LIVE WELL SAN DIEGO

COMMUNITY HEALTH

ASSESSMENT

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

INTRODUCTION LETTER

Dear Community Partner:

The County of San Diego launched *Live Well San Diego* in July 2010 and embarked upon a comprehensive community planning process shortly thereafter. The Health and Human Services Agency (HHSA) engaged community partners at the regional level to best meet the needs of San Diego's large population and diverse communities. This process included a comprehensive community health assessment, which was conducted March through August 2012 in all six HHSA regional planning areas. For the purposes of this document, the two northern Regions combined efforts. Information collected from this assessment is found in this report along with other recently completed programmatic and partner assessments. This report summarizes the assessment data used to satisfy the public health accreditation requirements.

In collaboration with the HHSA Division of Public Health Services (PHS), the Regions utilized the *Mobilizing for Action through Planning and Partnership* model. This collaboration forged the path for the development of the *Live Well San Diego Community Health Assessment* (CHA) that would be later used for PHS to submit in its application to pursue national public health accreditation for HHSA.

Results from all the above assessments influenced the development of the *Live Well San Diego Community Health Improvement Plan*. Included in this document is an introduction to HHSA and the principles that guide its operations; a description of the tools and processes used to involve the community in the community health assessment process; and a summary of countywide assessments, including a section for the regional community health assessments with a brief description of each Region's process.

The contributions and commitment from our community partners provide the basis for our community health improvement planning work within the *Live Well San Diego* strategic framework. HHSA has a long history of engaging in public-private partnerships to address some of the most challenging health issues, such as HIV and AIDS, infant mortality, chronic disease, and tobacco prevention, to name a few. Through the community engagement process, internal and external partnerships have strengthened, and we look to the future as we measure our progress to demonstrate the impact of this collective effort approach to winning some of the most important health battles of our time.

Your dedication and contributions to this effort are appreciated by all.

Live Well!

NICK MACCHIONE, M.S., M.P.H., F.A.C.H.E.
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EXECUTIVE SUMMARY

The County of San Diego Health and Human Services Agency (HHSA) strives to create a healthy, safe, and thriving community for its many residents. Integral to this vision is the implementation of the *Live Well San Diego* strategic initiative,[1] which is comprised of three components that include *Building Better Health*, *Living Safely*, and *Thriving.* As part of this initiative, HHSA has identified strategies associated with the *Building Better Health* component: building a better system which integrates care and services; supporting healthy and positive choices, through the promotion of healthy eating, active living and tobacco and drug free lives; pursuing policy and environmental changes that increase access to healthy foods and active communities, as well as support tobacco and drug free communities; and changing the culture within the County employee workforce. Through these strategies, HHSA aims to improve the health and well-being of San Diego County residents.

In order to appropriately address the needs of San Diego County residents, regional leadership teams were formed in November 2010 to bring the community together to initiate changes to help residents live healthy, safe, and thriving lives. Regional leadership teams 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). All four MAPP assessments were conducted and included 1) Community Health Status Assessment, 2) Forces of Change Assessment, 3) Community Themes and Strengths Assessment, and 4) Local Public Health System Assessment. The first three assessments were conducted at the regional level because demographics, culture, and health outcomes vary among them. This process allowed each Region to assess the health status of its community by determining the root causes of health that influence their residents, such as health behaviors, social factors, health services, and policy change. The fourth assessment (Local Public Health System Assessment) was conducted at a countywide level in June 2012. It brought together 67 community members representing 21 sectors to evaluate how well the local public health system meets national standards within the 10 Essential Public Health Services. Each MAPP assessment contributed to the overall County assessment and provided the framework for developing the *Live Well San Diego Community Health Improvement Plan* with regional priorities and leadership teams to address them.

Demographic Profile

The community health assessment was conducted in 2012, using the most current data available (from 2009). Estimated population data[2] was used to develop this community health assessment. In 2009, San Diego County had a diverse population of approximately 3.2 million residents with equal percentages of males and females (50%). The majority was white (50%) or Hispanic (30%). Most of the population was between the ages of 25-64 (53%). Sixty-four percent (64%) of the population ages five years or older were English-only speakers, 11%

[1]County of San Diego. "Live Well San Diego". http://www.livewellsd.org. Retrieved on October 22, 2013.
[2] Estimated population data is from SANDAG. For more details, please visit http://www.sandag.org/resources/demographics_and_other_data/demographics/estimates/index.asp.
Note: Fast forward to 2012, when the estimated population is 47% white and 34% Hispanic

were Spanish-only speakers, and 20% were bilingual. Between 2005-2009, 23% of people living in San Diego County were foreign born. Seventy-seven percent (77%) were native, including 47% who were born in California.

In 2009, there were approximately 1 million households in San Diego County and families made up 66% of these households. This percentage included both married-couple families (50%) and other families (16%). The median household income of residents was $46,797 with an average of 2.89 persons per household. A little over one-tenth (11.4%) of the population was below the Federal Poverty Level, with 11.9% of families with children falling below the poverty level. Of the nearly 3.2 million residents in San Diego County, approximately 1.9 million (59%) were 25 years of age or older. Of those, 14.8% had less than a high school degree. Another 20.2% were high school graduates, and nearly 31.0% had some college education. One-third (34.0%) of them had a Bachelor Degree or higher.

Community Health Status Assessment

The County of San Diego launched *Live Well San Diego, Building Better Health* in July 2010 and embarked upon a comprehensive community planning process shortly thereafter. The HHSA engaged community partners at the regional level to best meet the needs of San Diego's large population and diverse communities. This process included a comprehensive community health assessment, which was conducted March through August 2012 in all six HHSA regional planning areas. For the purposes of this document, the two northern Regions combined efforts.

Each of the five HHSA regional planning groups conducted its own community health assessment with data specific to its respective regions as part of the community engagement process to assess health, determine priority areas, and develop a community health improvement plan. The HHSA Community Health Statistics Unit presented county and regional data to each of the five regional planning groups. The health indicators presented were derived from the Community Health Statistics Unit's *San Diego County Community Profiles* and included chronic disease, communicable (infectious) disease, maternal and child health, and injury data. Regional assessments highlight key findings from each region, including disparities, determinants of health, health issues, community assets and resources, and areas of focus for community health improvement planning. These assessments provided a starting point for community planning and aided each Region in identifying goals, strategies, and measurable objectives to address the health and safety needs of the community.

In addition to the regional assessments conducted as part of the MAPP process, several HHSA programs and other local organizations also conducted assessments based on program or project requirements. A summary of the assessments conducted by the HIV/STD, Immunization, Maternal and Child Health, and Injury programs are included in this document along with assessment reports from community partners, such as Community Health Improvement Partners and the Hospital Association of San Diego and Imperial Counties. Information from these reports provided each HHSA regional planning team the context for identifying and prioritizing key health issues and determinants for community health improvement planning.

Contributing Causes of Community Health Issues

Five factors play an important role in the ability of individuals to be healthy, safe, and thriving. These contributing causes include individual behaviors, biology and genetics, provision of health services, social factors, and policy implications. The *Live Well San Diego, Building Better Health* strategy identified behaviors like smoking, poor diet, and physical inactivity as those that lead to the development of four diseases – cancer, heart disease, type 2 diabetes, and lung disease – which account for over 50% of deaths in San Diego County. Other factors, such as educational attainment, low-income, and neighborhood conditions, also influence health.

Forces of Change Assessment

Within the past decade, the federal and state governments have undergone transformation in political priorities that impact health and health care. The Patient Protection and Affordable Care Act (ACA) of 2010 and Prop 63 Mental Health Services Act (MHSA) of 2004 are two examples of forces that changed the landscape of the provision of health and mental health services. The ACA contains the Prevention and Public Health Fund (PPHF) that supports Community Transformation Grant funding from the CDC. Mental Health Services Act (MHSA) funding is designed to provide counties funds to expand mental health services. MHSA contains six major components addressing the critical needs and priorities to improve access to comprehensive, culturally and linguistically appropriate services: Community Program Planning, Community Services and Support, Prevention and Early Intervention, Workforce Education and Training, Capital Facilities and Technological Needs, and Innovation. Prevention and Early Intervention services supports the design of programs to prevent mental illness from becoming severe and disabling, with an emphasis on improving timely access to services to underserved populations. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. HHSA capitalized on this opportunity by integrating mental health prevention activities with new public health prevention activities (e.g., Communities Putting Prevention to Work, Community Transformation Grant) performed by health promotion staff within the HHSA Regions.

Several other large scale efforts and funding sources provided resources for health improvement throughout San Diego County:

- The County of San Diego Board of Supervisors tasked HHSA in 2004 with addressing the childhood obesity epidemic, leading to the development of the *Call to Action: San Diego County Childhood Obesity Action Plan*, published in January 2006.
- The American Recovery and Reinvestment Act (ARRA) passed in 2009 as an economic stimulus package resulting in funding for Communities Putting Prevention to Work (CPPW), administered by the CDC.
- The County of San Diego Board of Supervisors adopted *Live Well San Diego, Building Better Health* as a countywide initiative in July 2010.
- The Low Income Health Program (LIHP), a demonstration project, launched in 2010, which allowed the counties to optionally expand primary medical coverage to certain uninsured, low-income adults, and mirrored several components of ACA. In 2014, when ACA provisions became effective, participants will automatically be enrolled in the California Medical Assistance Program (Medi-Cal or MediCal), California's Medicaid program.

- The Public Health Accreditation Board launched national, voluntary public health accreditation in September 2011 as a vehicle for standardizing the practice and improving health outcomes for all Americans.

These legislations and programs are all forces of change that affect the context in which the community and its public health system operate. They lead to the community prioritizing certain areas of public health over others, which will be reflected in each regional community health improvement plan.

Community Assets and Resources

Based on MAPP Themes and Strengths Assessment, information was gathered to assess the community assets and resources. Each of the HHSA Regions has unique community themes, strengths, and assets available based on their geography and demographics. Some key themes identified in each Region were healthy eating, active living, safety, mental health, and substance abuse. In addition to regional themes, assets and resources (which aligns with Public Health Accreditation Board's measure 1.1.2) were included in this assessment.

Several programs throughout San Diego County contribute to the overall goals and objectives of *Live Well San Diego* and community health improvement at the regional level. Some of the most influential programs and important assets to the community resulted from the work initiated with funding from the CPPW grant, known in San Diego as *Healthy Works*™. Projects sustained and/or expanded include: the Resident Leadership Academy (RLA), school wellness programs, worksite lactation policies, and a mass media campaign to address healthy eating, active living, and smoke-free lifestyles. There are several other community assets and resources:

- Smoke-Free San Diego,
- Community Garden Policy,
- Supplemental Nutrition Assistance Program and Education (SNAP-Ed),
- Smoking Ban for Public Housing,
- San Diego County Farm to School Taskforce,
- San Diego Beacon Collaborative,
- It's Up to Us Campaign,
- Regional Safe Routes to School Strategic Plan,
- Safe Routes to School Coalition,
- Community Transition Center Services,
- Trauma Informed Care,
- San Diego Community-based Care Transitions Partnership designation,
- "Weight of the Workplace" Forum,
- "Let's Go Local" Produce Showcase (May 2013), and
- Veterans Independence Services At Any Age (VISA) Program.

All of these resources and programs are integral to implementing the *Live Well San Diego* goals and objectives by enabling HHSA and community partners to address determinants of health, including health-related behaviors, access to care and healthy options, access to mental health services, population education about risk factors for health, and effective methods to make changes to improve health.

Local Public Health System Assessment

On June 29, 2012, HHSA conducted a Local Public Health System Assessment (LPHSA), a CDC tool to evaluate how well the local public health system meets national standards within the 10 Essential Public Health Services. Stakeholders were invited to participate based on community member lists collected from all public health services programs. Participants included public, private, and voluntary stakeholders. A total of 88 participants (67 community members and 21 County staff) completed the participant profile. The majority of the individuals who participated in the LPHSA were female (79%), with an average age of 50. Participants came from various regions of San Diego County, with 42 total zip codes identified. Nearly three-quarters (72%) of participants reported their race as white or Caucasian. An additional 13% were Asian, and 10% were Latino/a.

Results from the LPHSA showed that four essential services ranked the highest with significant activity: monitor health status (72%), diagnose and investigate (69%), develop policies and plans (69%), and enforce laws (69%). Areas ranking the lowest included: educate and empower (50%), research and innovation (50%), and mobilizing partnerships (47%).

Limitations in the ranking included reluctance from participants to use the "optimal category." Optimal was perceived as being 100%, when in actuality, this category was 76-100%. This perception led to lower scores than expected for all categories. During the debrief with participants following the breakout sessions, all groups identified challenges in communicating with limited and non-English speaking populations.

Summary of Assessments

Together, these assessments make up the *Live Well San Diego Community Health Assessment*. The Regions utilized these data to aid in determining priority areas for their respective communities. Analysis of these data confirmed that chronic disease prevention (active living, healthy eating, and tobacco cessation) is an important priority in all of the Regions. The community assets and resources assessment (MAPP Themes and Strengths Assessment) illustrated that while assets and resources exist, better coordination and leverage will enhance the community's ability to better address their needs.

Regional Priority Areas

As a result of conducting community engagement to produce this community health assessment, each Region facilitated the process that led to community identification of priority health areas. *Table A* provides a summary of priority areas selected by each region. It is noted that the Regions identified many similar priority health areas to address chronic disease prevention that focus on positive risk factor behaviors, such as active living, healthy eating, and tobacco cessation. In addition, many of the Regions identified health care access and behavioral health/substance abuse as key priorities for their regions. These issues align well with the *Live Well San Diego* strategies to improve health and well-being, which include supporting positive choices and pursuing policy and environmental changes.

Table A: Key Priority Areas Identified by Region

Region	Health Priority Areas					
	Active Living	Healthy Eating	Health Care Access	Behavioral Health/ Substance Use	Safety/ Violence	Other
Central		✓	✓	✓	✓	Worksite Wellness*
East	✓	✓		✓		
North Central	✓		✓	✓		
North County	✓	✓		✓		
South	✓		✓		✓	

*Includes elements that address active living, healthy eating, and behavioral health/substance use.

Summary

This *Live Well San Diego Community Health Assessment* serves as a blueprint for strategic and community health planning efforts. Most importantly, the community engagement process, utilized to create this document, has cemented relationships between HHSA and its regional community partners. These partnerships will serve as the foundation for support of the collective impact approach, which will be integral to achieving a healthy, safe, and thriving community in San Diego County.

COMMUNITY HEALTH ASSESSMENT

INTRODUCTION

The County of San Diego Health and Human Services Agency

The Health and Human Services Agency (HHSA) is one of five business groups of the County of San Diego (COSD) government (see organizational chart). HHSA provides a broad range of health and social services, promoting wellness, self-sufficiency, and a better quality of life for all individuals and families in San Diego County. HHSA integrates health and social services through a unified service-delivery system. This system is family-focused and community-based, reflective of business principles in which services are delivered in a cost-effective and outcome-driven fashion.

In order to deliver these cost-effective and outcome-driven services, HHSA uses the COSD General Management System (GMS). This framework allows the County to achieve operational excellence and to be accountable to the public. The first element of the GMS is the COSD Strategic Plan. The plan has three strategic initiatives: Safe Communities, Sustainable Environments, and Healthy Families. These initiatives will be accomplished by using the values and guiding principles of integrity, stewardship, and commitment (to excellence). HHSA

Overview of HHSA Vision, Mission, and Guiding Principles

Vision: Healthy, Safe, Thriving San Diego Communities

Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services.

To accomplish this, HHSA utilizes the following **Guiding Principles**:

- Ensure all activities are outcome driven.
- Assist employees to reach their full potential.
- Foster continuous improvement in order to maximize efficiency and effectiveness of services.
- Assure fiscal integrity.
- Provide customer focused and culturally competent services.
- Support courageous creativity.
- Leverage opportunity with the community.

uses the County GMS and Strategic Plan as guidance in its own operations, including its vision, mission, and guiding principles.

The hallmark of HHSA is its commitment to a service delivery system that is regionalized and accessible, community-based and customer oriented. Organized into six geographic service regions, HHSA's service delivery system reflects a community-based approach using public -private partnerships to meet the needs of families in San Diego County.

Customers are served in a variety of settings: County facilities, hospitals, community clinics, agencies, or community-based organizations under contract with HHSA to provide key services such as alcohol and drug treatment services, or medical care to the indigent. Throughout HHSA, the focus is on a "no wrong door" approach - a system that is easy to access, treats families as a whole, integrates resources and services, harnesses the power of technology, and takes advantage of economies of scale. In addition to providing direct services, HHSA also serves the general population of 3.2 million residents of San Diego County.

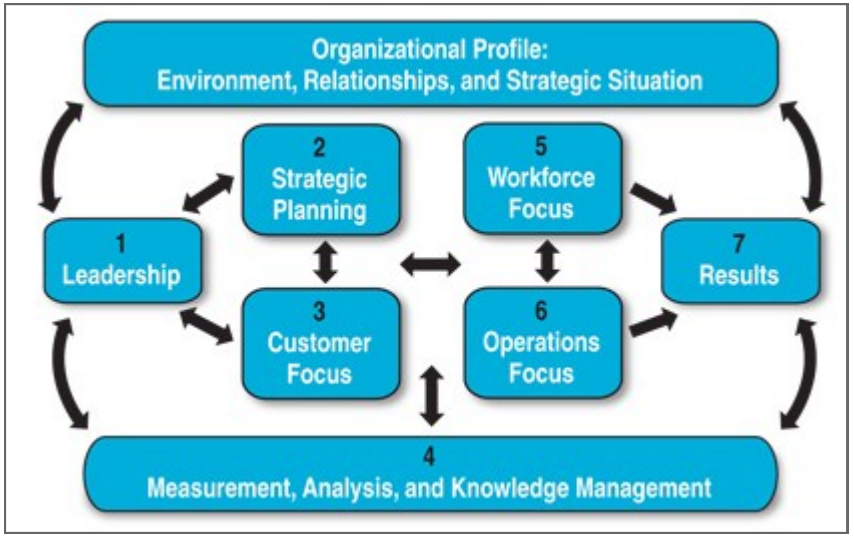
In addition, HHSA works with local and neighborhood agencies, including cities, businesses, and schools, to better ensure that county residents have easy access to services. Some of HHSA's customers are provided services in their own homes – Aging and Independence Services staff conduct home-based assessments for seniors in order to arrange for needed services; public health nurses visit low income pregnant mothers to share information about parenting practices; and outreach workers provide health education, make service referrals, or identify risks that may need follow-up, like protective custody issues.

HHSA is also composed of five operational Divisions, which include Aging and Independence Services, Behavioral Health Services (including Adult and Older Adult Mental Health Services, Children's Mental Health Services, and Alcohol and Drug Services), Child Welfare Services, Eligibility Operations, and Public Health Services. All Regions and Divisions carry out the important work of this Agency at the operational level.

At the same time, the Support Divisions (Agency Contract Support, Financial Support Services, Human Resources, Information Technology, and Office of Strategy & Innovation) play an important role, providing essential financial, administrative, planning, program, and policy support to HHSA's operational divisions and contribute to the operational excellence required to accomplish the County's strategic mission.

In alignment with the County's expectation of operational excellence, HHSA is pursuing the Baldrige Award, which recognizes organizations based on performance excellence. This recognition is based on the Criteria for Performance Excellence, which consists of seven categories: leadership, strategic planning, customer focus, measurement, analysis and knowledge management, workforce focus,

Figure 1: Baldrige Criteria for Performance Excellence Framework



operations focus, and results. By pursuing the Baldrige Award, HHSA shows its commitment in striving for County operational excellence. Along the way, some changes have already been made while others are only beginning to show its impact. Public Health Accreditation will contribute to the operational excellence required by Baldrige.

The Formation of HHSA and the Regional Approach to Engaging with the Community

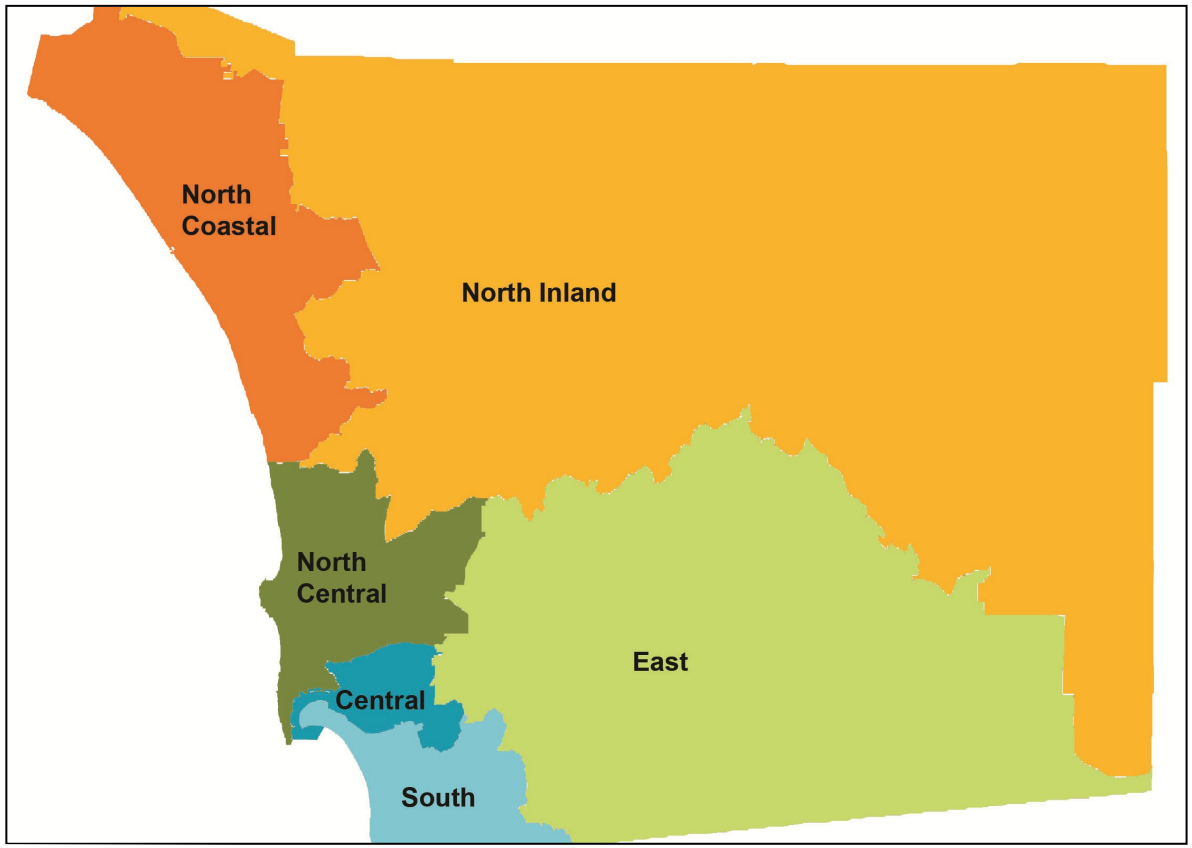
Prior to the formation of the HHSA, health and human services in the County of San Diego were provided by six individual departments:

- Area Agency on Aging
- Commission on Children, Youth, and Families,
- Health Services
- Public Administrator/Public Guardian
- Social Services, and
- Veteran's Service Office.

These departments operated in silos, often serving the same clients. Each department had its own bureaucracy, and there was duplication of effort and activities. Navigating the service delivery system was difficult for clients, community organizations, and County employees alike. This functional structure was a barrier to coordinated and integrated care and services.

In 1996, interagency collaboration to improve service delivery became a reality when the Board of Supervisors approved the merger of individual County departments into a single health and human services agency. The business model was intended to achieve the potential benefits of merging these departments and programs so that they would work together synergistically. This marked a transition from a programmatic organizational structure to an

Figure 2: Regional Map of San Diego County



integrated, regional model. The Board's goals for redesigning HHSA included:

- Reduce bureaucracy, freeing up funds to re-invest in direct services;
- Emphasize community-based prevention and early intervention;
- Strengthen accountability to taxpayers;
- Improve customer service; and
- Promote service integration through a seamless network of Agency, community, and contract providers.

