Central Region Community Health Assessment

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Live Well San Diego Central Region Leadership Team

Co-Chairs:

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Members: The current *Live Well San Diego* East Region Leadership Team consists of the following agencies/organizations

- 100 Strong
- 2-1-1 San Diego
- Alternative Healing Network
- American Lung Association
- Asthma Coalition
- California Project Lean
- Center for Healthier Communities Rady Children's Hospital San Diego
- City of San Diego Environmental Services Dept.
- Consumer Center for Health Education and Advocacy/Legal Aid Society of San Diego
- County of San Diego Housing and Community Development
- County of San Diego Board of Supervisor-Ron Roberts Office
- County of San Diego Board of Supervisor-Greg Cox Office
- County of San Diego Parks & Rec.
- County of SD-HHSA Mental Health Services
- Family Health Centers of San Diego
- Feeding America
- Greenwood Mortuary
- Harmonious Solutions
- Harmonium Inc.
- HHSA Aging & Independence Services
- HHSA Central Region
- House of Metamorphosis
- HIV, STD and Hepatitis Branch
- Institute for Public Strategies
- Jacobs Foundation Project Safeway
- Julia's Stars Cooking & Nutrition
- La Maestra Family Clinic
- Meals 4Hunger
- Mental Health America
- Mid-City CAN
- Molina Healthcare
- Neighborhood House Association
- Network for a Healthy California -San Diego and Imperial Regions
- Planned Parenthood
- Price Charities
- Project New Village & People's Produce Project
- Rady Children Hospital Anderson Center for Dental Care
- San Diego Adolescent Pregnancy and Parenting
- San Diego Area Congregations for Change
- San Diego Black Health Associates
- San Diego Commission on Gang Prevention & Intervention
- San Diego Hunger Coalition
- San Diego Organizing Project
- San Diego Police Department
- San Diego Unified School District
- San Ysidro Health Center
- SAY San Diego
- Scripps Health
- Second Chance Strive
- Sharp Health Plan
- St. Rita's Catholic Church
- The Bike Detail
- The Meeting Place
- The Palavra Tree
- Union of Pan Asian Communities
- United African American Ministerial Action Council (UAAMAC)
- Women, Infants & Children

CENTRAL REGION

Live Well San Diego Central Region Leadership Team Community Health Improvement Process

Central Region has a long history of community engagement. The year 2010 was a pivotal time when multiple resources were converging to support synergy for healthy communities. One of Central Region's communities, City Heights, is one of fourteen Building Health Communities locations funded by The California Endowment. Launched in 2010, this initiative supports community development for children and youth can be healthy, safe, and ready to learn. During the same year, *Live Well San Diego Building Better Health* was also evolving. Supervisor Ron Roberts hosted a Health Strategy Agenda (*Building Better Health*) Stakeholder meeting on June 10, 2010, attended by over 100 community members. In July 2010, *Building Better Health* was approved by the Board of Supervisors. As part of the community engagement process, the Central Region staff presented *Building Better Health* at three different, already established, community collaborative meetings throughout the region. This outreach convened local stakeholders to participate in a regional leadership team. On November 17, 2010, at a community forum, the *Live Well San Diego* Central Region Leadership Team (CRLT) was formed to support the County of San Diego's *Live Well San Diego* initiative. On May 4, 2011, the community recommended that a smaller group of 25 participants meet monthly to review existing assessments and strategic planning processes that had been recently conducted in the Central Region. This approach would prevent duplication of effort while formulating a plan to address identified community concerns within the *Live Well San Diego* framework.

At each quarterly forum, 50-75 participants from diverse agencies were further engaged through a Community Perceptions Assessment (also satisfying the *Mobilizing for Action through Planning and Partnerships* Forces of Change Assessment) to help the CRLT understand which health issues were most important to the community (*Figure 2*).These assessments were administered through breakout groups, and follow-up

