

# SOUTH REGION COMMUNITY HEALTH ASSESSMENT



# Table of Contents

|   |           |
|---|-----------|
| <b>Leadership Team Members</b>                        | <b>2</b>  |
| <b>Community Health Improvement Process</b>           | <b>3</b>  |
| <b>Community Health Assessments</b>                   | <b>4</b>  |
| Community Perceptions Assessment                      | 4         |
| Data Sources  | 5         |
| Demographics  | 6         |
| Community Demographics                                | 6         |
| Socioeconomic Demographics                            | 6         |
| Health Resources Availability                         | 6         |
| Strengths and Risks to Health                         | 7         |
| Population Health Issues                              | 8         |
| Cancer  | 8         |
| Diabetes  | 8         |
| Heart Disease and Stroke                              | 8         |
| Factors Contributing to Population Health Challenges  | 9         |
| Community Assets and Resources (Themes and Strengths) | 9         |
| Forces of Change                                      | 11        |
| <b>Priority Areas Identified from Assessments</b>     | <b>11</b> |

## Live Well San Diego South Region Leadership Team

### Co-Chairs:

Barbara Jiménez, Deputy Director, HHS Central & South Regions

Paulina Bobenrieth, Public Health Nurse Manager, HHS South Region

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

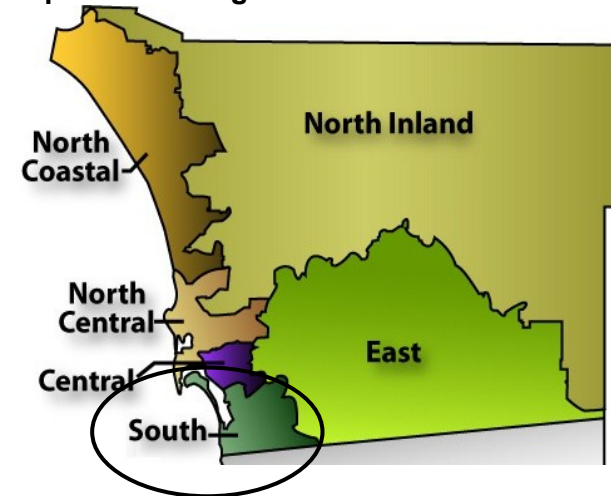
|   |   |
|---|---|
| American Association of Retired Persons (AARP)                                | Nurse Family Partnership (HHS)                                  |
| Aging & Independence Services (AIS)   | Operation Samahan   |
| Board of Supervisors – District 1   | Planned Parenthood  |
| Child Welfare Services  | Project Access  |
| Children’s Mental Health  | Promotores Activos Por La Comunidad                             |
| Chula Vista Community Collaborative (CVCC)                                    | San Diego Adolescent Pregnancy and Parenting Program (SANDAPP)  |
| Chula Vista Elementary School District  | San Diego County Dental Health Initiative                       |
| Chula Vista Family Health Centers   | San Diego County Office of Education                            |
| City of Chula Vista, Office of the Mayor, Recreation Department               | San Diego Medical Society Foundation                            |
| City of National City, Planning Department                                    | San Diego Prevention Research Center (SD-PRC)                   |
| Communities Against Substance Abuse (CASA)                                    | San Ysidro Health Center  |
| Community Health Improvement Partners (CHIP)                                  | San Ysidro School District                                      |
| County of San Diego, HHS-South Region   | Scripps Family Medicine and Area Health Education Center (AHEC) |
| Home Start  | Sharp Chula Vista Medical Center                                |
| Imperial Beach Health Center  | South Bay Community Services                                    |
| Institute for Public Strategies (IPS)   | South Bay Guidance Center                                       |
| International Community Foundation (ICF) Olivewood Garden and Learning Center | South Bay Union School District                                 |
| La Maestra Community Health Centers   | Sweetwater Union High School District                           |
| Maria Sardíñas Center   | Turning the Hearts Center                                       |
| National Children’s Study Program   | WALKSanDiego  |
| National City Collaborative   | WILD COAST  |
| National School District  |   |