The catalyst for redesigning health and human services resulted from three events that were occurring during the 1990s:

- The passage of national welfare reform, which emphasized self-sufficiency and service integration;
- A focus on business practices and performance outcomes, led by the County of San Diego Board of Supervisors who instituted a General Management System (GMS), in 1997, to reinforce management discipline in the County; and
- An emerging reliance on local governments to deliver health and human services.

In 1998, due to the size and diversity of the county, a new regional delivery system was created, enabling regional general managers to better acquaint themselves with their individual communities, and develop partnerships to meet the unique needs of each one. In six HHSA Regions (*Figure 2* on the previous page), staff provides services in an integrated fashion, close to families and communities, in collaboration with other public and private sector providers.

Live Well San Diego: The Initiative

Chronic disease is a major cause of premature death and disability, and it is responsible for rising health care costs and increased demands on the health care delivery systems. A surge in chronic disease and its impact on the health care system prompted the County of San Diego to take action.

A simple message, the 3-4-50 approach,[3] clearly guides individuals, organizations, and communities to take action to address chronic disease. Three behaviors contribute to four diseases – cancer, heart disease and stroke, type 2 diabetes, and respiratory conditions – which result in more than 50 percent of all deaths in San Diego. These three behaviors are unhealthy eating, sedentary lifestyle, and tobacco use.

The 3-4-50 concept provided the foundation for the development of the first of three components of *Live Well San Diego*, titled *Building Better Health*, approved by the County of San Diego Board of Supervisors in July 2010. The *Live Well San Diego* initiative includes two additional components: *Living Safely* and *Thriving*. This ambitious 10-year initiative aims to improve the wellbeing of the entire San Diego Region.

[3]3Four50, www.3four50.com. Accessed February 7, 2013.

The *Building Better Health* component calls for:

- Building a better service delivery system through partnerships with hospitals, clinics, and other health care providers;
- Supporting positive choices, so that residents take action and responsibility for their own health;
- Pursuing policy changes for a healthy environment by creating environments that support health so that the healthy choice is the easy choice; and
- Changing the culture from within, encouraging County employees to become role models.

Figure 3: 3-4-50 Model

Source: Chronic disease and health promotion. World Health Organization. http://www.who.int/chp/en/. Accessed February 7, 2013.
3Four50, www.3four50.com. Accessed February 7, 2013.

Table 1: 3-4-50 Deaths† Among San Diego County Residents by Region (2008-2012)

Region	2008 Percent§	2009 Percent§	2010 Percent§	2011 Percent§	2012 Percent§
Central	55%	56%	57%	55%	54%
East	57%	54%	56%	55%	55%
North Central	56%	55%	54%	54%	55%
North Coastal	58%	58%	55%	53%	54%
North Inland	55%	56%	54%	53%	52%
South	59%	59%	60%	59%	56%
COUNTY	**56%**	**56%**	**56%**	**54%**	**54%**

† 3-4-50 Deaths include Stroke, Coronary Heart Disease (CHD), Diabetes, COPD, Asthma, and Cancer.

§ Rates and Percentages not calculated for fewer than 5 events. Rates not calculated in cases where zip code is unknown. Percent of total deaths in region or County (about 20,000 deaths total countywide each year).

Note: As far back as 2002, the overall County rate for 3-4-50 Deaths was at 61%, and some regions' rates were as high as 63%.

Source: Death Statistical Master Files (CA DPH), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, 10/2012. Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics, 10/2/2013.

Live Well San Diego: The Process

The *Building Better Health* component was developed through a two-year collaborative process, engaging HHSA staff at all levels, community advisory committees, other County departments, and many community partners. As a first step, three "Futuring Sessions" were convened in which expert speakers were invited to describe future trends in health and best practice innovations. HHSA Executive Workshops were used to propose the overarching priorities. Design Teams, comprised mostly of program and HHSA Region representatives, developed broad strategies for action. Input was gathered from all HHSA staff and other County departments as well as from Advisory Boards and key stakeholders, including health care providers and community partners. Presentations were delivered at meetings and staff surveys were conducted to solicit ideas and input. Subsequently, Implementation Teams were formed and met on an ongoing basis to refine objectives based on action plans proposed by the Design Teams. An HHSA Executive Workshop finalized the outline of what became the *Building Better Health* component, which was ultimately approved by the Board of Supervisors on July 13, 2010.

Building Better Health was just the beginning. For residents to achieve optimum health, they must live in communities that are safe, economically vital, and provide for a high quality of life. *Living Safely* was the second component developed and was adopted by the Board of Supervisors on October 9, 2012. It focuses on achieving three outcomes—ensuring residents are protected from crime and abuse, creating neighborhoods that are safe, and ensuring communities are resilient to disasters and emergencies. *Thriving* is the third component, which will be about promoting a region in which residents can enjoy the highest quality of life. It is currently under development, with an anticipated release in 2014. These three components encompass *Live Well San Diego* and serve as a roadmap to achieve the unified vision of a county that is healthy, safe, and thriving. *Table 2* highlights significant accomplishments. A more detailed timeline can be seen in *Figure 5*.

Table 2: Overview of *Live Well San Diego* Accomplishments

- **October 8, 2010:** 3-4-50: Chronic Disease in San Diego County report is released.
- **June 29, 2011:** First Lady Michelle Obama's "Let's Move" initiative recognizes *Live Well San Diego's Healthy Works™* school nutrition program.
- **May 3, 2012:** Oceanside named as first Live Well city. Oceanside paved the way for subsequent Live Well cities and organizations.
- **October 22, 2013:** The *Live Well San Diego* website launched, along with the *Live Well San Diego* measurement framework and the Top Ten Indicators.

Live Well San Diego: A Collaborative Effort

Altogether, *Live Well San Diego* represents a framework for an ambitious, collaborative effort that involves the County of San Diego departments and community sectors - businesses, schools, military and veterans organizations, community-based and faith-based organizations, and all levels of government. *Live Well San Diego* involves engaging individuals, families, and communities in taking action

to improve their health and quality of life. *Figure 4* illustrates how it all comes together. The *Live Well San Diego* vision is at the top of the pyramid, below which falls the 3 components and 4 strategies. Results are captured in five areas of influence and measured by changes within the ten leading Indicators. These changes will take time to be realized, but with a plan in place, San Diego County has a roadmap that will guide all those involved toward advancing the health and well-being of all residents.

Live Well San Diego: Community Health Improvement Efforts

Through a 2012 assessment of HHSA's performance management system, it was determined that the collective impact approach would be the best model to manage all efforts and expected outcomes to achieve the ambitious goals of Live Well San Diego. Collective impact is the commitment of stakeholders from different sectors to a common agenda that addresses a common goal. HHSA has embraced this approach to implement and monitor community health improvement. Engagement with other County departments and community partners was initiated at the regional level resulting in the formation of five HHSA Regional Leadership Teams to best address the unique needs of its diverse communities across the county. HHSA Regions worked diligently with community partners to identify regional priorities and develop a plan to address those priorities.

Together, public health officials and community members used the community-based strategic planning process called *Mobilizing for Action through Planning and Partnerships* (MAPP). MAPP is a process that includes community health assessment and community health improvement planning tools to guide the entire process. Through the community health assessment process, information was shared to educate and mobilize communities, prioritize health issues, secure resources, and plan actions.

Once each Region's community health needs were identified through the community health assessment process, the Regions set health priorities, directed the use of resources, developed projects, and implemented programs to improve community health and wellness over the long term, resulting in the Live Well San Diego Community Health Improvement Plan (CHIP). The Live Well San Diego CHIP contains five plan sections, one for each HHSA regional leadership planning team. The Regions include Central, East, North Central, North Regions,[4] and South. Each regional section of the Live Well San Diego CHIP was developed to reflect individual community needs and meet the Public Health Accreditation Board's Domain 5, standard 2 measures. The existence of Regional health promotion teams was, and continues to be, vital to HHSA's community health improvement planning process.

Accountable Care Communities

Another key vehicle for pursuing the Live Well San Diego strategies is the creation in San Diego County of an Accountable Care Community (ACC). An ACC builds on the current Accountable Care Organization (ACO) model where accountability and incentives are focused at the organizational level for individuals receiving care from, or attributed to, a defined medical care entity. In an ACC, accountability extends beyond the organizational and individual level to include the broader community and entire population. Through an ACC, multiple competing health care systems can collaborate to change the culture of practice, addressing root causes not merely symptoms; share best practices; and improve quality and reduce costs to provide optimal care. An underlying assumption of an ACC is that

[4]The two North regions, North Coastal and North Inland, joined together to develop one Community Health Improvement Plan for the entire North County San Diego County area.

Figure 4: *Live Well San Diego* Pyramid

a financial model and incentives are essential requirements to bring all the independent organizations together around the shared goal of improving the health and wellness of the regional population. An ACC can also optimize the convening role of local government for population health improvement and facilitate the coordination of social services, prevention, and health promotion with the health care delivery system. Ultimately, an ACC can deliver region-wide population health improvements through shared information and accountability, transforming the current reactive "sick care" delivery system to be a truly proactive "health" system that addresses the upstream social determinants of health and well-being.

The County of San Diego has established successful collaborations with all major regional health care systems, many social service organizations, and a broad array of public- and private-sector partners that will now allow us to work collectively toward becoming one of the nation's first Accountable Care Communities. Its ACC will be both patient-centered and population-based. The details of a financial model and the determination of which metrics to monitor are in the early stages of formulation, but the County is committed to piloting a community-wide alignment of incentives and accountability to achieve the Triple Aim: better care for the individual at lower per capita cost, while improving the health of San Diego County's 3.2 million residents.

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Live Well San Diego: Measuring Impact

In order to assess success or failure, progress must be measured. *Live Well San Diego* is a shared vision using a shared measurement system that allows all partners to focus collective efforts and track collective progress. The ten leading indicators provide a framework that will shape the assessment of progress resulting from this shared vision. The *Live Well San Diego* Indicator Framework provides the necessary instrument to measure progress in helping all county residents to be healthy, safe, and thriving. The Indicator Framework takes into consideration that there are many different factors influencing how well a person is living. In fact, where an individual lives correlates with his/her overall health and wellbeing. Therefore, the indicator framework consists of not only measure of health, but also those measures that address the root causes of illness and disease.

The Top Ten Indicators were developed by HHSA staff with input from local, state, and national experts. Community leaders also participated in discussions regarding the selection of the Top Ten Indicators that fit into five Areas of Influence, which best capture San Diego County's progress towards living well. The Top Ten Indicators were identified because they are easy to understand and because data are available to compare progress in San Diego County to other communities, the state, and/or the nation. Another factor considered for their selection was how well they capture well-being across the life span of an individual—from infants to older adults. Living well should be achieved throughout one's entire lifetime.

The Top Ten Indicators are part of a larger indicator framework, connecting a wide array of programs and activities to measurable improvements in the lives of residents. Behind every indicator, a host of measures are identified within the *Live Well San Diego* CHIP and HHSA programs. These measures consist of both community level indicators and programmatic performance measures, aligned within the *Live Well San Diego* Indicator Framework. The measures will be maintained in an electronic performance management system where data will be monitored and reported as "stories" that will describe the collective impact on the well-being of San Diego communities. This framework will enable County government to work with community partners to identify the most effective strategies to improve the health of all. See *Figure 4* for the Areas of Influence and Indicators.

Summary

The County of San Diego is exceptionally poised to pursue national public health accreditation. There are many factors that supported the effort to create this *Live Well San Diego Community Health Assessment* document. These elements include 1) the County expectation of operational excellence; 2) the existence of an integrated health and social services agency structure, with regional approaches to health and wellness that address community needs; 3) a robust spirit of public-private partnerships, with a strong culture of coopetition (i.e., cooperation in light of known competition); and 4) the creation of *Live Well San Diego*.

Operational excellence has long been a local County expectation with emphasis on results and outcomes since April 1998, when the General Management System was approved by the Board of Supervisors. This commitment to operational excellence is the foundation of the General Management System which provides the framework for all departments and programs to consistently implement the County's strategic mission, serving as the formal comprehensive guide to planning, implementing, and monitoring all functions that impact the delivery of services to San Diego residents. In the same year, the launch of an integrated HHSA with operations expanding throughout the geographical regions was another landmark County event, decentralizing many of the services provided by the then new Agency. The fact that San Diego does not have its own hospital and primary care clinics has served as an advantage in this region, fostering the unique public-private partnerships in this region. All these factors, and more, provided the groundwork for the evolution of *Live Well San Diego* vision to create healthy, safe, and thriving communities, emphasizing health and wellness across the lifespan to reduce health disparities in the regions diverse population.

Without the approval by the Board of Supervisors of the *Live Well San Diego* initiative, the development of this Assessment would indeed be a daunting task. Operationally, HHSA Regions were sufficiently prepared to engage and work with the community to assess local health needs in development of this document. Utilizing the MAPP process was an important tool for bringing all the pieces together. The MAPP process, as well as the resulting assessments, are explained in detail in the following sessions.

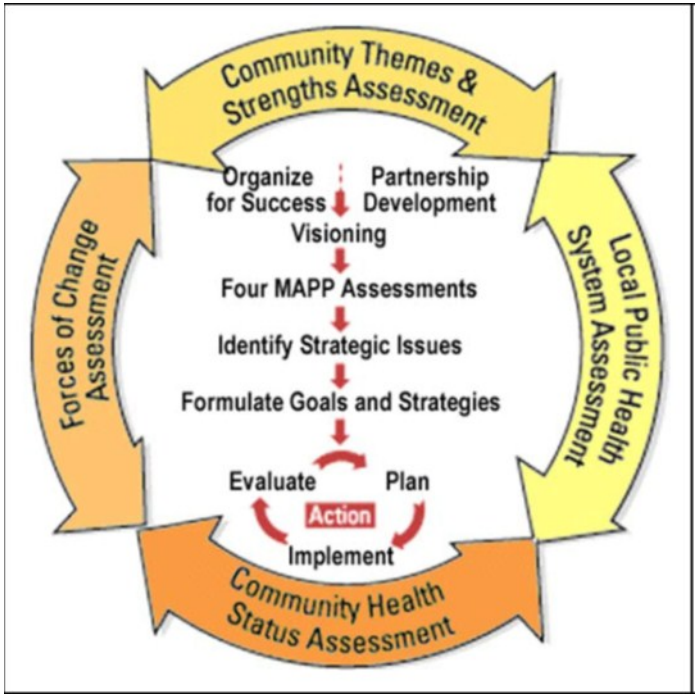
Figure 5: Timeline of Key Milestones

2008	October	• Initiated planning for the *Building Better Health* Agenda (convened "Futuring sessions")
2009	September-January 2010	• Conducted a "Kick Off" event at leadership meetings and began to train and prepare champions
	September-January 2010	• Conducted Stakeholder Briefings and 1st round of Advisory Board
	November-March 2010	• Analyzed input from internal and external partners to refined the plan
2010	July 13	• Approved (by Board of Supervisors [BOS]) Health Strategy Agenda: *Building Better Health*
	September	• Received National Public Health Improvement Initiative funding
	October 8	• Released *3-4-50: Chronic Disease in San Diego County Report*
2011	October-December	• Initiated planning for the *Living Safely* Agenda
	November 8	• Approved *Live Well San Diego* First Year Report
	December 14	• Conducted MAPP Orientation with HHSA staff
2012	January	• Conducted customized *Mobilizing for Action Through Planning and Partnerships* (MAPP) training with each HHSA Region
	February-April	• Initiated the HHSA Regional MAPP process
	October 9	• Approved (by BOS) plan for the Safety Agenda: *Living Safely*
	October 30	• Approved *Live Well San Diego* Second Year Report
	October 31	• Completed draft Regional Community Health Assessments and *Live Well San Diego Community Health Improvement Plan*
	November	• Began implementation of the HHSA Regional *Live Well San Diego* Community Health Improvement Plans
2013	May 7	• Initiated planning for the *Thriving* Agenda
	October	• Approved (by BOS) *Live Well San* Diego Third Year Report • Released the *Live Well San Diego* Indicator Framework and website

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

Mobilizing for Action through Planning and Partnerships (MAPP) was the selected community planning model for the development of the *Live Well San Diego Community Health Assessment* (CHA) and *Live Well San Diego Community Health Improvement Plan* (CHIP). MAPP is a community-driven strategic planning process for improving community health (*Figure 6*). This tool assists communities in selecting and prioritizing public health issues while identifying resources to address them. It is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. MAPP is one of the community planning process models suggested by PHAB measure 1.1.1 (T/L 3).

Figure 6: MAPP Diagram



Source: www.naccho.org/MAPP

The MAPP planning process is composed of four different community assessments:

- Community Health Status Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- Local Public Health System Assessment

MAPP also allows for the health department to meet Public Health Accreditation Board (PHAB) standards for the development of a comprehensive community health assessment. *Table 3* displays two core MAPP assessments by PHAB standards.

To prepare regional HHSA staff for the community health assessment and planning process, a MAPP core team was formed that was led by the Public Health Services (PHS) Performance Improvement Manager/Accreditation Coordinator with support from a student intern. The core team included PHS staff and staff from the Office of Strategy and Innovation. The MAPP Core Team developed and facilitated a two-hour orientation, and held it on December 14, 2011 for approximately fifty HHSA staff, from the following Divisions and Regions: Aging and Independence Services (AIS), Central Region, East Region, North Central Region, North Coastal Region, North Inland Region, PHS, Behavioral Health Services (BHS), and South Region. Each participant at the orientation was given a MAPP binder with the agenda, a handout of PowerPoint slides, MAPP framework guide, MAPP organizational chart, timeline, and MAPP handbook from the National

Table 3: MAPP Assessments and PHAB Standards

PHAB Standard	PHAB Language	MAPP Assessment
1.1.2 T/L (1. e.)	The assessment must include a listing or description of the assets and resources that can be mobilized and employed to address health issues.	Community Themes and Strengths
1.1.2 T/L (1. c.)	A narrative description of the health issues of the population and the distribution of health issues, based on the analysis of data.	Community Health Status Assessment

Association of County and City Health Officials (NACCHO).

After the orientation, the MAPP core team met with the regional staff on a weekly/bi-weekly basis until the end of January 2012 via WebEx. The MAPP core team provided a second, more detailed, MAPP training for each of the HHSA Regions and AIS in January 2012. These tailored trainings were necessary because each Region was at a different point in the community engagement and community health planning process. The focus of each one was specific to each HHSA Region. Community health promotion staff received customized training regarding community health assessment and community health improvement planning process with a more in depth overview of each of the MAPP phases.

MAPP Assessments

HHSA staff determined it would be best to conduct most of the required MAPP assessments on a regional basis to accurately capture the diverse health issues, forces of change, and community themes and strengths. This approach was slightly modified when North Coastal and North Inland decided to combine efforts by engaging the community as a unified North County Region, because these two Regions often work closely together and have many of the same providers.

To prepare regional staff for the MAPP assessment process, the HHSA Community Health Statistics staff presented countywide and regional health data to all five regional leadership teams; these presentations included demographic data and community health indicators. These data are located in the regional sections of this document. Some Regions chose to use an online survey tool to conduct the Forces of Change Assessment and Community Themes and Strengths assessments, while other Regions felt that this information was already available via similar community assessments that were recently completed. Those Regions used those reports instead of duplicating the effort by conducting another assessment.

The fourth MAPP assessment, the Local Public Health System Assessment (LPHSA), was conducted countywide because many the public health system partners serve the entire county region. The LPHSA is part of the National Public Health Performance Standards Program, which provides a framework to assess capacity and performance of public health systems and public health governing bodies. This framework is used to identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for addressing public health issues. The LPHSA examines the public health system or all entities that contribute to public health services within a community across the 10 Essential Public Health Services.

Countywide assessment data immediately follow this section while results for regional-level assessments are located in the regional sub-sections of this document.[5]

[5]Assessment data are provided from a variety of HHSA departments and community sources. To the extent possible, percentages are provided to the tenth decimal place. Some sources may provide percentages rounded to the whole number.

DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY

San Diego County is a diverse county spanning nearly 4,207 square miles. As such, the county is home to a diverse array of cultures that come together to form one geographic region. The following is a brief description of the demographic profile of San Diego County.[6]

Basic Demographic Characteristics of Residents

According to San Diego Association of Governments (SANDAG) 2009 estimates, San Diego County was comprised of a diverse population of nearly 3.2 million residents with equal percentages of males and females (*Table 4*). The majority were white (50%) or Hispanic (30%)and between the ages of 25-64 (53%) (*Figure 7 and Table 4*). Sixty-four percent (64%) of the population ages five years or older were English-only speakers, 11% were Spanish-only speakers, and 20% were bilingual (*Figure 8*). In addition, 23% of people living in San Diego County between 2005-2009 were foreign born. Of the 77% native born San Diegans, 47% were born in California.

Table 4: Population Characteristics (2009)

	Number	Percent
Total Population	**3,185,462**	**100.0%**
Age Distribution		
0 to 4 Years	**230,983**	**7.3%**
5 to 14 Years	**403,625**	**12.7%**
15 to 24 Years	**499,162**	**15.7%**
25 to 44 Years	**910,165**	**28.6%**
45 to 64 Years	**773,305**	**24.3%**
65+ Years	**368,222**	**11.6%**
Gender Distribution		
Male	**1,589,080**	**49.9%**
Female	**1,596,382**	**50.1%**

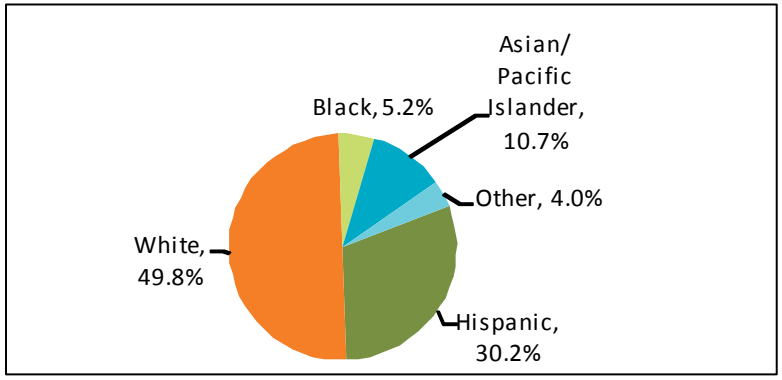
Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013. The Economic Burden of Injury in San Diego County. Retrieved 07/10/13 from www.SDHealthStatistics.com.

[6]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.

Table 5: Snapshot of Demographics by Region (2009)

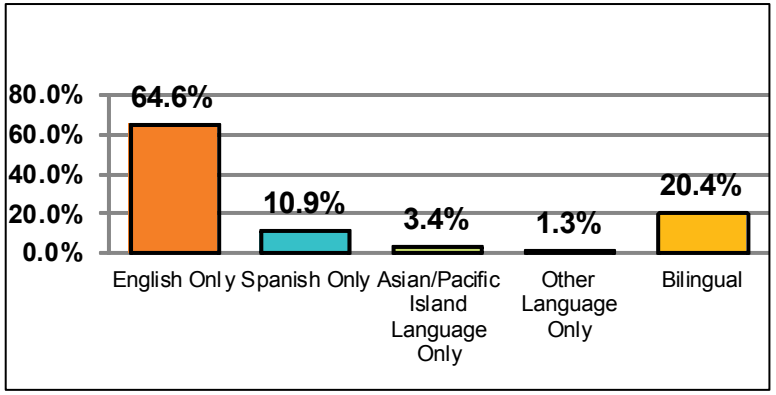
- **Central**
  - ◊ Total Population: 513,543
  - ◊ 54.2% are 25-64
  - ◊ 43.3% are Hispanic
  - ◊ 20.2% below the Federal Poverty Level
- **East**
  - ◊ Total Population: 470,898
  - ◊ 53.2% are 25-64
  - ◊ 63.6% are white
  - ◊ 11.3% below the Federal Poverty Level
- **North Central**
  - ◊ Total Population: 624,072
  - ◊ Ages: 56.6% are 25-64
  - ◊ Race/Ethnicity: 61.9% are White
  - ◊ 9.0% below the Federal Poverty Level
- **North Coastal**
  - ◊ Total Population: 537,059
  - ◊ 50.7% are 25-64
  - ◊ 58.8% are White
  - ◊ 8.7% below the Federal Poverty Level
- **North Inland**
  - ◊ Total Population: 579.151
  - ◊ 51.6% are 25-64
  - ◊ 57.6% are white
  - ◊ 8.4% below the Federal Poverty Level
- **South**
  - ◊ Total Population: 460,739
  - ◊ 50.1% are 25-64
  - ◊ 54.3% are Hispanic
  - ◊ 13.0% below the Federal Poverty Level

Figure 7: Race/Ethnicities of San Diego County Residents (2009)



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013. San Diego County Demographics Profile by Region and Subregional Area. Retrieved 07/10/13 from www.SDHealthStatistics.com.

