health status issues in the City of Thousand Oaks.

Data is provided at the City and Ventura County levels, where available. In some cases, data for Thousand Oaks is available by zip code and Census Tract level (see Figures A.1 and A.2), thus providing detailed information pertaining to geographic areas and certain health outcomes.¹

This Appendix is narrowly focused on specific health and equity issues in accordance with SB 1000. However, a health equity lens is applied throughout the General Plan and spans across the broad

range of topics that impact the overall health and quality of life for residents of Thousand Oaks. For example:

- The Environmental report covers topics such as open space, natural hazards, and pollution.
- The Mobility report addresses active transportation (bicycle and pedestrian movements) and transportation safety, including collisions involving pedestrians and cyclists.
- The Land Use report covers topics related to walkable access to goods and services and access to parks.
- The market report covers socioeconomic conditions, which are a determinant of health outcomes.

Overall, this chapter, combined with specific information from other chapters, provides a complete picture of health in Thousand Oaks.

Key Findings

- Residents living in the Thousand Oaks/Westlake area have the highest life expectancy across Ventura County (88.7 years). This means that, on average, Thousand Oaks residents live very healthy lives.
- There are no areas that are identified as disadvantaged communities according to CalEnviroScreen 4.0’s overall index score. However, the disadvantaged communities’

¹ Data is only analyzed for the four zip codes that include large areas within the City boundaries: 91320, 91360, 91361, and 91362. In some cases, data for zip code 91361 was not available and is noted with an “ND” in the graphics.

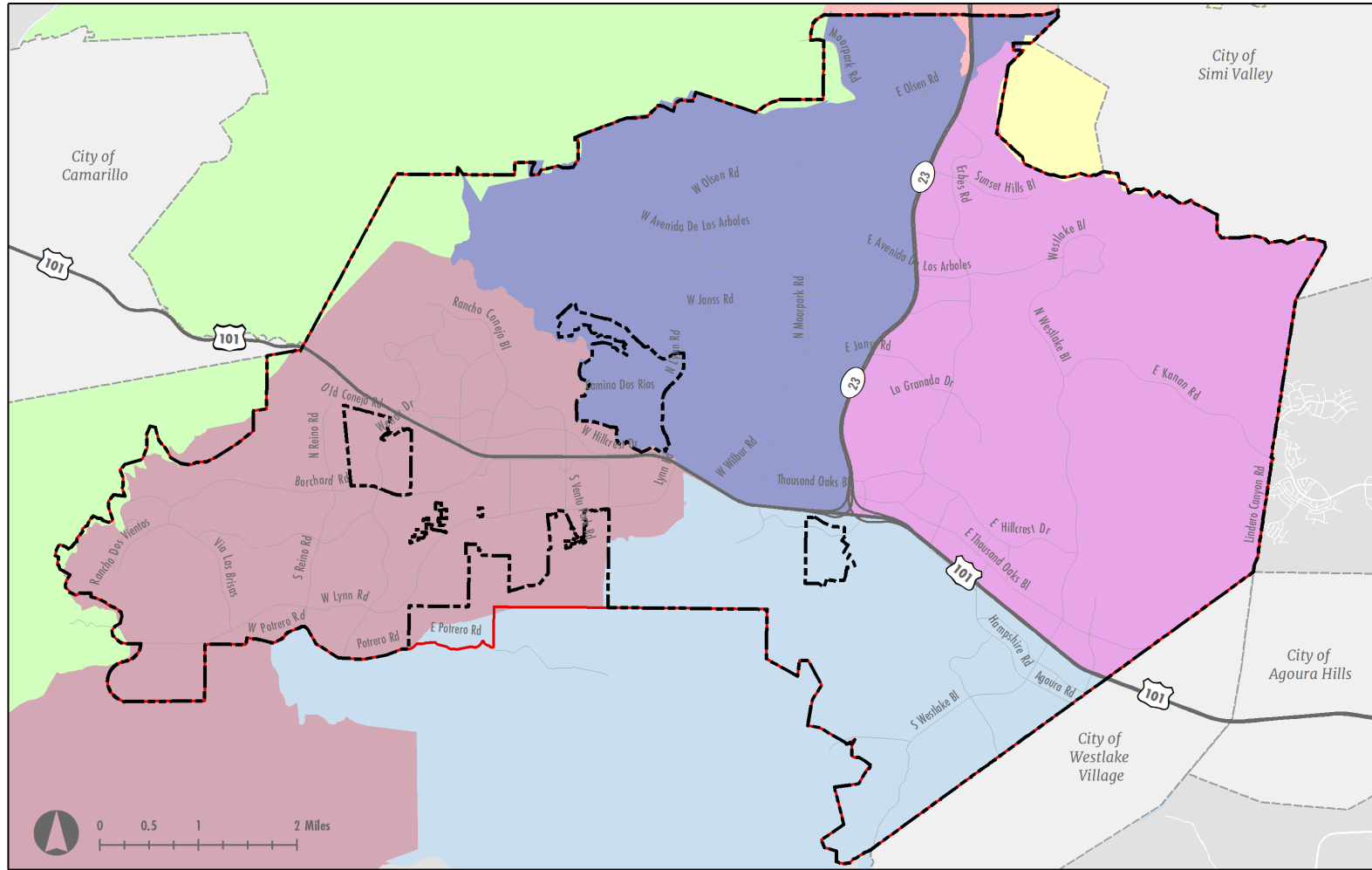
analysis found that there are three low-income census tracts in the City with a disproportionate health and environmental burden (see Figure A.2). Thus, environmental justice goals, policies, and actions addressing these topics will be required as part of the General Plan.

- Obesity is a leading cause of death across the nation. Students at Thousand Oak’s elementary schools have the highest percentage of risk to health issues due to their body composition compared to middle school and high school students.
- The suicide rate across Ventura County is slightly higher than in the State. In Thousand Oaks, emergency room rates due to suicide and intentional self-inflicted injury are consistently higher among youth than adults.
- Access to health care professionals is a critical need for low-income individuals and families. Across the City, over a quarter of adults reported difficulty accessing medical care they felt they needed. Across the County, adults 25-44 experienced the most difficulties or delays in accessing care.²

² *Health Matters in Ventura County. (2017). Ventura County Public Health. Retrieved from: <http://www.healthmattersinvc.org/>*

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

Figure A.1 Thousand Oaks Zip Codes



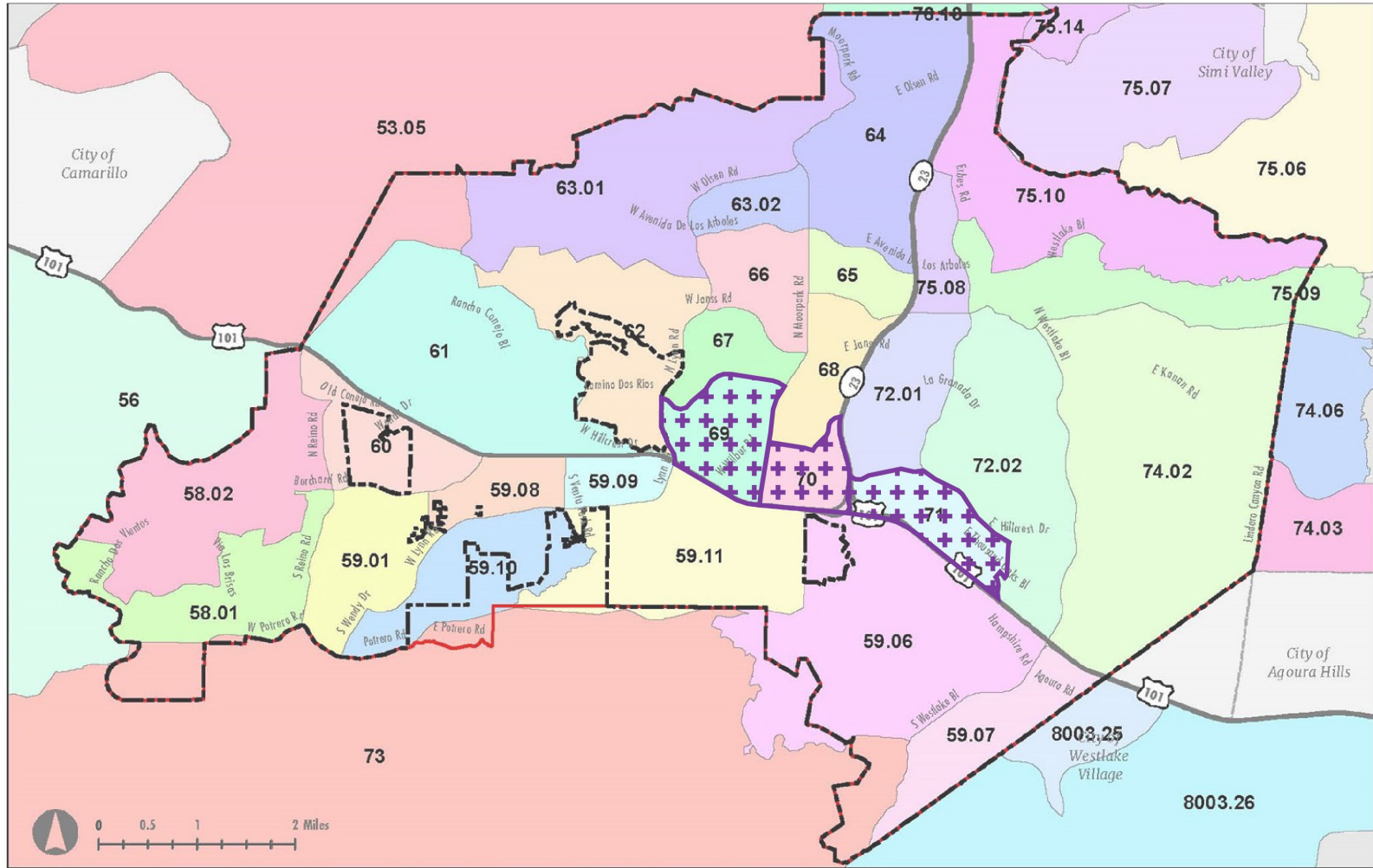
Raimi + Associates 2020 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; Esri and TomTom, 2019



 91320	 93012	 City Limits	 Major Roads	 Unincorporated Counties Land	 Adjacent Cities
 91360	 93021	 City Sphere	 Freeways		
 91361	 93065				
 91362					

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

Figure A.2 Census Tracts



- City Limits
- City Sphere
- Disadvantaged Communities
- Major Roads
- Freeways
- Adjacent Cities

The Health Connection

Eleven key components are needed for creating healthy and equitable communities (Figure A.3). Of these components, significant ones include factors related to a person's place, income, living conditions and education. Therefore, it's important for cities to consider the combination of their physical, social, and economic environments, while planning and prioritizing growth for the future. These factors impact how healthy residents are in the long term and can impact specific individuals and groups more vulnerable to long-term changes and short-term shocks.

Additional contributing components include eating well, staying active, access to health care services, access to social and economic opportunities, quality of education, neighborhood conditions, workplace safety, and cleanliness of water and air, among others. These conditions influence why some people are healthier than others, and why where people live and work matters to community health.

Strategic healthy community programs can bring many benefits to the residents of Thousand Oaks, including improved quality of life, access to transportation, and economic investments. Improving conditions related to the social determinants of health can also help promote equity and community development over the long term and prepare the City for the potential impacts of climate change.

Figure A.3 Example of Healthy Communities Components



Disadvantaged Communities Analysis

Overview of SB 1000

Senate Bill 1000 (or the Planning for Healthy Communities Act) was signed into law by Governor Jerry Brown on September 24, 2016. SB 1000 requires cities and counties that update two or more elements of their general plan after January 1, 2018 to proactively identify and incorporate goals, policies, and objectives to address environmental and health impacts within their boundaries and also address the needs of disadvantaged communities most impacted by their effects. Given the revision of more than two elements to the current General Plan, the requirements of SB 1000 apply.

The goal of SB 1000 is to help identify and reduce risks in communities disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, exposure, or environmental degradation. In doing so, SB 1000 offers an opportunity to adopt various methods to address existing community health concerns and mitigate impacts of future health issues, including increasing access to healthy food, preventing chronic disease, improving transportation facilities and infrastructure, promoting healthy land use design, and encouraging physical activity.

Addressing SB 1000 requirements involves a three-step process. The first step is to identify whether there are any “disadvantaged communities” within the jurisdiction. According to California’s Health and Safety Code (Section 39711), a “disadvantaged community” is defined as “a low-income area that is disproportionately affected by environmental pollution and other

hazards that can lead to negative health effects, exposure, or environmental degradation.” The second step is to conduct community engagement to better understand the health issues on the ground and through residents’ lived experiences. The third step is the creation of goals, policies, and implementation actions that address the health and environmental justice issues identified through the process.

Disadvantaged Communities Screening Analysis

The first part of the SB 1000 process is to understand the negative health conditions in the community and determine the presence of any areas that are “disadvantaged communities” as defined by State law. This involves a three-step screening process:

- Part 1: Determine whether there are any census tracts that scored in the top 25 percent (i.e., above the 75th percentile) for the overall index score as established by the California Environmental Health Screening Tool 4.0 (CalEnviroScreen). This tool is a screening methodology developed by the California Office of Environmental Health Hazard Assessment (OEHHA).
- Part 2: Determine whether there are any census tracts with a median household income below 80% of the County’s area median income or below 80% of the State’s median income. If there are low-income areas, the next step is to determine if any have a disproportionately high pollution burden (75th percentile of census tracts in the State) for the 13 individual pollution burden indicators (such as ozone pollution) from CalEnviroScreen.
- Part 3: Incorporate any other community-specific data related to other health risk factors, including social

vulnerabilities (such as linguistic isolation) and poor health outcomes (such as asthma rates).

Results of the Disadvantaged Communities

Analysis

Part 1 of analysis found that there are no census tracts in Thousand Oaks with a CalEnviroScreen 4.0 overall index score at or above the 75th percentile. A map of the 4.0 index scores by census tract can be found in Figure A.4. In fact, the city’s average score and most census tracts’ scores are below the 25th percentile, which indicates the best overall health and environmental conditions in comparison to the rest of the State. This result reinforces the perception that Thousand Oaks offers residents a healthy environment in which to live, work, and play.

Part 2 of the analysis found that there are four census tracts (65, 69, 70, and 71) with household median incomes below 80 percent of the County’s area median income and/or the State’s median income, and three of these (69, 70, and 71) scored above the 75th percentile threshold for at least one individual pollution burden indicator from CalEnviroScreen 4.0. Figure A.5 shows the median income by census tract in Thousand Oaks. The analysis also found that other census tracts in the City experience disproportionate pollution burdens. Thus, census tracts 69, 70, and 71 can be considered disadvantaged communities (See Figure A.2 for a map of census tracts in the City), while others have environmental health issues that can be addressed in the General Plan.

The following is a summary of the results of the SB 1000 analysis for all census tracts in Thousand Oaks, regardless of income. This information is also summarized in Tables A.1 and A.2.