## Live Well San Diego South Region Leadership Team Community Health Improvement Process

In October 2010, *Live Well San Diego* South Region Leadership Team (SRLT) was formed to support the County of San Diego's *Live Well San Diego* initiative (Figure 1). As part of the community engagement process, the SRLT is the second generation of the Chula Vista Healthy Eating, Active Communities (HEAC) Coalition - a five-year project funded by The California Endowment. HEAC sought to reduce childhood obesity in western Chula Vista by successfully advocating for policies and physical improvements that increased access to healthy foods, active transportation, and physical activity in Chula Vista's schools and community environments. When the HEAC funding ended, the partners decided to extend beyond the HEAC project area, West Chula Vista, to include all of South Region. The team met with a Safe and Healthy Community Consulting to do strategic planning and identify areas of need and develop strategies to improve access to affordable healthy food and recreational activity. The strategic planning included an assessment of current conditions, as well as perceptions, resource and asset mapping, and partner strengths. The consultant analyzed the data and developed reports to inform future decision making processes.

Once the regional team formed, leadership meetings were held every other month 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 approximately 20 members. 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 South Region was a collaborative process, because it involved input from the partners on the Leadership Committee, as well as the Building Better Systems, Schools and Neighborhood Subcommittee members. Once the health issues were selected by the coalition, members met every other month to begin developing the community health improvement plans, by identifying goals and objectives for the strategic health issues selected by the team members and the community. The team further developed the community health improvement plans by selecting key activities and indicators of success, to address the identified health issues.

**Figure 1: County of San Diego HHS Operational Regions**



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



Source: [www.naccho.org/MAPP](http://www.naccho.org/MAPP)

## ***Live Well San Diego South Region Leadership Team***

The goal of SRLT is to improve community wellness and reduce health disparities among the children and families of South Region San Diego. As a coalition of public health agencies, local governments, school districts, health care organizations and professionals, and community-based organizations, we promote policy, environment, and systems-changes that create safe, healthy, and equitable communities.

## **Community Health Assessments**

The SRLT extends beyond west Chula Vista to serve all of South Region. South region serves the residents of five cities: National City, Chula Vista, Imperial Beach, Coronado, and City of San Diego, including the communities of Otay Mesa, Nestor Mesa, and San Ysidro. The region encompasses 155 square miles of land, and is bordered by the Pacific Ocean to the west, Mexico to the south, Otay Mountains in the east, and city of San Diego to the north. San Ysidro is the busiest port of entry in the world, with over 30 million vehicles and 50 million people entering the United States in 2009.

## ***Community Perceptions Assessment***

In collaboration with Health and Human Services Agency (HHS) South Region Public Health, Safe and Healthy Communities Consulting facilitated several meetings in which the *Live Well San Diego* South Region Leadership Team members came together to develop a mission, vision, goals, and activities. When the County's accreditation process started, SRLT was ready to update the charter and roadmap.

The major needs identified are:

- Lack of physical activity and active living
- Lack of healthy food access
- Tobacco use
- Lack of security and violence
- Lack of access to health homes (medical, dental and mental) for vulnerable populations

**Table 1: Key Findings from Community Perceptions Assessment**

### **Strengths:**

- *Commitment to work together as a coalition with common mission and vision*
- *Focus on high risk neighborhoods in Chula Vista, National City, Imperial Beach, and San Ysidro, a community of the City of San Diego*
- *Implement multi-sector strategies to address chronic disease, obesity, and community safety*
- *Seek joint funding to assist in the development of resources to address needs*
- *Share resources*
- *Vulnerable populations: families, children, pregnant women, and older adults*

### **Concerns:**

- *Chronic disease rates*
- *Crime rates and lack of safety*
- *Lack of access to affordable healthy food*
- *Lack of access to physical and recreational activity*
- *Smoking rates*
- *Lack of or no Insurance and low paying jobs do not provide health insurance*
- *Obesity rates*
- *Unemployment*

## *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 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 SRLT 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 South Region.

## Demographics

### Community Demographics

With nearly half a million (460,739) residents, the South Region is home to an ethnically and culturally diverse population. South Region's population is made up of 55.3% Hispanic, 24.6% non-Hispanic White and 13.4% Asian (*Figure 3*). Most of the region's cities and communities have Latino majority populations. Thirty-four percent of the population is bilingual and 20% of residents speak only Spanish at home. Nearly one in four residents in South Region is fourteen years old or younger.