Figure 8: Language Spoken at Home by San Diego County Residents (2009)



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013. San Diego County Demographics Profile by Region and Subregional Area. Retrieved 07/10/13 from www.SDHealthStatistics.com.

Economic Status of Residents

In 2009, there were approximately 1 million households in San Diego County. Families made up 66% of the households in San Diego County. This figure included both married-couple families (50%) and other families (16%). The median household income of residents was $46,797 with an average of 2.89 persons per household (*Table 6*). A little over one-tenth (11.4%) of the population was below the Federal Poverty Level, with 11.9% of families with children falling below the poverty level.

Table 6: Household Incomes of San Diego Residents (2005-2009)

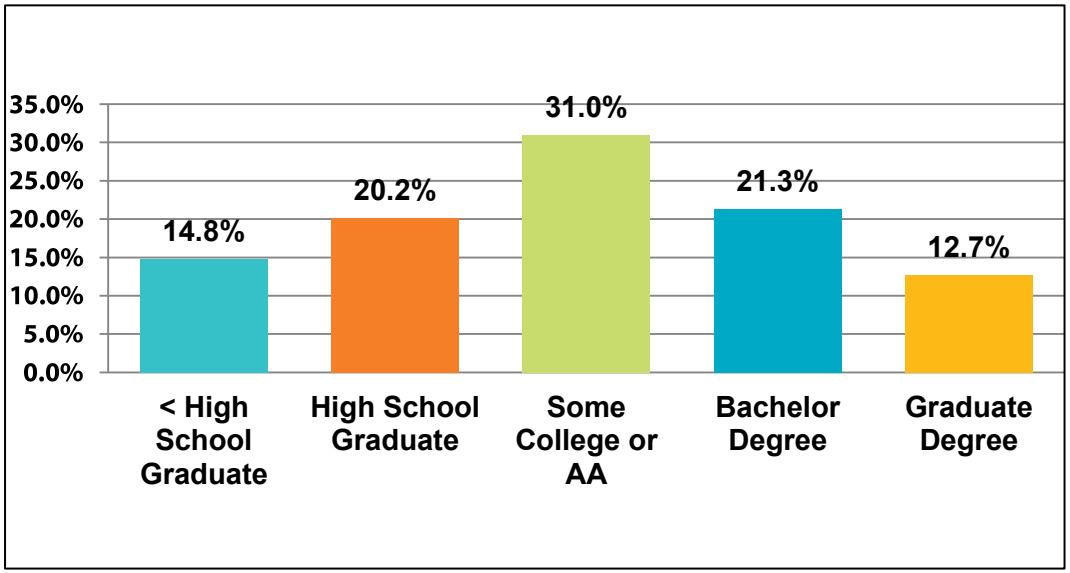
	Number	Percent
Total Households	1,066,240	100%
Household Income		
< $45,000	515,383	48.3%
$45,000-$75,000	265,249	24.9%
$75,000 to $100,000	121,735	11.4%
$100,000 to $125,000	68,906	6.5%
>$125,000	94,967	8.9%
Income per Person in Household (HH)		
Median HH Income	$46,797	
Persons Per HH	2.89	
Income per Person in HH	$16,192.73	

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013. San Diego County Demographics Profile by Region and Subregional Area. Retrieved 07/10/13 from www.SDHealthStatistics.com.

Education

Of the nearly 3.2 million residents in San Diego County in 2009, approximately 1.9 million were 25 years of age or older. Of those, 14.8% had less than a high school degree. Another 20.2% were high school graduates, and nearly 31.0% had some college or an AA. Approximately 34.0% had a Bachelor Degree or higher (*Figure 9*).

Figure 9: Educational Attainment of San Diego County Residents (2009)



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2013. San Diego County Demographics Profile by Region and Subregional Area. Retrieved 07/10/13 from www.SDHealthStatistics.com.

COMMUNITY HEALTH STATUS ASSESSMENT

This section provides a general description of health issues and specific descriptions of population groups with particular health issues, as required by the Public Health Accreditation Board, or PHAB (Measure 1.1.2). The *Mobilizing for Action through Planning and Partnerships* (MAPP) Community Health Status Assessment identifies priority community health and quality of life issues.

This assessment describes the health status of the countywide San Diego community, as well as at each regional level.[7] Community Health Statistics Unit staff presented county and regional data to each of the five regional leadership teams; the health indicators presented were derived from the Community Health Statistics report on San Diego County Community Profiles. These health indicators included non-communicable (chronic) disease, communicable (infectious) disease, maternal and child health, injury, and behavioral health data.

For an overall picture of severity and quantity, data were analyzed at the death, hospitalization discharge, and emergency department discharge levels. These indicators have been monitored since 2000 and were selected because of their availability, source reliability, and alignment with *Healthy People 2000* and *2010* objectives. Health indicators, in which evidence-based interventions could have a positive impact on the health and well-being of county residents, were highlighted. To provide more context for these indicators, survey data from the California Health Interview Survey (CHIS) were included when applicable.

The community health assessment data for each of the five Regions can be found in the Regional Community Health Assessments section of this document. *Table 7* summarizes the key findings from each Region. This information fulfills PHAB Measure 1.1.2.

Other Local Health Assessments

Various programs within HHSA have roles in assessing the community's health status and risks. The following section provides an overview of the county's most important health issues by summarizing various health status reports from both County programs and community-based organizations. The health issues identified in each assessment include details about uninsured/low income and minority populations. These assessments give a broad view of health issues in San Diego County and provide background and context for the priority health issues identified in the *Live Well San Diego Community Health Improvement Plan*.

HHSA Department Assessments

HIV/AIDS Assessment

Between 2007-2011, there were 1,747 new HIV diagnoses in the county, 9% of which were female. The majority of cases (51%) resided in the Central Region of San Diego County, followed by South Region (17%). In 2010 (most recent data available), there were a total of 366 new HIV cases for a rate of 11.4 cases per 100,000 individuals. Of those, 42% were white, 15% were black, and 36% were Hispanic

[7]National Association of County & City Health Officials. http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm.

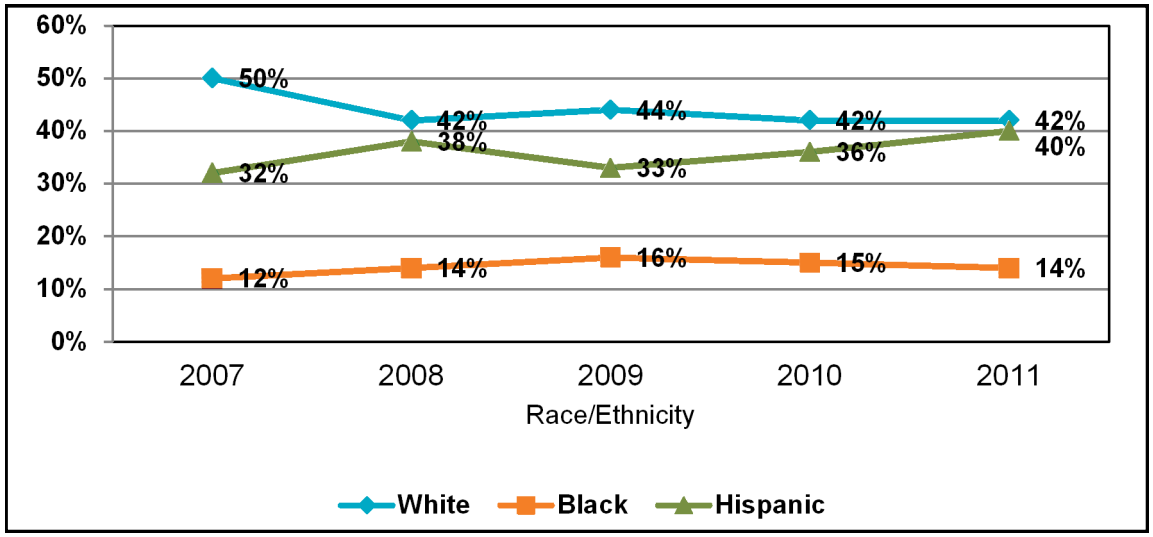
Table 7: Community Health Status: Key Regional Findings

Region	Strengths	Concerns
Central	• Comprehensive array of community resources • Culturally diverse • Spirit of collaboration	• Access to alcohol, tobacco and other drugs, especially among youth • High rates of chronic disease, STDs and infant mortality • Lack of access to healthy food options • Lack of parks and open spaces; safe places to live, work and play • Lack of quality health care, especially culturally sensitive care
East	• Coronary heart disease, stroke deaths, and hospitalization rates have declined • Leadership team is actively engaged to address the health of the region	• Community safety concerns • High rates of substance abuse • Lack of active living and healthy eating • Lack of community Involvement • Mental Health concerns
North Central	• A high rate of the population walk for transportation, fun or exercise • Chronic disease rates are lower than the County overall • 92% of residents have health insurance • 91% have a source of medical care	• Obesity rates are high • Suicide rate for adults 65 and over is the 2nd highest in the County
North County	• Abundance of natural resources • Increase in physical activity • Infant mortality rate is below the national average • Low rate of communicable diseases • Majority of residents has usual source of medical care	• Alcohol related motor vehicle injuries • High prevalence of chronic disease • High rates of overweight and obesity • Substance abuse increasing • Underutilization and lack of awareness of mental health services
South	• Chula Vista added a health element to their general plan • Chula Vista adopted a community garden ordinance • Chula Vista School District implemented a school wellness policy • National City added a Health and Environmental Justice Element to their General Plan • South Region is part of the 23-mile regional Bayshore Bikeway	• Alcohol advertising • Graffiti and trash especially in commercial areas • 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 spaces • Lack of lighting and safe street crossings • Limited access to affordable fresh fruits and vegetables • Poor walkability and sidewalk conditions • Stigma around mental health

(*Figure 10*). The most common mode of transmission for males was men who have sex with men (MSM) (82%), followed by intravenous drug users (IDU) (6%). The most common mode of transmission for females was heterosexual intercourse (72%) followed by IDU (19%).[8]

In addition to its annual epidemiology reports, the HIV/STD and Hepatitis Branch of HHSA recently conducted a needs assessment with HIV-positive individuals residing in San Diego County.[9] Approximately 7,200 paper surveys were distributed around the County. In total, there were 924 survey responses which included 129 surveys completed online. The majority of respondents were male (78%), while 3% of respondents were transgender. Approximately 26% have a history of chronic mental illness. Sixty-nine survey respondents (8%) said they have never been in medical care for HIV. Survey respondents were asked if there were services they needed but could not get. The top responses (n=828) were dental care (26%), housing/shelter: permanent or ongoing help to pay rent (20%), emergency utility payment (14%), transportation (14%), medical specialist other than HIV specialist (13%), and legal services (13%).

Figure 10: Number of New HIV Cases by Year and Race (2010)



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch. (2012). *HIV/AIDS Surveillance Program Epidemiology Report*. Retrieved 07/10/2013 from www.sdhivaids.org.

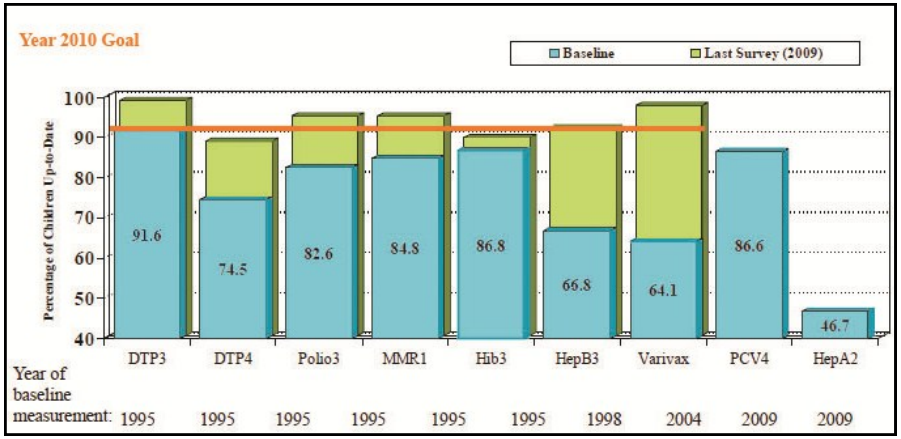
[8] County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch. (2012). *HIV/AIDS Surveillance Program Epidemiology Report*. Retrieved 07/10/2013 from www.sdhivaids.org.
[9] County of San Diego, Health and Human Services Agency, Public Health Services, HIV/STD Hepatitis Branch. (2012). *Needs Assessment Survey of People Living with HIV/AIDS*.

Immunization Assessment

An important aspect of disease control is ensuring that individuals are vaccinated against common diseases to prevent future illnesses. HHSA's Epidemiology and Immunization Services Branch conducts periodic Random Digit Dialing (RDD) telephone surveys.[10] Interviewers make phone calls to randomly selected phone numbers to assess the proportion of infants, children, adults, and seniors living in San Diego County that are fully immunized.

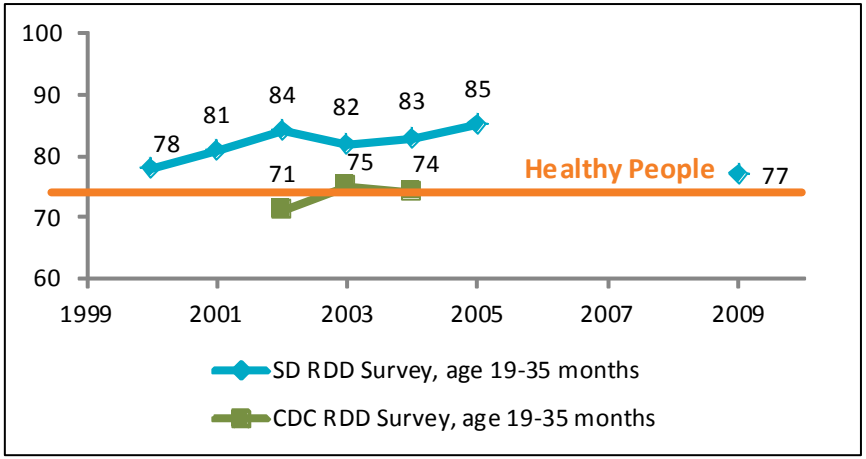
Telephone surveys found that the county met the *Healthy People 2010* goal of 80% of preschool children receiving all of the standard vaccines (*Figure 11*). However, the vaccination rate dropped in 2008-2009 due to a Hib vaccine shortage. The percentage of San Diego County residents ages 65 and over getting the influenza and pneumococcal vaccines has been similar each year and is comparable to state and national rates. The coverage rates for each vaccine are analyzed separately; some reached the *Healthy People 2010* goal of 90% years ago and have gone a little higher since then, such as for the third dose of DTP (labeled DTP3). The vaccines protecting against hepatitis B (HepB3) and chickenpox (Varivax), started with low coverage, but have since reached the 2010 goal (*Figure 12*).

Figure 11: Coverage Levels for Single Antigens, San Diego County Children (19-35 months) (1995-2009)



Source: San Diego Immunization Program, Data and Statistics, County Vaccination Coverage. (2009). Retrieved 07/10/2013 from http://www.sdiz.org/Data-Stats/RDD-data.html.

Figure 12: San Diego Count, Proportion of Children Fully Immunized with: *4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B & 1 Varicella* (1999-2009)



Source: San Diego Immunization Program, Data and Statistics, County Vaccination Coverage. (2009). Retrieved 07/10/2013 from http://www.sdiz.org/Data-Stats/RDD-data.html.

*The number in front of the vaccine represents the number of doses needed. The vaccines are *DTaP*— diphtheria, tetanus, pertussis vaccine; *Polio*—Polio vaccine; *MMR*—mumps, measles, rubella vaccine; *Hib*—*Haemophilus influenza* B vaccine; *Hep B*—hepatitis B vaccine; and *Varicella*—chickenpox vaccine.

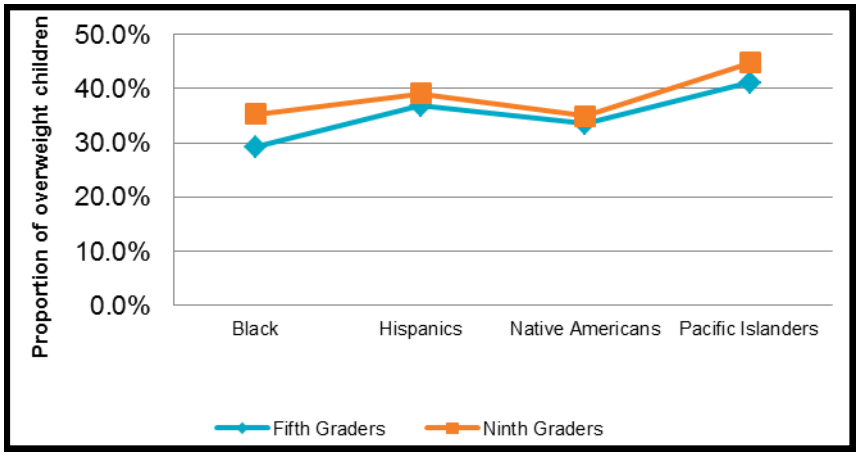
[10]San Diego Immunization Program, Data and Statistics, County Vaccination Coverage. (2009). Retrieved 07/10/2013 from http://www.sdiz.org/Data-Stats/RDD-data.html.

Maternal and Child Health

The Maternal and Child Health needs assessment provides an overview of the health status of pregnant and parenting women, infants, children, and adolescents.[11] San Diego County, under the jurisdiction of Maternal, Child, and Family Health Services (MCFHS), has prioritized the five most manifested problem areas related to maternal and child health:

- **Priority 1: Children and Weight.** MCFHS reports a continuous rise in the proportion of overweight children (ages 0-19), who have an increased risk of developing type 2 diabetes, cardiovascular, orthopedic, and other health problems (*Figure 13*). In San Diego County, 13.3% of children under age 5 were overweight during 2004-2006, while the percent of overweight children aged 5–19 increased by 46%, from 15.3% to 22.4%. Pacific-Islanders (41.1% and 44.8%) and Hispanics (36.8% and 39.1%) displayed a higher percent of overweight children in both fifth and ninth grade respectively.
- **Priority 2: Low/Very Low Birth Weight and Prematurity.** Low and very low birth weight and prematurity were also reported. Being born too small or too soon puts infants at risk for illness, developmental delays, and death. San Diego's low birth weight prevalence increased 18%, from 5.6% in 1995 to 6.6% in 2006, with African Americans displaying a higher risk (11.2%), which is 1.7 times higher than the overall County rate, 6.6%.

Figure 13: Proportion of Overweight Youth* by Ethnic/ Racial Background, 2007-2008



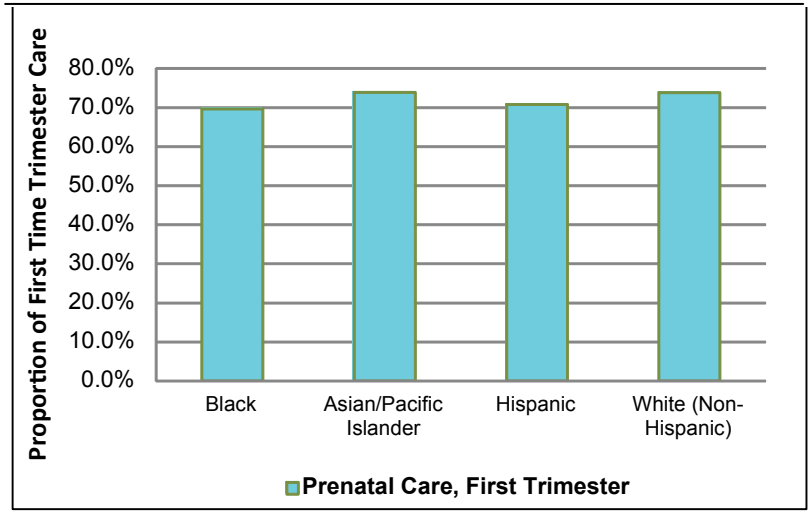
**The California Physical Fitness Test is required to be given to all public school children in fifth, seventh, and ninth grades and identifies overweight children. The above displays the proportion of children, in fifth and ninth grade, that are considered overweight under the standards of the state fitness assessment, for the 2007-2008 school cycle.*

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2012). *Maternal and Child Health Profile by Region*. Retrieved 07/10/2013 from www.SDHealthStatistics.com.

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

- **Priority 3: Health and Dental Insurance for Children.** There are no significant differences in medical and dental insurance enrollment for children 0-19 when comparing numbers from 2001 to 2007 (87.6% to 93.5%), with the exception of adolescents18-19 (72.8%) who were much less likely to be insured.
- **Priority 4: Prenatal Care Access and Utilization**. During prenatal visits, health care providers inform mothers of medical and behavioral interventions and about health risks and preventative measures that can reduce maternal and infant morbidity and mortality. The rate of mothers who receive first trimester prenatal care (72.7%) is significantly below the *Healthy People 2010* goal (90.0%). Rates are lowest among African-Americans (69.6%) and Hispanics (70.8%), but not remarkably higher for whites (73.9%) and Asians (73.9%) (*Figure 14*).
- **Priority 5: Infant, Fetal, Perinatal Mortality.** The rate of infant, fetal and perinatal mortality in San Diego is 4.97 per 1,000 births. The majority of infant deaths (72.6% in 2004-2006) are neonatal (within the first 28 days of life), and most of those (83.4%) occur at less than 7 days of age.

Figure 14: Prenatal Care During First Trimester,* by Ethnic/Racial Background, 2006



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2012). *Maternal and Child Health Profile by Region*. Retrieved 07/10/2013 from www.sdhealthstatistics.com.

Suicide

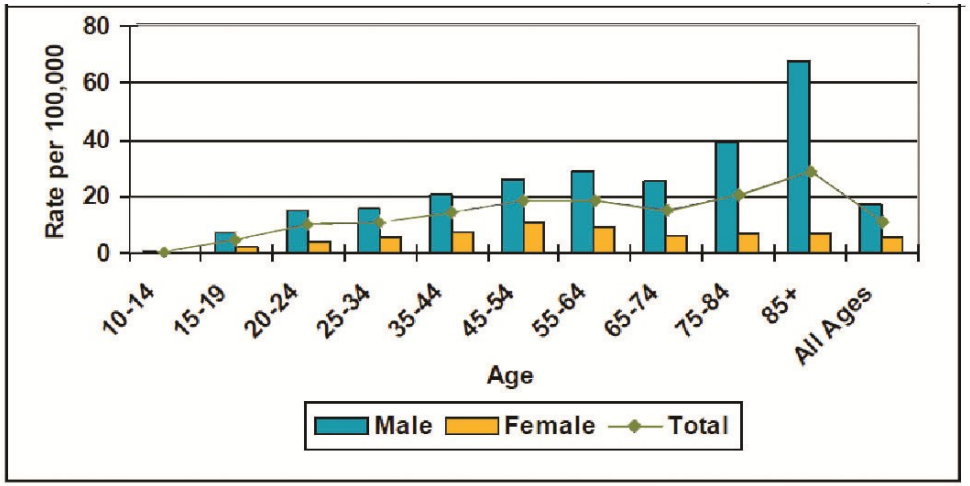
HHSA reported that from the year 2000 to 2009, 3,368 people died by suicide, the second leading cause of non-natural deaths, behind unintentional drug/alcohol overdose (*Figure 15*). Suicide rates are higher in the Central and East Regions of San Diego County and lower in the South Region. When comparing San Diego County suicide rates (9.9 per 100,000) to California (9.3 per 100,000) and the United States (10.9 per 100,000), the rates are above the state average, but below the national average. Whites (17 per 100,000) appear to be the most affected population when compared to the black population (7 per 100,000), Asian/Other Group population (5.7 per 100,000), or the Hispanic population (4 per 100,000).

