

EAST REGION COMMUNITY HEALTH ASSESSMENT



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Live Well San Diego East Region Leadership Team

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AARP	Crossroads Family Center	Lakeside Community Collaborative	San Diego Youth Services
Active Living Research	East County Chamber of Commerce	Lakeside Revitalization	Santee Collaborative
Alpine & Mountain Empire Chamber	East County Action Network	Lakeside Union School District Tierra del Sol Middle School	Santee Health Network
Alvarado Hospital	East County Family Justice Center	Lakeside's River Park Conservancy	Santee Solutions Coalition
American Vet Aid	El Cajon Collaborative	Lemon Grove Collaborative	San Diego County Libraries
American Cancer Society	Family Health Centers of San Diego	Lemon Grove HEAL Zone	San Diego County Sheriff
American Heart Association	Fire Safe	Lemon Grove Resident Leadership Academy	San Diego State University
American Red Cross	First 5 Commission of San Diego	Lemon Grove School District	Senator Joel Anderson
AXA Advisors	Go For It Productions	McAlister Institute	Sharp Grossmont Hospital
Birth Parent Association	Granite Hills High School	Meals 4 Hunter	Southern Indian Health Council
Boys & Girls Club of East County	Grossmont Cuyamaca Community College District	Meridian Baptist Church	Spring Valley Community Center
California Schools VEBA	Grossmont Health Occupations Center	Mission Trails Regional Park Foundation	Spring Valley Youth & Family Coalition St. Paul's Place
Cajon Valley Union School District	Grossmont Healthcare District	Mountain Empire Collaborative	University of California, San Diego
Caring Places for Seniors	Grossmont Union High School District	Mountain Empire Unified School District	Viejas Tribal Government
Centers for Disease Control & Prevention	Healthy Adventures Foundation	Mountain Health & Community Services	Volunteers in Medicine
City of El Cajon	Home Start	National Center for Deaf Advocacy	Vista Hill Parent Care
City of La Mesa	Institute for Public Strategies	Planned Parenthood	Walk San Diego
City of Santee	International Rescue Committee	Rancho San Diego Farmers Market	Workout With Kirk
Communities Against Substance Abuse	Jamul Delzura Union School District	Salvation Army Ray & Joan Kroc Center	YMCA
Community Health Improvement Partners	Journey Community Church	San Carlos Area Council	Youth and Leaders Living Actively (YALLA) San Diego, Inc.
County Board of Supervisors	KTU+A Planning & Landscape Architecture	San Diego Children and Nature Collaborative	
County of San Diego, Aging and Independence Services	La Maestra Community Health Centers	San Diego County Childhood Obesity Initiative	
County of San Diego Behavioral Health	La Mesa Courier	San Diego River Conservancy	
County of San Diego, Parks and Recreation	La Mesa Kiwanis Club		
County of San Diego, Public Guardian	La Mesa Spring Valley Healthy Start		
County of San Diego, Public Health Services	Lakeside Chamber of Commerce		

Live Well San Diego East Region Leadership Team’s Community Health Improvement Process

From fall 2010 to spring 2011, the East Region convened a series of *Live Well San Diego, Building Better Health* Forums to help residents initiate changes to live healthy, safe, and thriving lives. Participating agencies later formed the *Live Well San Diego* East Region Leadership Team (ERLT) in February 2011 to support the County of San Diego's *Live Well San Diego* initiative. Leadership Team members followed a community health improvement planning model adapted from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), called *Mobilizing for Action through Planning and Partnerships* (MAPP) (Figure 2). As part of the community engagement process, the ERLT began with a series of planning and innovation forums where regional experts came together to both educate and challenge assumptions and thinking. The group undertook a thoughtful review of the health status of East Region and emphasized the core competency of regional leadership and meaningful partnership with both public and private sectors, including schools and health care agencies. The community was further engaged through a Community Perceptions Assessment and a Forces of Change Assessment to help the leadership team understand which health issues are most important to the community. These assessments were administered via an electronic survey to pre-identified stakeholders and partners representing various sectors in East Region.