### Socioeconomic Demographics

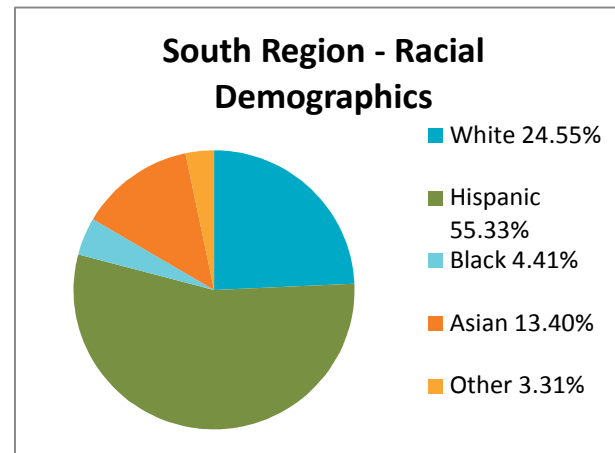
South Region represents diversity in household income. San Ysidro is a low-income community, with a median household income of \$13,000 per year, and has the highest concentration of public housing in San Diego County. National City has the next lowest median household income in the region at \$31,255, but the 27% increase in median income was one of the largest of any jurisdiction between 1990 and 1998. The 2000 census reports Imperial Beach's median household income as \$35,882. Chula Vista had the fastest growing median income at over 30% between 1990 and 1998; its median household income is \$44,861. Bonita's median household income, according to the last census, was \$70,109 (US Census Bureau (2005)). One third (33.6%) of the region's adults have incomes below 200% of the Federal Poverty Level (FPL), the second highest rate in the County. In some parts of the region, nearly 25% of children and families live below the federal poverty line.

South Region has some of the lowest rates of educational attainment and highest rates of poverty in the County. Nearly one fourth (24%) of South Region's adult population has not completed high school.

### Health Resources Availability

In South Region, there are 16 community clinics and six chronic dialysis clinics. There are five home health agencies, four general acute-care hospitals with emergency departments, and ten skilled nursing facilities. In 2006, the Abaris Group's long-range safety net assessment showed that the South Region was the most vulnerable region in San Diego County. The action plan called for creation of a South Region work group to address the high risk issues and trends identified in the study. The South Safety Net workgroup, a private-public partnership comprised of members from hospitals, clinics, physicians, consumers, and community-based organizations, met over a five-month period to identify major issues, trends, and priority strategies and actions in South Region. The workgroup agreed that a comprehensive approach was necessary to address the major issues and that this approach would strengthen the South Region health

**Figure 3: Racial Demographics**



care safety net. The three major priority areas identified for this health care workgroup were 1) access, 2) capacity, and 3) prevention and wellness. The partners of this workgroup are now members of the SRLT.

### **Strengths and Risks to Health**

One of the strengths of South Region is a history of strong public-private partnerships. Shortly after the approval of the *Live Well San Diego* initiative by the County of San Diego Board of Supervisors, in July 2010, South Region initiated community forums and developed a two-year implementation plan, [Health Communities South Region Coalition Charter and Two-Year Roadmap 2010-2012](#). This document later laid the groundwork for the *Live Well San Diego Community Health Improvement Plan* for all the Health and Human Services Agency (HHSA) Regions.

South Region has many tangible strengths. A significant strength is the passionate commitment of the Chula Vista School District in addressing childhood obesity. National City, one of the five cities in South Region, added a Health and Environmental Justice Element to its General Plan. This effort will also help combat obesity across the lifespan for South Region residents. South Region is part of the 23-mile regional Bayshore Bikeway, another effort which supports active living.

While there are these strengths, South Region also has its share of risks or concerns. Such risks include the prevalence of the same chronic diseases identified by the 3-4-50 concept – diabetes, asthma, heart disease, and cancer. In the South Region, the number is even higher at **59%** for 2009. The SRLT identified a lack of access to medical homes. More specifically, a shortage of hospital beds and overcrowding of local emergency departments, as well as a shortage of clinic capacity, with a growing population and demand for services, was identified. Although active living resources are identified in some parts of South Region, overall, the SRLT identified poor walkability: and poor sidewalk conditions as a risk or concern. Further strengths and risks are located in *Table 2* below.