In general, men (17 per 100,000) die by suicide at a rate that is three times higher than that of females. Demographically, men aged 85 and older have the highest suicide rate (67 per 100,000). Within the female population, suicide rates are higher in the 45-54 age group.

When looking at suicide characteristics of the adult male population, the most commonly used method of suicide was the use of firearms (46%). Adult female suicides were predominately characterized by overdose/poisoning (42%). The Youth Risk Behavior Survey (YRBS), administered by the Centers for Disease Control and Prevention (CDC), measured health risk behaviors, and reports girls (14.4%) attempt suicide more often than boys. Between the ages of 15-24, males more often use a firearm to commit suicide (42%), while females use hanging/asphyxia (43%).[12]

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

Figure 15: Suicide Rates* by Age and Gender San Diego County, 2000-2009

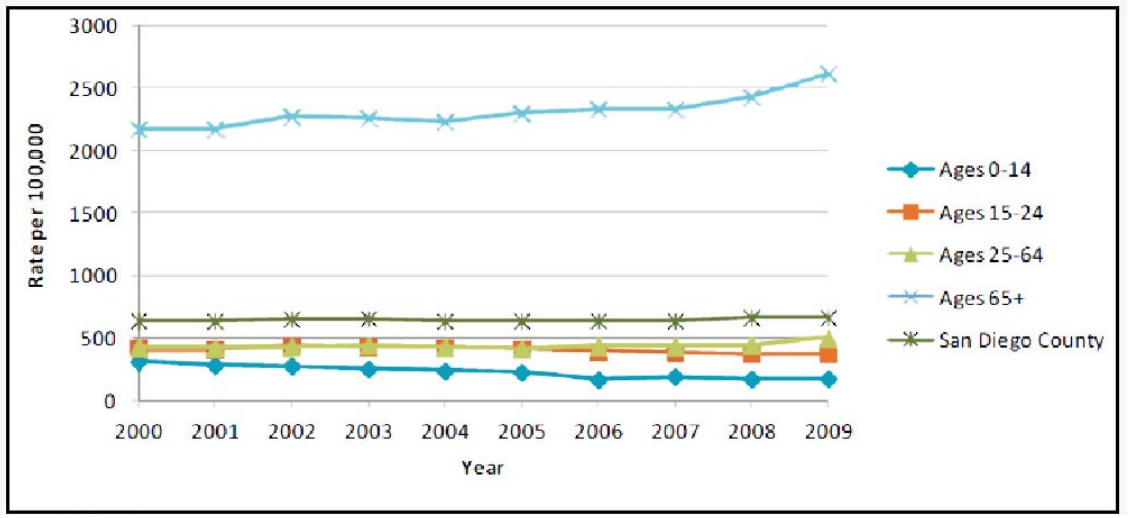


*Annualized rates per 100,000 population
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

Unintentional Injury

Unintentional injuries (includes cutting or piercing the skin, drowning or submersion, falls, motor vehicle accidents, or natural disaster related injuries) are among the leading causes of death, both nationally and locally.[13] As reported by the CDC and HHSA in 2009, unintentional injury accounted for 949 deaths (29.8 per 100,000), 21,140 hospitalizations and 149,437 emergency room discharges (*Figure 16*). Financially, unintentional injuries cost San Diego County residents 3.4 billion dollars in 2009.[14]

Figure 16: Unintentional Injury Hospitalization Rates* Among San Diego County Residents, 2000-2009



*Rates per 100,000.
Unintentional injury hospitalization refers to (principal diagnosis) ICD-9 Ecodes E800-E869, E880-#929.
Source: Patient Discharge Data. COSD: HHSA, PHS, EIS: SANDAG. Current Population Estimates. 10/2010.
Prepared by: COSD, HHSA, PHS, EMS. 03/28/2012.

Poisoning (including overdose) was the leading cause of death, followed by fall-related, motor vehicle-related, and pedestrian-related injuries. However, fall-related injuries were the most common cause of unintentional injuries, in all age groups, with children 0-14 being at highest risk for fall injuries. The younger population (0-14) was also at risk for natural/environmental injuries, poisoning, burns, and drowning/submersion injuries when compared to the County (3.8 per 100,000). Teens and young adults aged 15-24 were at the highest risk for motor vehicle-related injuries, overexertion, transport-related and pedestrian-related unintentional injuries (18.0 per 100,000). Adults 25-64 had an increased risk for motor vehicle-related injuries; overexertion and cut/pierce injuries (32.3 per 100,000). Males had higher risk for unintentional injury death when compared to females, as do whites (as well as higher hospitalization rates) when compared to all other racial/ethnic groups (Blacks have higher rates of emergency department discharge). The rate of death due to unintentional injury was 79.0 per 100,000. Most injuries were preventable with environmental and behavioral changes. Outlining the burden of unintentional injuries and identifying the leading causes of these injuries are important to create strategies to reduce the impact on San Diegans.

[13] County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2012). Unintentional Injury in San Diego County. Retrieved 07/10/2013 from www.SDHealthStatistics.com.

[14] Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. "Water-Related Injuries Fact Sheet." http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html. Accessed 07/17/2013.

Community Partner Health Assessments

In addition to the HHSA assessments, other local nonprofits or statewide assessments also provide insight into the health status of San Diego County residents. Data from these assessments were used in the community health improvement planning process. The following section summarizes a few of those assessments, including Charting the Course, County Health Rankings, and Hospital Association of San Diego and Imperial Counties Community Health Needs Assessment.

County Health Rankings

According to the County Health Rankings report, San Diego County is 17th out of 57 ranked California counties on overall health outcomes (combined morbidity and mortality).[15] The lower the ranking, the healthier the county so that the county ranked 1st is considered the healthiest county. The mortality ranking of San Diego County is 12th out of 57, with 5,143 premature deaths, compared to the state average of 5,570 and the national benchmark (United States) of 5,317. The overall morbidity ranking of the county is 28th out of 57, with 16% of the County experiencing poor or fair health (CA: 19%, US: 10%) (*Figure 17*), 3.6% experiencing poor mental health days (CA: 3.6%, US: 2.3%), and 6.6% of babies born with low birth weight (CA 6.8%, US: 6.0%).

Figure 17: Percent of Adults Reporting Poor or Fair Health (BRFSS 2005-2010)

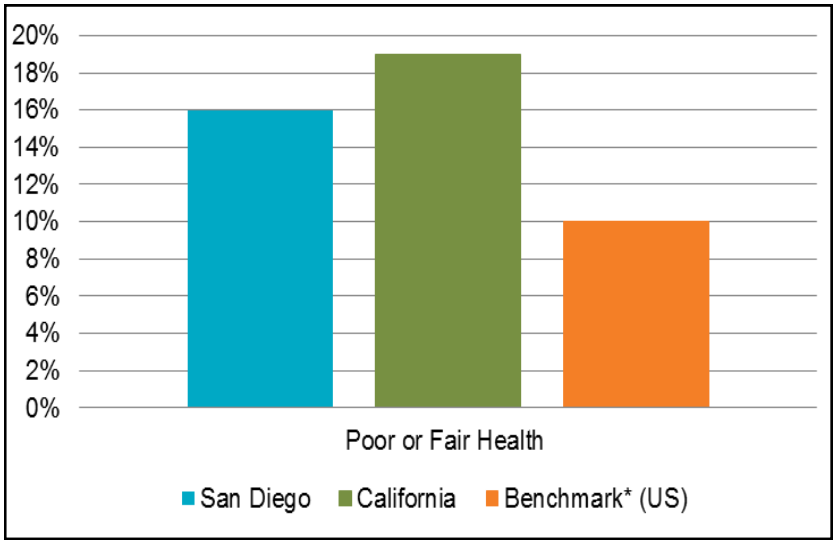
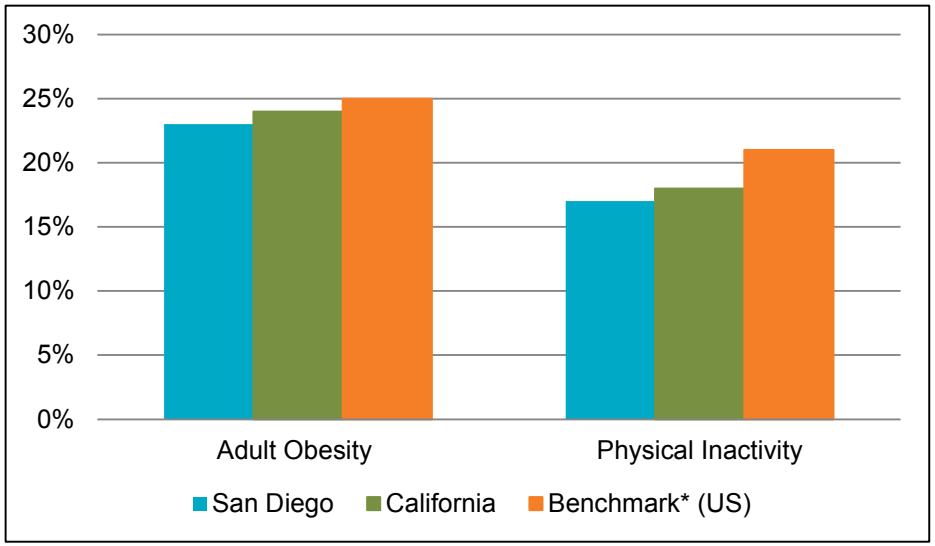


Figure 18: Adults Self Report of BMI and Physical Activity from National Center for Chronic Disease Prevention and Health Promotion (2009)



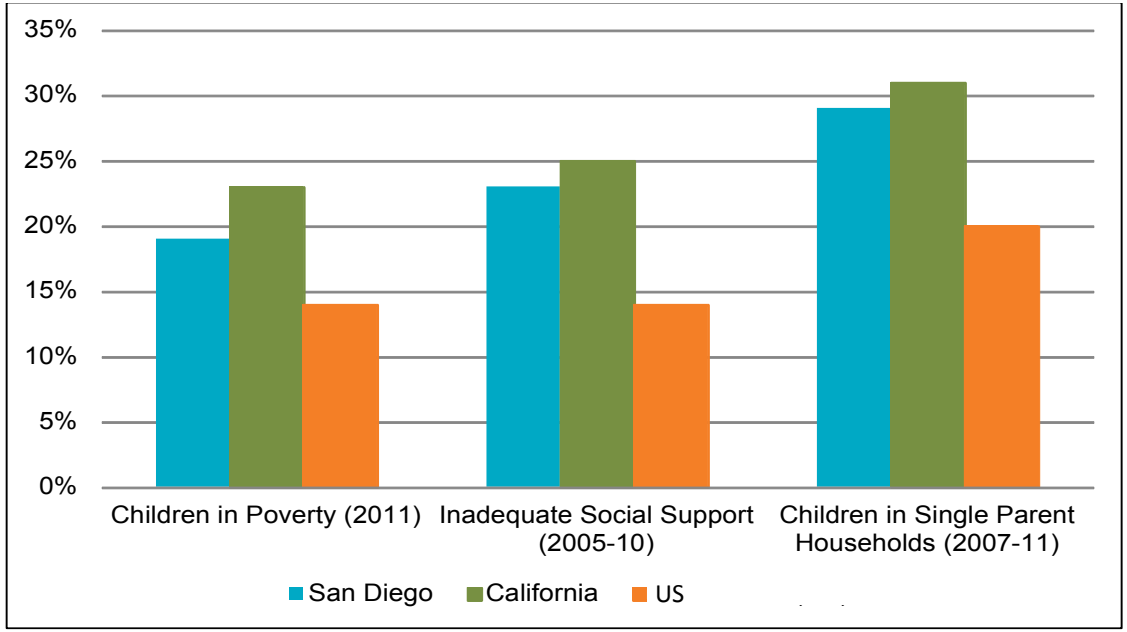
* 90th percentile, i.e., only 10% are better.
Source: County Health Rankings. Retrieved on 7/10/2013 from http://www.countyhealthrankings.org/app/home.

[15] County Health Rankings. Retrieved on 7/10/2013 from http://www.countyhealthrankings.org/app/home.

For overall health factors, San Diego County ranks 19th out of 57 counties. Health factors include health behaviors, clinical care rates, social and economic factors, and the physical environment. Health factors of San Diego County are ranked 22 out of 57, which include the adult smoking rate at 13% of the population, (CA: 14%, US: 13%), adult obesity rate at 23% (CA: 24%, US: 25%) and physical inactivity affecting 17% of the County (CA: 18%, US: 21%) (*Figure 18* on previous page). Clinical care is ranked 29th out of 57, which includes an uninsured rate of 19% (CA: 21%, US: 11%), the ratio of population to primary care physicians at 1,330:1 (CA: 1,417:1, US: 1,067:1), the rate of diabetic screenings at 82% (CA: 81%, US: 90%), and a preventable hospital stay rate of 44 per 1,000 Medicare enrollees (CA: 52/1,000, US: 47/1,000).

Social and economic factors ranked 14th out of 57. This includes the rate of high school graduation, unemployment, and rates of children in poverty, amongst others (*Figure 19*). The high school graduation rate in San Diego County stands at 84% (CA: 76%, US Benchmark: N/A), the unemployment rate stands at 10% (CA: 11.7%, US Benchmark: 5.0%), and the rate of children in poverty is 19% (CA: 23%, US Benchmark: 14%). The physical environment is ranked 28th out of 57, which includes rates for fast food restaurants and access to healthy food options. The percent of all restaurants that are fast-food establishments in San Diego is 50% (CA: 48%, US Benchmark: 27%). The percent of those who have limited access to healthy foods stands at 3%, (CA: 3%, US Benchmark: 1%), which is defined by the percent of the population who are low-income and do not live close to a grocery store.

Figure 19: Family Life, Social, and Economic Factors



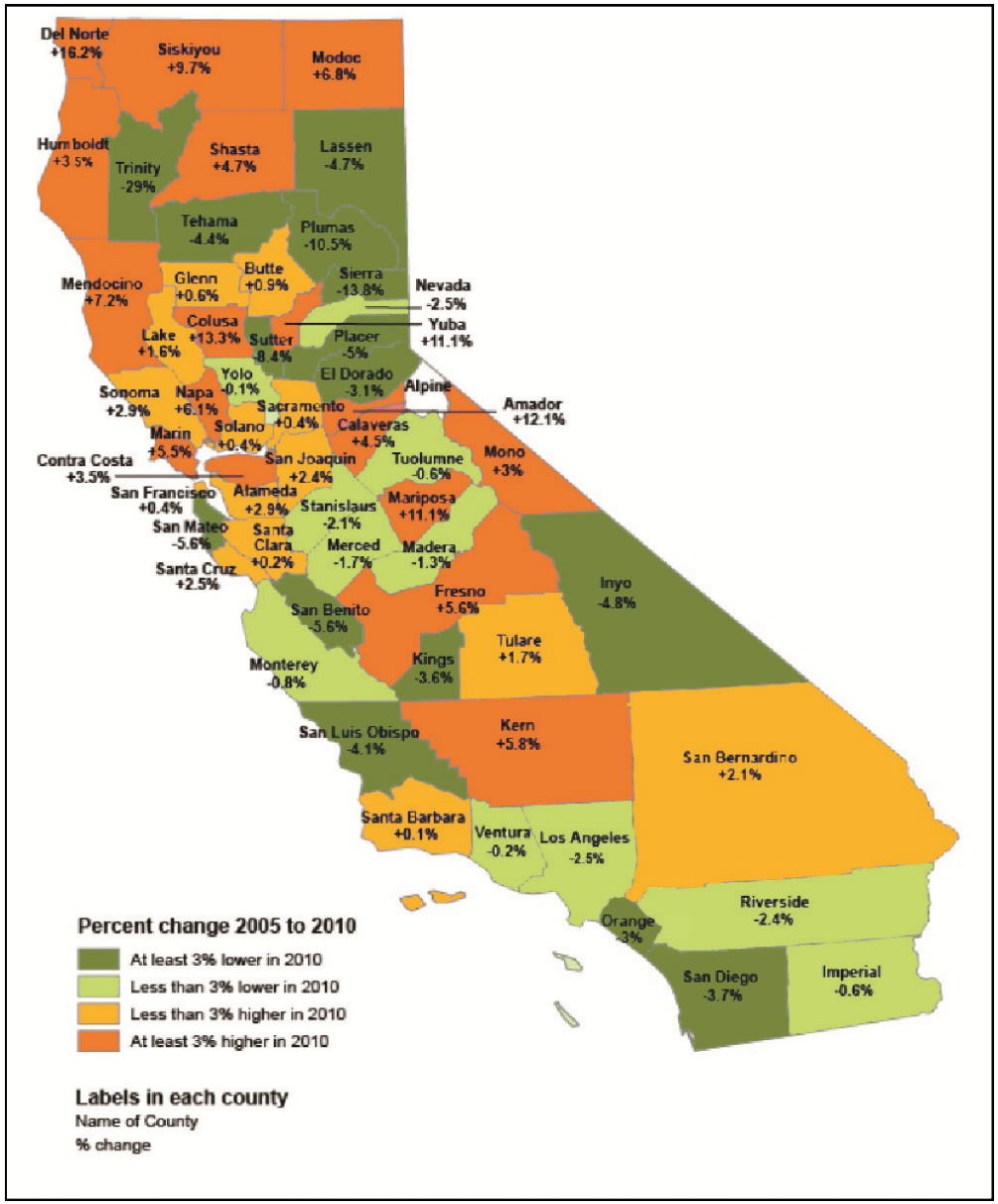
* 90th percentile, i.e., only 10% are better.
Source: County Health Rankings. Retrieved on 7/10/2013 from http://www.countyhealthrankings.org/app/home.

Trends in Obesity and Overweight in Children

The California Center for Public Health Advocacy and the UCLA Center for Policy Research evaluated rates of overweight and obesity between 2005-2010.[16] Data for this study were obtained from the California Physical Fitness Test (PFT), which is administered annually to California public school students in 5th, 7th and 9th grades. Body weight and height were used to calculate BMI for children participating in PFT. In California, the prevalence of overweight and obesity among school age children decreased 1.1% between 2005-2010. San Diego County was one out of 26 counties that experienced a decrease in obesity and overweight and one out of 15 counties that experience a decrease of at least 3% between 2005-2010. Overall, San Diego County saw a 3.7% decrease in the prevalence of overweight and obesity in children grades 5, 7 and 9 (*Figure 20*).

[16] Babey SH, Wolstein J, Diamant AL, Bloom A, Goldstein H. A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th-, 7th-, and 9th-Graders, 2005- 2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011.

Figure 20: Map of Change in Overweight and Obesity Prevalence in California Counties from 2005 to 2010



Source of Image: Babey SH, Wolstein J, Diamant AL, Bloom A, Goldstein H. A Patchwork of Progress: Changes in Overweight and Obesity Among California 5th-, 7th-, and 9th-Graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011.

Hospital Association of San Diego and Imperial Counties (HASDIC) Community Health Needs Assessment

The Hospital Association of San Diego and Imperial Counties (HASDIC) is a non-profit organization providing leadership, representation, and advocacy. In 2012, not-for-profit and district hospitals along with HASD&IC, established a hospital-focused Community Health Needs Assessment (CHNA).[17] The CHNA highlights three main components: 1) availability of county-wide data, 2) in-depth community and health expert feedback gathered through research, and 3) county and regional targeted guidance for hospital program development that focused on the needs of patients (*Figure 21*).

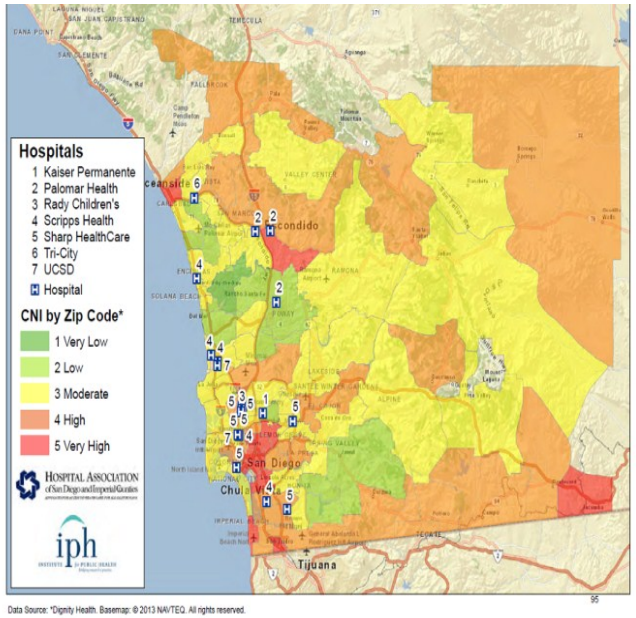
The findings from this process are designed for hospitals and health care systems to plan community health programs internally, as well as together with other health providers, community-based organizations, and consumer groups. Four main issues arose as the top community health needs in the county including:

- Cardiovascular Disease,
- Diabetes (type 2),
- Mental/Behavioral Health, and
- Obesity.

When looking at the needs for improving community health and hospital programs, five recommendations were made based on the needs of patients and the community:

- Access to Care or Insurance,
- Care Management,
- Education,
- Screening Services, and
- Collaboration.

Figure 21: Community Need Index for San Diego County, 2011



[17] The Institute of Public Health at San Diego State University, Hospital Association of San Diego and Imperial Counties Needs Assessment. (2013). Retrieved 7/10/2013 from http://www.hasdic.org/documents/CHNASummary.pdf.

Charting the Course

In addition to the various assessments conducted by HHSA Departments, a local nonprofit organization, Community Health Improvement Partners (CHIP), conducted a needs assessment titled, *"Charting the Course VI."*[18] This assessment fulfilled requirements of Senate Bill 697 (SB 697) for San Diego's private, non-profit hospitals. In October 1994, SB 697 was signed into law, which created a new mandate for non-profit, private hospitals to conduct a periodic assessment of the health needs of those living in their service area to better respond to the community's health needs.

CHIP conducted forums in August and September 2010 with community leaders in each of San Diego County's six Regions to discuss the health issues of critical importance to San Diego County residents. CHIP went through a community priority setting process which included:

- Selecting health issues to investigate, based on *Healthy People 2020* and data indicators available through HHSA
- Identifying priority-setting criteria:
  - Size of the problem,
  - Seriousness of the problem,
  - Community resources available to address the problem, and
  - Outcomes data.
- Creating health issues briefs on each of the 17 health issues identified.
- Scoring of health issues by 379 community leaders.
- Reaching consensus on scoring results.
- Selecting priority health issues.
- Collecting input from key stakeholders during community forums.

Based on this process, five key health issues were selected as priorities. These priorities are:

- Health Care Access and Delivery,
- Injury and Violence,
- Nutrition, Weight Status, Physical Activity and Fitness,
- Mental Health and Mental Disorders, and
- Social Determinants of Health.[19]

[18]Community Health Improvement Partners, *Charting the Course VI: A San Diego Community Health Needs Assessment 2010*. 2011. Retrieved 7/10/2013 from http://www.sdchip.org/initiatives/charting-the-course-vi.aspx.

[19] Note: Social determinants of health including education, economic status, living conditions, and cultural elements are factors that threaten health, promote, health, and/or protect health.

Key Health Issues Identified in Charting the Course

Table 8 highlights the key findings for four of the health priority areas identified in *Charting the Course VI*.

Table 8: Key Findings for Four Health Priority Areas

Health Care Access and Delivery	Mental Health and Mental Disorders
Of those under age 64 in San Diego County, 22.9% is currently uninsured (2007 California Health Interview Survey [CHIS] Data).	As of 2009, there were 141,420 persons in San Diego County with serious mental illness, representing 4.9% of the household population of San Diego County.
Of those under 65, 16.4% was uninsured in the U.S. in 2007 (CDC Data).	In 2008, suicide was the 8th leading cause of death in San Diego County.
Weight Status, Nutrition, Activity and Fitness	**Injury and Violence**
According to 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County, almost 59% of the adult population is overweight or obese.	In California, injury, including both unintentional and intentional, is the number one killer and disabler of persons aged 1 to 44 (California Department of Public Health [CDPH], 2010).
Percent Overweight or Obese in U.S. was 63.1% in 2009.	Each year, California injuries cause over 17,000 deaths.
Percent Overweight or Obese in California was 61.3% in 2009.	According to SANDAG, a total of 75 homicides occurred in the San Diego region in 2009.