Figure 1: County of San Diego HHS Operational Regions

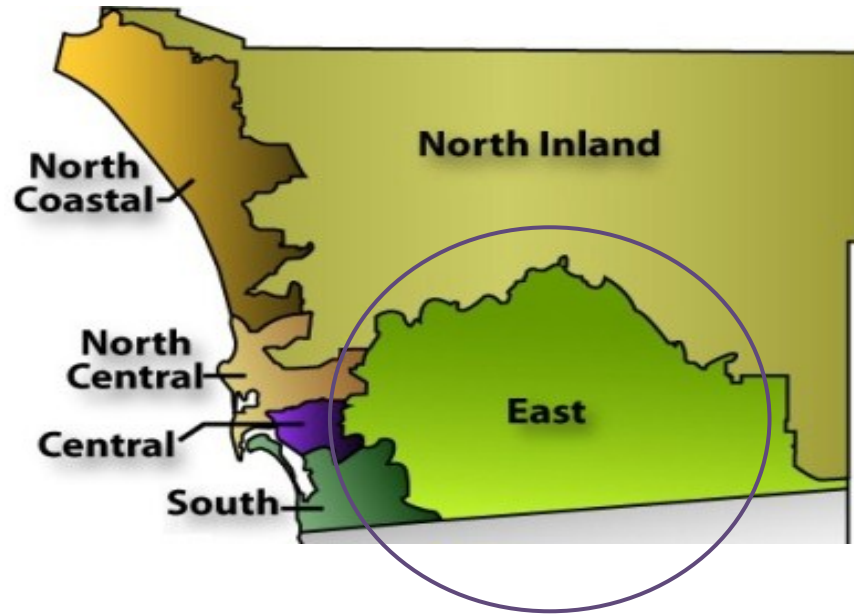


Figure 2: East County’s *Live Well San Diego’s* Road to Community Health Improvement



Data were compiled, analyzed, and presented by County staff to the leadership team for informing their community health improvement planning process. Once the regional leadership team was established, meetings were held monthly to discuss results of the assessments, review County health data, and determine which health issues the region would concentrate on. Meetings were attended by various city and County representatives, leaders of the faith community, school administrators and district representatives, and health care administrators. 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 East Region was a collaborative process focusing on innovation, a commitment to excellence, and meaningful partnerships across different sectors. Once the health issues were selected by the leadership team, members met monthly to begin developing the community health improvement plans by identifying goals and objectives for the strategic health issues selected by the leadership team members and the community. The regional leadership team further developed the community health improvement plans by selecting key activities and indicators of success to address the identified health issues.

Community Health Assessments

The East Region of San Diego County is a large, diverse, mostly lower and middle income Region with a high proportion of older, white adult residents. The East Region is the second largest, geographically, covering 1,104 square miles of urban, suburban and rural areas. The Region includes the communities of Alpine, El Cajon, Harbison Crest, Jamul, La Mesa, Laguna-Pine Valley, Lakeside, Lemon Grove, Mountain Empire, Santee and Spring Valley. Several Indian Reservations are also found in the East Region.

Community Perceptions Assessment

To secure an understanding of the issues residents felt were important, the Leadership Team conducted a *Community Themes and Strengths Assessment* through an 11-question survey modified from surveys in the NACCHO MAPP Toolkit. The figures following indicate the 82 responses. Multiple-choice questions are shown in bar charts with the highest responses displayed. Open-ended questions are summarized in the narrative.

Respondents were asked what they felt the three most important factors are that define a health community (*Figure 3*). Half said that low crime/safe neighborhoods were most important, while access to health care and community involvement were also listed as important factors. The most commonly cited health problems were drug abuse, poor diet, mental health issues, physical inactivity, and chronic disease (*Figure 4*).

The majority of respondents felt that their community was somewhat healthy (61.7%) or healthy (22.2%), while slightly more than 12% felt their community was unhealthy (*Figure 5*). When asked what would make their community a healthier place to live, respondents stated that community involvement, opportunities for physical activity, health education, access to healthy food, access to comprehensive health care, improved economic opportunities, and improved transportation would be important factors.

Many respondents felt that their community is a good or somewhat good place to grow old (76%) (Figure 6), and felt that it is a safe or very safe place to raise children (57%) (Figure 7). In order to improve the safety of the neighborhood, respondents stated less substance abuse, walkable/bikeable communities, opportunities for recreational activities, community involvement, and fewer gangs would be important factors. Respondents also felt that affordable and accessible transportation, more and closer services and resources, and walkable communities would improve the community for older adults.

The majority of respondents felt there were either some economic opportunities or very little economic opportunities (69%) in the East Region (Figure 8).

Figure 3: In the following list, what do you think are the 3 most important FACTORS THAT DEFINE a “healthy community”?