ENVIRONMENTAL POLLUTION

- **Impaired Water Bodies.** The majority of census tracts in the city, including the three identified disadvantaged communities (Tracts 69, 70, and 71), scored above the 75th percentile threshold for impaired water bodies. This measure assesses the total amount of pollutants found in surface water bodies. This pollution burden indicator was the only one with a citywide average score above the 75th percentile threshold and, as a result, it is a citywide issue that should be considered but is unlikely to have significant public health impacts due to limited exposure by residents.
- **Traffic Impacts.** 12 census tracts in Thousand Oaks, including the three identified disadvantaged communities (Tracts 69, 70, and 71) scored above the 75th percentile threshold for traffic impacts. This measure evaluates the total traffic volumes within 150 meters of a census tract. The majority of the impacted census tracts are immediately adjacent to Highway 101, which is one of the busiest highways in the State. Although the City has limited control over the highway, there are various strategies and mitigation measures that can be implemented to limit exposure to highway-related air pollution, particularly in new buildings.
- **Hazardous Waste.** Four census tracts scored above the 75th percentile threshold for hazardous waste (Tracts 59.08, 60, 61, and 66), which measures the number of permitted hazardous waste facilities, hazardous waste generators, and chrome plating facilities within each census tract; it does not measure actual resident exposure to hazardous

wastes. The four areas with high scores contain biotech and industrial uses. Thus, the City will need to continue to partner with companies that use hazardous materials to ensure that they are used and disposed of safely.

- **Diesel Particulate Matter (DPM).** Three census tracts, including one low-income census tract, scored above the 75th percentile threshold for DPM (Tracts 59.08, 59.09, and 71), which is a specific type of air pollution of concern in California. This measure assesses the spatial distribution of DPM emissions from on-road sources (such as trucks) and off-road sources (such as ports and rail yards). The three areas with a high pollution burden for DPM include Highway 101 and existing areas of concentrated commercial uses.
- **Groundwater Threats.** Three census tracts scored above the 75th percentile threshold for groundwater threats (Tracts 59.07, 60, and 61), which is a measure that assesses proximity to potential sources of groundwater contamination. The three areas that scored high for this indicator are in census tracts with health and biotech facilities.
- **Cleanup Sites.** One census tract scored above the 75th percentile threshold for cleanup sites (Tract 61), which measures proximity to brownfield sites that require environmental remediation.
- **Pesticide Use.** One census tract scored above the 75th percentile threshold for pesticide use (Tract 53.05). However, this census tract is mostly located in the Santa Rosa Valley where there are significant agricultural uses. Moreover, the Thousand Oaks portion of this census tract only includes the open space reserve of Elliot Mountain.

Therefore, exposure to pesticides is not a real concern for Thousand Oaks residents.

SOCIAL VULNERABILITY

- **Low Birth Weight.** Six census tracts had a high proportion of infants born classified as low birth weight (Tracts 58.01, 61, 63.02, 65, 70, and 73). Two of these six census tracts are considered low-income; Tracts 65 and 70. There are many known risk factors for LBW, including nutritional status, lack of prenatal care, stress, and exposure to air pollution.
- **Housing Burden.** Two census tracts had a high proportion of low-income households who were severely cost-burdened, which is defined as paying more than 50% of income toward housing costs. Both census tracts are also considered low-income; Tracts 69 and 71.
- **Linguistic Isolation.** Two census tracts had a high proportion of limited English-speaking households, an indicator associated with poor health outcomes. One of these two census tracts (Tract 70) is also low-income.
- **Unemployment.** One census tract (Tract 63.02) had a high percentage of the population over the age of 16 that was unemployed, however the rest of the City had much lower unemployment rates.

Table A.1 CalEnviroScreen 4.0, Pollution Burden Percentiles³

Below is the CalEnviroScreen (CES) 4.0 data for all census tracts in Thousand Oaks organized by the two main CES categories: Pollution Burden and Population Characteristics. All scores are percentiles in comparison to the rest of the state. Percentile scores at or above the 75th percentile are considered by the State as having a disproportionate burden and are shown here in **RED** shading in the table. Low-income census tracts are identified with **TEAL** shading and their rows are outlined in **BLACK**

Census Tract	Median Household Income	CES 4.0 Overall Score	Ozone	PM2.5	DPM	Pesticide Use	Toxic Releases	Traffic Impacts	Drinking Water	Childrens' Lead Risk	Cleanup Sites	Groundwater Threats	Hazardous Waste Facilities	Impaired Water Bodies	Solid Waste Sites	Pollution Burden Score
58.01	\$157,667	11.0	42.8	39.3	3.5	2.8	37.5	12.9	57.5	6.6	0.0	0.0	50.1	87.0	0.0	10.3
58.02	\$144,375	8.0	42.6	39.9	11.5	54.2	34.1	47.2	57.5	2.0	0.0	2.1	50.1	87.0	0.0	25.1
59.01	\$131,289	6.4	47.0	41.2	9.6	15.0	33.9	11.7	58.6	15.3	0.0	0.0	50.1	87.0	0.0	14.7
59.06	\$115,431	23.1	58.2	41.0	41.1	0.0	28.7	87.7	61.6	26.9	4.1	59.6	62.5	98.7	52.9	63.1
59.07	\$86,332	11.1	60.9	42.3	37.0	0.0	33.6	74.4	42.4	11.8	11.8	81.5	22.0	83.0	0.0	38.7
59.08	\$108,813	32.7	50.5	42.5	85.5	0.0	30.1	78.5	60.0	32.0	0.0	50.1	77.6	87.0	0.0	59.1
59.09	\$81,927	19.5	51.9	42.5	84.9	0.0	28.4	82.8	60.0	9.3	0.0	0.0	28.3	87.0	0.0	36.3
59.1	\$154,286	3.6	50.5	39.6	4.5	8.1	32.2	9.9	59.8	5.3	0.0	0.0	3.6	87.0	0.0	6.7
59.11	\$106,250	14.9	55.4	40.4	30.9	11.0	29.0	95.1	58.8	13.4	17.1	0.0	56.4	87.0	0.0	38.9
60	\$109,833	30.5	47.0	42.2	71.5	0.0	29.3	83.9	58.3	26.5	70.2	78.9	97.0	87.0	0.0	75.8
61	\$102,717	61.1	47.4	41.5	54.6	23.9	25.9	88.0	57.5	26.2	76.7	95.4	99.0	96.8	0.0	82.2
62	\$144,946	4.9	51.0	40.6	16.2	20.4	24.4	82.7	57.5	8.9	0.0	50.9	74.1	96.8	0.0	42.6
63.01	\$111,500	7.6	52.1	39.7	4.3	64.6	22.6	19.8	67.1	11.3	0.0	0.0	51.7	97.5	0.0	25.3
63.02	\$123,625	40.3	53.7	40.4	42.9	64.1	22.5	19.1	60.2	22.8	0.0	22.1	50.1	66.7	0.0	32.8
64	\$118,750	16.7	58.2	40.2	24.6	45.1	21.6	63.3	66.4	13.1	0.0	22.1	24.7	91.9	0.0	34.1
65	\$77,054	43.5	57.0	40.1	24.3	20.4	22.7	62.5	58.9	44.4	0.0	22.1	30.6	66.7	0.0	30.3
66	\$110,000	22.5	53.7	40.3	21.8	0.0	23.0	35.1	65.2	27.0	0.0	49.8	77.0	66.7	0.0	29.3
67	\$129,063	12.7	53.7	40.8	10.3	0.0	24.1	53.9	58.4	13.7	0.0	54.5	65.9	87.0	0.0	29.3
68	\$95,179	28.6	57.0	40.8	48.1	10.2	24.4	73.1	58.9	27.6	0.0	61.5	59.1	87.0	0.0	49.1
69	\$62,076	35.3	53.7	41.5	37.2	0.0	26.2	84.2	57.5	21.7	0.0	40.8	23.9	87.0	0.0	34.1
70	\$77,292	57.6	57.0	42.3	60.8	0.0	26.4	89.2	58.9	41.4	4.1	22.1	69.4	87.0	0.0	52.8

³ Census tract 73 is only partially within city limits and includes some areas of housing. As such, CalEnviroScreen percentiles have been included here. Census tract 53.05 is also partially located within the City but only contains open space within City limits. As such, CalEnviroScreen percentiles have not been included here for this census tract. Additionally, census tracts 75.07 and 75.14 are only partially within city limits and contains vacant land. CalEnviroScreen percentiles have been included here for these census tracts.

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

Census Tract	Median Household Income	CES 4.0 Overall Score	Ozone	PM2.5	DPM	Pesticide Use	Toxic Releases	Traffic Impacts	Drinking Water	Childrens' Lead Risk	Cleanup Sites	Groundwater Threats	Hazardous Waste Facilities	Impaired Water Bodies	Solid Waste Sites	Pollution Burden Score
71	\$60,104	51.1	59.7	41.1	81.7	0.0	26.0	86.7	59.8	33.6	0.0	22.1	40.1	87.0	52.9	59.0
72.01	\$162,159	5.9	59.7	40.9	52.2	1.6	24.6	73.9	58.9	30.1	0.0	7.0	23.9	87.0	0.0	32.6
72.02	\$150,844	10.8	59.7	41.3	35.1	0.0	25.6	65.8	60.4	10.7	0.0	10.6	53.5	87.0	0.0	29.0
73	\$204,773	8.2	48.5	35.2	3.3	43.6	36.7	2.5	36.4	7.2	0.0	0.0	0.0	94.6	0.0	7.4
74.02	\$138,201	16.6	63.6	42.4	14.1	16.6	28.2	61.3	5.2	3.3	32.2	31.5	59.1	98.1	52.9	36.8
75.08	\$95,025	5.1	59.7	40.9	53.2	3.5	22.3	78.3	58.9	20.1	0.0	0.0	35.6	66.7	0.0	28.8
75.09	\$129,132	10.8	62.7	41.1	4.6	0.0	23.6	46.0	59.9	10.3	0.0	0.0	26.7	98.1	0.0	15.6
75.1	\$178,388	9.4	62.7	40.1	18.2	13.3	21.7	78.8	58.9	1.8	0.0	0.0	4.9	66.7	0.0	16.4

Table A.2 CalEnviroScreen 4.0, Population Characteristics Percentiles⁴

Census Tract	Asthma	Low Birth Weight	Cardiovascular Disease	Education	Linguistic Isolation	Poverty	Unemployment	Housing Burden	Population Characteristics Score
58.01	9.5	84.8	34.3	6.5	26.4	1.2	17.1	11.6	16.9
58.02	8.3	7.1	29.8	4.7	28.8	14.8	37.7	20.6	6.1
59.01	11.9	18.8	42.4	14.8	0.5	5.1	32.3	13.6	6.6
59.06	5.3	37.9	23.1	18.4	14.9	12.7	51.3	26.2	11.4
59.07	5.2	14.5	22.1	6.5	18.1	14.0	21.1	61.3	6.8
59.08	11.9	58.2	42.4	6.9	10.4	19.9	33.6	50.7	21.3
59.09	11.9	2.5	42.4	30.4	63.3	43.1	25.2	7.7	15.3
59.1	7.1	52.4	26.7	9.0	2.8	8.5	10.7	3.6	5.9
59.11	3.4	48.8	11.9	21.4	32.0	17.7	0.9	41.9	9.8
60	11.9	28.5	42.4	15.8	12.3	8.5	57.2	25.7	14.3
61	6.5	81.5	23.6	42.3	79.0	41.7	63.4	36.7	42.6
62	3.3	30.6	9.6	9.0	4.6	2.2	29.4	2.6	1.8
63.01	7.8	29.7	26.2	6.5	0.0	10.7	26.9	26.7	5.7

⁴ Census tracts 73 is only partially within city limits and includes some areas of housing. As such, CalEnviroScreen percentiles have been included here. Census tract 53.05 is also partially located within the City but only contains open space within City limits. As such, CalEnviroScreen percentiles have not been included here for this census tract. Additionally, census tracts 75.07 and 75.14 are only partially within city limits and contains vacant land. CalEnviroScreen percentiles have been included here for these census tracts.

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Census Tract	Asthma	Low Birth Weight	Cardiovascular Disease	Education	Linguistic Isolation	Poverty	Unemployment	Housing Burden	Population Characteristics Score
63.02	17.6	96.2	54.7	31.4	30.0	14.3	85.5	16.3	44.1
64	10.7	28.5	35.2	35.2	29.5	23.7	15.8	18.5	12.9
65	12.6	89.4	40.5	60.9	41.4	53.0	57.2	52.6	50.8
66	17.6	37.0	54.7	29.3	0.0	37.6	25.2	36.7	21.6
67	17.6	4.4	54.7	-999.0	21.4	14.3	18.3	22.1	10.1
68	14.2	18.4	46.2	34.4	-999.0	29.0	57.2	18.5	20.7
69	17.6	39.5	54.7	34.8	36.0	44.9	21.1	84.6	36.3
70	13.0	83.5	42.2	65.9	77.4	61.5	45.8	51.4	55.1
71	14.8	52.5	19.5	71.8	38.1	46.6	60.6	87.9	42.7
72.01	12.3	17.7	15.5	3.1	24.8	8.5	15.8	15.5	3.3
72.02	15.0	47.6	19.7	5.9	10.4	1.4	40.6	10.2	8.5
73	2.7	91.3	10.6	20.9	1.8	14.0	35.0	9.2	13.9
74.02	6.0	73.3	8.3	3.5	17.3	4.4	51.3	17.4	12.1
75.08	5.7	6.6	7.1	24.1	9.5	22.2	36.4	15.5	3.0
75.09	13.4	47.1	16.7	9.0	42.8	16.8	30.9	19.4	13.0
75.1	8.2	58.6	7.4	10.8	27.3	3.2	35.0	25.3	10.4

Definition of “Disadvantaged Communities”

An area identified by the California Environmental Protection Agency pursuant to Section 39711 of the Health and Safety Code or an area that is a low-income area and is disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, exposure, or environmental degradation.

California Health and Safety Code Section 39711

(a) The California Environmental Protection Agency shall identify disadvantaged communities for investment opportunities related to this chapter. These communities shall be identified based on geographic, socioeconomic, public health, and environmental hazard criteria, and may include, but are not limited to, either of the following:

(1) Areas disproportionately affected by environmental pollution and other hazards that can lead to negative public health effects, exposure, or environmental degradation.