CONTRIBUTING CAUSES OF COMMUNITY HEALTH ISSUES

This section contains a description of contributing causes of community health issues, including health status disparities and health inequities, as required by the Public Health Accreditation Board (Measure 1.1.2). According to *Healthy People 2020*, determinants of health fall into five broad categories (*Figure 22*).[20] These five factors play an important role in the ability of individuals to be healthy, safe and thriving. This section highlights some of the determinants of health which most strongly affect the health and well-being of San Diego County residents. Because of the diversity of the regions within San Diego County, these factors may have a stronger influence in certain regions compared to others.

As mentioned earlier, it is recognized that three behaviors – exercise, poor diet and tobacco use – contribute to over 50% of deaths in San Diego County. For this reason, the 3-4-50 concept is an important focus for prevention efforts of *Live Well San Diego.*

Other factors that contribute to community health issues are biology and genetics. According to CHIS data from 2011-2012, communities of color in San Diego still faced higher rates of certain health conditions.[21] In San Diego County, African Americans had the second highest percentage (26.7%), after whites, of adults with high blood pressure and the highest percentage of adults who had ever been diagnosed with diabetes (16.4%). Latinos and African Americans had the highest percentage of adults in San Diego County who were overweight or obese (71.5% and 69.1% respectively). Additionally, Latinos in San Diego County were nearly three times more likely to be uninsured than whites (9.8%), with African Americans close behind (23.7%).

Economic and other social factors also have an important impact on health status and the ability for families to adopt healthy behaviors. Many of the Regions highlighted the importance of access to healthy foods and areas for families to be active. It has been shown that low-income neighborhoods have less access to full-service grocery stores and farmers' markets, and when they do have access to healthy food, it is often poorer quality. In addition, low income- communities have greater availability of conveniences stores and fast food restaurants, which offer unhealthy options and lower prices. Finally, low income neighborhoods have fewer physical activity resources than higher income neighborhoods.[22] These factors are especially relevant in Central and South Regions, where 20.2% and 13% of the population respectively are at or below the federal poverty level.

Having access to health services is another important determinant of health, with insurance coverage being an important factor that affects

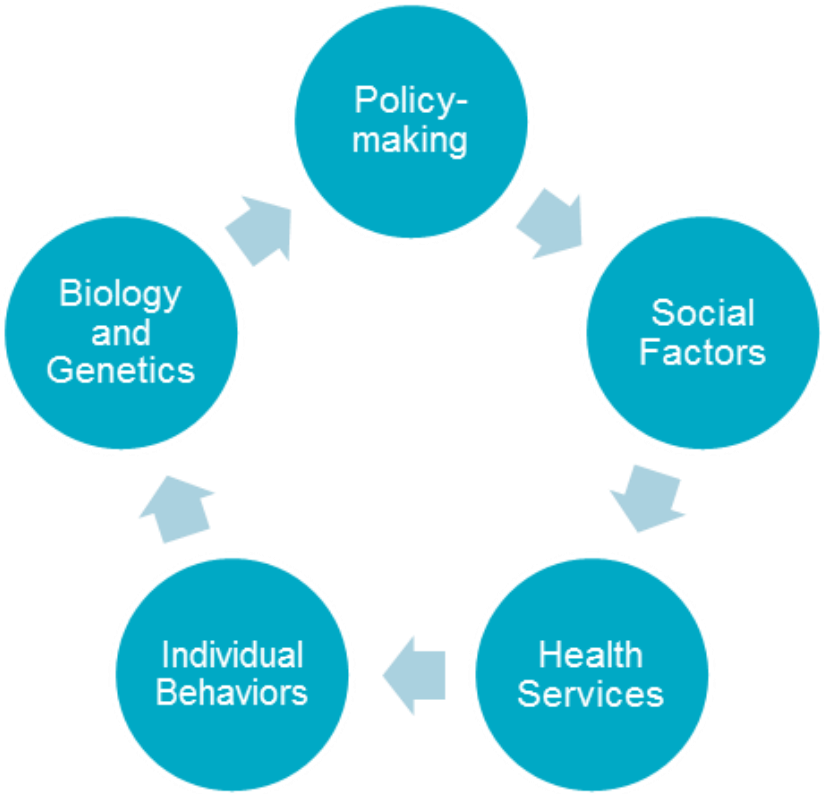
[20] *Healthy People 2020*, HealthyPeople.gov. Determinants of Health. Retrieved on 09/17/2013 from http://www.healthypeople.gov/2020/about/DOHAbout.aspx#policymaking.
[21] California Health Interview Survey. CHIS 2011-12 Ask CHIS. Los Angeles, CA: UCLA Center for Health Policy Research. Retrieved on 09/06/2013 from http://ask.chis.ucla.edu/main/DQ3/geographic.asp.

[22] Food Research and Action Center, *Why Low-Income and Food Insecure People are Vulnerable to Overweight and Obesity*. Retrieved on 09/17/2013 from http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/.

the ability of individuals to monitor their health. Individuals with health insurance are more likely to use preventive services and improve their overall health.[23] According to CHIS, in 2011-2012, 15.8% of San Diegans were uninsured, with people of color more likely to be uninsured (Latinos: 26.2% and African American: 23.7%).[24]

Overall, the broad categories that comprise the determinants of health all have an important impact on the health and well-being of San Diego County residents. As regional leadership teams examined the main health issues affecting their communities, they also considered the importance of addressing determinants of health in identifying strategies that would encourage positive change among their residents.

Figure 22: Determinants of Health



[23] America's Uninsured Crisis: Consequences for Health and Health Care. (2009). Washington, D.C. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care/Americas%20Uninsured%20Crisis%202009%20Report%20Brief.pdf.

[24] California Health Interview Survey. CHIS 2011-12 Ask CHIS. Los Angeles, CA: UCLA Center for Health Policy Research. Retrieved on 09/16/2013 from http://ask.chis.ucla.edu/main/DQ3/geographic.asp.

FORCES OF CHANGE

The Forces of Change Assessment focuses on identifying external forces, such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. As part of the *Mobilizing for Action through Planning and Partnerships* (MAPP) process, each Region conducted a Forces of Change Assessment with community members within their Region. At a countywide level, there are several other important forces of change that are taking place. Below is a description of both the countywide and regional Forces of Change influencing San Diego County residents.

Countywide Approach

There are several large scale projects and funding sources that are acting as important vehicles for healthy change throughout San Diego County. Included in this list is the Childhood Obesity Initiative, *Prop 63 Mental Health Services Act*, Communities Putting Prevention to Work, Low Income Health Program, *Patient Protection and Affordable Care Act* (ACA), Community Transformation Grant, and national public health accreditation. All of these resources and programs are integral to implementing the goals and objectives outlined by the *Live Well San Diego Community Health Improvement Plan*. These forces of change allow HHSA and regional staff to address determinants of health, thereby impacting health equity. Other factors addressed include health behaviors, access to care and healthy options, access to mental health services, and population education about lifestyle changes to improve health.

Childhood Obesity Initiative (COI)

In 2004, the County of San Diego Board of Supervisors tasked Health and Human Services Agency (HHSA) with addressing the childhood obesity epidemic. This led to the development of the *Call to Action: San Diego County Childhood Obesity Action Plan* (COAP), published in January 2006. This document is a comprehensive plan for ending childhood obesity through policy and environmental changes in the seven most influential domains in creating healthy environments. These include 1) county and city governments, 2) health care systems and providers, 3) schools and before and after-school providers, 4) childcare and preschool providers, 5) community-based and faith-based organizations, 6) media outlets and the marketing industry, and 7) businesses. This effort led to the establishment of the San Diego County Childhood Obesity Initiative (COI) to assure effective implementation of the strategies outlined in the COAP.

COI is a public/private partnership, whose mission is to reduce and prevent childhood obesity in San Diego County, by creating healthy environments for all children and families through advocacy, education, policy development, and environmental change. To fulfill its mission, the COI creates, supports, and mobilizes partner relationships across multiple domains (i.e., sectors). This Initiative also provides leadership and vision, as well coordinates countywide efforts to prevent and reduce childhood obesity.[25] It further establishes workgroups in each domain to develop, leverage, and replicate best practices and resources throughout San Diego County, and shape a healthy future.[26]

[25] San Diego County Childhood Obesity Initiative. (2013). Retrieved on 8/20/2013 from http://www.ourcommunityourkids.org/.
[26] Ibid.

Prop 63 Mental Health Services Act

Proposition 63 was passed by voters in November 2004 and became the State law called the 2004 *Mental Health Services Act* (MHSA). Effective January 1, 2005, the MHSA provides State funding to counties for expanded and innovative mental health programs. It addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that will effectively support this system.

MHSA programs support *Live Well San Diego* by providing the community services needed to assist with behavioral health needs, education about the importance of mental health, and access to necessary resources, so that all San Diego County residents may lead healthy and productive lives. The MHSA has five key components: 1) Community Services and Supports, 2) Prevention and Early Intervention, 3) Innovation, 4) Workforce Education and Training, and 5) Capital Facilities and Technological Needs. For details about County of San Diego's MHSA funded programs, please see the County of San Diego Network of Care website.

The County of San Diego Behavioral Health Services Division (BHS) conducts continuous, year-round Community Program Planning to gather input from diverse stakeholders (including clients, family members, and providers) in the development of programs and services. As a result, services are community-based and culturally appropriate, as well as promote wellness and recovery, self-empowerment, meaningful social relationships, and improved quality of life. MHSA funding has allowed Behavioral Health Services (BHS) to:

- Expand services;
- Minimize barriers to services;
- Increase the use of proven, innovative, value-driven and evidence-based programs;
- Promote Full Service Partnerships to increase participation of clients and families, in the mental health system;
- Transform the system to a wellness-focused system through prevention and early intervention services;
- Include primary care in the continuum of care; and
- Improve patient outcomes, such as reduction of hospitalization rates and utilization of long-term care.

These changes have made and will continue to make it easier for clients to access the services they need more effectively.

Communities Putting Prevention to Work (CPPW)

In 2009, Congress passed the American Recovery and Reinvestment Act, which led to funding for the CDC's Communities Putting Prevention to Work (CPPW) program to address the national obesity epidemic. Through a competitive grant process in 2010, HHSA received $16 million to create *Healthy Works*™, the local CPPW program. San Diego County was among 44 communities in the country to be awarded funds through this federal competitive grant process. Administered by HHSA, *Healthy Works*™ partners the County with numerous community, governmental, and educational organizations to establish environmental and systems strategies designed to

improve health and wellness.[27] Recent accomplishments include the *Health Atlas*, which compiles, visualizes, and analyzes conditions related to health and wellness; *Safe Routes to School*, sustained efforts to improve school environments that encourage children to walk and bike to school; *Healthy Food Systems*, a web-based procurement program acting as a conduit between growers and buyers, facilitating the procurement of locally grown produce; and the *Healthy Works*™ media campaign, which promotes the overarching messages of *Healthy Works*™, as well as intervention-specific campaigns.[28] More information about *Healthy Works*™ is available on the website.

Low Income Health Program

The Low Income Health Program (LIHP) was a demonstration project of the Department of Health Care Services (DHCS), in coordination with California stakeholders and the Centers for Medicare and Medicaid Services (CMS).[29] Started in 2010, LIHP was designed for low-income adults who were not eligible for Medi-Cal and met residency and income requirements. In San Diego County, LIHP provided medical services and limited mental health services for uninsured adults ages 19-64 who reside in San Diego County, who are not eligible for Medi-Cal, are citizens or legal residents for at least five years and meet income requirements. Services were provided by a network of community health centers, private physicians, public and private mental health clinics, and local hospitals. Enrollees selected a primary care provider who managed their care. LIHP covered the cost of immediate and on-going medical care. Pregnancy and organ transplants were not covered and other services may have had limited coverage.[30] Statewide, total LIHP enrollment was approximately 600,000 by December 2013.[31]

In 2014, Medi-Cal was expanded to cover many individuals eligible for LIHP. State officials said more than 90% of LIHP enrollees would be able to keep their primary care physician when LIHP folded into the Medi-Cal expansion.[32] A transition plan outlines the major steps that the California Department of Health Care Services (DHCS) took to coordinate the transition of the LIHP enrollees to a coverage option available under the ACA, without interruption in coverage to the maximum extent possible. DHCS collaborated with the local LIHPs, counties, the California Health Benefit Exchange (Covered California), and stakeholders to implement this plan. The LIHP Medicaid Coverage Expansion (MCE) population transitioned to Medi-Cal, while the LIHP Health Care Coverage Initiative (HCCI) population transitioned to Covered California.[33]

[27] County of San Diego, Communities Putting Prevention to work (CPPW). (2013). *Healthy Works*™. Retrieved on 08/20/2013 from http://www.sdcounty.ca.gov/hhsa/programs/phs/chronic_disease_health_disparities/CPPW.html.

[28] County of San Diego, Communities Putting Prevention to Work. (2012). *Healthy Works*™, Making a difference. San Diego, CA. Retrieved on 08/20/2013 from http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/ltfinalfin4.pdf.

[29] California Department of Health Care Services. (2012). Low Income Health Program (LIHP). Retrieved 08/20/2013 from www.dhcs.ca.gov/provgovpart/Pages/lihp.aspx.

[30] San Diegans for Healthcare Coverage, A Coalition for Health. (2013). Low Income Health Program. Retrieved 08/20/2013 from www.sdhcc.org/coverage-options/public-coverage-options/low-income-health-program/.

[31] State of California-Health and Human Services Agency, Department of Health Care Services. (2013). Low income health program transition. Sacramento, CA. Retrieved 12/20/2013 from http://www.dhcs.ca.gov/provgovpart/Pages/LIHPTransitionResource.aspx.

[32] Gorn, David. "State Outlines Plan to Transition Low-Income Health Programs to Medi-Cal." *California Healthline*. California HealthCare Foundation. August 19, 2013.Retrieved on 08/20/13 from http://www.californiahealthline.org/capitol-desk/2013/8/state-outlines-plan-to-transition-low-income-health-program-to-medi-cal.

[33] State of California-health and Human Services Agency, Department of Health Care Services. (2013). Low income health program transition plan (Revised). Sacramento, CA. Retrieved 08/20/2013 from http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Meetings/DRAFT-RevisedLIHPTransitionPlan.pdf.

Affordable Care Act Funding (The Prevention in Public Health Fund)

The Prevention in Public Health Fund, allocated in the ACA, provided HHSA revenue through two cooperative agreements: the National Public Health Improvement Initiative (NPHII) and the Community Transformation Grant (CTG). These agreements fund several initiatives to support public health infrastructure and develop system-level interventions to tackle the root causes of chronic disease such as smoking, poor diet, and lack of physical activity.

In September 2010, CDC allocated NPHII awards. The NPHII allows health departments to improve the delivery and impact of the public health services provided, by improving how departments track program performance; fostering the identification, dissemination and adoption of public health's best and promising practices; building a network of performance improvement managers across the country that shares strategies for improving the public health system; and maximizing cohesion across all types of public health systems to ensure seamless and coordinated services for residents.[34] HHSA was originally awarded a potential of a $1.1 million over five years. Due to the elimination of NPHII, actual funding received was $850,000 over four years (ending September 2014). These funds support national public health accreditation readiness, improve HHSA Public Health Services performance management system, and institutionalize continuous quality improvement.

In May 2011, the CDC announced another ACA funding opportunity, the CTG. These grants support state and local government agencies, tribes, territories, nonprofit organizations, and communities across the country in creating healthier communities by reducing chronic disease rates, preventing the development of secondary conditions, addressing health disparities, and developing a stronger evidence base for effective prevention programming. In September 2011, the CDC awarded $103 million to 61 state and local government agencies, tribes and territories, and nonprofit organizations in 36 states, along with nearly $4 million to six national networks of community-based organizations. HHSA received a CTG award from the CDC in the amount of $3,053,793 annually for five years. In 2012, CTG was expanded to support areas to ensure that more Americans will benefit from healthier environments and have access to healthier options.[35] The opportunity provided by the CTG funding is allowing the County of San Diego to continue the important work initiated by the CPPW grant and the 10-year *Live Well San Diego* initiative.[36] Due to the elimination of CTG, San Diego only received three of the five years of funding, ending September 2014.

Objectives of the grant will be achieved by implementing a broad range of community transformation implementation plans that focus on policy, environmental, programmatic, and infrastructure changes to maximize public health impact. These activities will be integrated across five strategic areas:

- *Tobacco Free Living* will protect people from secondhand smoke in diverse settings, such as work sites and schools.
- *Active Living and Healthy Eating* will increase access to availability of healthful foods through a regional food system.

[34] "HHS Awards $40 Million to Boost Public Health Infrastructure, Prepare Tomorrow's Public Health Workforce." *HHS*. U.S. Department of Health & Human Services, 31 Aug. 2011. Retrieved on 8/20/2013 from http://www.hhs.gov/news/press/2011pres/08/20110831a.html

[35] "Community Transformation Grants (CTG)." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 15 Nov. 2012. Retrieved on 8/20/2013 from http://www.cdc.gov/communitytransformation

[36] "Community Transformation Grant (CTG)." County of San Diego. Health and Human Services. Retrieved on 8/20/2013 from http://www.sdcounty.ca.gov/hhsa/programs/phs/chronic_disease_health_disparities/ctg.html

- *Clinical and Community Preventive Services* will engage health care providers to implement standard clinical care interventions to increase control of high blood pressure and high cholesterol.
- *Social and Emotional Wellness* will promote effective parenting by nurse home visitation to high risk new mothers.
- *Healthy and Safe Physical Environments* will improve community design for walking and biking.

National Public Health Accreditation

The Public Health Accreditation Board (PHAB) launched national, voluntary public health accreditation in September 2011 as a vehicle for standardizing the practice and improving health outcomes for all Americans. PHAB has developed national accreditation standards to define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. By 2015, PHAB's intended goal is to have 60 percent of the U.S. population served by an accredited public health department. NPHII funding has supported and expedited HHSA's application, which will be submitted in spring 2014.

Assembly Bill 109 Public Safety Realignment

This legislation is considered to be the cornerstone of California's solution for reducing the number of inmates in state prisons. Public Safety Realignment 2011, enacted by the State of California and effective October 1, 2011, includes fundamental and long term changes in State and County responsibilities for managing criminal offenders. The County of San Diego Board of Supervisors (BOS) adopted a Public Safety Realignment 2011 Implementation Plan on September 27, 2011 (amended on December 6, 2011). In May 2012, the BOS approved a request to contract with a community organization in order to provide services needed by offenders that reintegrates them into the community.

Regional Approach

After the approval of *Live Well San* Diego in July 2010, Regions engaged with the community four months later (November 2010). This community engagement provided the foundational elements for this document, the *Live Well San Diego Community Health Assessment*. Regional leadership team members utilized differing strategies to assess forces of change within their regions. Some Regions identified external forces and trends that impact the health of the community by reviewing the Need Assessments, Community Health Plans, and Community Health Statistics reports. Others administered surveys to community members and stakeholders to identify the key forces of change within their region. In September 2011, PHS introduced *Mobilizing for Action through Planning and Partnerships* to the Regions to standardize the community engagement process across the county. A summary of the regional forces of change is presented in *Table 9*. Additional details, including methodology, is located within each of the regional sections in this document.

Table 9: Common Regional Forces of Change

- Access to healthy foods
- Aging population
- Increasing homeless population
- Affordable health care/health care reform
- Cuts in government funding
- Differing cultural norms and customs
- Federal, state, and local policies
- The economy

COMMUNITY ASSETS AND RESOURCES

This section summarizes the community assets and resources, as required by the Public Health Accreditation Board (Measure 1.1.12). This was accomplished using the *Mobilizing for Action through Planning and Partnerships* (MAPP) Themes and Strengths Assessment. According to National Association of County and City Health Officials (NACCHO), the Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are important. This assessment identifies key community strengths and assets by answering the following questions: *"What is important in the community? How is quality of life perceived in the community? What assets are present in the community that can be used to improve community health?"*

Each of the Health and Human Services Agency (HHSA) Regions has unique community themes, strengths, and assets available based on their geography and demographics. Some key themes identified in each Region were active living, healthy eating, safety, mental health, and substance abuse. There are many programs and services that serve as assets to address community health issues throughout San Diego County. Below are several key examples:

Resident Leadership Academy (June 2010): Resident Leadership Academies (RLAs) creates local leaders in low-income neighborhoods by providing them with knowledge and tools to influence changes in their neighborhoods that make it easier for residents to be healthy, safe and self-sufficient. RLAs is an intensive 30-hour, 10-day training program with a curriculum that covers topics such as community building principles; safe and walkable communities; and healthy foods systems and also involves planning and implementing a community improvement project. These RLA's also offers a powerful way to help execute regional plans developed with community members and partners as part of the County of San Diego *Live Well San Diego* Initiative, a collaborative approach to create safe, healthy, and thriving communities. HHSA continues to use the RLA model in the Regions to empower citizens in addressing the health needs of their community.

***Healthy Works*™ School Wellness Program (June 2010):** In partnership with the San Diego County Office of Education and spearheaded by *Healthy Works*™, San Diego school districts enhance and implement their school wellness policies to create healthy school environments, improving the health of San Diego's 500,000 public school children.

Smoke-Free San Diego (October 2010): In partnership with Social Advocates for Youth (SAY) San Diego, the County has launched the San Diego Smoke-Free Project, with the goals of adopting and implementing a comprehensive smoke-free, multi-unit housing policy, declaring all indoor and outdoor common areas smoke-free, and adopting a policy declaring non-consensual exposure to secondhand smoke as a nuisance in the City of San Diego.

Community Garden Policy (June 2011): The County began working with San Diego Association of Governments (SANDAG), and other community partners, to assist the City of San Diego in revamping its community garden policy. This policy effort reduced administrative barriers and regulatory costs to more easily support establishing community gardens in residential and commercial zones.

Supplemental Nutrition Assistance Program Education (SNAP-Ed) (July 2011): This program provides nutrition education and obesity prevention services for low-income families that are potentially eligible for the federally-funded CalFresh food assistance program. The County of San Diego was one of 22 counties selected to pilot the State of California's SNAP-Ed project, which is a collaborative effort between Public Health Services and CalFresh and Community Action Partners (CAP). This program continues with all California public health jurisdictions coordinating program efforts.

Ban Smoking at Public Housing (July 2011): HHSA partnered with the County Housing and Community Development department to ban smoking at its public housing. The policy protects non-smoking residents from second-hand smoke.

San Diego County Farm-to-School Taskforce (September 2011): The County works with San Diego Unified School District (SDUSD), the largest school district in the County, to improve nutritional quality of school food, including reduction in sodium, and increased access to fruits and vegetables. SDUSD partners with local farmers and growers to provide fresh, locally grown produce as part of the project. As a part of implementing Communities Putting Prevention to Work (CPPW) cooperative agreement, this intervention reached over 130,000 students.

San Diego Beacon Collaborative (September 2011): This Collaborative (now known as San Diego Health Connect) was and continues to be a partnership of health care providers, clinics, hospitals, emergency medical services, and public health organizations. The goal is to improve the quality of health care delivered for all San Diegans using health information technology.

***It's Up to Us* Campaign (October 2011):** *It's Up to Us* is a multimedia campaign designed to empower San Diegans to talk openly about mental illness, to recognize symptoms of suicide and mental health challenges, and to use local resources and seek help. Funding for this campaign is supported by *Mental Health Services Act* (2004).

Safe Routes to School Regional Plan (March 2012): HHSA partnered with SANDAG to implement the regional Safe Routes to School Regional Plan (developed under CPPW). This plan ultimately will facilitate students and parents across the County in increasing their physical activity as they incorporate walking or bicycling to school as part of their daily routines.

Safe Routes to School Coalition (May 2012): The San Diego Safe Routes to School Coalition is made up of educators, advocates, parents, engineers, planners, and others who are working to make walking and bicycling to school a safer and more accessible option for children and their families.

Community Transition Center Services (May 2012): The County of San Diego Board of Supervisors approved a movement to contract with a community health organization to provide Community Transition Center services, in order to address the *Public Safety Realignment Act* (AB109, 2011). People returning to local communities from prison are informed of their responsibilities and provided with basic supports – like housing and food – to successfully re-enter the community, and break out of the cycle of crime.