**Table 2: Key Findings from Community Health Assessments**

**Strengths:**

- *Chula Vista Elementary School District implemented a school wellness policy that has served as a model for other districts.*
- *Chula Vista added a Health Element to their General Plan.*
- *Chula Vista adopted a community garden ordinance to establish community gardens on city-owned vacant land.*
- *National City added a Health and Environmental Justice Element to its General Plan.*
- *South Region is part of the 23-mile regional Bayshore Bikeway.*

**Risks (Concerns):**

- *Alcohol advertising*
- *High density of fast food outlets*
- *High density of liquor and convenience stores*
- *Lack of access to medical home*
- *Lack of community centers, parks and open space*
- *Lack of lighting and safe street crossings*
- *Limited access to affordable fresh fruits and vegetables*
- *Graffiti and trash, especially in commercial areas*
- *Poor walkability: poor sidewalk conditions*
- *Stigma around mental health*



## ***Population Health Issues***

South Region is the most impacted region in the county. It has the highest percentage (59%) of chronic disease-related deaths. Four specific chronic conditions account for the majority of these high death percentages; cancer, heart disease and stroke, type 2 diabetes, and pulmonary diseases, such as asthma.

### *Cancer*

- In 2009, cancer deaths were higher among White South Region residents compared to any other racial or ethnic group in any other region.

### *Type 2 Diabetes*

- The rates of diabetes death, hospitalization, and emergency department discharge in South Region residents were disproportionately higher among Latinos and older adults than their counterparts in other regions.

### *Heart Disease and Stroke*

- In 2007, heart disease and stroke ranked first and third as the leading causes of death in South Region. South Region has one of the highest rates of coronary heart disease deaths (112/100,000) in the County.
- South Region's communities of color are disproportionately affected by heart disease and stroke. South Region's Latinos also had a higher rate of heart disease death, compared to the same ethnic group in other parts of the County.

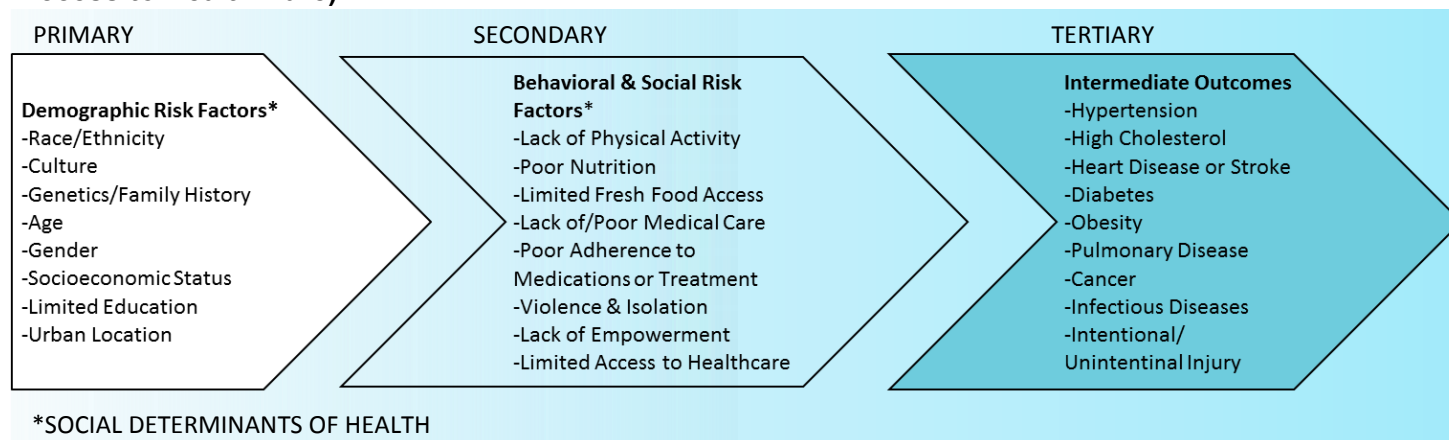
For these reasons, South Region has a 59% mortality rate due to the 3-4-50 chronic diseases. The next section identifies some factors that contribute to these health challenges.