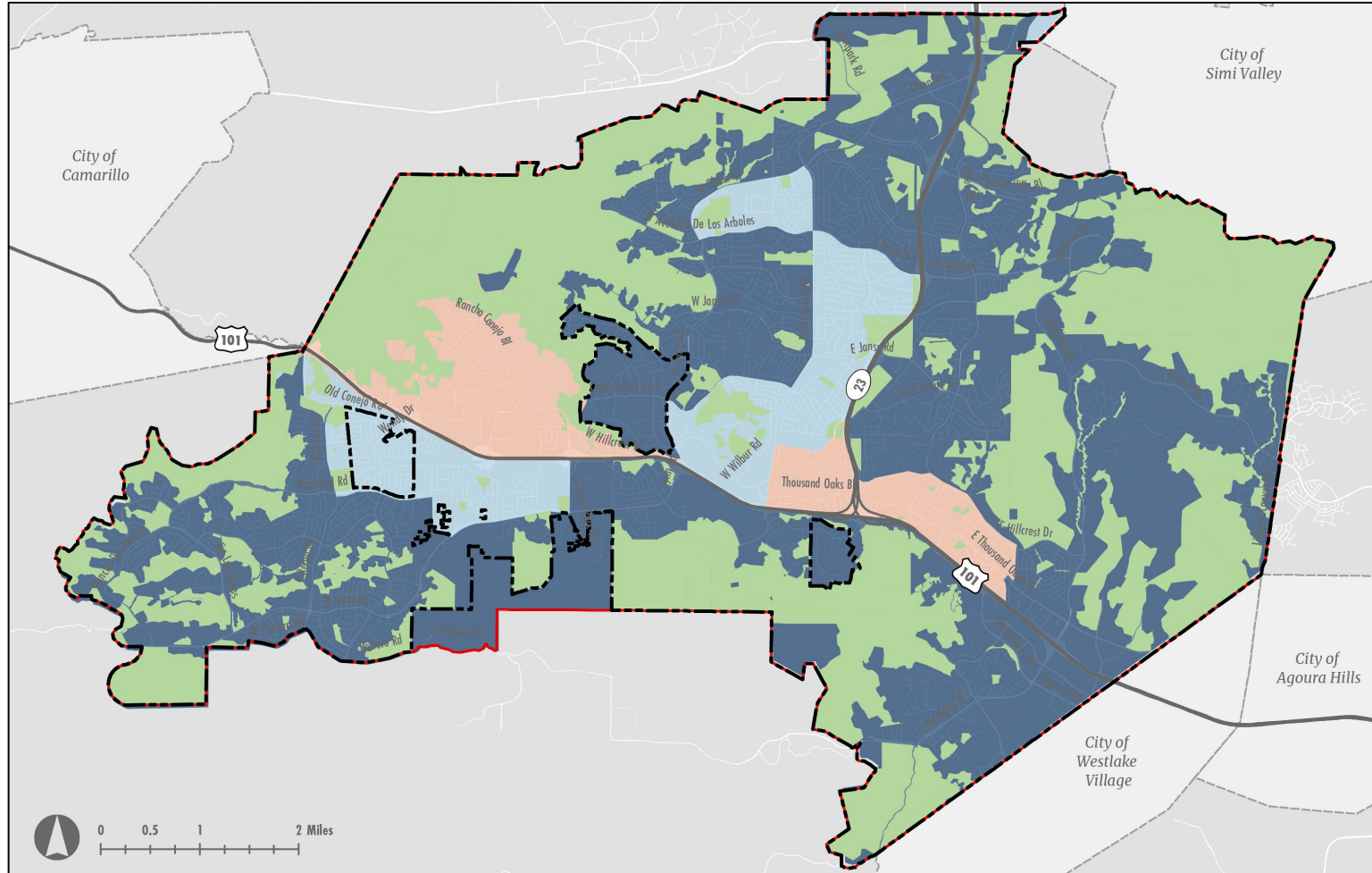
(2) Areas with concentrations of people that are of low income, high unemployment, low levels of homeownership, high rent burden, sensitive populations, or low levels of educational attainment.

(b) The California Environmental Protection Agency shall hold at least one public workshop prior to the identification of disadvantaged communities pursuant to this section.

(c) Chapter 3.5 (commencing with Section 11340) of the Part 1 of Division 3 of Title 2 of the Government Code does not apply to the identification of disadvantaged communities pursuant to this section.

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Figure A.4 CalEnviroScreen Percentile Scores



Raimi + Associates 2023 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; OEHHA CalEnviroScreen 4.0, 2021

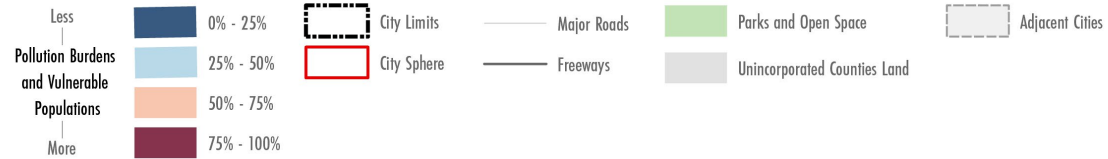
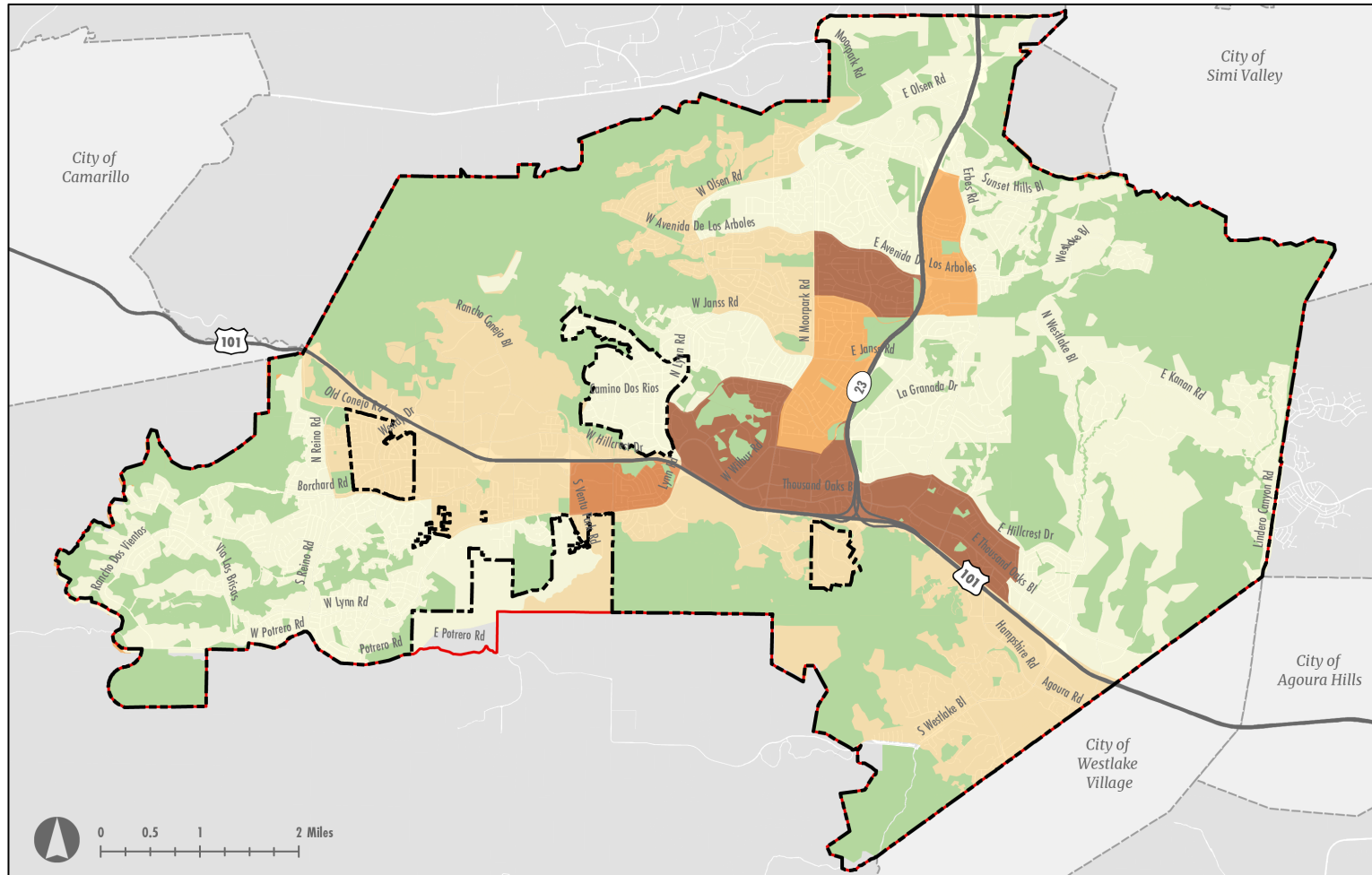


Figure A.5 Income by Census Tracts



Raimi + Associates 2023 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; US Census ACS 2019 5-year Estimates.



CURRENT HEALTH CONDITIONS

Life Expectancy and Leading Causes of Death

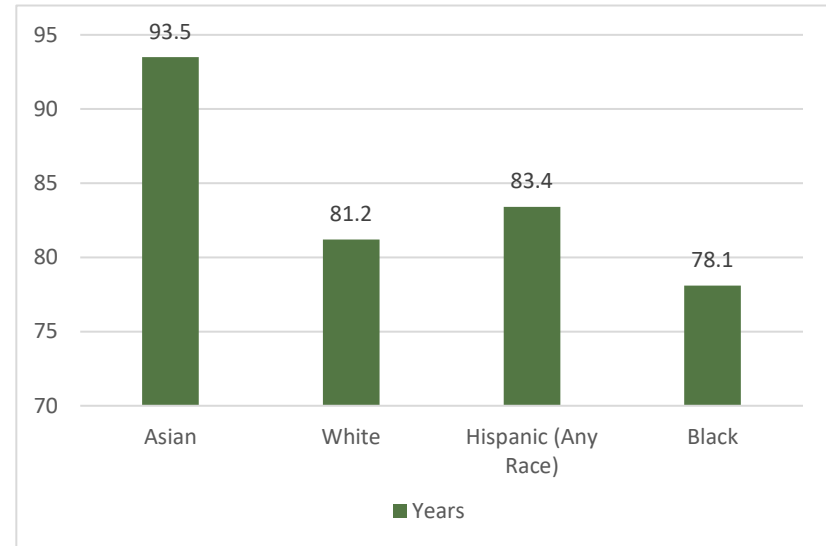
Residents living in the Thousand Oaks/Westlake area, identified by zip code 91361, have the highest life expectancy across Ventura County (88.7 years). Life expectancy drops slightly across other zip codes in Thousand Oaks: 91362 (84.4 years), 91320 (84.1 years), and 91360 (83 years).⁵ Data on life expectancy by race/ethnicity is not available at the City-level.

Based on data for Ventura County, life expectancy for the two largest population groups, Whites and Hispanics (any race), is 81.2 and 83.4 years respectively. The Asian population (93.5 years) lives nearly 15.4 years longer than Blacks (78.1 years), 12.3 years longer than Whites (81.2 years), and 10.1 years longer than Hispanics (any race) (Figure A.6).⁶ Disparities in life expectancy underscore why improving community health is a critical long-term goal for the City.

Thousand Oaks' leading causes of death are roughly like those in Ventura County (Table A.3). The top two causes – cancer and

heart disease – share some of the same risk factors, including poor diet and lack of physical activity.

Figure A.6 Life Expectancy in Ventura County



Source: Vital Records Business Intelligence System (deaths 2012–2014) and Nielsen Claritas population estimates (2013), analysis by Ventura County Public Health, February 2017. Retrieved from: Ventura County Community Health Assessment (2017)

Better access to nutritious foods and increased opportunities for physical activity could reduce Thousand Oaks residents' vulnerability to these diseases. Poverty, low levels of education, and lack of access to health care also contribute to these causes of death.

⁵ Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

⁶ Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

Table A.3 Leading Causes of Death

Rank	Thousand Oaks ⁷	Ventura County	California
1	Cancer	Cancer	Heart Disease
2	Heart Disease	Heart Disease	Cancer
3	Other ^{8 9}	Stroke	Stroke
4	Alzheimer’s Disease	Alzheimer’s Disease	Chronic Lower Respiratory Disease
5	Stroke	Chronic Lower Respiratory Disease	Alzheimer’s Disease

Source: California Department of Public Health (2014–2016); Ventura County 2040 General Plan (2018); California Leading Causes of Death – CDHP (2013)

⁷ Types of deaths considered included heart diseases, cancers, stroke, chronic lower respiratory disease (CLRD), unintentional injuries, pneumonia and influenza, diabetes, Alzheimer’s disease, chronic liver disease and cirrhosis, intentional self-harm (suicide), hypertension and hypertensive renal disease, homicide, nephritis, nephrotic syndrome and nephrosis, and chronic pulmonary disease.

⁸ Other causes of death include infections and parasitic diseases; endocrine, nutritional and metabolic diseases (not including anemias and cholelithiasis); diseases of the nervous system (not Alzheimer’s); other diseases of the blood, blood-forming organs, and certain immune disorders mechanism; and "other" causes of infant/child mortality.

⁹ Other causes of death are highest in zip code 91360 (216), compared to 91320 (121), 91361 (73), and 91362 (112).

¹⁰ Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

Cancer

Cancer is the leading cause of death in the City and the County. Within the County, the death rate due to cancer (140 per 100,000 persons) is slightly higher than the State (137.4 per 100,000 persons). Across the County, variations exist across gender, race and ethnicity. For instance, males are more likely to die from lung cancer than females, while females are more likely to die from lung cancer than breast cancer in Ventura County.¹⁰

Hispanic/Latino residents in Ventura County have the highest average years of life lost per death to breast cancer (31.8) and all other types of cancer.¹¹ Additionally, White (Non-Hispanic) females are twice as likely to die from breast cancer than Hispanic females.¹²

Smoking is the number one cause of lung cancer and causes a majority (90%) of lung cancer cases in the United States.¹³ In Ventura County, African American residents have the highest average years of life lost per death to lung cancer (28.5).¹⁴ Tobacco

¹¹ Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

¹² Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

¹³ American Lung Association. (2018). What Causes Lung Cancer. Retrieved from: <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/learn-about-lung-cancer/what-is-lung-cancer/what-causes-lung-cancer.html>

¹⁴ Ventura County Public Health. (2017). Community Health Assessment. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

smoke contains various chemicals known to cause lung cancer. Non-smokers are also susceptible to lung cancer with exposure to air pollutants, such as radon, secondhand smoke, diesel exhaust, air pollution, and asbestos.

Heart Conditions

Heart disease is a general term used to refer to a range of diseases that affect the heart. Some types of heart disease include diseases of the blood vessels (such as coronary artery disease); heart rhythm problems (arrhythmias); and heart conditions that people are born with (congenital heart defects). Heart disease is the second leading cause of death in Thousand Oaks with 6.5 percent of adults over the age of 18 ever diagnosed with heart disease, compared to 5.6 percent in the County and 6.4 percent in the State.¹⁵ According to *Health Matters in Ventura County*, the death rate due to coronary heart disease in Ventura County (2015–2017) was 82.3 deaths per 100,000 residents.

Alzheimer’s Disease

Alzheimer’s is the most common form of dementia. A person’s genetics can predispose some individuals to the disease, but increasing age is the most powerful risk factor. The disease is most common among adults aged 65 and older, but the risk

doubles every five years beyond age 65. About one-third of adults 85 and older have Alzheimer’s disease.¹⁶ In Thousand Oaks, Alzheimer’s disease is the fourth leading cause of death. Additionally, Latinos are about 1.5 times and African-Americans are about two times as likely to have Alzheimer’s and other dementias as older whites.¹⁷ While the factors contributing to the risk of onset differ from person to person, keeping the brain healthy can help avoid the disease. Routine exercise, nutritious diet, and enough sleep are important healthy habits. Additionally, there is evidence suggesting that cognitive stimulation and social engagement are also associated with brain and physical health.

Stroke

Stroke is a leading cause of death in the U.S. and third leading cause of death in Ventura County.¹⁸ A stroke is also a significant risk factor for coronary heart disease. In California, the prevalence of stroke among older adults is higher among men than women. While stroke frequency is similar among all levels of education and income, stroke is most common among multiracial and African American adults.¹⁹

A stroke can occur when a blood vessel in the brain ruptures or a clot blocks the blood supply to the brain, which can cause death or disability. The risk of stroke can be reduced through healthy

¹⁵ California Department of Public Health (CDPH) (2016). *California Health Interview Survey (CHIS)*.

¹⁶ Alzheimer’s Association. (n.d.) *Causes and Risk Factors*. Retrieved from: <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors>

¹⁷ Alzheimer’s Association. (n.d.) *Causes and Risk Factors*. Retrieved from: <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors>

¹⁸ Ventura County Public Health. (2017). *Community Health Assessment*. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

¹⁹ California Department of Public Health. 2019. *Stroke*. Chronic Disease Branch. Retrieved from: <https://www.cdph.ca.gov/Programs/CCDC/DCDC/CDCB/Pages/Stroke.aspx>

lifestyles choices, such as eating a healthy diet, being active, limiting smoking and alcohol use, and maintaining a healthy weight. According to *Health Matters in Ventura County*, the percentage of adults in Thousand Oaks who had experienced a stroke (2.4) was slightly lower than the State (3.2).²⁰

Health Status

How we plan and prioritize growth for the future can determine how healthy residents are in the long-run. Along with supporting the development of healthy and equitable communities, Thousand Oaks must address direct measures of population health that impact quality of life. This section provides a general overview of the current health conditions related to weight status, levels of physical activity, diabetes, asthma, mental health and substance abuse, and health care access in the City of Thousand Oaks.