The original community health assessment process was completed by the Regions in October 2012. As community engagement continues, regional leadership teams recognize emerging assets and resources. Some important assets and resources have since been identified and include the following:

San Diego Community-based Care Transitions Partnership designation (January 2013): The Community-based Care Transitions Program (CCTP) is a federal program to improve transitions of care, patient experience, and quality of care, as well as reduce Medicare costs (i.e., the Triple Aim). In conjunction with the County of San Diego, CCTP includes 13 hospitals from four health systems: Palomar Health, Scripps Health, Sharp HealthCare, and UC San Diego Health System.

"Weight of the Workplace" Forum (February 2013): HHSA partnered with the San Diego North Chamber of Commerce to host "Weight of the Workplace: Promoting a Healthy Bottom Line." The forum featured a panel discussion, health fair, and networking sessions to educate and offer resources to the business community on workplace wellness. This event ignited regional efforts to engage businesses in *Live Well San Diego*.

"Let's Go Local!" Produce Showcase (May 2013): This showcase was an event that focused on farm-to-school solutions to educate San Diego school districts about local sourcing opportunities that can support student health, as well as local farmers. Over 30 of the 42 school districts met with local produce growers and distributors with the goal of putting more local fruits and vegetables on students' plates. This is an important strategy implemented in schools to address healthy eating, one of the 3-4-50 behaviors espoused in *Live Well San Diego*.

Veterans Independence Services at Any Age (VISA) Program (August 2013): VISA serves Veterans in San Diego County that are at risk of nursing home placement and their family caregivers. These services are coordinated and delivered by Aging and Independence Services (AIS) and the Veterans Affairs San Diego HealthCare System (VASDHS). The goal of VISA is to provide increased flexibility and access to home and community-based services that enable a Veteran to remain in the community with an optimal level of functioning and independence. With San Diego having one of the largest military population, this is a valued and needed resource.

All of these programs portray how HHSA has and continues to collaborate with community partners to leverage assets in addressing what is important to the community. These programs work to increase healthy eating and physical activity while reducing smoking—the three behaviors in 3-4-50. Additionally, many of these programs involve residents, not just community-based organizations, working directly to implement change in their neighborhoods. Over time, it is anticipated that the collective impact of these efforts will result in improved health status for all San Diego County residents.

The County of San Diego does not have primary care clinics or hospitals but does operate the San Diego Psychiatric Hospital and Edgemoor long-term care facility. The San Diego region boasts two strong community clinic networks: the Council of Community Clinics (CCC) and Family Health Centers of San Diego (FHCSD). Serving one in six San Diegans, CCC is composed of over 100 clinics across 16 community clinics and health center organizations. FHCSD operates 34 locations, including 17 primary care clinics, three dental clinics, an

HIV clinic, and three mobile medical units which provide health care services at approximately 70 community sites. As a result, these private, nonprofit community clinics and health centers serve as the safety net for primary care services to San Diego's low-income and uninsured. Lastly, there are 21 hospitals across ten health care systems. In *Table 10*, the health care resources availability can be seen across all six HHSA Operation Regions.

Table 10: San Diego Health Care Facilities by HHSA Regions

State-Licensed Medical Facilities by Facility Type and HHSA Region							
Facility Type	**Central**	**East**	**North Central**	**North Coastal**	**North Inland**	**South**	**Total**
Clinic	**38**	**18**	**15**	**20**	**21**	**22**	**134**
Alternative Birthing Center	1						1
Chronic Dialysis Clinic	8	3	3	4	4	6	28
Community Clinic	27	13	10	15	15	16	96
Free Clinic	1	1			2		4
Psychology Clinic	1						1
Rehabilitation Clinic		1					1
Surgical Clinic			2	1			3
Home Health Agency/Hospice	**1**	**5**	**49**	**10**	**17**	**5**	**87**
Home Health Agency		4	39	7	12	5	67
Hospice	1	1	10	3	5		20
Hospital	**6**	**3**	**11**	**2**	**5**	**4**	**31**
Acute Psychiatric Hospital		2	2		1		5
Chemical Dep. Recovery Hospital			1				1
General Acute Care Hospital with ED	2	1	6	2	3	4	18
General Acute Care Hospital without ED	3		2		1		6
Special Hospital (Hospice & Palliative Care)	1						1
Long Term Care Facility	**10**	**32**	**14**	**14**	**17**	**10**	**97**
Congregate Living Health Facility		1	2	2	1		6
ICF/Dev. Disabled		1					1
Skilled Nursing Facility	10	30	12	12	16	10	90
Total	**55**	**58**	**89**	**46**	**60**	**41**	**349**

Source: Skilled nursing facilities (2013), COSD EMS; all others: Office of Statewide Health Planning & Development, 2012.

Regional Assets and Resources

Similar to the other MAPP Assessments, each region conducted its own Community Themes and Strengths Assessment (also referred to, by the Regions, as the Community Perceptions Assessment). *Figure 23* highlights some of the key themes and strengths identified by each region. The detailed assessments can be found in each regional CHA document.

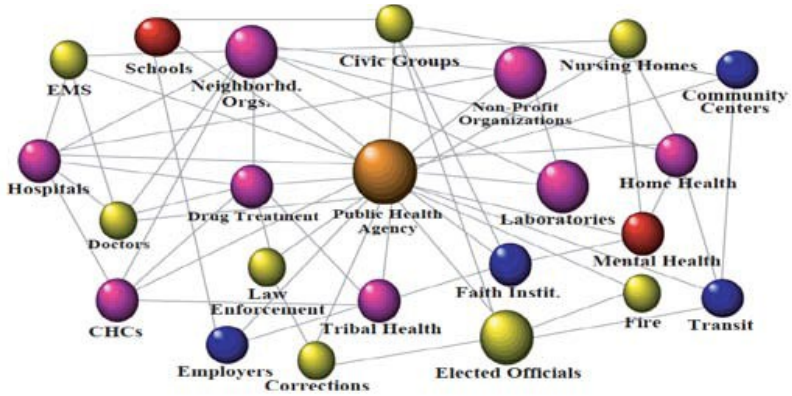
Figure 23: Key Themes Identified by Each Region

* Note; North County includes North Costal and North Inland HHSA Operational Regions.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) created the Local Public Health System Assessment (LPHSPA) Instrument, which is based on the framework of the 10 Essential Public Health Services. This instrument is used by the local health department to assess the status of the entire local public health system (*Figure 24*). A public health system includes all public, private, and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction. The LPHSA answers the questions: *"What are the components, activities, competencies, and capacities of our local public health system? How are the Essential Services being provided to our community?"*

Figure 24: Example of a Local Public Health System



On June 29, 2012, Health and Human Services Agency (HHSA) conducted the LPHSPA workshop as part of the *Mobilizing for Action through Planning and Partnerships* process. With the help from a consultant, the typical two-day format was re-designed into a half-day workshop with concurrent sessions. This was done to accommodate time constraints of members of the local public health system. Workshop materials were developed using the LPHSPA tool and other resource materials found on the Centers for Disease Control website.

On the day of the event, participants were asked to complete a participant profile inquiring about their demographic information, their sector, and the Region(s) in which they provide services, to ensure adequate representation across the Local Public Health System. A total of 67 (out of 88) participants completed this profile. Based upon the responses, the majority of the individuals who attended the workshop were female (79%), with an average age of 50. Participants came from various regions of San Diego County with 42 total zip codes identified. Nearly three-quarter (72%) of participants reported their race as white or Caucasian. An additional 13% were Asian, and 10% were Latino/a. *Table 11* highlights the represented work sectors and key positions; respondents were able to select more than one category, which is why the total percentage exceeds 100.

Table 11: Percent of Respondents by Work Sector and Key Position

Response Options	% of Respondents
Community Organization	28%
Service Providers	28%
Health Educators	21%
Emergency Preparedness	16%
Epidemiologists/Data Expert	8%
Community Health Planner	8%
Schools	6%
Service Recipients	6%
Public Information Officers	5%
Universities/Colleges	5%
Media	3%
Health Officer/Public Health Director	3%
Elected Officials and Policy Makers	3%
Public Health Laboratories	2%
Foundations	2%
Human Resources	2%
Board of Health	2%
Other (Answers provided: Community Health Center; Health Plan; Public Mental Health; Administrator; Behavior Health; Border Health; Community Collaborative; County Government; Environmental Health Director; Faith Based Organization; Government; Health Insurance; HHSA; Hospitals; IHSS/Public Authority Advisory Committee; Local Government; Local Public Health Department and Public Health Nursing; Management Consultant; Military Public Health; Non-profit Public Health Advocate; NPO; Prevention; Public Health Nurse; Public Utilities; Recovery Model; Senior Residents; Strategy Planner)	46%

Workshop groups were assigned prior to the event based on each participant's area of expertise. Participants were each assigned to two Essential Services, thereby creating 5 groups that were led by one contracted facilitator. Group assignment was determined based on answers to a set of demographic questions (i.e., title/position and sector/field) participants completed when they RSVP'd for the event.

While in their respective Essential Service Area groups, participants were asked to independently assign a rating, on a scale of one to five, to each question (see *Table 12*). At the conclusion of the workshop, all ratings were collected and responses were entered and analyzed to obtain a mean rating for each essential service assessed. The average scores and comments provided were incorporated into one combined report for all 10 Essential Services (ES). The findings from the LPHSA were entered into the CDC data entry system. The graph below shows a summary of the results for each ES and the highlighted sections represent the one to five scoring scale (*Figure 25*).

The LPHSA shows that four essential services are ranked the highest with significant activity, including monitor health status (1), at 72%; diagnose/investigate (2), at 69%; develop policies/plans (5), at 69%; and enforce laws (6), at 69%.

Table 12: LPHSA Ranking System

No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1	2	3	4	5
0%	1% - 25%	26% - 50%	51% - 75%	76% - 100%

Figure 25: Essential Services Scores

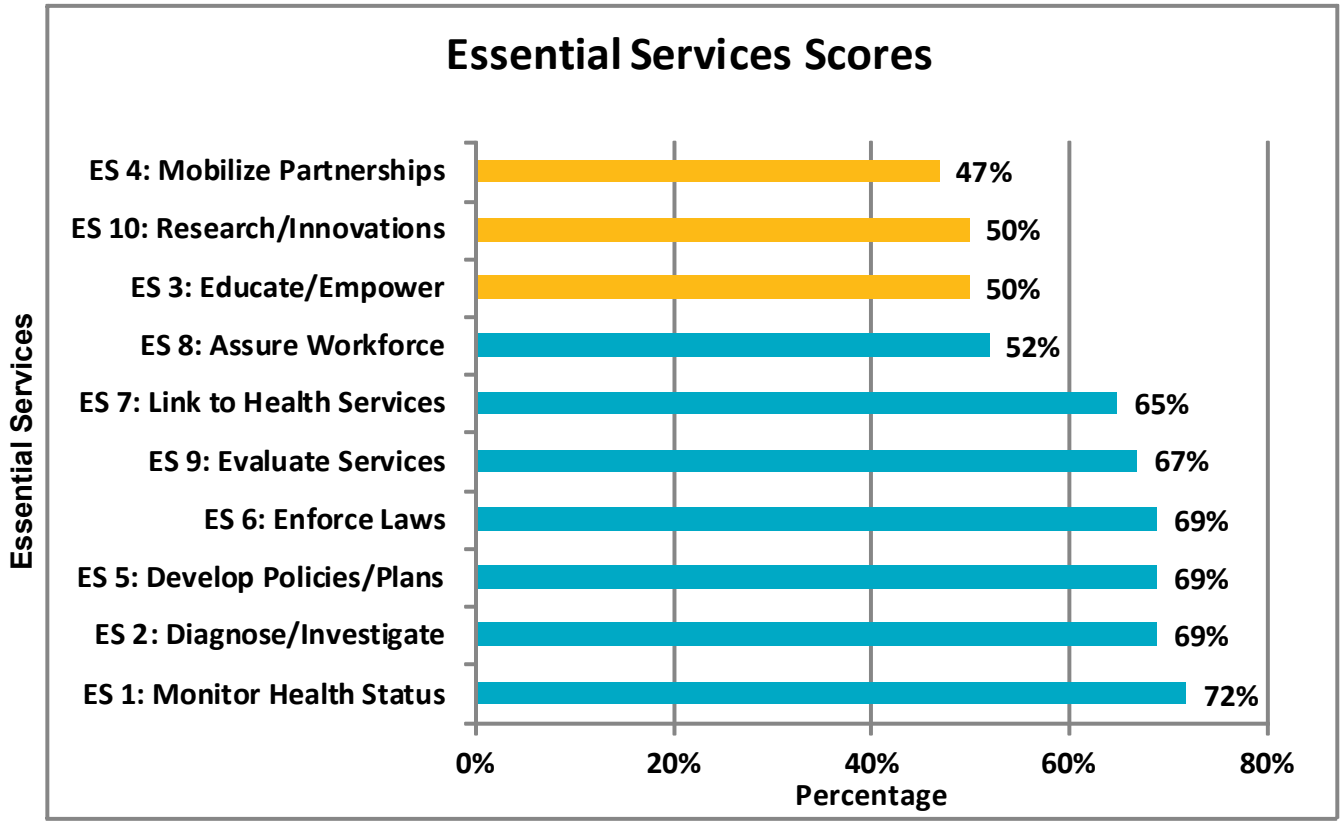


Table 13: Key Findings from Local Public Health Systems Assessment

Strengths:

- *Maintains data related to health*
- *Ensures resources to effectively monitor and manage health threats*
- *Uses regional community planning process*
- *Demonstrates that regulations and ordinances are evaluated and enforced*

Concerns:

- *Provide more timely communication*
- *Communicate and disseminate information*
- *Limited ability for system providers to communicate with limited and non-English speaking populations*
- *Identify connections between partners and where improvements are needed*
- *Obtain more inclusiveness and representation*
- *Increase knowledge of existing state and federal laws*
- *Facilitate efficient client follow-up and ensure efforts are reaching underserved populations*
- *Increase opportunities for training and education*
- *Develop more consistent evaluation and assessment of workforce across county agencies*
- *Develop leaders from the community*
- *Utilize evaluation findings to enhance and continue to strengthen the local public health system*
- *Address lack of linkage between public health research and the actual community*
- *Continue fostering partnerships with research institutions and universities*
- *Ensure innovations and research findings are shared*

REGIONAL COMMUNITY HEALTH ASSESSMENTS

Central Region
Community Health Assessment

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Live Well San Diego Central Region Leadership Team

Co-Chairs:

Barbara Jiménez, Deputy Director, HHSA Central & South Regions

Tina Emmerick, HHSA Community Health Action Team Manager

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

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

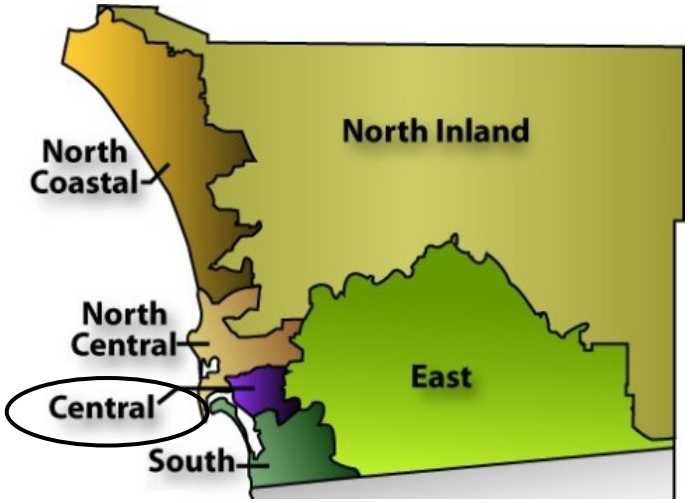


Figure 2: Central Region's *Live Well San Diego's* Road to Community Health Improvement

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 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.

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

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:	Concerns:
• *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*	• *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)

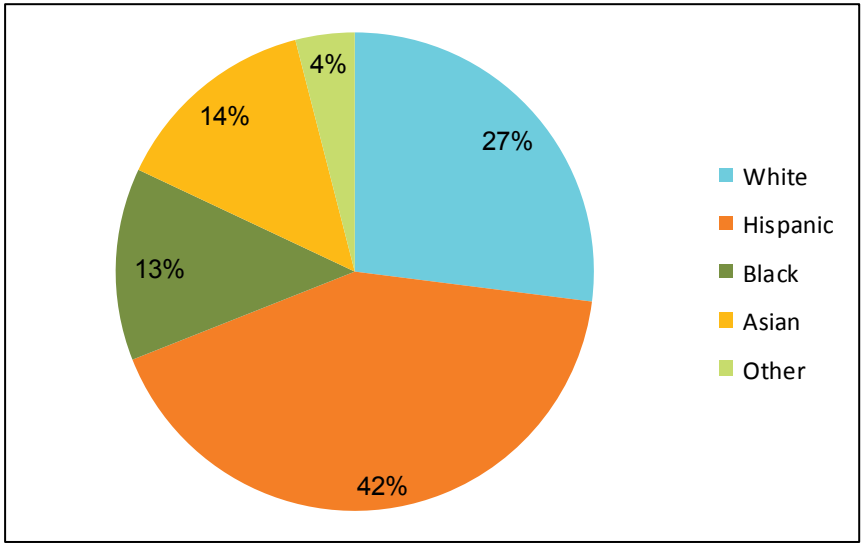


Table 2: Household Income in Central Region

	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.

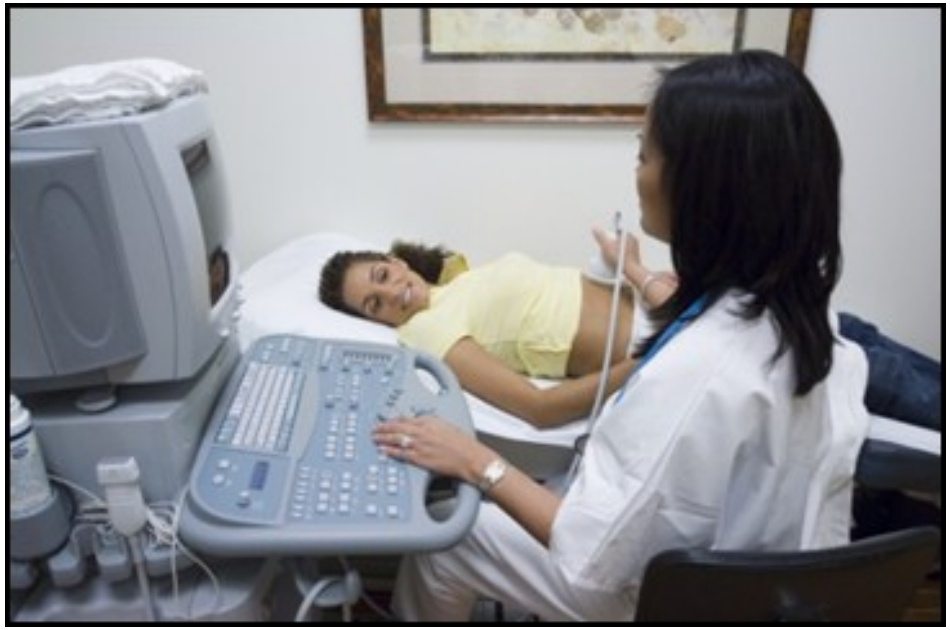
Strengths and Risks to Health

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

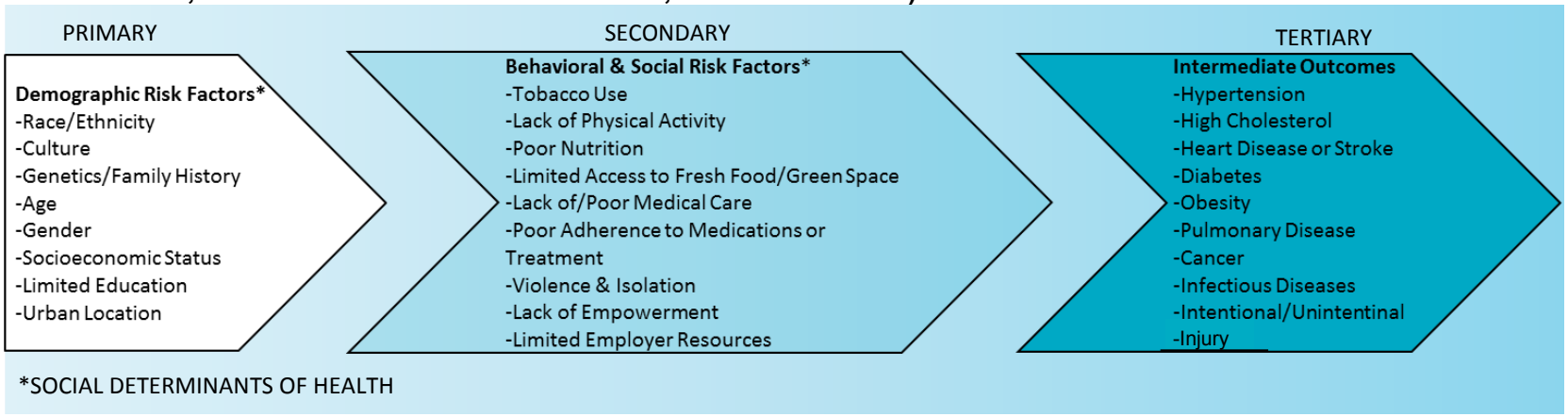
Mental Health Behaviors & Related Health Factors**	Central Region (%)	County (%)
Unable to Work 8 Days or More Due to Mental Problems (ages 18+)	59.4	56.5
Saw Any health care Provider for Emotional-Mental and/or Alcohol-Drug Issues in Past Year (ages 18+)	21.0	13.5
Has Taken Prescription Medicine for 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*

East Region
Community Health Assessment

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Live Well San Diego East Region Leadership Team

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Supervisor Dianne Jacob, District 2

Marie Brown-Mercadel, County of San Diego, Deputy Director, East and North Central Regions

Partners:

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

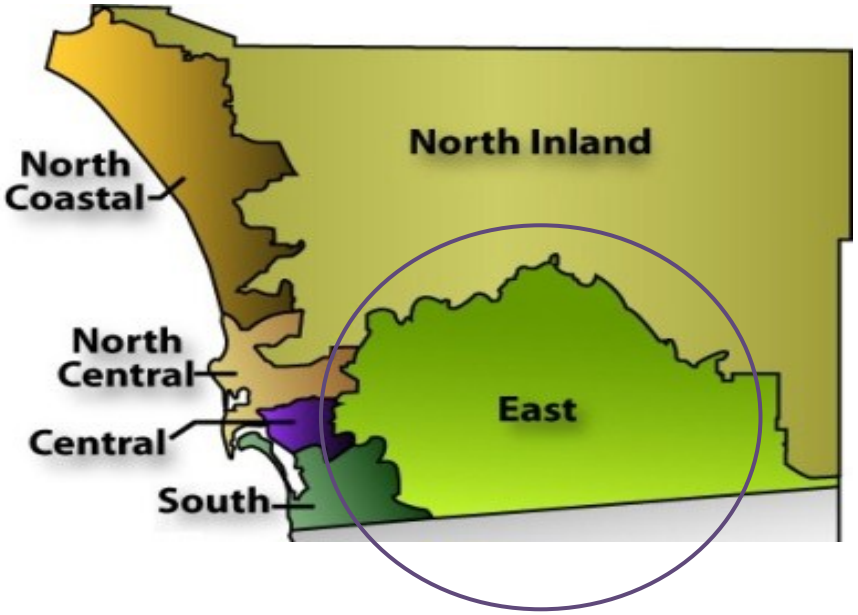


Figure 2: East County's *Live Well San Diego's* Road to Community Health Improvement

Source: www.naccho.org/MAPP

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"?