Figure 1: County of San Diego HHSA Operational Regions

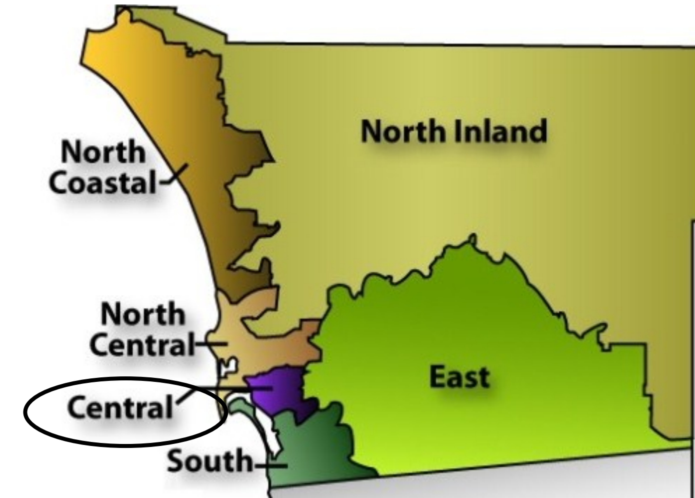


Figure 2: Central Region's *Live Well San Diego's* Road to Community Health Improvement

Source: www.naccho.org/MAPP

questions were sent via SurveyMonkey™ to all participants on the mailing list. Data were analyzed by regional staff and presented at the following quarterly forum to inform future decision-making. Once regional leadership teams were formed, CRLT community forums were held quarterly to discuss results of the assessments, review County health data and determine which health issues the region would focus on throughout their community health improvement planning process. Meetings were attended by community non-profit organizations, faith-based agencies, city and county governments, health care systems, community residents, and youth. Meeting attendance records and meeting minutes were kept for every meeting and are stored on a Countywide shared space.

The community health assessment process for the Central Region was a collaborative process because of the involvement and sustained active leadership of diverse stakeholders. Multiple issues were addressed through multiple sector representation on related subcommittees. Once the team selected the core issues of *health, safety* and *built environment*, CRLT members met monthly from May through August 2012 and conducted a *Live Well San Diego* Quarterly Forum on July 17, 2012 with the assistance of a consultant to guide the community in developing goals and objectives for each core issue. The team further developed the community health improvement plans by selecting key activities and indicators of success to address the identified issues of *health, safety* and *built environment*. The Central Region's Community Health Improvement Plan (CHIP) goals and objectives were presented to the community at the October 17, 2012 CRLT Quarterly Forum. In March 2013, the CRLT agreed to meet quarterly as a full team, instead of monthly. This would allow the three workgroups (Health, Safety/Built Environment, and Tobacco) to meet monthly, between quarterly meetings, promoting greater efficiency to work on CHIP activities. Work groups' progress towards each of the goals is reported at the Quarterly Leadership Team meetings.

Community Health Assessments

The City Heights area of the Central Region is made up of immigrants from 60 countries.

The Central Region is unique in that most of the agencies and stakeholders that work within the area are aware of the many assets that could be used to address various health priorities. The Central Region is densely populated and racially/ethnically diverse, with mostly lower and middle income residents. The region includes downtown San Diego and several other urban areas. The region also includes the communities of Central San Diego, Mid-City, and Southeastern San Diego. Central Region contains many agencies that have received funding over the last decade to address health and social issues. Many of these same community agencies conducted their own community assessments, shown below. Findings from these assessments were utilized in the priority setting exercises for community health improvement planning.

Community Perceptions

Data Sources

Charting the Course VI

In 2010, Community Health Improvement Partners completed its sixth triennial Charting the Course community health assessment. Community Health Improvement Partners hosted community forums where they conducted a priority setting process with 379 community leaders within San Diego County. Forums were held within the six Health and Human Services Agency (HHSA) operational Regions of San Diego County, with a goal of prioritizing the health issues facing San Diego County. The health priorities identified were weight status, nutrition and physical activity, injury and violence, and mental health.

Local Public Health System Assessment

On June 29, 2012, HHSA conducted a Local Public Health System Assessment (LPHSA) to evaluate all sectors in a health system, including public, private, and voluntary entities contributing to the delivery of the 10 Essential Public Health Services. A full description of the results of the local public health assessment can be found in the overarching Community Health Assessment section of this document.

Regional Profiles (Health Status Assessment)

Regional community profile reports are annually developed by the Community Health Statistics Unit (CHSU), located in HHSA Public Health Services Division. The CHSU formed in 2005 to provide a single point of contact for public health data and support to the HHSA Regions and their communities. CHSU generates publications, including the community health profiles, other specific reports (e.g., senior falls, economic burden of disease, health disparities, and health status), health briefs, fact sheets, and atlases. All are available online.