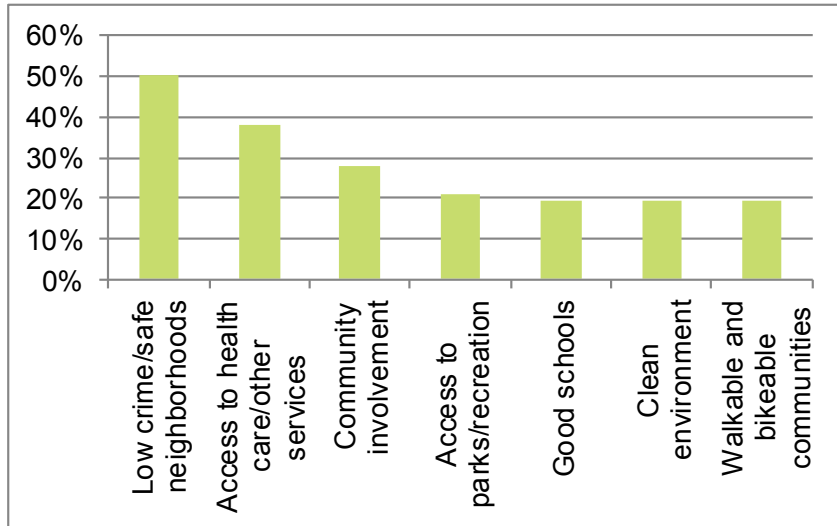


Figure 4: In the following list, what do you think are the three most important HEALTH PROBLEMS in your community?

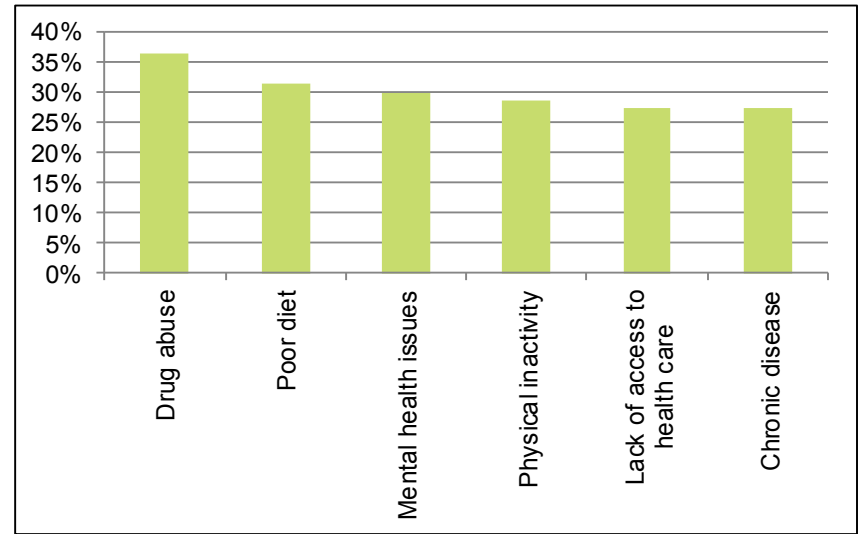


Figure 5: How would you rate your community environment as a healthy place to live?

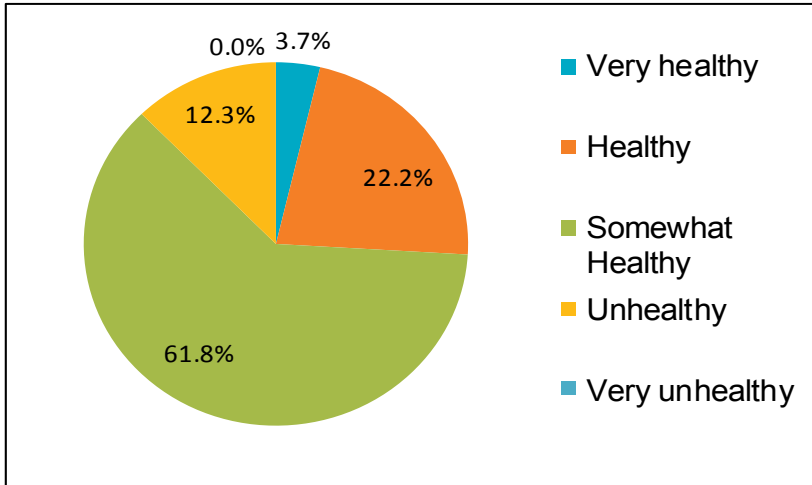


Figure 6: Is your community a good place to grow old?