Obesity + Overweight

Obesity is the most prevalent, chronic, and relapsing health disorder of the 21st century. It is a leading cause of the nation’s mortality, morbidity, disability, healthcare utilization, and healthcare costs and California has experienced a dramatic increase in obesity during the last few decades. In 1985, less than

10 percent of California’s population was obese; by 2010, over 20 percent of Californians were considered obese.

In Thousand Oaks, 21.9 percent of adults are obese, which is a lower than the County (27.5 percent). Adults should exercise at least 150 minutes per week; however, almost two-thirds of adults (64.1 percent) walk less than 150 minutes a week.²¹ Additionally, commute times in the City are slightly shorter for residents living in the City (26.2 minutes) compared to the County (26.6 minutes).²² However, only 4.1 percent of workers (16 years and older) commute to work by transit, walking, or cycling, which is slightly above 4.04 percent of workers in the County.²³ Research shows that walking and bicycling to school or work, for daily errands, and for recreation include increased physical activity and stress reduction, and better respiratory fitness.

Fitness

Fifth-, seventh-, and ninth-grade students in California public schools are given the Physical Fitness Test (PFT) or FITNESSGRAM. It tests six fitness areas that link level of fitness to the prevention of diseases that come from inactivity. The six fitness areas are: aerobic capacity, body composition, muscular strength, endurance, and flexibility. Students that achieve all six fitness areas are considered “fit overall.” Students at Wildwood Elementary School (39.1 percent), Madrona Elementary School (36.2 percent), and EARTH’S Magnet School (28.7 percent) have the highest percentage of 5th graders considered “fit overall.” On

²⁰ *Health Matters in Ventura County. (2017). Ventura County Public Health. Retrieved from: <http://www.healthmattersinvc.org/>*

²¹ *Health Matters in Ventura County. (2017). Ventura County Public Health. Retrieved from: <http://www.healthmattersinvc.org/>*

²² *American Community Survey. Selected Economic Characteristics (2013-2017)*

²³ *Public Health Alliance of Southern California. (2018). Healthy Places Index. Retrieved from: <https://healthyplacesindex.org/>*

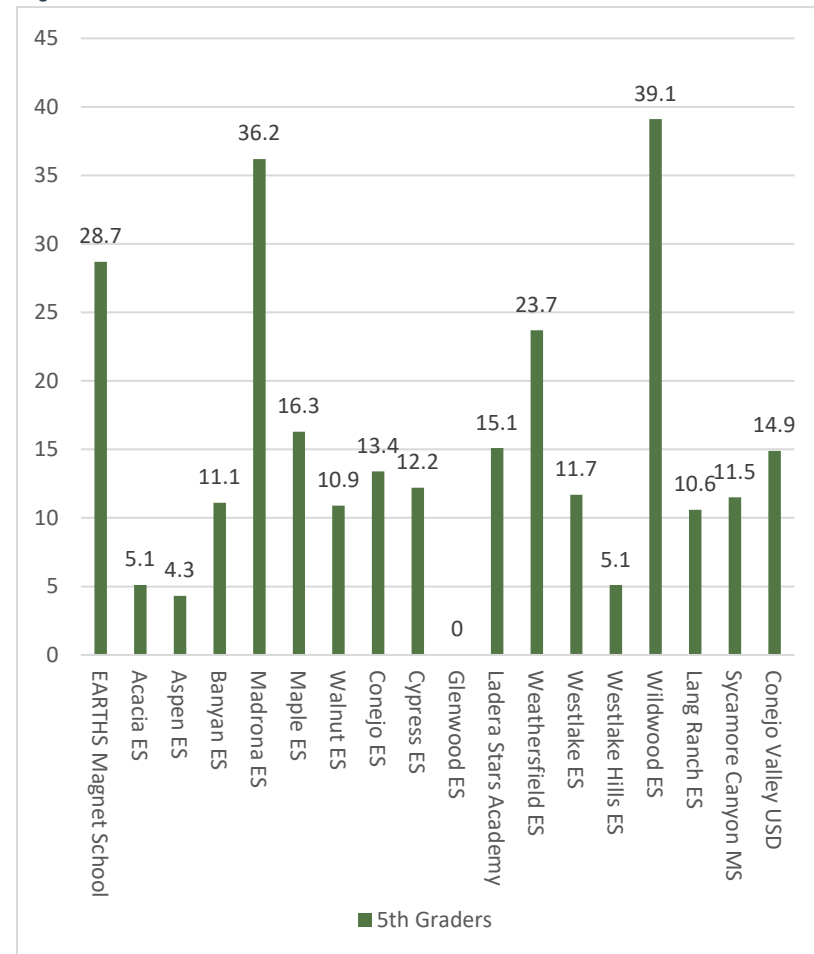
the other hand, students at Glenwood Elementary School have no fifth graders considered “fit overall,” lower than 5th grade students across the Conejo Valley Unified School District (14.9 percent), as shown in Figure A.7. Three of the schools with the lowest percentage of fifth grade students considered “fit overall” are located in zip code 91360: Acacia, Aspen, and Glenwood Elementary Schools. Westlake Hills Elementary School, the fourth, is located in zip code 91362.

As shown in Figure A.8, seventh–grade students at Los Cerritos Middle School (49.2 percent) has the highest percentage of students considered “fit overall,” while Redwood Middle School has the lowest percentage of students (12.2 percent), followed by students at Sequoia Middle School. Redwood Middle School is in zip code 91360.

At the ninth–grade level, students at Newbury Park High School (57.3) have the highest percentage of ninth graders considered “fit overall.” As shown in Figure A.9, Thousand Oaks High School (46.5 percent) and Westlake High School (47.1 percent) have a lower percentage of ninth graders considered “fit overall” than across the Conejo Valley Unified School District (50.9 percent). Data for Century Academy High School is not included in Figure A.9, as the collected data was too low to report as a percentage.

An important element of fitness is body composition, which is used to describe the percentage of fat, bone, water, and muscle in human bodies. Body composition impacts the exercise performance and aerobic capacity of an individual – in other words, someone that has more body fat will likely perform more poorly than someone with less body fat. As a result, it’s important to not only assess overall fitness, but also body composition, one component of the FITNESSGRM.

Figure A.7 Fitness Overall, Fifth Grade Students



Source: California Department of Education (2018)

Figure A.8 Fitness Overall, Seventh Grade Students

Source: California Department of Education (2018)

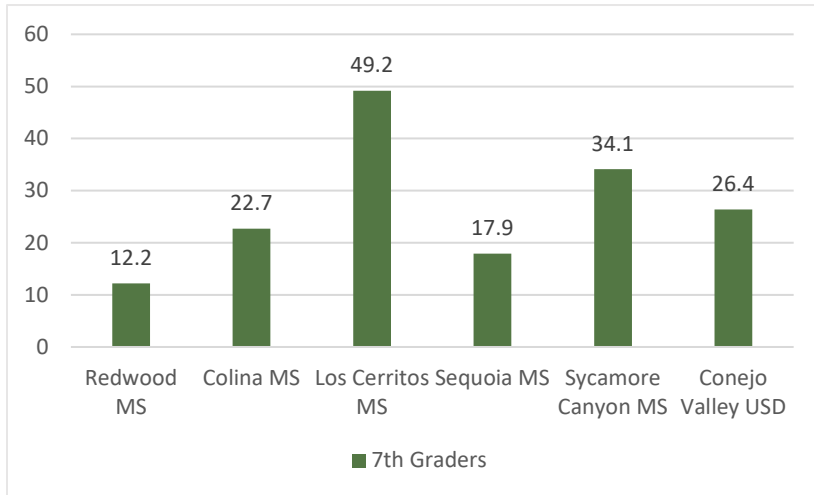
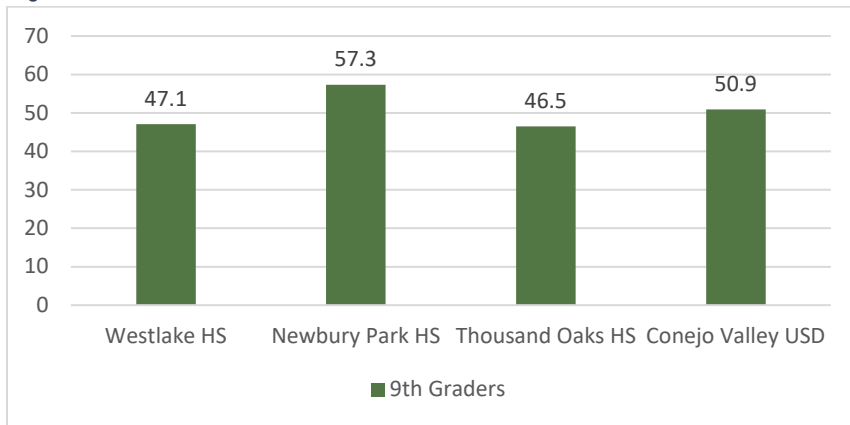


Figure A.9 Fitness Overall, Ninth Grade Students



Source: California Department of Education (2018)

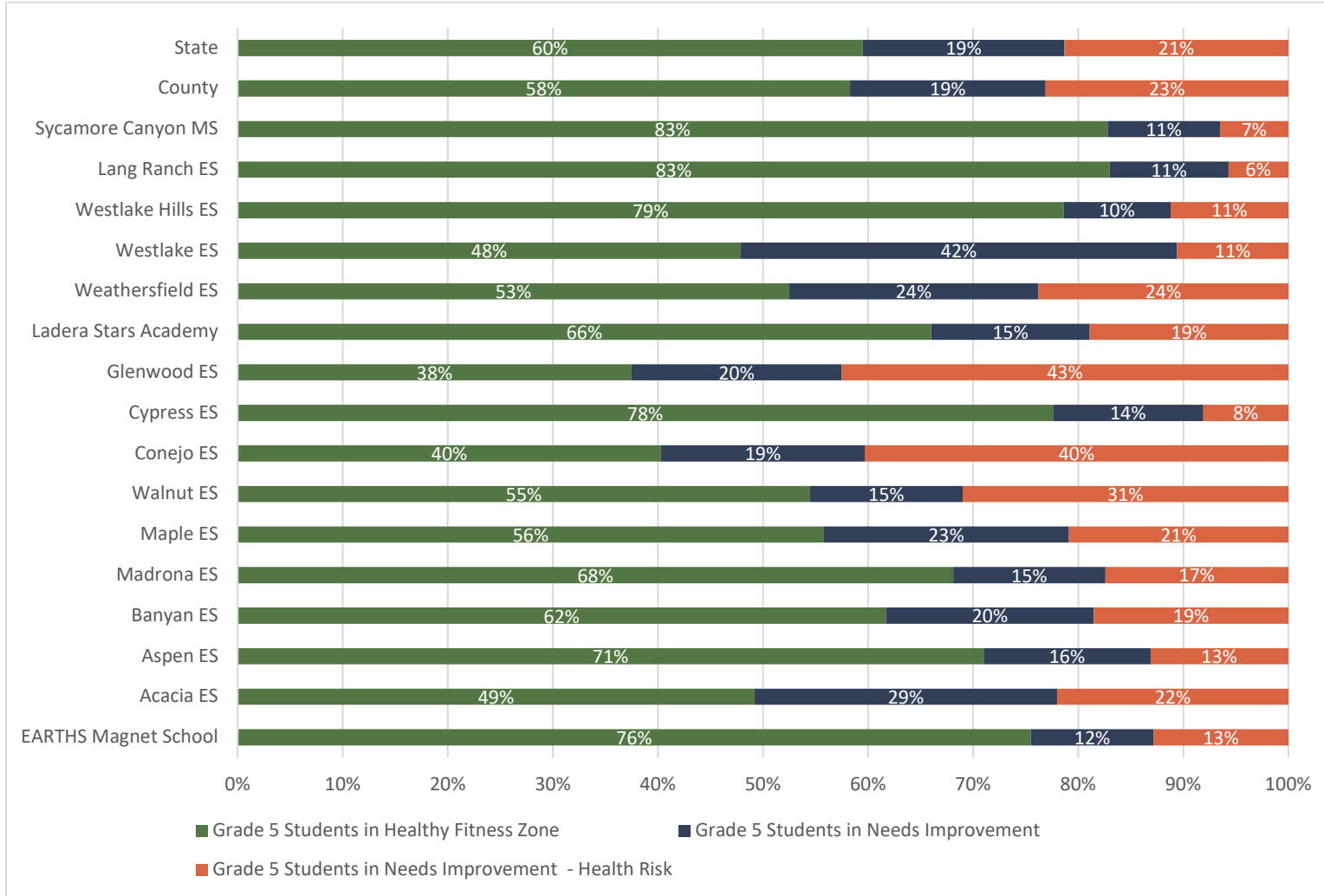
In assessing body composition, FITNESSGRM uses three different zones to determine fitness: Healthy Fitness Zone (HFZ), Needs

Improvement (NI) Zone, and Needs Improvement-Health Risk (NI-Health Risk Zone). Students in the Healthy Fitness Zone (HFZ) are individuals who achieve a level of fitness that offers protection against diseases that result from sedentary living. Students in the Needs Improvement (NI) Zone indicates a potential for possible health risk. Healthy habits, including regular physical activity and healthy diet can help mitigate, or even reverse this risk. Students in the Needs Improvement – Health Risk Zone indicates a likely potential for health problems and the recommendation for implementing healthy habits is more urgent.

In Thousand Oaks, Glenwood (43%), Conejo (40%), and Walnut (31%) Elementary Schools have the highest percentage of fifth graders at risk to health issues due to their body composition (Figure A.10). For comparison, 21 percent of 5th graders statewide and 23 percent countywide are at risk for health issues. At the seventh and ninth grade levels, a greater number of students are in the Healthy Fitness Zone across all schools and are generally at a lower risk compared to the County and the State, as shown in Figures A.11 and A.12.