CHSU generates demographic, economic, behavioral and health data organized by HHSA Region and communities within each HHSA

Region, and posts this information online as the Community Profiles. Demographic and economic data are pulled from the Census and the American Community Survey. CHSU pulls health data from various branches in Public Health Services as well as from state and local databases including Vital Records and OSHPD. CHSU incorporates selected results from the California Health Interview Survey to provide information on health status and health behaviors by HHSA Region.

The Community Profiles began as a short list of Healthy People 2010 objectives that were reported for the US, CA, San Diego County, and each HHSA Region. Very quickly the list expanded to include dozens of indicators organized by noncommunicable (chronic) diseases, communicable diseases, maternal and child heath, injury and most recently expanded to include behavioral health (mental health and substance abuse). Most indicators are reported as deaths, hospital discharges, and emergency department discharges. These data are organized by race/ethnicity, age group and gender for each of the 41 communities that comprise San Diego County. Data are posted online by calendar year and are currently archived back to 2000 to allow staff and the public to compare trends over time.

The addition of Behavioral Health data was driven by community members during the community health improvement planning process. There was an unmet need for population based information on mental health and substance abuse. Working with Behavioral Health Services, CHSU staff created the indicators available through population based sources. Future plans for the Community Profiles include the development of profiles that address older adults and children in more detail.

Table 1: Key Findings from Community Perceptions Assessment

Strengths:

- *Culturally diverse population*
- *Ability to collaborate effectively*
- *Increased awareness/ promotion of mental health*
- *Engagement of faith-based organizations*
- *Effective strategies and best practices to impact childhood obesity*
- *Resources to help reduce incidence of and risks associated with unwanted pregnancies and to improve health outcomes for pregnant and parenting adolescents through programs such as Nurse Family Partnership and San Diego Adolescent Pregnancy and Parenting Program*
- *Effective breastfeeding/ lactation policies*
- *Variety of community resources*

Concerns:

- *Disproportionate number of black children in the Child Welfare System*
- *Individuals lack health plan*
- *Individuals lack personal doctor*
- *Lack of health coverage or under-insured*
- *Costs of co-pays and prescriptions*
- *Long wait times*
- *Lack of culturally-sensitive health care providers*
- *Lack of safe places for physical activity*
- *Lack of places to purchase healthy food options*
- *High unemployment rates*
- *Low paying jobs that do not provide health insurance*
- *Lack of knowledge and information about State insurance programs and their eligibility criteria*
- *Poor quality education*
- *Safety*

CHSU worked with the CRLT to review the above data sources. Based on this review during the community engagement process, current regional profiles were generated, which influenced the identification of health priorities for Central Region.

Demographics

Community Demographics

The following demographic estimates and projections were created by the Community Health Statistics Unit, based on SANDAG 2009 estimates.[37]

In 2008, the Central Region was home to nearly 514,000 residents, representing 16.1% of the San Diego County population. Forty-two percent (42%) of the Central population were Hispanic, nearly 13% were black, and 14% were Asian (*Figure 3*). More than half of residents spoke English only, while 23% were bilingual. Compared to the rest of the county, Central Region residents were less likely to have had health insurance coverage and access to health services, with an estimated 84% of adults insured through private or public programs. However, this percentage differed by age, with one out of five adults, ages 18-64 years not having any health insurance coverage.

Socioeconomic Demographics

Compared to the rest of the county, household incomes were lower in the Central Region (*Table 2*). One out of five Central residents lived in poverty, which was nearly double that of the county overall. Among adults with incomes less than 200% of the Federal Poverty Level (FPL), less than half had a consistent ability to afford enough food.

Figure 3: Racial/Ethnic Demographics of Central Region Residents (2008)