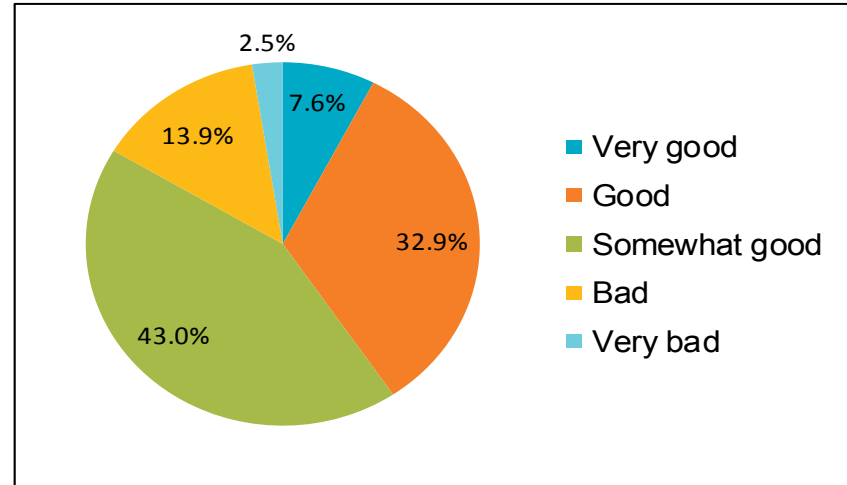


Figure 7: How would you rate your community as a safe place to grow up or to raise children?

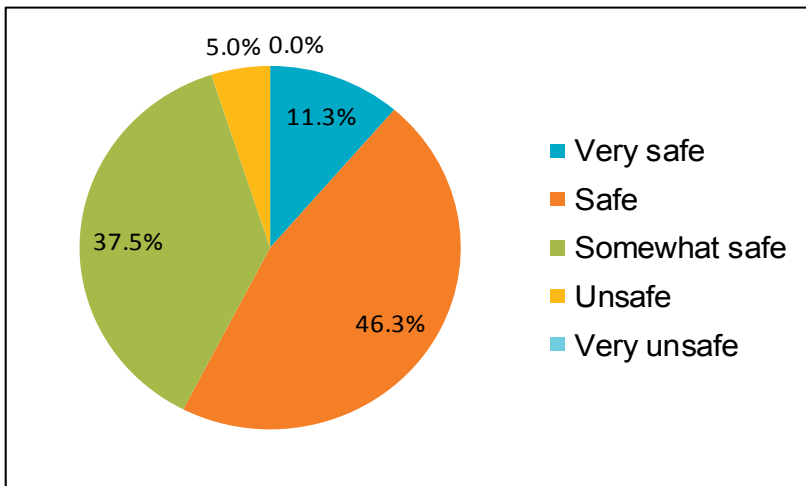


Figure 8: Is there economic opportunity in the community?

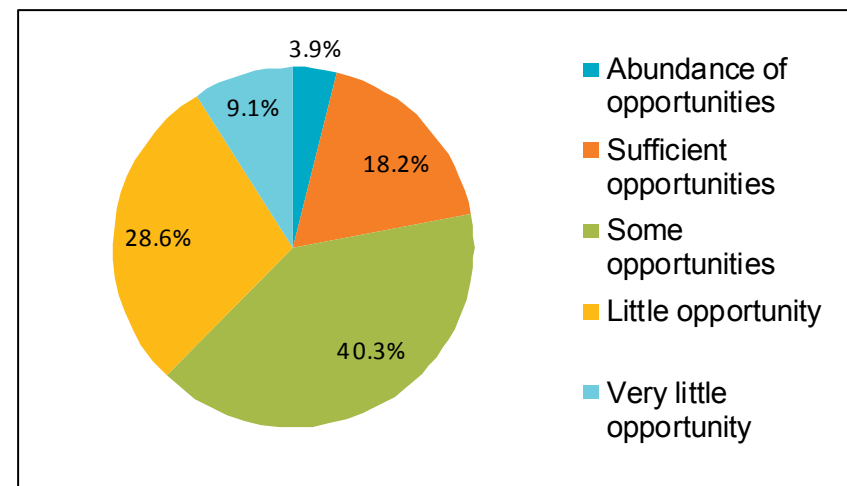


Table 1: Key Findings from Community Perceptions Assessments

Strengths:	Concerns:
<ul style="list-style-type: none">• <i>Community is generally perceived as a safe place to live</i>• <i>Community is a good place to grow old</i>• <i>Some economic opportunities in the community</i>	<ul style="list-style-type: none">• <i>Mental health</i>• <i>Physical inactivity</i>• <i>Poor diet</i>• <i>Substance abuse</i>

Data Sources

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 CHA 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 health, 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.

CHSU worked with the ERLT 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 East Region.

Demographics

Community Demographics

The East Region of San Diego County is a large, diverse, mostly middle and lower income Region with a high proportion of older, white adult residents. The East Region is the second largest, geographically, covering 1,100 square miles of urban, suburban, and rural areas.

Socioeconomic Demographics

- Two thirds of employed residents worked in management and professional or sales and office occupations.
- A comparable percent of families with children lived in poverty as in the county overall, but they were more likely to be single parent homes.
- East Region residents were more likely to have completed high school than the county overall, but less likely to have earned a college degree.