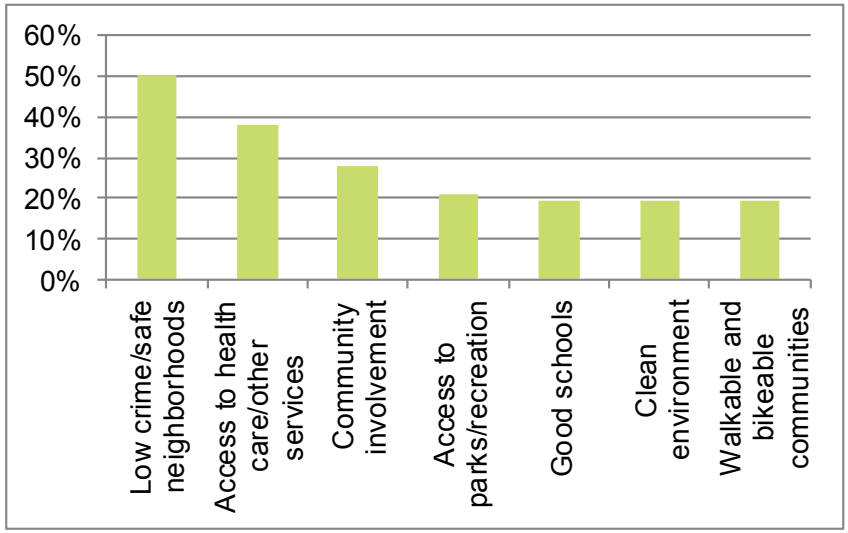


Figure 4: In the following list, what do you think are the three most important HEALTH PROBLEMS in your community?

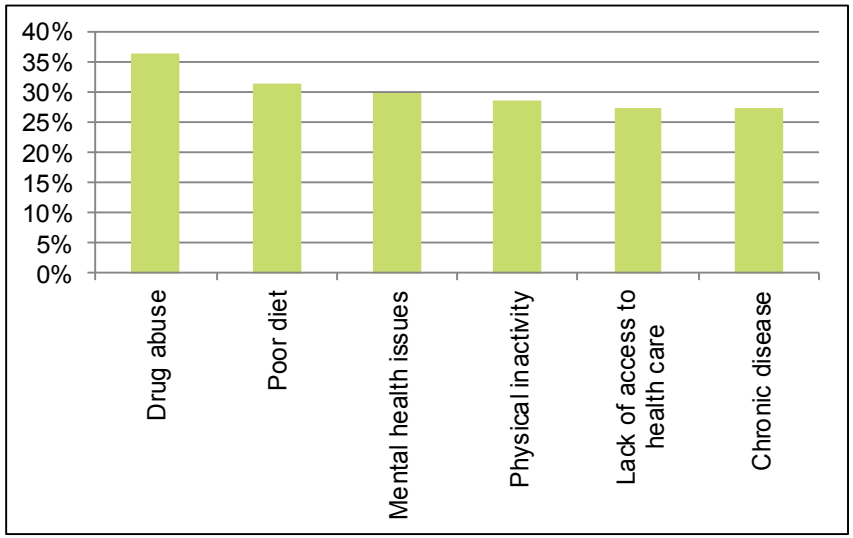


Figure 5: How would you rate your community environment as a healthy place to live?

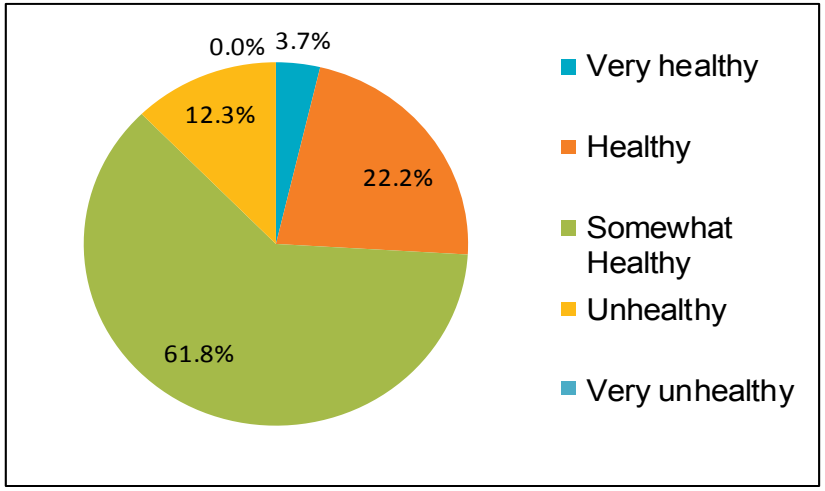


Figure 6: Is your community a good place to grow old?

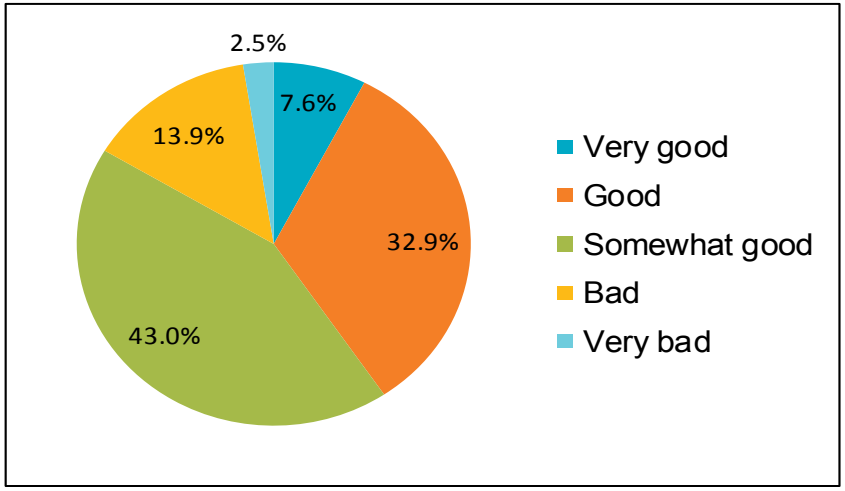


Figure 7: How would you rate your community as a safe place to grow up or to raise children?

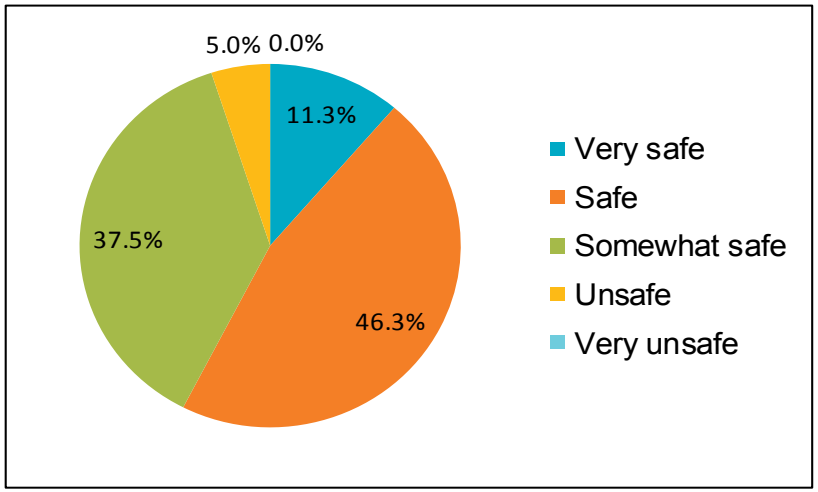


Figure 8: Is there economic opportunity in the community?

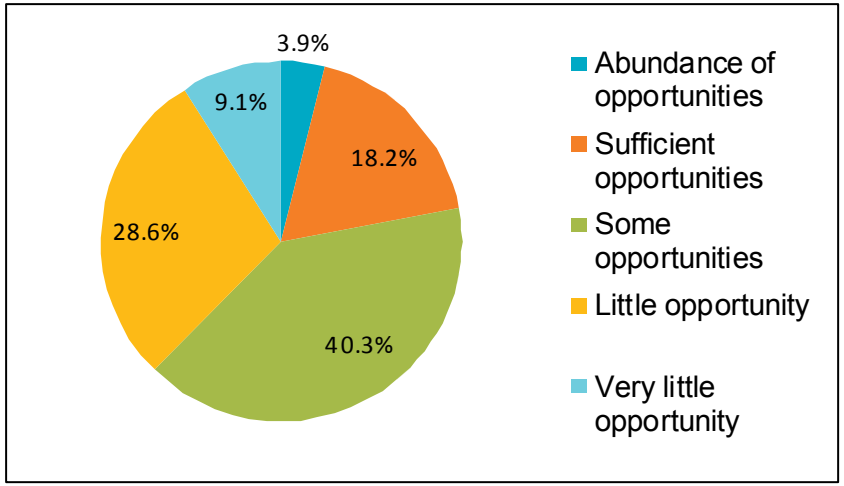


Table 1: Key Findings from Community Perceptions Assessments

Strengths:	Concerns:
• *Community is generally perceived as a safe place to live*	• *Mental health*
• *Community is a good place to grow old*	• *Physical inactivity*
• *Some economic opportunities in the community*	• *Poor diet*
	• *Substance abuse*

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 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.

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:

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%	↑

<u>Intentional Injuries</u>

- 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.

<u>Unintentional Injuries</u>

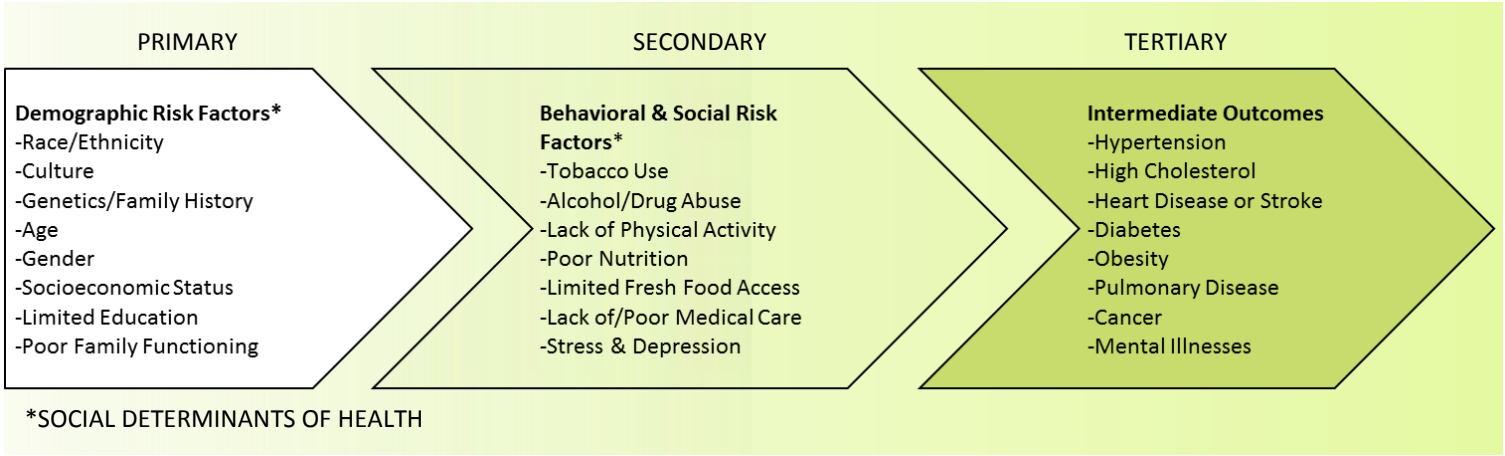
- In the East Region, unintentional injuries were the sixth leading cause of death for all ages.
- East Region had higher rates of death and medical encounter for unintentional injury than nearly all other regions in the County, particularly among older adults.
- Overdose and poisoning injuries and deaths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

- 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

Social	• Changing demographics (differing cultural norm and customs, increased aging population, fewer younger residents, low educational attainment) • Growing poverty • High crime • High stress	• 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
Economic	• Bankruptcy (businesses and Individuals) • High competition for good jobs • Home foreclosures • Lack of money management • Limited employment	• Limited job training opportunities • Low wage jobs • No health insurance • Slow economy
Political	• 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	• Medical expenses • Negative politics • Power of insurance companies and banks • Representation for unincorporated areas • Uncertainty
Environmental	• 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	• 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
Technological	• Decreased activity and personal interaction • Easier and faster access to information • Increased opportunity to promote health	• Lack of access to technology Mobile technology • Social media
Scientific	• Decreased funding for research • Engagement of diverse researchers • Evidenced-based prevention programs • Outside influences such as money and politics	• Research and development jobs • Research-based practices based on fidelity and population being served
Ethical	• Apathy, fear and lack of consensus on ethics • Cannabis regulation • Child abuse • Government, media and personal ethics	• Health care and social services issues • Politics, partisanship and polarization • Religious exemptions/rights • Racism, classism and stigmatization
Funding/ Grants	• Funding on the community level • Grants/projects narrow in focus, not big picture • Extremely competitive	• 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):**
• *Leadership team is actively engaged in addressing the health of the region and has a history of joint success* • *Coronary heart disease and stroke death and hospitalization rates have declined*	• *Access to and engagement/lack of stigmatization in comprehensive health care* • *Physical Inactivity* • *Lack of community involvement* • *Community infrastructure* • *Community safety* • *Housing/transportation* • *Poor diet* • *Mental heath* • *Substance abuse (smoking/drugs/alcohol)*

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*

North Central Region
Community Health Assessment

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At Your Home Familycare

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Beach Area Family Health Center

Care1st Health Plan

Challenge Center

Clairemont Coalition

County of San Diego

County of San Diego HHSA Community Health Statistics

County of San Diego HHSA Aging & Independence Services

County of San Diego HHSA East & North Central Regions

County of San Diego HHSA North Central Family Resource Center

County of San Diego HHSA North Central Public Health

County of San Diego HHSA Public Health Services

County of San Diego, Land Use and Environmental Group/ Air Pollution and Control District

County of San Diego, Supervisor Slater-Price's Office

Fleet and Family Support Centers

Health Net of California

Heritage Senior Care

Health Insurance Counseling & Advocacy Program San Diego

Impact Young Adults & Impact MORE

Jewish Family Service of San Diego

Linda Vista Planning Group

Linda Vista Town Council

Mental Health Board Member

Molina Healthcare

North Central Resident

North Coast Home Health Products

Oaks & Acorns

Peter Barron Stark Companies

Rady Children's Hospital-San Diego

San Diego Family Health Care

San Diego Military Family Collaborative

San Diego Nutrition and Physical Activity Coallition

San Diego Welcome Baby Program: Kit for New Parents

SAY San Diego, Inc.

SAY San Diego/Clairemont Coalition

SAY San Diego, Family Self Sufficiency Program

SAY San Diego, First 5 First Steps

SAY San Diego, Healthy Start Military Family Resource Center

SAY San Diego, Integrated Neighborhood Services

SAY San Diego, North Clairemont Healthy Start

SAY San Diego/North City Prevention Coalition

SAY San Diego Tobacco Control

SDSU Research Foundation WIC Program

Shea Family Care

St. Paul's PACE

Together We Grow

University of California, San Diego

UCSD Division of Geriatrics

UCSD Preventive Medicine

Union of Pay Asian Communities, Positive Solutions

United Way of San Diego County

VFW Ladies Auxiliary 3788

Building Better Health in North Central County Leadership Team's Community Health Improvement Process

In the fall of 2010 through the spring of 2011, the North Central Region (*Figure 1*) community was brought together through a series of *Building Better Health* Forums to help residents to initiative changes to live healthy, safe, and thriving lives. In June 2012, the North Central *Live Well* Leadership Team was formed to support the County of San Diego *Live Well San Diego* strategic initiative. Leadership Team partners 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 Leadership Team began with a series of planning and innovation forums, where subject matter experts came together to both educate and challenge assumptions and thinking. The group then took a thoughtful review of the health status of North Central Region and emphasized the core competency of regional leadership and meaningful partnership with both public and private sectors, including the military and faith communities.

Using the MAPP model, the community was engaged through a Community Perceptions Assessment and a Forces of Change Assessment to help the leadership group understand which health issues are most important to the North Central Region communities. These assessments were administered via an electronic survey to identified stakeholders and partners representing various sectors in North Central Region. Data were compiled, analyzed, and presented by County staff to the leadership team for informing their community health improvement planning process. The leadership team discussed the assessments, reviewed County health data, and determined which health issues the region would concentrate on.

Once the health issues were selected by the Leadership team, members

Figure 1: County of San Diego HHSA Operational Regions

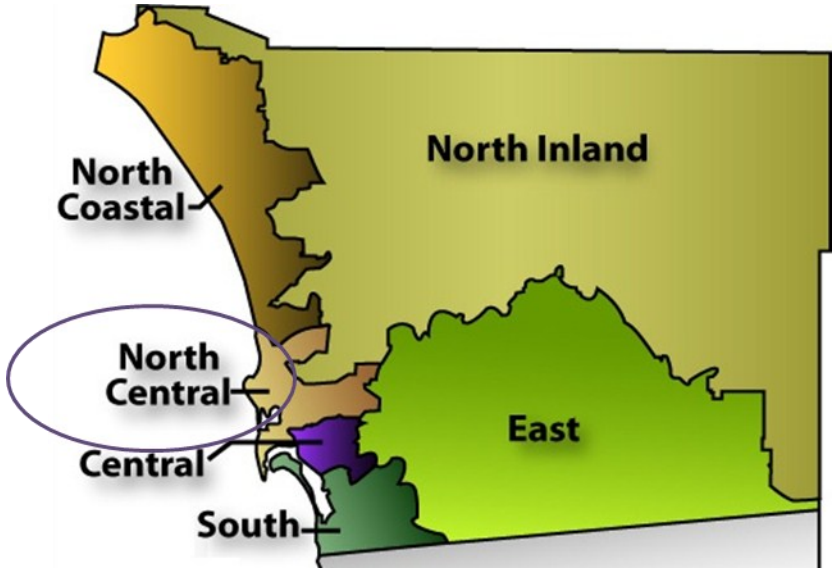


Figure 2: North Central's *Live Well San Diego's* Road to Community Health Improvement

Source: www.naccho.org/MAPP

met monthly to begin developing the community health improvement plans by identifying goals and objectives for the strategic health issues. Meetings were attended by various city representatives, community-based organization program managers, health care and behavioral health administrators, senior service coordinators, and County staff. Meeting attendance records and meeting minutes were kept for every meeting and are stored on a County shared space. The coalition further developed the community health improvement plans by selecting key activities and indicators of success to address the identified health issues.

Live Well San Diego North Central Region Leadership Team

The North Central Region Leadership Team gained momentum in January 2012, when they came together under the *Live Well San Diego* umbrella to conduct community health improvement planning. The vision for the North Central Region Leadership team is to support *Live Well San Diego* by fostering a North Central Region that is healthy, safe, and thriving. This is a group 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. The mission of the *Live Well San Diego* North Central Region Leadership Team is to implement strategies that facilitate easy access to integrated health care; safe and healthy environments; positive choices for optimal well-being; intergenerational approaches; residents helping their neighbors; and community wellness.

Community Health Assessments

The North Central Region of San Diego County is a dense area, covering 200 square miles of urban and suburban areas. As of 2009, nearly 625,000 people resided in the Region, representing nearly 20% of the county population. Compared to other Regions, North Central is home to wealthier and more educated communities, with a large proportion of white and Asian residents. The Region includes the communities of Del Mar, Mira Mesa, La Jolla, Tierrasanta, Serra Mesa, Clairemont, Kearny Mesa, Ocean Beach, Point Loma, Coastal, Elliot-Navajo, and University City.

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 19 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 healthy community (*Figure 3*). A little over half said that access to health care was the most important factor that defined health. Approximately 45% of respondents felt low crime/safe neighborhoods were the most important. Respondents cited physical inactivity, drug abuse, and chronic diseases as the more important health problems in North Central (*Figure 4*).

The majority of respondents felt that their community was a somewhat healthy (76.9%) or healthy (15.4%) place to live, while nearly 8% felt their community was unhealthy (*Figure 5*). When asked what would make their community a healthier place to live, respondents stated that multi-sector partnerships, access to mental health care, improved economy, lower unemployment, motivation for people to engage in healthy behaviors, services and opportunities for people with disabilities, more access to healthy food and more exercise activities/walkway paths would be important factors.

Most respondents felt that their community is a good or somewhat good place to grow old (91.6%) (*Figure 6*) and felt that it is a safe or very safe place to raise children (54%) (*Figure 7*). In order to improve the safety of the neighborhood, respondents said good parenting/parenting support and crime prevention would be important factors. Respondents also felt a strengths-based approach, and positive public relations regarding seniors, case workers or aides would help to allow elders to live at home. More places for seniors to visit and have access to would also improve the community for older adults.

The majority of respondents felt there were either some economic opportunities or little economic opportunities (83.3%) in the North Central Region (*Figure 8*).

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

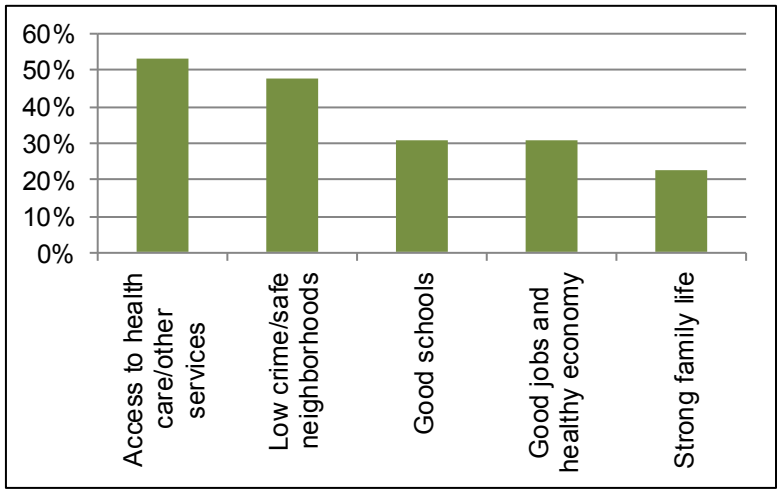


Figure 4: In the following list, what do you think are the three most important HEALTH PROBLEMS in your community?

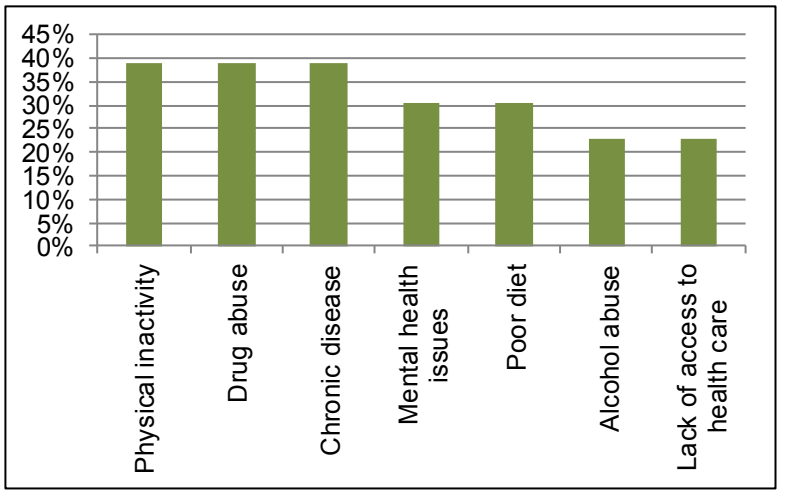
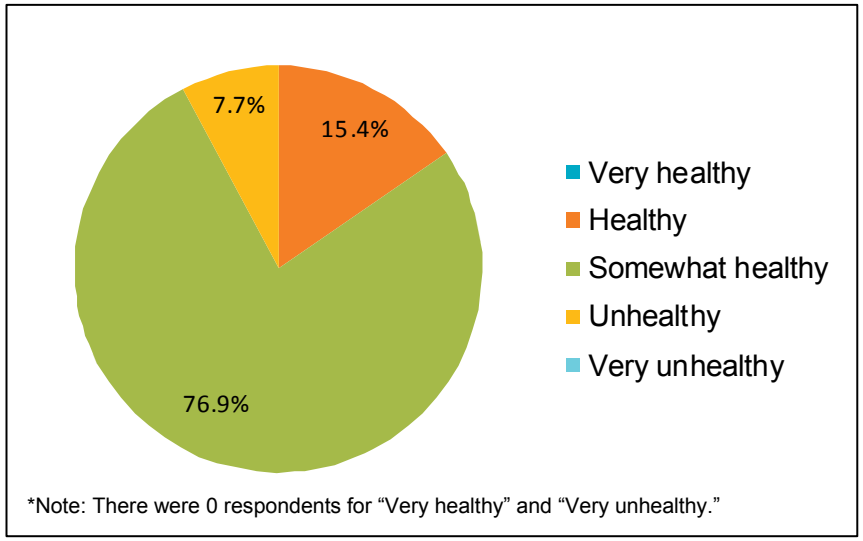
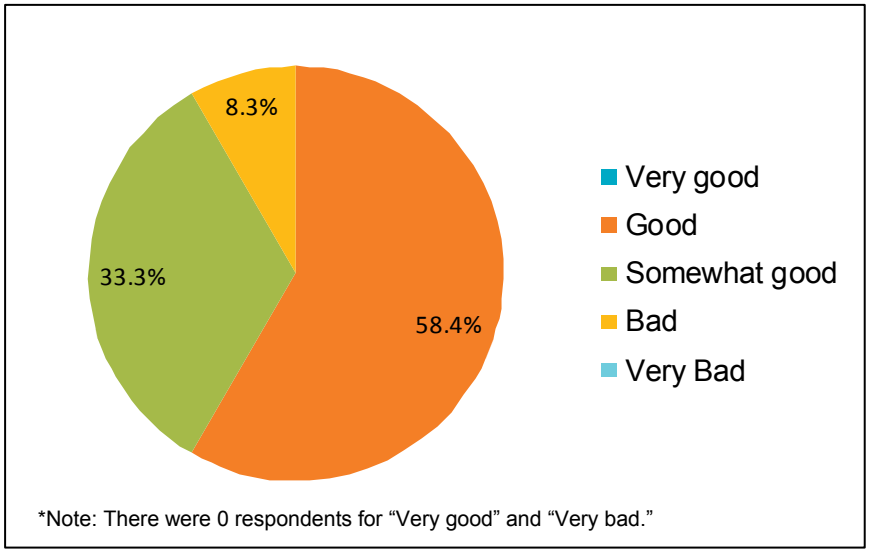


Figure 5: How would you rate your community environment as a healthy place to live?