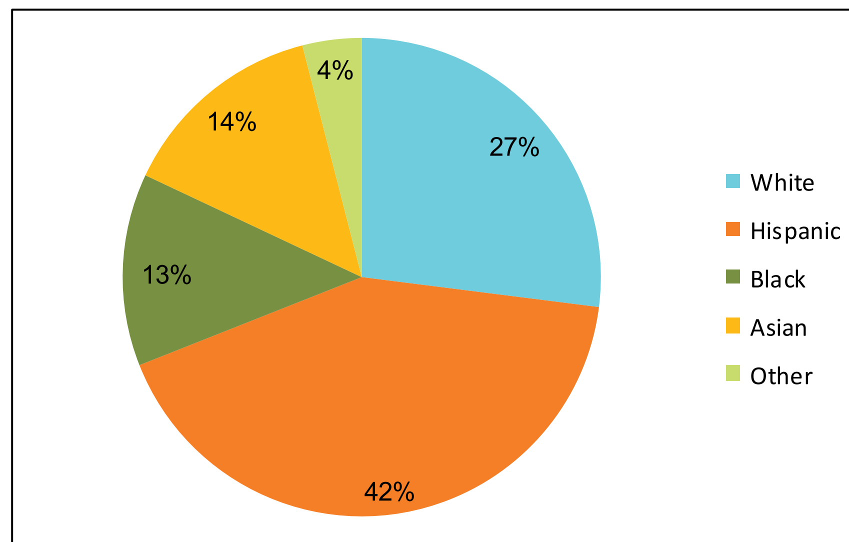


Table 2: Household Income in Central Region

	Number	Percent
Total Households	174,050	100.00%
< $45,000	112,408	64.58%
$45,000 to $75,000	36,274	0.84%
$75,000 to $100,000	12,228	7.03%
$100,000 to $125,000	5,833	3.35%
>$125,000	7,307	4.20%

Source: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit. 2009.

[37] County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2012). *San Diego Demographics Profile by Region and Subregional Area*. Retrieved 07/10/2013 from www.SDHealthStatistics.com.

Health Resources Availability

Central Region has an incredible amount of resources focused on health, including one alternative birthing center, eight chronic dialysis clinics, one free clinic, one psychology clinic, and 27 Federally Qualified Health Center (FQHC) sites, according to the Health Resources and Services and Administration. It also has two hospice facilities, five hospitals, and ten long-term care facilities. Many of the FQHCs are Central Region community partners and play active roles in the CRLT forums and leadership teams. FQHCs provide care for residents, especially those who have no health insurance (prior to Affordable Care Act implementation), allowing them to pay what they can afford based on income. Services available include:

- Well checkups,
- Treatment for illnesses,
- Complete care during pregnancy,
- Immunizations and checkups for children,
- Dental care and prescription drugs, and
- Mental health and substance abuse care.

The HHSA Central Region Public Health Center provides general public health and social services to children, youth and adults living and working in the Central Region. The Central Region Public Health Center offers:

- Clinic and home visiting public health services for pregnant women, new mothers, and children;
- County Medical Services assistance program for eligible adult residents with serious health problems; and
- Overall health promotion/education services focused on the role of the built environment, safety and access to healthy food choices.

Each Central Region Family Resource Center (FRC) provides public assistance benefits, such as CalWORKS and Medi-Cal, to clients that qualify. CalFresh is also provided at these FRC's and assists in helping to make healthier choices more feasible for low-income families.

There are other key agencies and partners within the Central Region that serve as resources for community members in need. For example, one of the local organizations in the City Heights area, the Price Charities funds the full salaries of school nurses in four schools: Hoover High School, Rosa Parks Elementary School, Central Elementary School, and Monroe Clark Middle School. These schools also support a school-based clinic concept. Hoover High School already had a medical and dental clinic, which is now extended more toward serving the entire community. The same concept applies for Rosa Parks Elementary School, which had a medical clinic and now provides more services as a school-based clinic. Central Elementary School opened a school-based clinic in December 2010, and Monroe Clark opened their school-based clinic in October 2012.

La Maestra and Mid-City Clinic also provide school-based, medical care to the students who enrolled with any of the above mentioned school-based clinics. Undocumented students and their families are also receiving preventive services (e.g., Tdap, flu shots) and medical services. There are part-time psychologists available on the site for behavior counseling.

Strengths and Risks to Health

Central Region has several strengths, among them is diversity. The City Heights area of the Central Region is the area that boasts the most diversity. It includes immigrants from approximately 60 different countries. The Central Region is also known for its collaborative spirit and the ability for community partners to work together towards the goal of creating healthy and safe communities for the children and families in the region.

The Central Region is also highly engaged with the faith-based organizations, another major strength for the area. This becomes important because many of the populations that reside in this region are people of faith who highly esteem their spiritual values.

Another strength of this regions is that it is resource-rich, with services spanning from pre-childbirth to senior-related health issues. The challenge for community members is navigating the complex array of services.