Population Demographics

- 470,898 residents
- 2.9 persons/household
- 12% seniors
 - 20% in 2025
 - 19% under age 25
- 64% white
- 20% Hispanic
- 30% Iraqi in El Cajon

Health Resources Availability

East Region is a mix of urban and rural communities, with resources concentrated mostly in the urban areas. Only one hospital (Sharp Grossmont Hospital, the Grossmont Healthcare District) serves the entire Region, which is one of the three influential health care districts in San Diego County. Also, this Region is home to 32 long-term care facilities, more than any other HHSA Region. Lastly, there are 13 community clinics in this Region, including Mountain Empire which serves the “backcountry.” In addition, residents in East Region have increased access to health care, as demonstrated by the following statistics:

- Eight-nine percent (89%) of East Region residents were currently insured, and 96% of those had prescription drug coverage.
- Twenty-four (24) out of 25 seniors ages 65 and older had Medicare coverage.
- Nine out of ten East Region residents had a usual place to go when sick or needing health advice, regardless of insurance status.
- Among those aged 18-64, nearly one in seven did not have any insurance coverage, 3% of whom were eligible for either Medi-Cal (Medicaid) or Healthy Families.

- East Region residents were more likely to go to a doctor's office and less likely to go to community clinic, compared to the County overall.

Strengths and Risks to Health

One of East Region's strengths is its community partnership development. The regional leadership team not only has stakeholder representation from community partner organizations, but also residents participating to improve the health of East Region communities.

There are several risks to health in the East Region, including the prevalence of those very same chronic diseases found in the 3-4-50 concept – diabetes, asthma, heart disease and cancer. These diseases lead to 58% of the deaths in East Region. Another risk is related to injury. With rural two-lane back roads that twist through mountains leading to casinos, this region has the highest motor vehicle injury rates. The following strength and five risks are unique to East Region:

- Three out of four East Region residents reported walking for fun, exercise or transportation.
- Adults in the East Region were more likely to have ever smoked and to be current smokers than any other region.
- East Region adults were also more likely to smoke indoors.
- More than one-third of East Region residents ate fast food two or more times per week.
- East Region adults were more likely to be obese or overweight than adults in most other regions; more than three out of every five adults were overweight or obese.
- Compared to the County overall, East Region adults were as likely to have been binge drinking in the past year.



Population Health Issues

Population health issues identified by the ERLT included cancer, diabetes, heart disease and stroke, pulmonary disease, and injury (intentional and unintentional). The following section provides key statistics for each issue.

Cancer

- Cancer death rates have remained steady since 2000, but were higher than any other region.
- Cancer death rates were especially high among adults ages 65 years and older, compared to other regions.
- Women over 30 were more likely to have had a mammogram within the past two years than any other region.
- Only one-third of males over age 40 in the East Region had a prostate-specific antigen (PSA) screening the past year.
- Nearly three-fourths of adults over age 50 years have complied with colorectal cancer screening recommendations.

Diabetes

- Since 2000, diabetes death and hospitalization rates in the East Region have increased. However, one in 20 residents was ever diagnosed with diabetes.
- Among East Region adults ever diagnosed with diabetes, 85% were diagnosed with Type 2 diabetes—a preventable disease.
- Diabetes death and hospitalization rates were disproportionately high for adults ages 25-64 in the East Region, compared to adults of the same age in other regions.
- Diabetes death rates were especially high for Asian/Pacific Islanders, compared to other regions.
- Black residents were hospitalized for diabetes at noticeably higher rate, compared to blacks living in other regions.

Heart Disease and Stroke

- Coronary heart disease (CHD), stroke death, and hospitalization rates have declined since 2000.
- One in 20 was ever diagnosed with heart disease, and one in four was ever diagnosed with high blood pressure.
- Of those with high blood pressure, three-fourths were taking blood pressure medication.
- Adults ages 65 years and older died, were hospitalized, or discharged from the emergency department for CHD at higher rates than older adults throughout the County.

Pulmonary Disease

- Asthma and COPD death and medical encounter rates have remained steady since 2000, but were higher than most other regions.
- The COPD hospitalization rate for adults ages 25-64 in the East Region was nearly double the rate for the County overall.
- More adults have ever been diagnosed with or currently have asthma than any other region.
- More than one-third took daily medication to control their asthma.
- More than half of asthmatics ever received an asthma management plan from a health professional.
- Asthma hospitalization rates were disproportionately high among females and residents ages 25-64 compared to the same groups in other regions.
- Emergency department discharge for asthma was higher among blacks living in the East Region than for blacks in any other region.