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

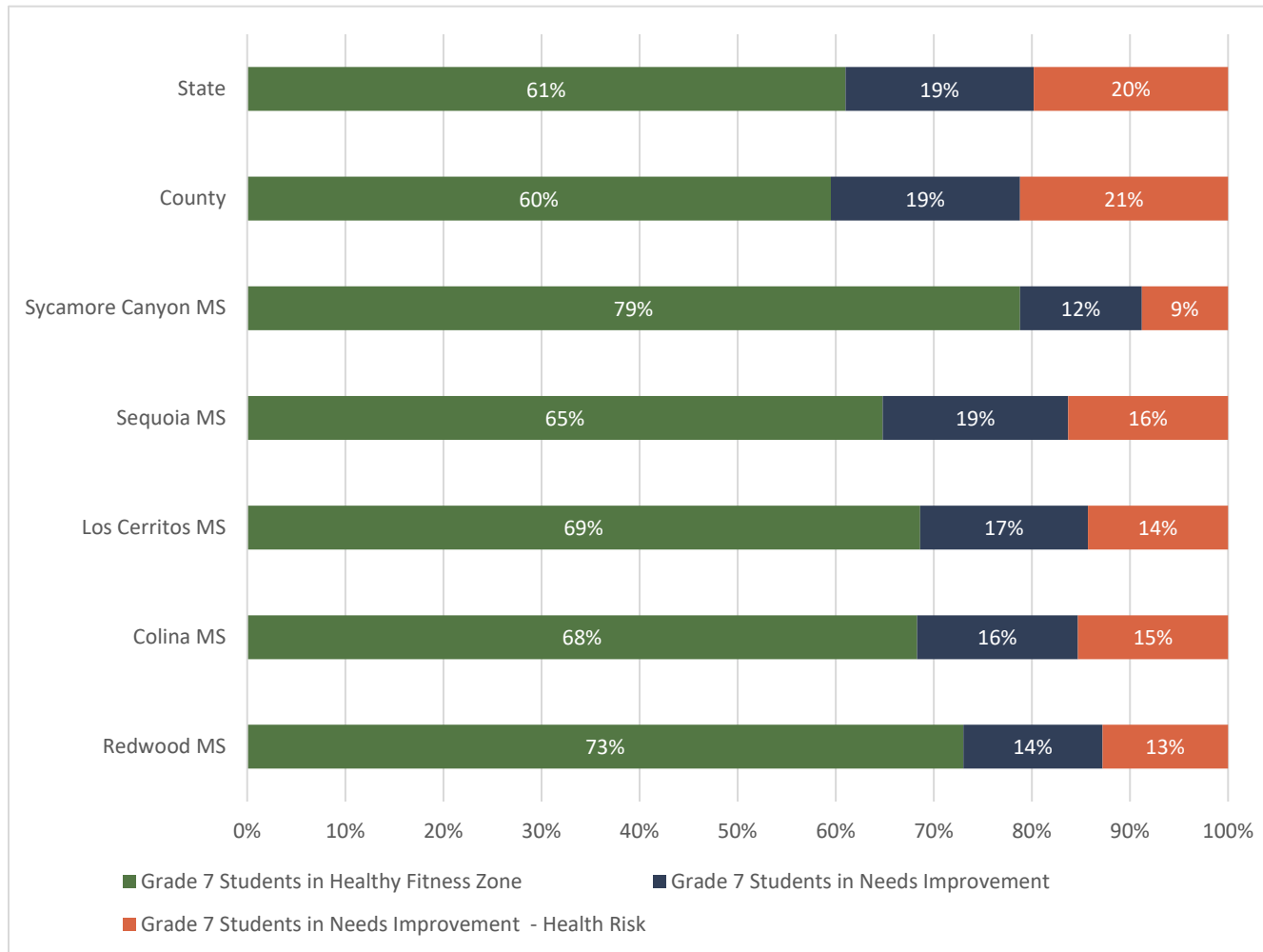
Figure A.10 Body Composition, Fifth Grade Students



Source: California Department of Education (2018)

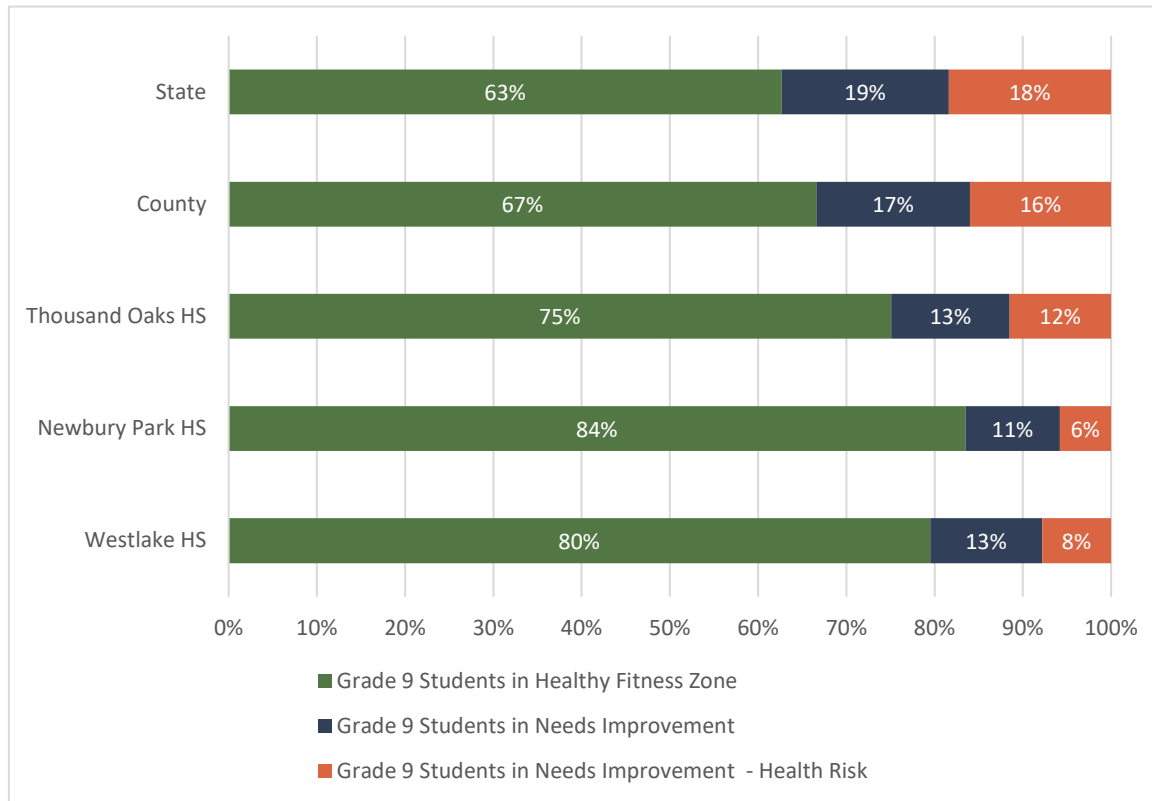
Source: California Department of Education (2018)

Figure A.11 Body Composition, Seventh Grade Students



Source: California Department of Education (2018)

Figure A.12 Body Composition, Ninth Grade Students



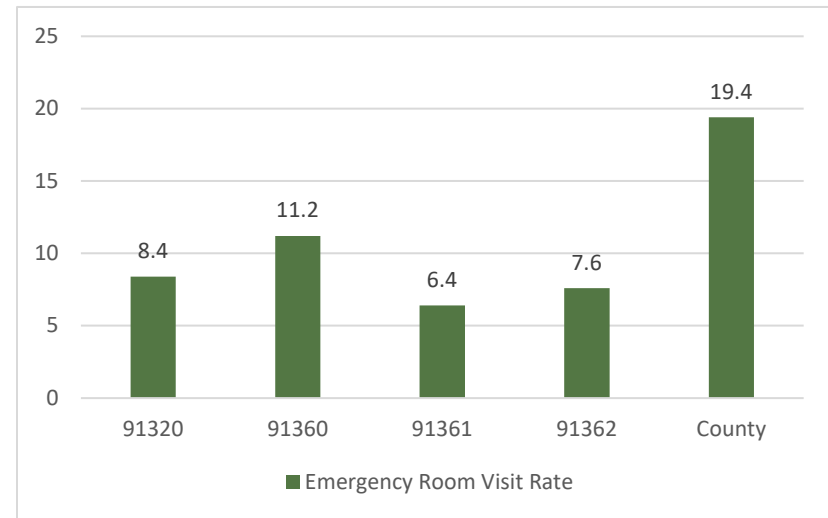
Source: California Department of Education (2018)

Diabetes

Diabetes is the seventh leading cause of death in the United States. Since the 1970s, the risk of developing diabetes has increased by over 50 percent for American adults. There are two types of diabetes: Type I is less prevalent and most often occurs during childhood or adolescence, Type II is the most common and preventable, affecting 90–95 percent of those with diabetes.

About 5.9 percent of Thousand Oaks adults over the age of 18 reported having been diagnosed with Type 1 and Type 2 diabetes by a doctor, which is lower than the County rate (7.8 percent).²⁴ In Ventura County, diabetes disproportionately impacts the Medicare population (26.4 percent) aged 65 and older.²⁵ As shown in Figure A.13, emergency room visits due to diabetes in Thousand Oaks are consistently lower than in the County. However, variation in emergency room visits exists across zip codes. The highest emergency room visit rate is for residents living north of the Highway 101 and areas west of State Route 23 (zip code 91360).

Figure A.13 Age-Adjusted ER Rates due to Diabetes (Per 10,000)



Source: California Office of Statewide Health Planning and Development (2015–2017). Retrieved from: <http://www.healthmattersinvc.org>

²⁴ California Department of Public Health (CDPH) (2012). California Health Interview Survey (CHIS).

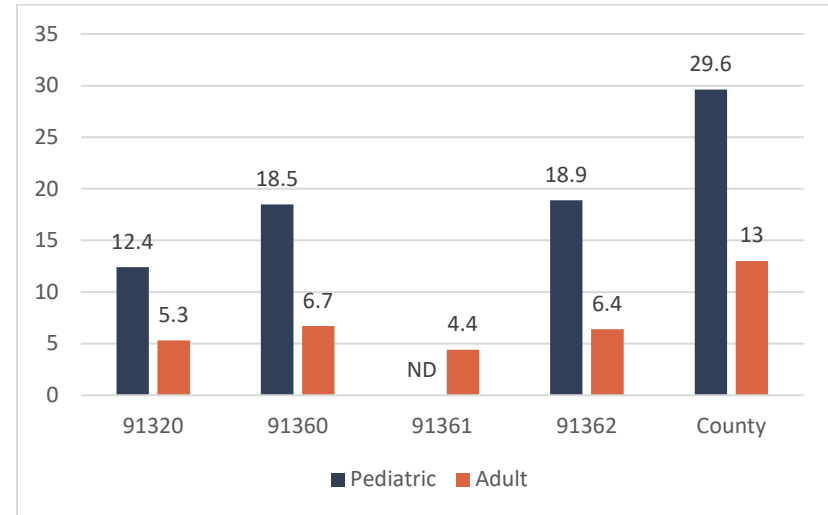
²⁵ Health Matters in Ventura County. (2017). Ventura County Public Health. Retrieved from: <http://www.healthmattersinvc.org/>

Asthma

Diseases of the respiratory system are an important public health issue; in the U.S., 26 million people have asthma. Asthma is a chronic lung disease that includes inflammation and intermittent narrowing of the airways. Asthma can cause repeated episodes of wheezing, chest tightness, shortness of breath, and coughing. Asthma attacks are triggered by several factors, including smog, dust, pollen, and smoke. Although asthma cannot be cured, it can be managed with appropriate treatment and medication. Based on data from the UCLA Center for Health Policy Research, the percentage of adults diagnosed with asthma is 16.7%, slightly higher than the Ventura County rate (15%). Asthma rates for children under the age of 18 (8.7%) in Thousand Oaks are lower than the State (14.6%).²⁶

As shown in Figure A.14, children are more than two times as likely to end up in the emergency room than adults across zip codes. Generally, higher rates of asthma-related emergency department visits indicate both asthma prevalence and possible lack of access to quality preventative care and management.

Figure A.14 Age-Adjusted ER Rates due to Asthma (Per 10,000)



Source: California Office of Statewide Health Planning and Development (2015-2017). Retrieved from: <http://www.healthmattersinvc.org>

²⁶ California Department of Public Health (CDPH) (2016). California Health Interview Survey (CHIS).

High Volume Roadways

Living near high volume roadways and freeways and industrial areas increases exposure to a mixture of air pollutants, including diesel and ozone from vehicle exhaust. Ozone is the main ingredient of smog and comes from trucks, cars, planes, trains, factories, farms, construction, and dry cleaners. DPM comes from the exhaust of trucks, buses, trains, ships and other equipment with diesel engines.

Fine particulate matter can cause asthma attacks in children, in addition to impaired lung function, premature death and death from cardiovascular diseases and cardiovascular morbidity. Children, the elderly, people who live and work in industrial areas and near heavy truck or train traffic, and people with existing cardiovascular or lung diseases are most impacted by exposure to air pollutants. The California Environmental Protection Agency recommends sensitive uses maintain a minimum distance of 500 feet from high volume roadways, including freeways, urban roads with 100,000 vehicles/day, or rural roads with 50,000 vehicles a day.²⁷ Figure A.15 illustrates this 500-foot buffer over the existing land use pattern in the City.

High levels of traffic density exist along State Route 23, Highway 101, and the industrial hub on the western side of the City. Sixty one percent of the population lives in census tracts with high (top 50%) traffic density (Figure A.16). Despite this, the City does not have high levels of DPM concentration (Figure A.17). As shown in

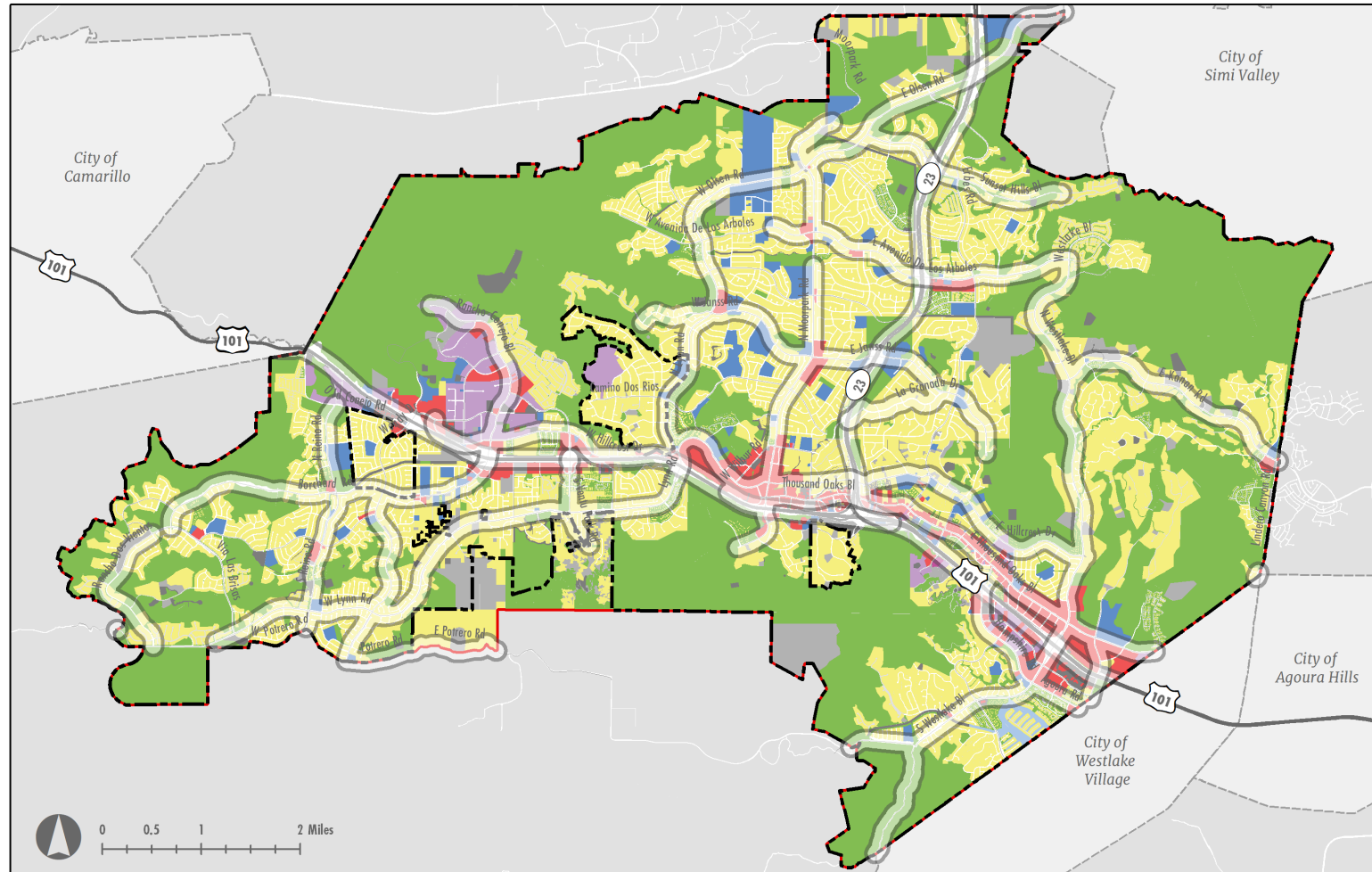
Figure A.18, there are elevated levels of ozone concentration throughout the City, which may be due to daily traffic spread around the City.²⁸ However, ozone concentration is below the EPA ground level ozone standard of 70 ppb, averaged over an 8-hour period.²⁹

²⁷ Sensitive land uses include areas where vulnerable populations may most likely spend time, including schools and schoolyards, parks and playgrounds, daycare centers, nursing homes, hospitals, and residential communities.