## Factors Contributing to Population Health Challenges

The Critical Pathway (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 South 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 South Region.

**Figure 4: Critical Pathway for South Region (Lack of Physical Activity, Poor Diet, Lack of Safety, Lack of Access to Health Care)**



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 South Region are imperative to implementing the *Live Well San Diego Community Health Improvement Plan*. The Region includes seven cities (San Diego, Chula Vista, National City, Coronado, San Ysidro, Bonita, and Imperial Beach) and eight school districts (National School District, Chula Vista Elementary School District, South Bay Union School District, Dehesa School District, San Ysidro School District, Sweetwater Union High School District, Coronado Unified School District, and San Diego Unified School District). South Region also has the community college of Southwestern College. Following are some highlighted assets and resources of this Region.

Three efforts were initiated to address the priority issues identified by South Region in its original two-year plan:

- **Enhanced capacity of South Region community clinics.** A consortium of existing community clinics, led by San Ysidro Health Center, expanded the existing clinic capacity by providing urgent care, expanded patient-centered “medical home,” and implemented information technology to improve patient care coordination.
- **Increased access to federally-funded community clinic.** Family Health Centers opened the federally-funded clinic, Chula Vista Family Health Center.
- **Improved community-based prevention.** Chula Vista Community Collaborative and Scripps, Area Health Education Center, trained and employed community health workers to provide culturally-competent parent education on appropriate use of health care system and healthy behaviors.

The South Region clinic partners include:

- Chula Vista Family Health Centers of San Diego, which provides medical, dental and behavioral health services. They have a mobile clinic that provides access to families in areas where transportation is a barrier to accessing health care.
- Imperial Beach Health Center, which includes the Nestor Community Health Center. Both centers offer medical, dental, and mental health services, in addition to health education classes.
- La Maestra Community Health Center, which offers medical health and health education.
- Operation Samahan Clinic, which offers medical, dental and behavioral health services.
- San Ysidro Health Center, which includes Otay, Chula Vista, National City Family Clinics, and the South Bay Family Urgent Care Center in Chula Vista. The health center and clinics offer medical, dental, and behavioral health services, as well as health education.
- Imperial Beach Health Center opened a new clinic, Nestor Community Health Center, in early 2011.

The South Region hospital partners include:

- Scripps Mercy Hospital in Chula Vista, which offers emergency care, intensive care services, and a neonatal intensive care unit that provides short-stay intensive care for babies. Additionally, their Medical Residency program teaches medical residents about community health programs and education. The Area Health Education Center (AHEC) trains promotoras (community health workers) in chronic disease management to hold classes in the community.
- Sharp Chula Vista Medical Center which offers emergency care, intensive care, and comprehensive health care. They also provide health classes and seminars.

Additionally, the County HHSA South Region Center provides general public health and social services to children, youth, and adults living and working in South Region. The South Region Center offers:

- Clinic and home visiting public health services through the Maternal and Child Health Program and the Nurse Family Partnership.
- County Medical Services assistance program for eligible adult residents with serious health problems.

### **Forces of Change Assessment**

**Table 3: External Forces/Trends Impacting Community Health**

- *Increased demand for linguistically and culturally appropriate services and information*
- *High number of binational or dual residency clients*
- *Emerging federal, state, and local policies*
- *Prevalence of obesity*
- *Proximity to Mexico, resulting in the busiest border crossing in the world*
- *Slow economy and high unemployment*
- *Fluctuation in the State budget and other funding sources*

SRLT members identified external forces and trends that impact the health of the community. These factors range from economics, cultural, and geographic, to health-related issues.

### **Priority Areas Identified from Assessments**

The critical pathway noted in *Figure 4* links the priority areas with health outcomes unique to South Region. The pathway also outlines primary and secondary prevention factors that are related to the health outcomes (tertiary prevention factors) and priority areas. *Live Well San Diego* South Region Leadership Team identified health care access, security and violence, and physical activity and healthy eating as its strategic issues. The South Region's section of the *Live Well San Diego Community Health Improvement Plan* addresses these priority areas.

#### **Key Priority Areas**

- *Health Care Access*
- *Improve Security and Decrease Violence*
- *Physical Activity and Healthy Eating*