Injury

Injuries are an important public health problem, especially given that so many are predictable and preventable. Injuries are classified as either intentional or unintentional. Intentional injuries are injuries that are caused on purpose and have violent or harmful intent. Unintentional injuries are injuries that are not caused on purpose and are free from harmful intent. Some would call unintentional injuries “accidents,” but they are not because they are predictable and preventable. Most unintentional injuries are related to falls, poisonings/overdoses, motor vehicle crashes, struck by/against events, fires/burns, cuts/piercing, drowning/submersion, and overexertion. Injuries are among the leading causes of death in San Diego County for all ages, and are the leading cause of death for children and young adults (*Table 2*). The following facts regarding intentional and unintentional injuries are provided for East Region as follows:

Intentional Injuries

- The rate of homicide in East Region was lower than the County rate.
- East Region residents had among the highest rates of assault injury in the county.
- East Region had the highest rate of suicide and emergency department discharge for self-inflicted injury, compared to other regions.
- The rate of suicide was disproportionately high among males and 25-64 year-old residents of the East Region, compared to other regions.

Unintentional Injuries

- In the East Region, unintentional injuries were the sixth leading cause of death for all ages.
- East Region had higher rates of death and medical encounter for unintentional injury than nearly all other regions in the County, particularly among older adults.
- Overdose and poisoning injuries and deaths were high in the East Region, especially among females.
- Hospitalization rates were highest among adults ages 65 and over.

Table 2: Injury Rates for the East Region Compared to San Diego County

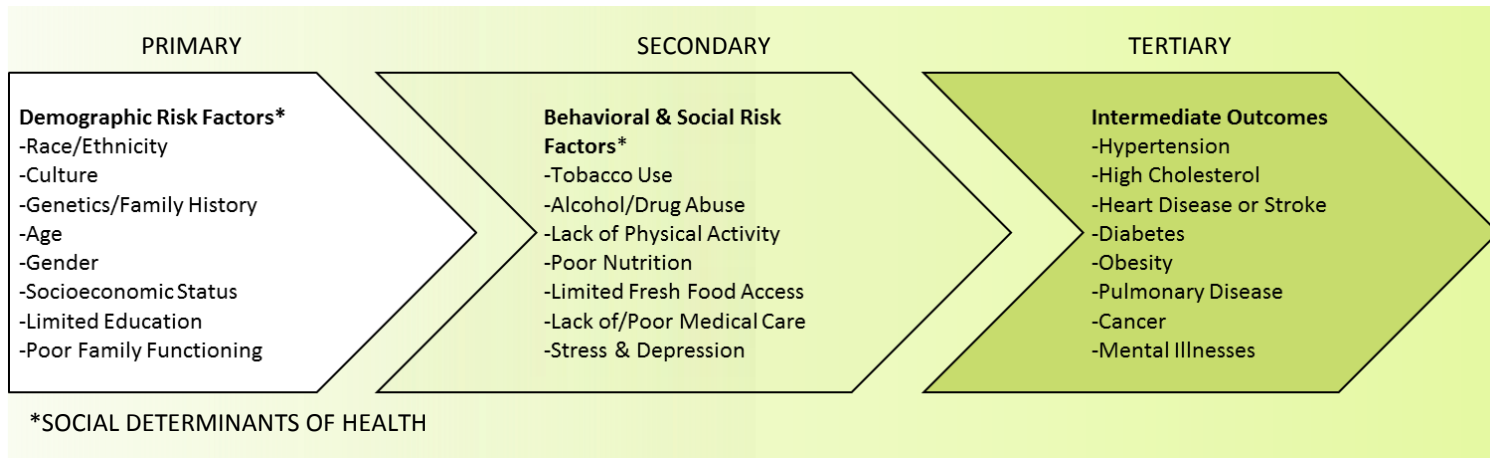
Injury Indicator	East Region Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Unintentional Injury (All Causes)	6275.8	5354.9	17.2%	↑
Assault	357.0	308.6	15.7%	↑
Fall-Related Injury	2273.3	2035.0	11.7%	↑
Firearm-Related Injury	22.5	18.7	20.3%	↑
Homicide	2.3	2.8	-17.9%	↓
Motor Vehicle Injury	678.1	594.2	14.1%	↑
MVC—Total Injuries	580.4	579.5	0.2%	↑
MVC—Alcohol Involved	81.3	78.8	3.2%	↑
MVC—Drinking Driver Involved	56.5	52.9	6.8%	↑
Overdose/Poisoning	309.8	233.8	32.5%	↑
Pedestrian Injuries by Occurrence	28.5	33.1	-13.9%	↓
Pedestrian Injuries by Residence	48.6	43.0	13.0%	↑
Self-Inflicted Injuries	188.6	126.4	49.3%	↑
Suicide	14.9	11.5	29.6%	↑

- Emergency department discharge rates were highest among residents ages 15-24, significantly higher than in any other region.
- Unintentional fall-related deaths, hospitalizations and emergency department discharges were notably higher, especially among older adults.
- East Region residents experienced high rates of motor vehicle injury hospitalization, emergency department discharge, and death compared to other regions.
- Total injury rates due to motor vehicle accidents have decreased since 2000.
- Residents and visitors to the East Region aged 15-24 were at greatest risk for motor vehicle injury. The rate of alcohol-involved accidents and drinking drivers for this age group was nearly double that of all other ages.
- Three in ten children ages 0-5 injured in a motor vehicle accident were not properly restrained in a car/booster seat.
- Blacks, in particular, had high rates of death, hospitalization, and emergency department discharge for motor vehicle injury.