²⁸ DPM and ozone concentration levels are assigned a percentile based on the Statewide distribution of values, per CalEnviroScreen 3.0

²⁹ Ventura County Air Pollution Control District. 2015. Air Quality. Retrieved from: http://www.vcapcd.org/air_quality.htm

Figure A.15 High Volume Roadways (500-foot buffer)

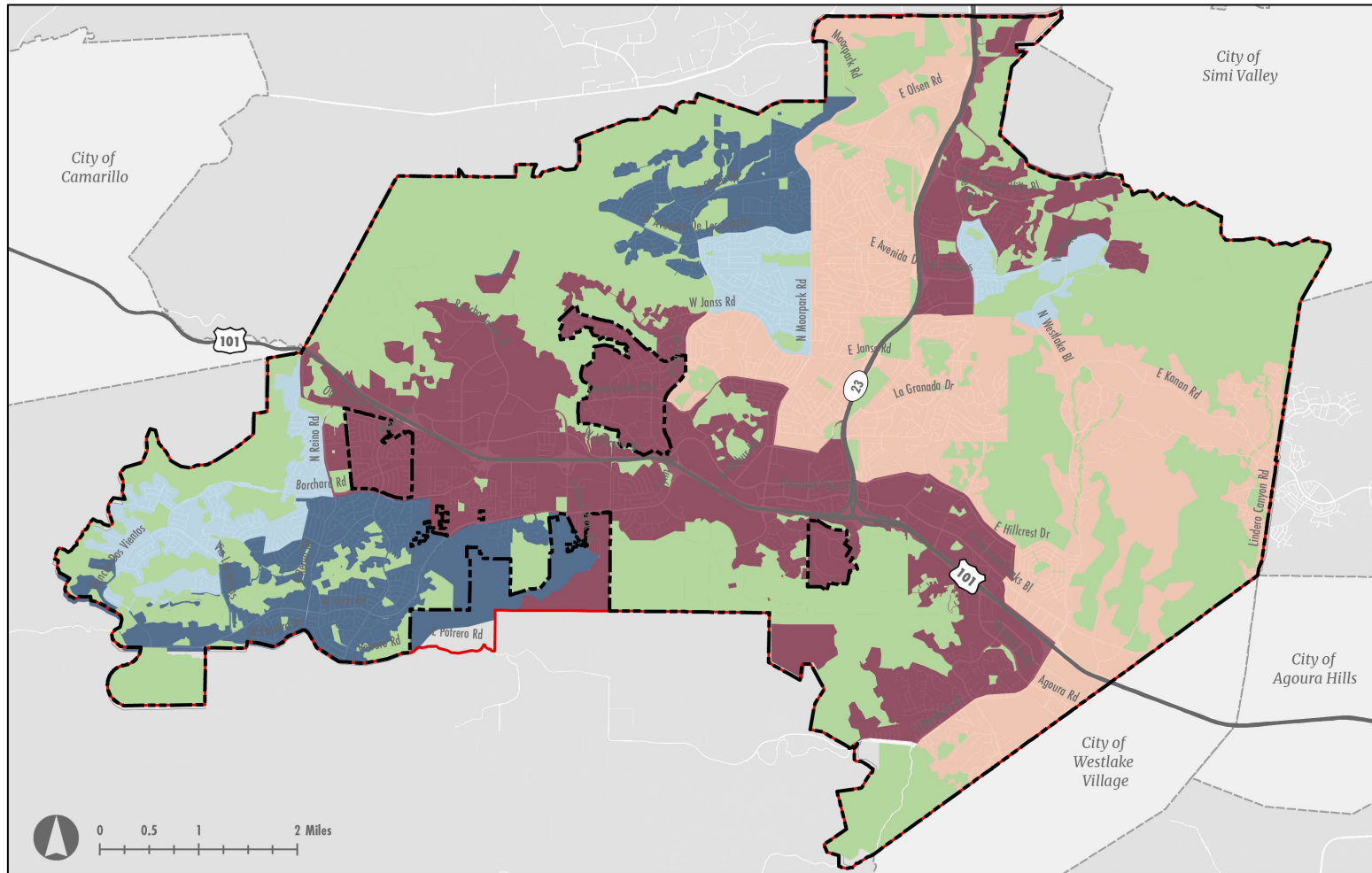


Raimi + Associates 2020 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; UrbanFootprint, 2019



- | | | | | | |
|---------------------|--------------------------|--|-------------|------------------------------|-----------------|
| Residential | Open Space | City Limits | Major Roads | Unincorporated Counties Land | Adjacent Cities |
| Commercial | Water | City Sphere | Freeways | | |
| Industrial | Transportation/Utilities | 500 foot buffer around highways/major roadways | | | |
| Civic/Institutional | Vacant | | | | |
| Mixed Use | | | | | |

Figure A.16 Traffic Density



Raimi + Associates 2023 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; OEHH CalEnviroScreen 4.0, 2021



Less
Pollution Burdens
and Vulnerable
Populations
More

0 - 25%
25 - 50%
50 - 75%
75 - 100%

City Limits
City Sphere

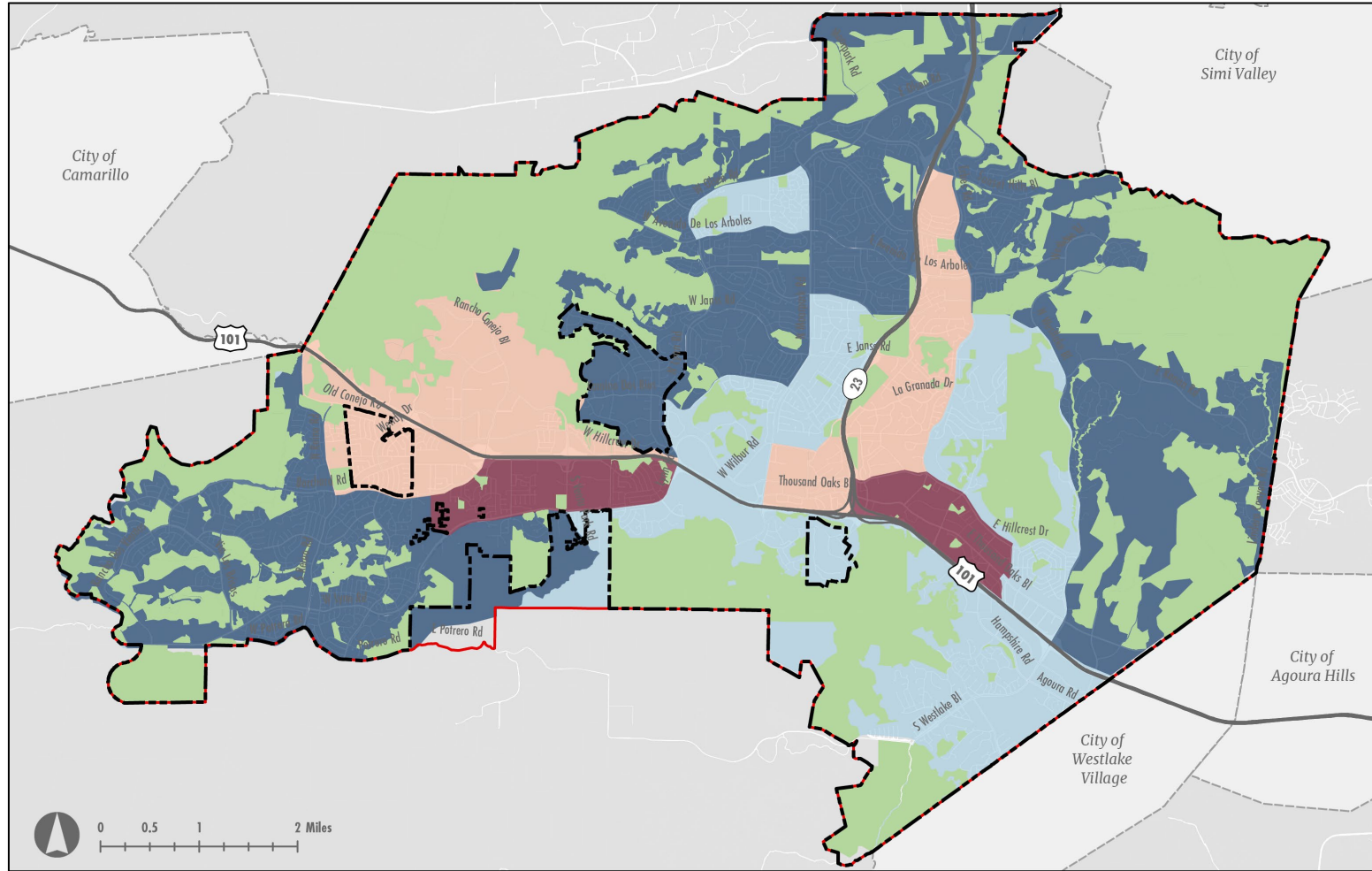
Major Roads
Freeways

Parks and Open Space
Unincorporated Counties Land

Adjacent Cities

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

Figure A.17 DPM Pollution



Raimi + Associates 2023 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; OEHHA CalEnviroScreen 4.0, 2021

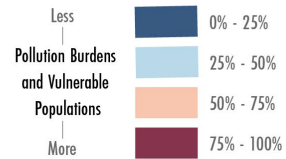
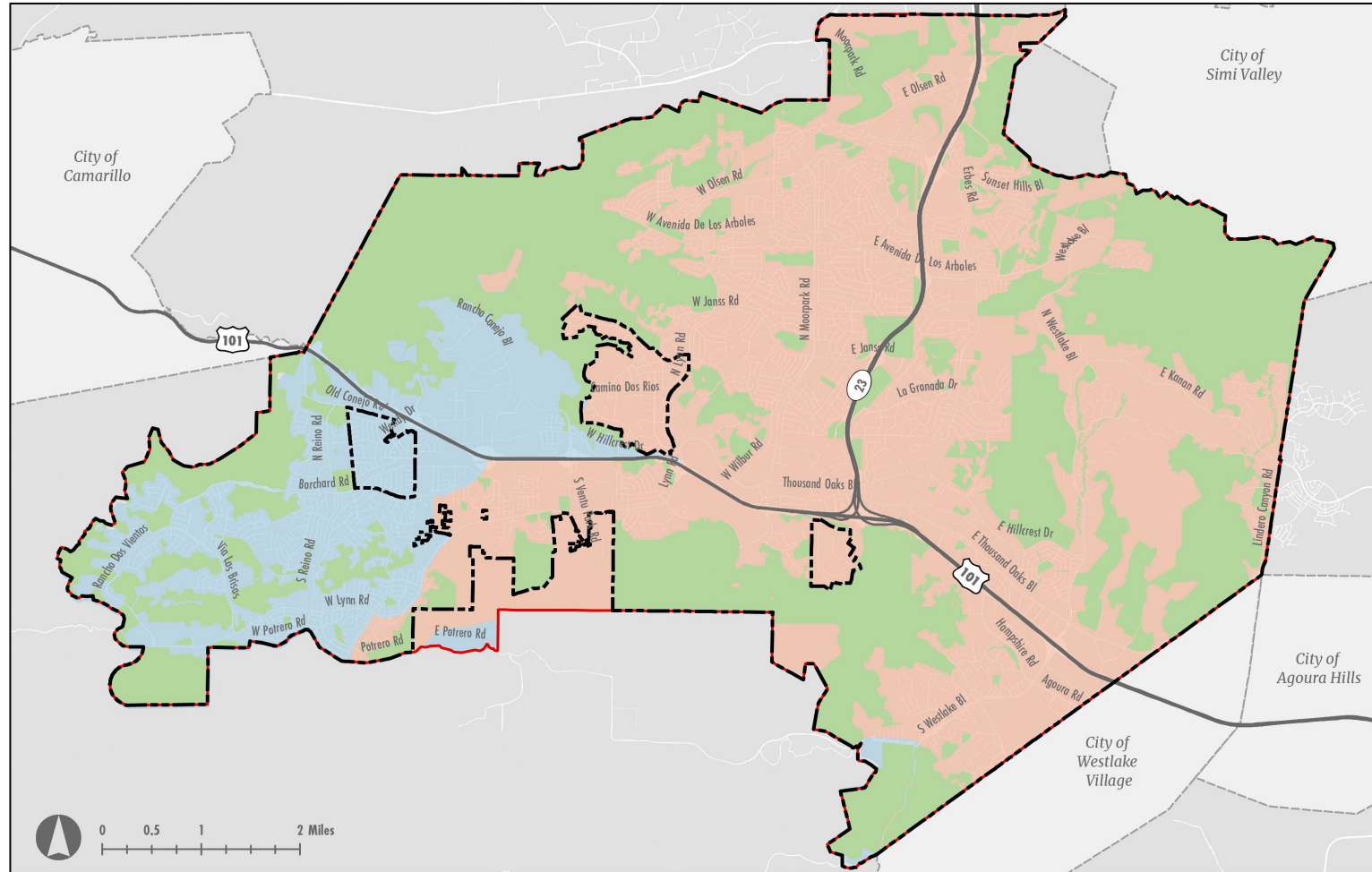


Figure A.18 Ozone Pollution



Raimi + Associates 2023 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; OEHHA CalEnviroScreen 4.0, 2021

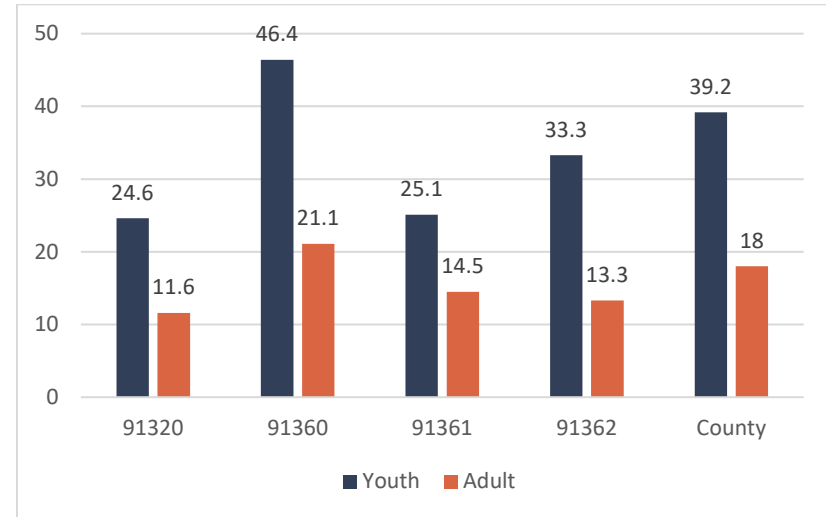


Mental Health + Substance Abuse

Mental illness encompasses various behavioral health problems, including schizophrenia, bipolar disorder, depression, and addiction to alcohol, illegal drugs (methamphetamine, heroin, hallucinogens, hazardous chemicals, etc.) or prescription drugs. The U.S. Surgeon General identifies positive mental health with allowing “people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.³⁰ Mental illness can affect persons of any age, race, ethnicity, or income, but it is generally treatable. In Thousand Oaks, 9.69 percent of adults identified that their mental health was not good during two or more weeks of the year, compared to 11.7 percent in Ventura County.³¹

Suicide is the tenth leading cause of death in the United States, accounting for more than 47,000 deaths per year.³² In Ventura County, the suicide rate is slightly higher (10.8) than in the State of California (10.4), per 100,000 people. As shown in Figure A.19, youth (ages 10–17) emergency room visit rates due to suicide and intentional self-inflicted injury in Thousand Oaks, are on average, higher than those of adults (18 and older) across the City and the County.