There are several risks to health in the Central Region, including the prevalence of those very same chronic diseases found in the 3-4-50 concept – diabetes, asthma, heart disease and cancer. There are also risks pertaining to the issues of safety in schools and disadvantaged

Medical encounter rates for diabetes and asthma were significantly higher than rates for nearly all other regions, possibly the result of poorer access and utilization of preventive and follow-up care.

neighborhoods: access to alcohol, tobacco and other drugs, including synthetic drugs; lack of access to healthy food options; and inability to obtain quality, affordable, culturally-sensitive health care. Further strengths and risks or concerns are located in *Table 3*.

Population Health Issues

In the Central Region, chronic disease death and medical encounter rates for cancer, coronary heart disease (CHD), and stroke were generally lower than the county overall, possibly due to the younger age of the population. Diabetes, asthma, and chronic obstructive pulmonary disease (COPD) death rates were also either comparable, or lower, than the county overall. However, medical encounter rates for diabetes and asthma were significantly higher than rates for nearly all other regions in the county, possibly the result of poorer access and utilization of preventive and follow-up care.[35]

The overall health of a community is often measured by the health of its mothers and infants. Infant mortality in the Central Region was 6.4 deaths per 1,000 live births, which is higher than the county rate of 4.4 deaths per 1,000 live births, but lower than the United States rate of 6.8 deaths per 1,000 live births. Fetal mortality in the Central Region was the highest in the County at 4.9 deaths per 1,000 live births, compared to all regions and the county rate of 3.9 per 1,000 live births.

Injuries are an important public health problem, especially given that so many are predictable and preventable. Injuries are the leading cause of death for children and young adults. In the Central Region, unintentional injuries were the third leading cause of death for all ages, and suicide was the eighth.

Table 3: Key Findings from Community Health Assessments

Strengths:

- *Culturally diverse*
- *Spirit of collaboration*
- *Comprehensive array of community resources*
- *Strong connections with spirituality*

Risks (Concerns):

- *Lack of quality health care, especially culturally-sensitive health care*
- *High rates of chronic diseases, sexually transmitted diseases, and infant mortality*
- *Lack of parks and open spaces; safe places to live, work and play*
- *Lack of access to healthy, affordable food options*
- *Access to tobacco, alcohol and other drugs especially among youth*

Table 4 on the following page shows data on the mental health status of Central Region residents. The chart shows that compared to the rest of San Diego County, emotions have impaired residents' social lives and also affected their ability to work. Lastly, it shows that more of these individuals are being seen by their doctor and medications are being prescribed for mental health concerns, compared to San Diego County overall.

[35]Source of health status information above: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit.