Factors Contributing to Population Health Challenges

The Critical Pathway for East Region (Figure 9) 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 East 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 East Region.

Figure 9: Critical Pathway for East Region (Lack of Physical Activity, Poor Diet, Substance Abuse)



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 and 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*. East Region has a small town or rural atmosphere that is home to many strong, faith-based communities. The residents have a history of engaging with local officials in combination with strong community collaborative structure, committed services, and volunteer groups to improve their health and quality of life. The population of this region is becoming more diverse, especially with a growing Iraqi refugee population.

Due to its large rural areas, Eastern San Diego County has plenty of open space and recreational opportunities in nearby parks, mountains, and desert areas. East Region includes four cities (Santee, El Cajon, La Mesa, and Lemon Grove) and nine school districts (Alpine Union School District, Lakeside Union School District, La Mesa-Spring Valley School District, Cajon Valley Union School District, Lemon Grove School District, Dehesa School District, Jamul-Dulzura Union School District, Grossmont Union High School District, and Mountain Empire Unified School District). Grossmont College and Cuyamaca Community College are two community colleges located in El Cajon. San Diego Christian College is located in El Cajon. Only one hospital (Sharp Grossmont Hospital, the Grossmont Healthcare District) serves the entire Region, which is one of the three influential health care districts in San Diego County.

There are many tribes located in this region: Barona, Capitan, Grande, Viejas, Sycuan, Campo, La Posta, Manzanita, and Cuyapaipe. East Region also has a large concentration of community health clinics, including ones located in the back country, to provide primary care services. Lastly, the County of San Diego Aging & Independence Services coordinates a unique resource during the sweltering summer months, with 30 (out of 116 countywide) spots serving as [Cool Zones](#) throughout East Region.

Forces of Change Assessment

The Forces of Change assessment was included in the survey used for the Community Themes and Strengths Assessment. To identify external forces and trends that affect the health of the community, the survey asked the open-ended question, “What forces are currently impacting health?” in eight categories. These categories include social, economic, political, environmental, technological, scientific, ethical, and funding/grants. Responses are displayed in *Table 3*.

Table 3: Forces of Change Assessment Results

<i>Social</i>	<ul style="list-style-type: none"> • Changing demographics (differing cultural norm and customs, increased aging population, fewer younger residents, low educational attainment) • Growing poverty • High crime • High stress 	<ul style="list-style-type: none"> • Lack of support infrastructure for youth • Rising need for government services when resources are declining • Rising sexually transmitted infections, stigma regarding addressing sexuality • Substance abuse
<i>Economic</i>	<ul style="list-style-type: none"> • Bankruptcy (businesses and Individuals) • High competition for good jobs • Home foreclosures • Lack of money management • Limited employment 	<ul style="list-style-type: none"> • Limited job training opportunities • Low wage jobs • No health insurance • Slow economy
<i>Political</i>	<ul style="list-style-type: none"> • Affordable Care Act/health legislation • Focus on fixing verses preventing issues • Government restrictions on business • Lack of access to health care • Lack of government funding • Lack of support to address health-related environmental concerns 	<ul style="list-style-type: none"> • Medical expenses • Negative politics • Power of insurance companies and banks • Representation for unincorporated areas • Uncertainty
<i>Environmental</i>	<ul style="list-style-type: none"> • Freeway/traffic expansion • Laws re: cleaner environment • Limited ability to walk/bike to school, shopping, health care • Limited access to healthy foods • Limited/decreasing access to safe parks/nature 	<ul style="list-style-type: none"> • Many multi-family housing units • Marketing of junk food • Oversaturation of alcohol outlets • Santee to Sea bike/walking paths • School enrollment down, schools closing or losing funding • Small communities spread far apart
<i>Technological</i>	<ul style="list-style-type: none"> • Decreased activity and personal interaction • Easier and faster access to information • Increased opportunity to promote health 	<ul style="list-style-type: none"> • Lack of access to technology Mobile technology • Social media
<i>Scientific</i>	<ul style="list-style-type: none"> • Decreased funding for research • Engagement of diverse researchers • Evidenced-based prevention programs • Outside influences such as money and politics 	<ul style="list-style-type: none"> • Research and development jobs • Research-based practices based on fidelity and population being served
<i>Ethical</i>	<ul style="list-style-type: none"> • Apathy, fear and lack of consensus on ethics • Cannabis regulation • Child abuse • Government, media and personal ethics 	<ul style="list-style-type: none"> • Health care and social services issues • Politics, partisanship and polarization • Religious exemptions/rights • Racism, classism and stigmatization
<i>Funding/ Grants</i>	<ul style="list-style-type: none"> • Funding on the community level • Grants/projects narrow in focus, not big picture • Extremely competitive 	<ul style="list-style-type: none"> • Limited funding • Need for grant writers • Restrictions on certain funding • Sustainability