Figure A.19 Age-Adjusted ER Rates due to Suicide & Intentional Self-Inflicted Injury (Per 10,000)



Source: California Office of Statewide Health Planning and Development (2015–2017). Retrieved from: <http://www.healthmattersinvc.org>

³⁰ Surgeon General. (n.d.). *Mental and Emotional Well-being*. Retrieved from: <https://www.surgeongeneral.gov/priorities/prevention/strategy/mental-and-emotional-well-being.html>

³¹ Centers for Disease Control. (2016). *500 Cities Project: Local Data for Better Health*. Retrieved from: <https://www.cdc.gov/500Cities/>

³² National Institute of Mental Health. (2017). *Suicide*. Retrieved from: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

In 2017, suicide was the second leading cause of death among individuals between the ages of 10 and 34 in the United States.³³ Among adults in the United States, the prevalence of serious suicidal thoughts is highest among two groups: adults aged 18–25 (10.5 percent) and adults reporting two or more races (8.9 percent). While suicide is confounding, it is preventable, given effective education, services, and support. Prevention for suicide should be focused on risk detection and reduction through a variety of means. The earlier treatment is sought, generally the better the outcome.

Mental illness and substance abuse are problems that severely compromise social and emotional health. A variety of health problems are associated with alcohol and drug abuse, including unintentional injuries, violence, birth defects, acute alcohol poisoning, stroke, heart disease, cancer, and liver disease.

In the period between 2012–2014, 358 drug-induced deaths occurred in Ventura County, 29 of which were residents younger than 25 years of age. Drug overdose caused individuals to lose an average of 46.5 years of life across Ventura County, followed by motor-vehicle crashes (45.2), firearm-related deaths (44.7), and suicide (42.1).³⁴ It is also important to note that in the United States, of over 64,070 drug overdose deaths, 75% are from

opioids.³⁵ In Ventura County, the death rate due to prescription opioid overdose was 6.9% per 100,000 and has been on an upward trend over the last few years.³⁶

Access to Health Care

Affordability, proximity to facilities, and limited transportation options can pose significant barriers for the City’s population of older adults and residents currently living at or below the poverty line. As shown in Figure A.20, over a quarter of adults in Thousand Oaks and the County report difficulty accessing medical care they felt they needed.³⁷ Additionally, 7.3 percent of adults in Thousand Oaks do not have health insurance.³⁸ Across Ventura County, 13.4 percent of all people experienced a delay or difficulty in obtaining care, compared to 14.4 percent of people 18–24, 25.1 percent of people 25–44, and 16 percent of people 45–64.³⁹

The Los Robles Regional Medical Center and Kaiser Permanente are private hospitals that provide a range of medical services to residents of Thousand Oaks, Ventura County, and surrounding areas. The County also offers important medical and mental health services in the City. The Ventura County Health Care Agency operates the Ventura County Medical Center which provides a variety of services,

³³ National Institute of Mental Health. (2017). *Suicide*. Retrieved from: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

³⁴ Ventura County Public Health. (2017). *Community Health Assessment*. Retrieved from: http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf

³⁵ Substance Abuse and Mental Health Services Administration. (2018). *Addressing the Challenges of the Opioid Crisis and Serious Mental Illness*. Retrieved from: <https://www.samhsa.gov/sites/default/files/2018-cadca-flyer-final.pdf>

³⁶ Health Matters in Ventura County. (2017). *Ventura County Public Health*. Retrieved from: <http://www.healthmattersinvc.org/>

³⁷ Health Matters in Ventura County. (2017). *Ventura County Public Health*. Retrieved from: <http://www.healthmattersinvc.org/>

³⁸ Health Matters in Ventura County. (2017). *Ventura County Public Health*. Retrieved from: <http://www.healthmattersinvc.org/>

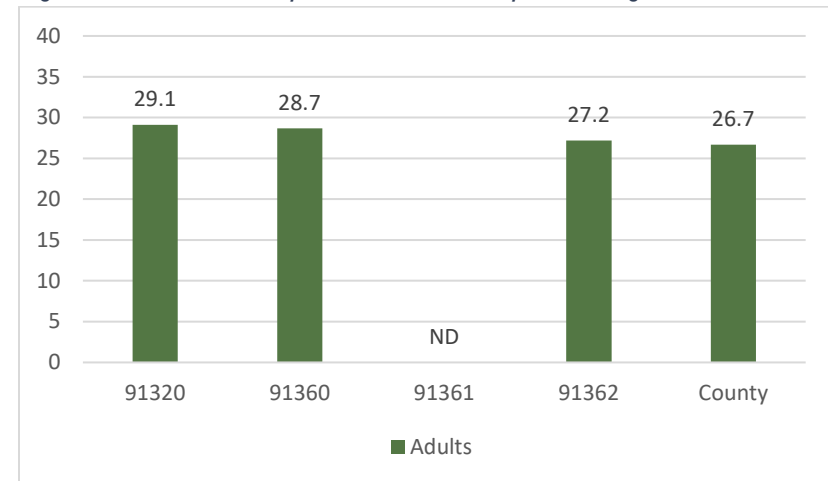
³⁹ Health Matters in Ventura County. (2017). *Ventura County Public Health*. Retrieved from: <http://www.healthmattersinvc.org/>

APPENDIX A: PUBLIC HEALTH + EQUITY EXISTING CONDITIONS

including: mental health, pediatric care, dental care, immunizations, HIV/AIDS programs, and other community services. Additionally, the Conejo Free Clinic offers primary care, mental health care, and legal services. No portion of the City of Thousand Oaks is designated as a Health Professional Shortage Area⁴⁰ for primary care, mental health, or dental health.

A community's ability to access comprehensive, quality health care services is vital to promoting health, preventing disease, and improving overall quality of life. Access to health care professionals is a critical need for low-income individuals and families, particularly the elderly, uninsured, those with chronic conditions and disabilities, and pregnant women.⁴¹ Language can also be a significant barrier to health care access. These barriers can be amplified for community members that lack access to high-quality public transportation. The General Plan can propose strategies to increase access to medical services that promote the health of all City residents.

Figure A.20 Adults Delayed or Had Difficulty Obtaining Care



Source: California Health Interview Survey (2013–2014). Source: California Health Interview Survey (2013–2014). Retrieved from: <http://www.healthmattersinc.org>

⁴⁰ A Health Professional Shortage Area is a Federal designation given to areas that demonstrate a shortage of healthcare professionals, including primary care, dentists, and mental health providers, within certain geographic areas, population groups, or facilities.

⁴¹ Paradise, Julia. (2017). Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. Retrieved from: <https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/>

Built Environment and Health

The built environment consists of a community's streets, homes, parks, and other spaces residents, workers, and visitors use. The physical design of all these components affect a community's health, and, chronic disease, life expectancy, and quality of life. Also, differences in neighborhood conditions that contribute to health, such as pollution or park access, are often highly correlated with race and/or income. Other chapters in the existing conditions report provide additional information.

Exposure to Lead

In 1978, the United States government banned the manufacture and consumer use of lead-based paint. Lead is commonly found in paint, gasoline, and water pipes. Lead poisoning is preventable but can easily go unnoticed. Early signs of lead poisoning can include low IQ, hyperactivity, difficulty sleeping, irritability, and behavioral problems in children. The U.S. EPA estimates that more than 80 percent of homes built before 1978 contain lead-based paint. In addition, in homes built before 1950, the risk of lead exposure is greater due to paint that may contain even higher concentrations of lead.

In Thousand Oaks, approximately 57.6 percent of the City's housing stock was built before 1980 and 42.4 percent was built after 1980. As shown in Figure A.21, older residential homes are concentrated east and west of North Moorpark Road, east of State Route 23, south of South Westlake Boulevard, and in an area north of Borchard Road and east of North Reino Road.

Exposure to Pesticides

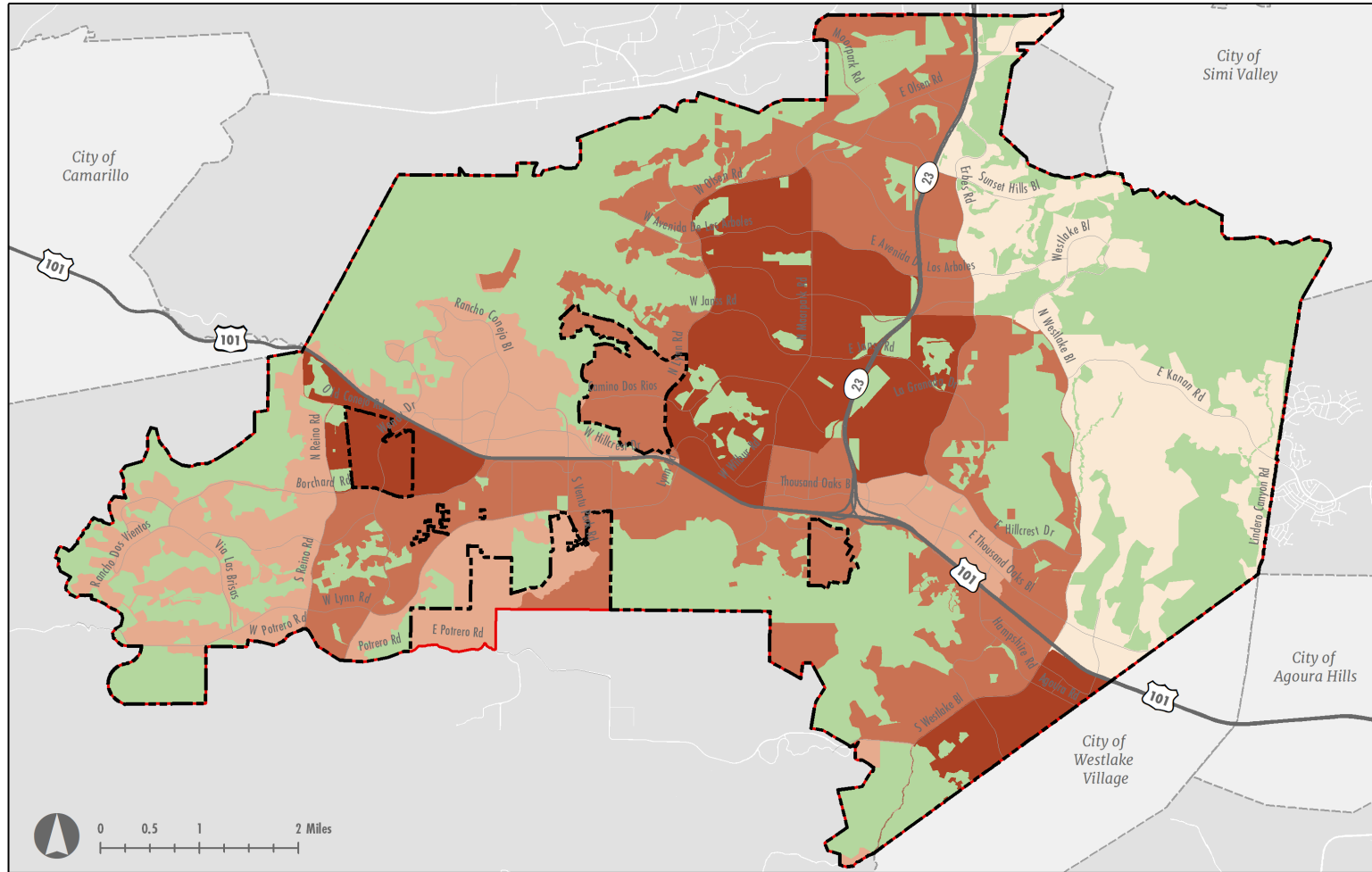
Various environmental concerns also negatively impact the health of residents. Pollution from agricultural fertilizers and pesticides are primary sources of air, ground, and water contamination in Thousand Oaks. While contaminants can be naturally occurring or manmade, these can impact both the environment and human health. Pesticides, for instance, are used to prevent and control pests, weeds, and other plant pathogens. Exposure to pesticides can happen by touching treated surfaces (skin contact), eating or drinking contaminated food or water (ingestion), or by breathing it in (inhalation).

A single or short-term high-level exposure can result in poisoning or illness. Children and pregnant women are at greater risk from the health effects of pesticide exposure. Similarly, chronic, or long-term exposure, can result in serious illness, including some types of cancers, pregnancy issues, abnormal births, and poor brain development. Symptoms can include headaches, dizziness, and allergies to chemical burns on the skin, unconsciousness, and death.

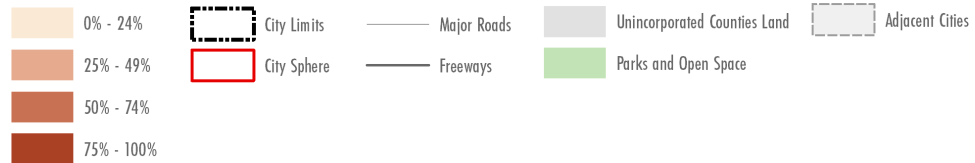
In Thousand Oaks, elevated levels of pesticide use include 1,3-Dichloropropene, Chloropicrin, and Chlorpyrifos in census tracts 61 and 62, as noted in Table A.1. In addition to these three pesticides, elevated levels of Chlorothalonil and Acephate are found in the vicinity of Wildwood Park (census tract 63.01). These pesticides are associated with industrial manufacturing, agricultural run-off, and wastewater discharge.

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Figure A.21 Percentage of Homes Built Before 1980



Raimi + Associates 2020 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; US Census ACS 2017 5-year Table B25034



Healthy Homes

One component of the built environment includes residential homes. These structures can impact a person’s health due to various physical and environmental factors, such as secondhand smoke, radon, fire hazards, fall hazards, allergens, lead, pesticides, moisture, volatile organic compounds, and drinking water. These factors can lead to various health impacts like asthma attacks, low IQ, difficulty sleeping, behavioral problems, and death.

Additionally, low-income residents that live in substandard housing conditions can experience increased risk to an asthma attack. For instance, common indoor triggers for asthma include secondhand smoke, dust mites, mold, cockroaches and other pests, and household pets.

Housing Burden

Housing burden or housing “cost-burdened” is defined as households that pay more than 30 percent of their income on housing. Severely cost-burdened is identified as households paying 50 percent or more of their income on housing. For many families, housing is the single largest expense for households and the number of households paying more than 50 percent of their income on housing is on the rise. Housing burden impacts the ability of households to pay for basic needs, including food,

transportation, and medical care, particularly low-income households.

In Thousand Oaks, 52 percent of homeowner households face a housing cost-burden, compared to 55 percent in the County.⁴² For renters, over half (52 percent) of Thousand Oaks households face a housing cost-burden, compared to 55 percent in the County.⁴³ As shown in Figure A.22, cost-burdened populations are largely concentrated north of Lynn Road, along the 101, in areas east of North Lynn Road and west of North Moorpark Road, along a stretch west of Erbes Road south and east of State Route 23, a pocket west of State Route 23 and east of North Moorpark Road, and a large swath along the eastern boundary of the City.