Table 4: California Health Interview Survey (CHIS) Data for Central Region

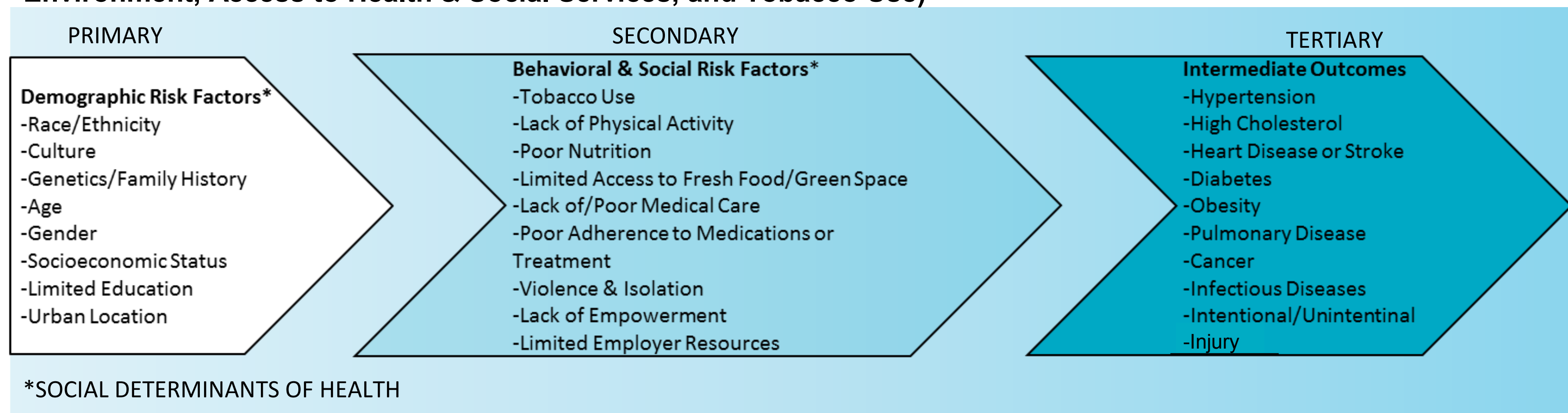
Mental Health Behaviors & Related Health Factors**	Central Region (%)	County (%)
Unable to Work 8 Days or More Due to Mental Problems (ages 18+)	59.4	56.5
Saw Any health care Provider for Emotional-Mental and/or Alcohol-Drug Issues in Past Year (ages 18+)	21.0	13.5
Has Taken Prescription Medicine for 2 or More Weeks for Emotional/Mental Health Issues in Past Year (ages 18+)	17.6	11.0
Emotions Severely Impaired Social Life in Past 12 Months (ages 18+)	10.3	6.9
Ever Seriously Thought About Committing Suicide (ages 18+)	9.3	8.0
Likely Has Had Serious Psychological Distress During Past Year (ages 18+)	4.8	5.3
Likely Has Had Serious Psychological Distress During Past Month (ages 18+)	2.1	2.2
Received Psychological/Emotional Counseling in Past Year (ages 12-17)	*	10.5
Emotions Severely Impaired Work in Past 12 Months (ages 18+)	*	4.6
Child Received Emotional/Psychological Counseling in Past Year (ages 4-11)	*	4.5
Likely Has Had Serious Psychological Distress During Past Month (ages 12-17)	*	2.2
Substance Abuse Health Behaviors & Related Health Factors**	**Central Region (%)**	**County (%)**
Binge Drinking in Past Year (ages 18+)	33.6	34.8
Ever Tried Marijuana, Cocaine, Sniffing Glue, or Other Drugs (ages 12-17)	*	10.2
Used Marijuana in Past Year (ages 12-17)	*	6.1
Access and Utilization**	**Central Region (%)**	**County (%)**
Prescription Drug Coverage (ages 18-64)	94.8	94.5
Uninsured All or Part of Year (ages 18-64)	25.4	23.2
No Usual Source of Care (ages 18-64)	16.3	13.2
Other Health Behaviors & Related Health Factors**	**Central Region (%)**	**County (%)**
Children Who Eat Less Than 5 Servings of Fruits and Vegetables Daily (ages 2-11)	53.3	52.9
Adults Under 200% FPL Unable to Afford Enough Food (ages 18+)	52.0	35.1
Mother Aged Under 25 When First Child Born	44.6	38.4
Ate Fast Food 3 or More Times in Past Week (ages 2-17)	16.0	15.0
Tested for STD in Past 12 Months (ages 12-17 who have had sexual intercourse)	*	36.5

**UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2009.
*Indicates statistically unstable estimate.

Factors Contributing to Population Health Challenges

The Critical Pathway for Central Region (*Figure 4*) is an illustrative representation of how demographic and social/behavioral risk factors contribute to the development of chronic disease. At the beginning stage of the pathway, demographic risk factors (factors that are non-modifiable) have an impact in the earliest stages of health outcomes. From there, behavioral and social risk factors (factors that are modifiable) begin to impact the health outcomes as individuals age and develop over the lifetime. Combined, demographic, behavioral and social risk factors influence the development of health outcomes that are precursors to death due to chronic disease. Health factors listed in the tertiary prevention column were identified by Central Region during the review of health status data for this Region. With this information, and the 3-4-50 as a foundational concept, specific primary and secondary risk factors were identified for Central Region.

Figure 4: Critical Pathway for Central Region (Lack of Worksite Wellness, Access to Healthy Food, Safety, the Built Environment, Access to Health & Social Services, and Tobacco Use)



Note: This figure conveys the aspects of primary secondary, and tertiary prevention for chronic diseases in each Region. The tertiary prevention factors are specific for each given Region, resulting in identification of primary and secondary prevention factors.

Community Assets or Resources (Themes and Strengths)

Community assets and resources unique to Central Region are imperative to implementing the *Live Well San Diego Community Health Improvement Plan*. South Region includes the city of San Diego and San Diego Unified School District. Following are some highlighted assets and resources of this Region.