Summary of Assessments

After reviewing the results of the *Community Perceptions*, *Community Health Status*, and *Forces of Change* assessments, the Leadership Team compared its perception, based on the East Region community survey results, with what the actual available data demonstrated, using California Health Interview Survey (CHIS) data and Office of Statewide Health Planning and Development (OSHPD) (health encounter) data. This comparison is summarized in *Table 4*. As the table portrays, the only concurrence between perception and data is drug abuse. There was a marked discordance between perception and what the data showed for the four factors of poor diet, physical inactivity, access to health care, and chronic diseases, with the data showing these factors much worse than what was originally perceived by the community. Lastly, the community actually perceived mental health issues to be worse than the data showed.

Table 4: East Region Community Survey Results Compared to CHIS Survey Data

East Region Community Survey Results (Community Perception)		California Health Interview Survey Data 2009		Health Encounter Data 2009 (OSHPD)	
Drug Abuse	37%	Adults who binge drank within the last year	35% (higher than County)	ED Discharge Drug/Alcohol	244.3/100,000 (lower than County)
Poor Diet	32%	Adults who are overweight or obese	63% (higher than County)	Adults ever diagnosed with diabetes	5%
Mental Health Issues	29%	Sought help for emotional or mental problems	19%	ED Discharge - Psychoses - Non Psychoses	323.6/100,000 461.9/100,000
Physical Inactivity	28%	Walked for fun, recreation, or transportation	76%	N/A	N/A
Access to Health Care	28%	Currently insured	89%	Usual source of medical care	90%
Chronic Diseases	25%	N/A	N/A	All Medical - CHD - Stroke - Diabetes	Higher than Co +32% +27% +26%

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013.

Source: Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, 10/2012.

Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, 10/2012.

Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, 10/2012.

In East Region, the 3-4-50 health concerns were higher than most of the other Regions. The one “bright spot” was that coronary heart disease, stroke death and hospitalization rates had declined since 2000.

After the ERLT reviewed all the data, a list of strengths and risks or concerns was developed (*Table 5*). A group voting process was used to obtain consensus and agreement on strengths and concerns. One of the greatest strengths of East Region is that the ERLT is actively engaged in addressing the health of the region and has a history of joint success. An example of one success is the declining coronary heart disease and stroke death and hospitalization rates. However, these rates are still higher in the Region than in San Diego County overall. Nine risks or concerns were identified that include behavioral risk factors; health care access; community involvement, infrastructure, and safety issues; and mental health issues.

Table 5: Key Findings from the Community Health Assessments

Strengths:	Risks (Concerns):
<ul style="list-style-type: none"> • <i>Leadership team is actively engaged in addressing the health of the region and has a history of joint success</i> • <i>Coronary heart disease and stroke death and hospitalization rates have declined</i> 	<ul style="list-style-type: none"> • <i>Access to and engagement/lack of stigmatization in comprehensive health care</i> • <i>Physical Inactivity</i> • <i>Lack of community involvement</i> • <i>Community infrastructure</i> • <i>Community safety</i> • <i>Housing/transportation</i> • <i>Poor diet</i> • <i>Mental health</i> • <i>Substance abuse (smoking/drugs/alcohol)</i>

Priority Areas Identified from Assessments

The ERLT identified strategic issues by exploring the combined results of the *Community Perceptions*, *Community Health Status*, and *Forces of Change Assessments*. The *Local Public Health System Assessment*, upon its completion, was also used as an additional lens through which to review the team’s goals to confirm or adjust the direction, as deemed appropriate. The priority areas (Active Living, Health Eating, and Substance Abuse Prevention) represent the prominent crosscutting findings that need to be addressed to reach the Leadership Team’s vision, as outlined in East Region’s Community Health Improvement Plan. The critical pathway noted in *Figure 9* links the priority areas with health outcomes unique to East 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**
- *Active Living*
 - *Healthy Eating*
 - *Substance Abuse Prevention*