In Thousand Oaks, there is also a concentration of renters and homeowners who experience severe housing cost burden, paying more than 50 percent of their income on housing. Nearly 11.6 percent of low-income homeowner households face severe housing cost-burden, compared to 24 percent of low-income renter households. The high cost of housing impacts overall cost of living and magnifies income disparities, forcing individuals to spend less on food, medical care, childcare, and other necessities. In Thousand Oaks, low-income and households of color who face significant housing cost-burdens are forced to choose between other important expenses, including health care, savings, and long-term investments. Addressing the severe housing burden can help mitigate other housing-related problems, including

⁴² U.S. Census Bureau; 2017 American Community Survey 5-year estimates, Table B25095; using Explore Census Data, <https://data.census.gov/cedsci/>; (12 February 2020).

⁴³ U.S. Census Bureau; 2017 American Community Survey 5-year estimates, Table B25070; using Explore Census Data, <https://data.census.gov/cedsci/>; (12 February 2020).

limited access to a variety of housing options and adverse health effects.

Homelessness

A close connection exists between rising housing costs and homelessness. In 2019, the Ventura County Homeless Count and Subpopulation Survey reported a total homeless population of 103 in the City, including sheltered (22) and unsheltered (81) persons; 37.5 percent of whom identified as experiencing chronic homelessness; and 72.9 percent who identified as male.

Food Access + Security

Healthy communities provide access to affordable and healthy food at grocery stores, produce markets, community gardens, and farmers' markets. "Food access" is defined as physical access to a food store (e.g., supermarket, large grocery store, etc.).

While there are various food stores in Thousand Oaks, food access disparities exist in some areas of the City. As shown in Figure A.23, food access is most limited in northern areas of the City, east and west of State Route 23. The map shows the percentage of population (by census tracts) living more than 1 mile from a supermarket, supercenter, or large grocery store.

Residents of communities with access to a full-service grocery store tend to eat more fruits and vegetables, have lower body weights, and lower rates of chronic diseases. Local food production can also reduce the distance food is shipped, lowering the environmental footprint of food production and distribution.

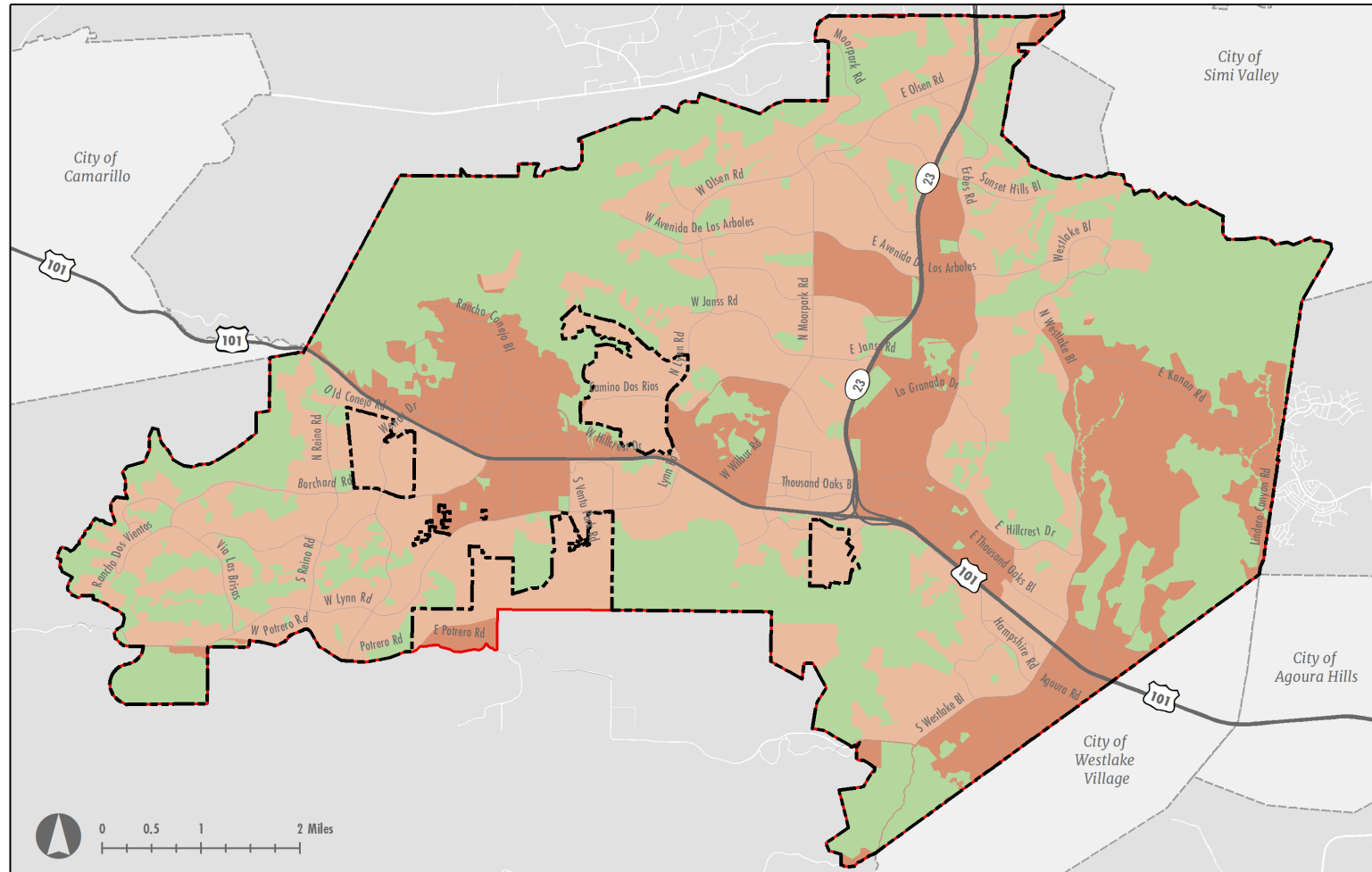
"Food security" is defined as having access to enough food for an active, healthy life for all people at all times. Food insecurity can lead to undernourishment and malnutrition, which coincide with fatigue, stunted child development, and other health issues.

In Thousand Oaks, households that lack "food security" are eligible for supplemental assistance from government programs, such as the Federal Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) program; the State CalFresh program, based on food stamps assistance; and local emergency programs, including the Manna Conejo Valley Food Bank. For seniors, the City also offers a Meals on Wheels Program. For youth (18 and under), the City and Conejo Valley Unified School District offers a free summer lunch program that includes healthy, nutritious, and tasty food.

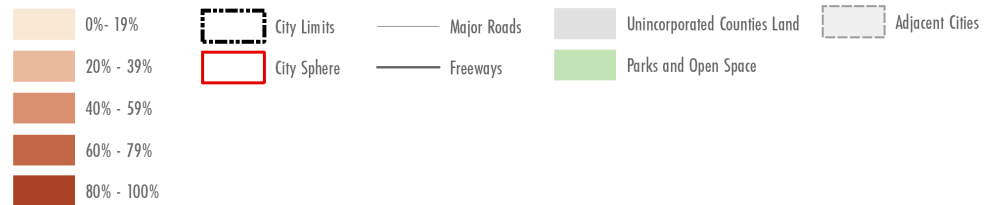
In Ventura County, 7.6 percent of the population experiences food insecurity at some point during the year, a rate (15.4 percent) which doubles for children (under 18 years of age). In Thousand Oaks, only 3.3 percent of households receive food stamps/SNAP benefits. The majority of these households (65.4 percent) do not include anyone over the age of 60.

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Figure A.22 Percent of Cost-Burdened Households

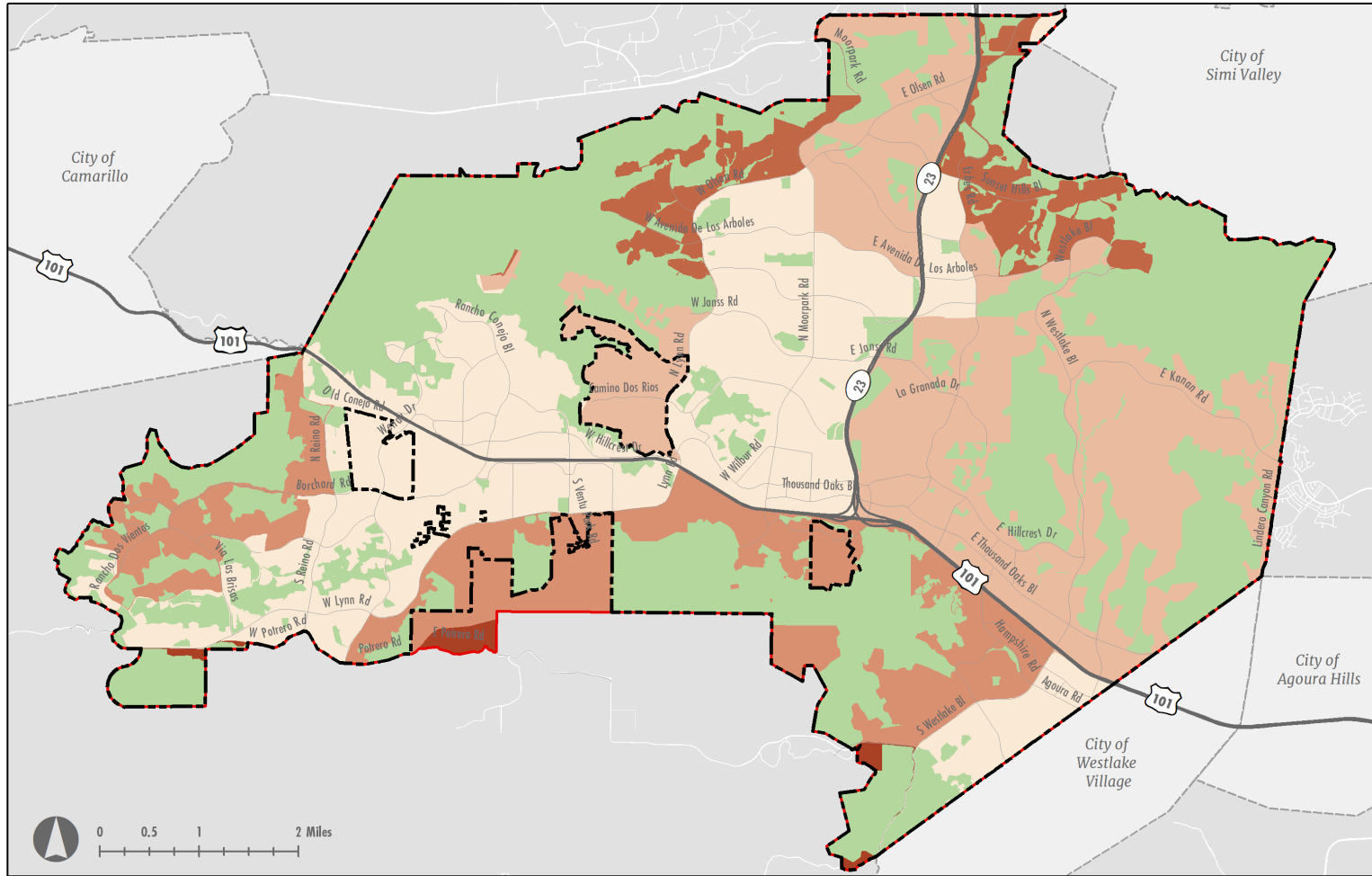


Raimi + Associates 2020 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; US Census ACS 2017 5-year Table B25106

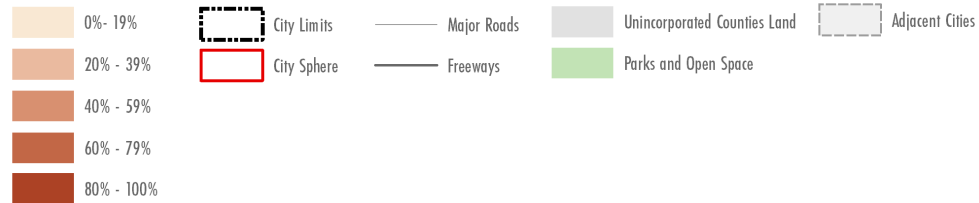


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Figure A.23 Percentage of Population with Low Food Access



Raimi + Associates 2020 | Data Source: City of Thousand Oaks, County of Ventura, County of Los Angeles; USDA Food Research Atlas, 2015



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Crime + Public Safety

A variety of factors can impact community safety, including aggression and violence, underemployment, and lack of youth and family activities. The perception of crime can also impact individual health, businesses, and social cohesion. Real and perceived crime can have health, social, and behavioral implications for victims and their families, resulting in negative impacts on the neighborhood and community.

Community safety has improved in recent years for Thousand Oaks residents. The number of property crimes in the City has generally decreased over the last ten years, as shown in Figure A.24.⁴⁴ Violent crimes in the City, on the other hand, have been on an upward trend, particularly in the last five years, as shown in Figure A.25. It is common for city-level crime rates to fluctuate – these may be impacted by the local economy, policing, and social discord.

Figure A.24 Property Crime

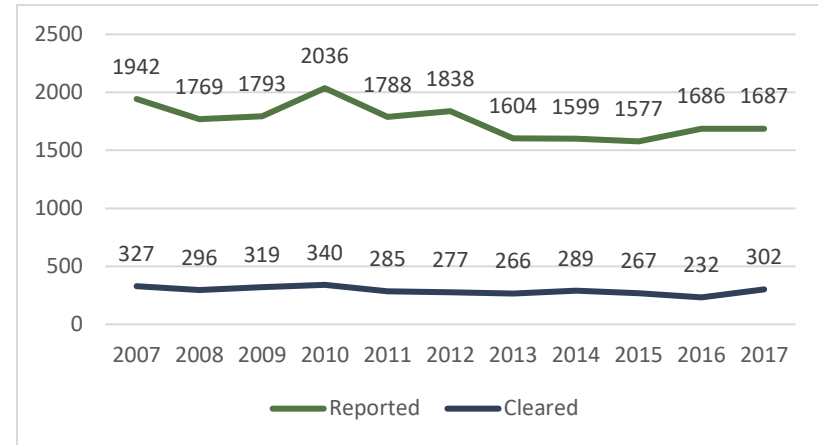
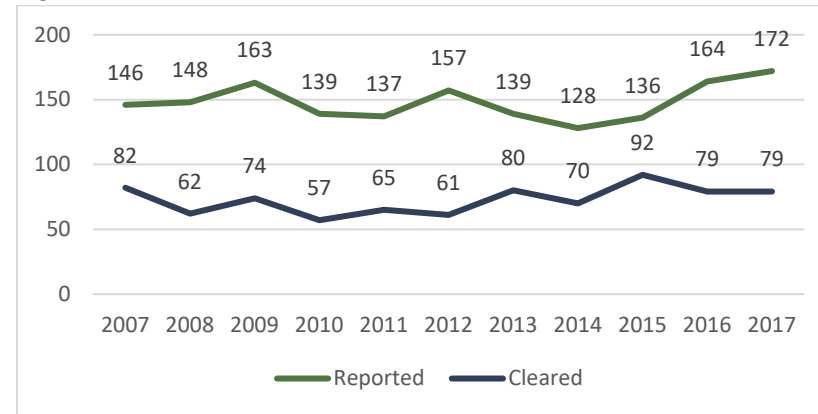


Figure A.25 Violent Crime



Source: FBI Crime Data Explorer (2007-2017)

⁴⁴ “Cleared offenses” refer to when an arrest and charge are made.