Southeastern San Diego Community Strategic Health Plan Project

In 2009, the San Ysidro Health Center received funding from the California Endowment to conduct the *Southeastern San Diego Community Strategic Health Plan Project.* The project began in January 2010, and focused on two goals: to develop health services planning and implementation infrastructure for the region that would enable improved communication and coordination of local resources; and to identify strategies to improve health services access and outcomes for all community members, thus reducing health disparities.

Through focus groups and key informant interviews conducted over the course of six months, this project surveyed nearly 1,500 community members of Southeast San Diego and an additional 100 key stakeholders that worked within the community. This project identified four themes as a result of the survey data collected: Built Environment; Youth and Adolescents; Culture and Access to Care; and Outreach and Education.

Building Healthy Communities Initiative

The California Endowment's (TCE) Building Healthy Communities Initiative in City Heights conducted surveys and house meetings to reach broader and deeper into the community needs. Mid-City Community Advocacy Network (CAN) selected a group of residents to serve as House Meeting Leaders, residents who are natural leaders among their neighbors or part of a network of residents that they are connected to, in order to engage in a dialogue about Building Healthy Communities. Between July and October 2009, 27 House Meeting Leaders conducted 105 house meetings in 13 different languages such as Burmese, Somali, Arabic, Spanish, and Vietnamese and involved 1,550 residents. The results of these discussions, along with the data from two traditional surveys, provided a strong sense of what is important to City Heights residents. The data gathered was used to prioritize the outcomes, identify the targeted changes, develop change strategies, and to ascertain needed capacities and resources in the logic model. TCE officially launched Building Healthy Communities across 14 communities in 2010.

Safe Passages

In 2010, Bell Middle School along with other key community partners formed a multidisciplinary collaboration to address the issue of safety for students when they are walking to and from school. This initiative, known as Safe Passages, has a mission to promote academic excellence, social responsibility, and the emotional well-being of students by deterring harassment, gang, and criminal activity within the area surrounding the school. Safe Passages is active at Bell Middle School, bringing together the principal, school counselors, law enforcement, juvenile probation, HHSA, youth agencies, and student leaders.

In 2011, the Safe Passages collaboration conducted a survey with the students of Bell Middle School. Approximately 90% of the students completed this survey. These surveys were instrumental in helping to identify the perceptions of the students as it relates to gangs and community violence.

Forces of Change Assessment

By reviewing the CHIP Need Assessment, *Charting the Course VI*; the Southeastern San Diego Community Strategic Health Plan; and the Community Health Statistics Unit data, the CRLT identified external forces and trends that impact the health of the community. *Table 5* highlights the results from the forces of change assessment. Issues identified were related to specific populations, including homelessness, prisoners, refugees, and youth. Issues centered around cuts in government funding, distrust of health care funding, access to language and cultural resources, and overcrowding in schools. A behavioral risk factor (i.e., physical activity) related to youth and adults was also identified.

Table 5: Forces of Change Assessment

- *Cuts in government funding*
- *Distrust of health system and insurance*
- *Existing health care facilities at risk*
- *Homelessness*
- *Lack of training, re-training, education, and other necessary skills to enter workforce*
- *Language and cultural access*
- *Less physical activity among youth and adults*
- *Overcrowding in schools*
- *Prisoner re-entry*
- *Refugee issues locally and in country of origin*

Priority Areas Identified from Assessments

The CRLT identified strategic issues by exploring the combined results of the assessments identified earlier and also by brainstorming at CRLT quarterly forums and within the Leadership Team meetings. Breakout groups were formed each time at both the forums and the Leadership Team meetings. Through those sessions, the strategic issues were identified over a nine month period.

The identified issues represent the prominent crosscutting findings that need to be addressed to reach the CRLT's vision. Below is an outline of the priorities chosen by the CRLT for Central Region. These priorities are the basis for the Central Region's Community Health Improvement Plan. The critical pathway noted in *Figure 4* links the priority areas with health outcomes unique to Central Region. The pathway also outlines primary and secondary prevention factors that are related to the health outcomes (tertiary prevention factors) and priority areas.

Key Priority Areas

- *Access to Health Services*
- *Alcohol, Tobacco and Other Drugs*
- *Food Equity/Access to Healthy Food*
- *Safety and Built Environment*
- *Worksite Wellness*