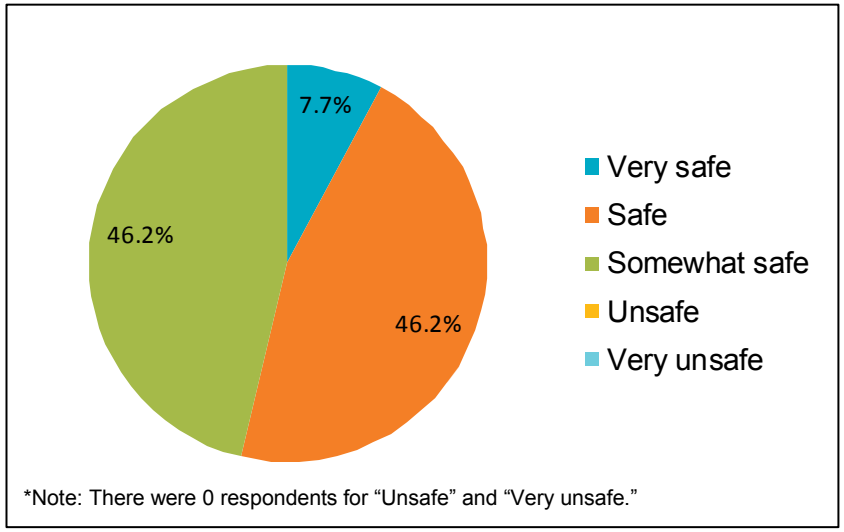
*Note: There were 0 respondents for "Very healthy" and "Very unhealthy."

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



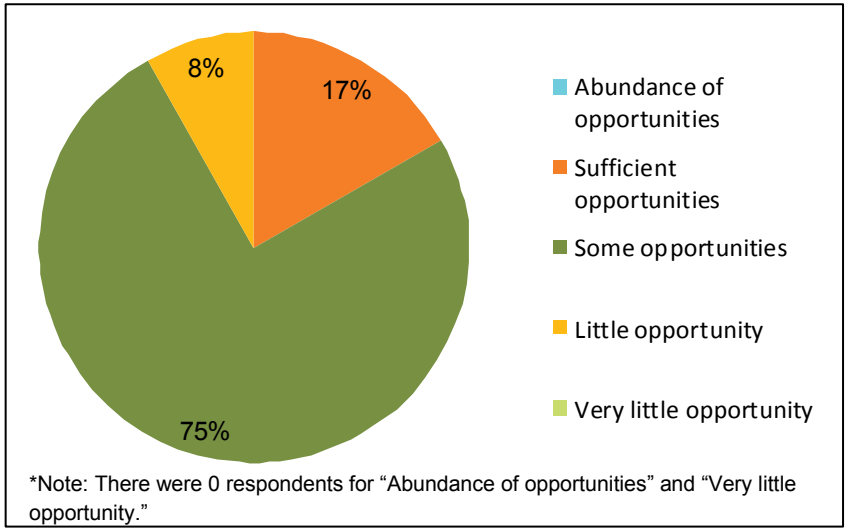
*Note: There were 0 respondents for "Very good" and "Very bad."

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



*Note: There were 0 respondents for "Unsafe" and "Very unsafe."

Figure 8: Is there economic opportunity in the community?



*Note: There were 0 respondents for "Abundance of opportunities" and "Very little opportunity."

Table 1: Key Findings from Community Perceptions Assessment

Strengths:	Concerns:
• *Generally perceived as safe* • *Generally perceived as a good place to grow old*	• *Access to health care* • *Chronic disease* • *Drug abuse* • *Mental health issues* • *Physical inactivity* • *Poor diet*

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 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.

CHSU worked with the NCRLT 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 North Central Region. The North Central Region of San Diego County includes the Sub-Regional Area communities of Coastal, Del Mar/Mira Mesa, University, Elliot-Navajo, Kearny Mesa, Miramar, and Peninsula.

Demographics

Community Demographics

The North Central Region of San Diego County is a dense area, covering 200 square miles of urban and suburban areas. The region has both inland and coastal communities and includes three military bases and two major universities. As of 2009, nearly 625,000 people resided in the Region, representing nearly 20% of the county population. While the North Central's residents fare better, compared to other Regions in terms of wealth and education, pockets of disparities and poverty also exist. North Central Region communities include Allied Gardens, Bay Ho, Bay Park, Bird Rock, Birdland, Carmel Mountain, Clairemont Mesa West, Clairemont Mesa East, Del Cerro, Grantville, Hidden Valley, Kearny Mesa, La Jolla Farms, La Jolla Shores, La Jolla, Linda Vista, Loma Portal, Lower Hermosa, Midtown, Midway District, Mira Mesa, Mission Bay, Mission Valley, Morena, North Clairemont, Ocean Beach, Old Town, Pacific Beach, Point Loma, San Carlos, Serra Mesa, Scripps Ranch, Sorrento Valley, Sunset Cliffs, University City, Tierrasanta, and Torrey Pines.

Population Demographics

- *624,072 residents*
- *2.7 persons/household*
- *13% seniors*
  - *19% in 2025*
  - *16% under age 15*
- *62% white*
- *13% Hispanic*
- *17% Asian/Pacific Islander*

Socioeconomic Demographics

- More than 50% of employed residents worked in management and professional or sales and office occupations.
- Families with children were less likely to live in poverty and less likely to have single parent homes than any other region.
- Residents were generally more educated than the County overall. Over 50% held a bachelor's degree or higher, and one out of 16 had less than a high school education.

Health Resources Availability

North Central Region has a strong presence of health-related business industry. Throughout the Region, there are ten community clinics, three dialysis clinics, and two surgical clinics. There are also 39 home health agencies and ten hospices, as well as 11 hospitals and 14

long term care facilities. Important statistics that reflect the availability of key health resources:

- Ninety-two percent (92%) of North Central Region residents were currently insured, and 94% of those had prescription drug coverage.
- Among those aged 18-64 years, nearly 10% did not have any insurance coverage, 8% of whom were eligible for either Medi -Cal (Medicaid) or Healthy Families.
- Nine out of 10 North Central Region residents had a usual place to go when sick or needing health advice, regardless of insurance status.
- North Central Region residents were more likely to go to a doctor's office and less likely to go to a community clinic, compared to the County overall.

Strengths and Risks to Health

There are several risks to health in the North Central Region, including the prevalence of those very same chronic diseases found in the 3-4-50 concept – diabetes, asthma, heart disease and cancer. In the North Central Region, the number is even higher at **55%.** The following seven strengths and risks are unique to North Central Region:

- In the North Central Region, the 3-4-50 health concerns were lower than most other regions.
- North Central Region adults were less likely to be obese or overweight than adults in any other region in the County.
- Eighty-three percent (83%) of adult residents, more than any other region, reported walking for fun, exercise or transportation.
- Less than 50% of adults were overweight or obese.
- One in nine adults was a current smoker, and one in five was a former smoker.
- One in five residents ate fast food three or more times per week.
- One third of adults reported binge drinking at least once in the past year, which was comparable to the County rate overall.

Population Health Issues

Population health issues identified by the North Central Region Leadership Team included cancer, diabetes, pulmonary disease, and injury (intentional and unintentional). The following section provides key statistics for each issue.

Cancer

- Cancer was the leading cause of death in 2009.
- Cancer death rates were especially high among white residents.
- Women over 30 were more likely to have had a mammogram in the past year than most other regions.
- Only 41% of males over age 40 had a prostate specific antigen (PSA) screening the past year.
- Less than 75% of adults over age 50 have complied with colorectal cancer screening recommendations.

Diabetes

- Diabetes death and hospitalization rates remained relatively stable since 2000.
- Hospitalization and emergency department discharge rates were statistically significantly less than the County overall in 2009.
- Among adults ever diagnosed (7.4%), 65% were diagnosed with Type 2 diabetes— a preventable disease.
- Diabetes hospitalization and emergency department discharge rates were disproportionately high for blacks, compared to other racial/ethnic groups, potentially reflecting a low use of primary care providers for early disease intervention.

Heart Disease and Stroke

- Coronary heart disease (CHD) and stroke were the second and fourth leading causes of death.
- Chronic heart disease, stroke death, and hospitalization rates had declined significantly since 2000.
- A lower percentage of adults were ever diagnosed with heart disease than most other regions.
- Adults were less likely to have ever been diagnosed with high blood pressure and more likely to be currently taking medication to control high blood pressure than the County overall.
- Compared to the other regions, the North Central Region had among the lowest rates of death and medical encounter for CHD and stroke in 2009.

Pulmonary Disease

- Asthma and COPD (Chronic obstructive pulmonary disease) death and hospitalization rates had fluctuated slightly since 2000, but overall had decreased.
- Asthma medical encounter rates were disproportionately high among black residents.
- One in seven adults reported ever being diagnosed with asthma, higher than the County overall.
- Less than four in 10 residents took daily medication to control their asthma.
- Less than 50% of asthmatics ever received an asthma management plan from a health professional.
- The COPD hospitalization rate was highest among whites.

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

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

Injury Indicator	N. Central Region Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Unintentional Injury (All Causes)	4249.5	5384.9	-21.1%	↓
Assault	176.7	308.6	-42.7%	↓
Fall-Related Injury	1624.3	1995.0	-18.6%	↓
Firearm-Related Injury	11.4	18.7	-39.0%	↓
Homicide	1.1	2.8	-60.7%	↓
Motor Vehicle Injury	436.4	594.2	-26.6%	↓
Total Injuries due to MVC	630.2	579.5	8.7%	↑
Alcohol Involved MVC	72.9	78.8	-7.5%↑	↓
Drinking Driver Involved MVC	50.5	52.9	-4.5%	↓
Overdose/Poisoning	171.0	233.8	-26.9%	↓
Pedestrian Injuries by Occurrence	27.9	33.1	-15.7%	↓
Pedestrian Injuries by Residence	29.5	43.0	-31.4%	↓
Self-Inflicted Injuries	84.1	126.3	-33.4%	↓
Suicide	12.2	11.5	6.1%	↑

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 North Central Region as follows:

Intentional Injuries

- The rate of homicide in the North Central Region was lower than the County overall.
- Assault injury emergency department discharge and hospitalization was significantly lower than the County overall.
- Self-inflicted injury hospitalization and emergency department discharge rates were lower than most other regions.
- The suicide rate for adults aged 65 and over was the second highest in the County.

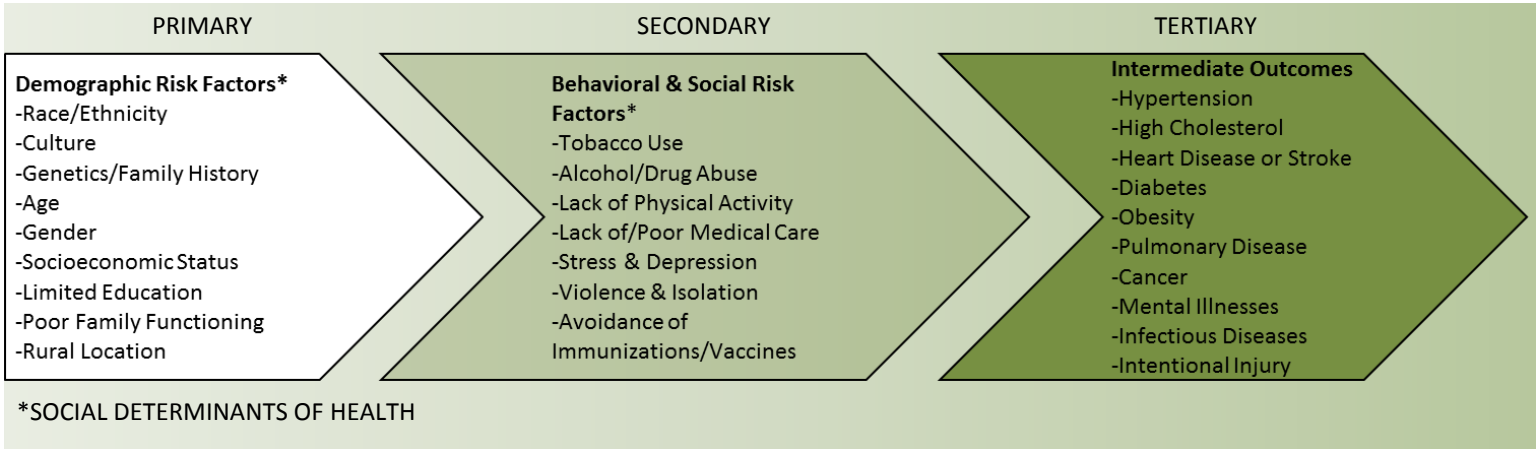
Unintentional Injuries

- In the North Central Region, unintentional injuries were the 6th leading cause of death (*Table 2*).
- The region had lower rates of death and medical encounters than the County overall.
- Emergency department discharge rates were disproportionately high for 0-14 year olds, compared to other ages.
- Overdose and poisoning injuries and deaths were lower than the county overall.
- Unintentional fall injuries were disproportionately high among whites, compared to other racial/ethnic groups.
- North Central Region had lower rates of death and medical encounter due to motor vehicle injuries, compared to the County overall.
- Motor vehicle accident injury was higher than most other regions in the county.
- Motor vehicle crash injury was disproportionately high among 15-24 year olds, compared to all ages within the North Central Region and within other regions.
- Two in five children ages 0-5 injured in a motor vehicle accident were not properly restrained in a car/booster seat.

Factors Contributing to Population Health Challenges

The Critical Pathway (*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 North 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 North Central Region.

Figure 9: Critical Pathway for North Central Region (Lack of Preventive Health Care, Lack of Access to Behavioral Health Services, Lack of Physical Activity)



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 North Central Region are imperative to implementing the *Live Well San Diego Community Health Improvement Plan*. While North Central Region has only one city (San Diego), it is made up of very diverse communities and areas. It also includes two school districts, Del Mar Union School District and San Diego Unified School District. Sorrento Valley, located in this region, is a high-tech business hub. This region also has a concentration of research and higher education institutions such as Salk Institute, Scripps Institute of Oceanography, University of California at San Diego, University of San Diego, and Point Loma Nazarene College. There is a large military presence with military installations located at the Marine Corps Air Station Miramar and Naval Base Point Loma. This region is also home to some of the most popular beaches in San Diego County, where lifestyles for health and fitness are a natural fit. Lastly, this region has the highest concentration of hospitals, including Rady Children's Hospital San Diego, Scripps Memorial Hospital La Jolla, Scripps Green Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women & Newborns, and Kaiser Permanente's San Diego Medical Center/Kaiser Foundation Hospital.

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

Social	• Access to health care • Alcohol/drug abuse • Junk food access • Less affordable housing • Military issues • Population impacts
Economic	• Employment • Lack of affordable housing • Service impacts
Political	• Domestic violence • Government bureaucracy • Health care access • Just education system • Regulations impeding job growth
Environmental	• Decrease in teachers/special education • Food justice and healthy food access • Less money for higher education • Limited active design • Low staffing at health facilities • Too many autism/Attention Deficit Disorder (ADD) diagnoses in children
Technological	• Affordability/accessibility • Electronic medical records • Mothers isolation when father deployed • Technological literacy for senior/low income
Scientific	• Personal behavior (acting upon knowledge) • Research (increasing, lack of, and use of)
Funding/Grants	• Less funding/opportunities • Donor/grantor disconnect from gaps/needs

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 North Central 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: North Central Region Community Survey Results Compared to CHIS Survey Data

North Central Region Community Survey Results (Community Perceptions)		California Health Interview Survey Data 2009		Health Encounter Data 2009 (OSHPD*)	
Drug Abuse	39%	Adults who binge drank within	35%	ED Discharge Drug/ Alcohol	170.7/100,000
Poor Diet	31%	Adults who are overweight or obese	41%%	Adults ever diagnosed with diabetes	7%
Mental Health Issues	31%	Needed help for emotional or mental problems	13%	ED Discharge - Psychoses - Non Psychoses	 128.0/100,000 207.5/100,000
Physical Inactivity	39%	Walked for fun, recreation, or transportation	83%	N/A	N/A
Access to Health Care	23%	Currently insured	92%	Usual source of medical care	91%
Chronic Diseases	29%	N/A	N/A	All Medical - CHD - Stroke - Diabetes	Lower than Co -23% -17% -44%

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.

After the North Central Region Leadership Team reviewed all the data, a list of strengths and concerns was developed (*Table 5*). A group voting process was used to obtain consensus and agreement on strengths and concerns. One of the greatest challenges of North Central Region is mobilizing partners in this Region, due in part to the large, diverse sectors and needs of the communities. Strengths of this Region are related to health insurance and access to health care. Additionally, there is a lower rate of chronic disease compared to the county overall, and a high rate of physical activity in the regional population. Despite the strengths related to chronic disease and a related risk behavior (i.e., physical activity), obesity rates are still high. Also, unfortunately, the suicide rate for this Region is the second highest in the county for adults 65 years of age and older.

Table 5: Key Findings from Community Health Assessment

Strengths:	Risks (Concerns):
• *Chronic disease rates are lower than the county overall* • *A high rate of the population walk for transportation, fun or exercise* • *Ninety-two percent (92%) of residents have health insurance* • *Ninety-one percent (91%) have a usual source of medical care*	• *Obesity rates are high* • *Suicide rate for adults 65 and older was the 2nd highest in the county*

Priority Areas Identified from Assessments

The North Central *Live Well San Diego* Leadership Team 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. Physical activity, behavioral health, and preventive health care represent the prominent crosscutting findings that need to be addressed to reach the leadership team's vision. The North Central Region's section of the *Live Well San Diego Community Health Improvement Plan* addresses these priority areas. The critical pathway noted in *Figure 9* links the priority areas with health outcomes unique to North 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

- *Physical Activity*
- *Behavioral Health*
- *Preventive Health Care*

North County Regions
Community Health Assessment

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Live Well San Diego North County Regions Leadership Team

Co-Chairs:

Chuck Matthews, Deputy Director, HHSA North Coastal & North Inland Regions

Don Stump, Executive Director, North County Lifeline

Members: The current *Live Well San Diego* North County Regions Leadership Team consists of the following agencies/organizations:

- 2-1-1 San Diego
- Alta Vista High School/Teen Parent Program
- ARBOR/Rescare
- Boys & Girls Club of Carlsbad
- Cal State University San Marcos
- Care Youth Project
- Carlsbad Unified School District
- Casa de Amparo
- Children's Physicians
- City of Carlsbad - Parks and Recreation
- City of Encinitas
- City of Escondido
- City of Oceanside
- City of San Marcos
- City of Solana Beach
- City of Vista
- Community Housing Works
- Community Resource Center
- County Library
- County of San Diego, Housing & Community Development
- County of San Diego Parks / Fallbrook Community Center
- County Office of Education
- California State Univesity, San Marcos Student Health & Counseling Services
- Exceptional Family Member Program
- Escondido Education COMPACT
- Escondido Recreation
- Escondido Union School District
- Fallbrook Healthcare District
- Foster Parent Support
- Green Oak Ranch
- Health and Human Services Agency Behavioral Health Services
- Health Service Advisory Board
- Hospice of the North Coast
- Independent Energy Solutions
- Indian Health Council, Inc
- Interfaith Community Services
- Jewish Federation of San Diego County
- Julian Union School District Julian Pathways
- Light of Life Foundation of Southern California
- MAAC Project Head Start
- Maternal Infant Support
- Mental Health Systems, Inc.
- Meth Strike Force
- Mid-City CAN - San Diego Smoke Free Project
- Mountain Health & Community Services
- North Coast Home Health Products
- NAMI North Coastal
- Neighborhood Healthcare
- North Coastal Prevention Coalition
- North County Community Services
- North County Gang Commission
- North County Health Services
- North County Human Trafficking Coalition
- North County Lifeline, Inc.
- North County Serenity House
- North County Solutions for Change
- North Inland First 5
- Ocean Shores Advisory
- Oceanside Unified School District
- Oceanside High School
- Oceanside Unified School District, Oceanside Health Academy
- Palomar Health
- Rady Children Hospital Outpatient Psychiatry
- Rady Children's Hospital - San Diego
- Recovery Innovations of California (RICA)
- San Diego Alliance for Drug Free Youth
- San Diego County
- San Diego County Library Branch
- San Diego County Office of Education
- San Diego County Probation
- San Diego County Alcohol Drug Addiction and Mental Health Services
- San Diego North Economic Development Council
- San Diego Organizing Project
- San Diego State University Research Foundation
- San Dieguito Alliance for Drug Free Youth
- San Marcos Boys & Girls Club
- San Marcos Senior Center
- San Marcos Unified School District
- San Pasqual High School/Cal-School Age Family Educations Program
- SAY San Diego
- San Diego Alliance
- San Diego County Childhood Obesity Initiative
- San Diego County Office of Education, Migrant Education
- San Diego State University, School of Social Work, Title IV-E Program
- Straight from the Heart/Foster Parent Assoc.
- Supervisor Bill Horn
- Supervisor Dave Roberts
- Supervisor Pam Slater-Price
- The Women's Resource Center
- Tri-City Medical Center
- Union of Pan Asian Communities- Elder Multicultural Access and Support Services Program
- Veterans/Family Forum
- Vista Community Clinic
- Vista Magnet Middle School
- Vista Unified School District
- Welcome Home Ministries

North County Regions Community Leadership Team Community Health Improvement Process

The North County Regions Community Leadership Team was formed in January 2012 to help guide the region's *Live Well San Diego* plan in facilitating active community engagement to help residents to live healthy, safe, and thriving lives. After transitioning to the Leadership Team model, the North County region used the *Mobilizing for Action using Planning and Partnerships* (MAPP) process to guide planning, to keep partners connected and informed on what is happening in the community, and to identify key strategic areas for North County. Between 2010 and 2012, North County held quarterly community forums to bring community partners together to discuss priority health issues. In addition to the quarterly community forums, 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 a broad range of community members, ensuring a true collaborative process was utilized during the community health improvement planning process. Data from these surveys was reviewed by the leadership team and compiled to inform the community health improvement planning process.

Leadership team meetings were held approximately 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 and implementation process. Meetings were attended by individuals representing key partner and community organizations within the North County region. Meeting agendas and summary notes were kept for most meetings and are stored on a countywide shared space. Once key health issues were selected, regular meetings were held to begin developing the North County Regions *Live Well San Diego Community Health Improvement Plan*. The Leadership Team and the community identified goals and objectives and selected key activities and indicators of success to address the identified health issues.

Figure 1: County of San Diego HHSA Operational Regions

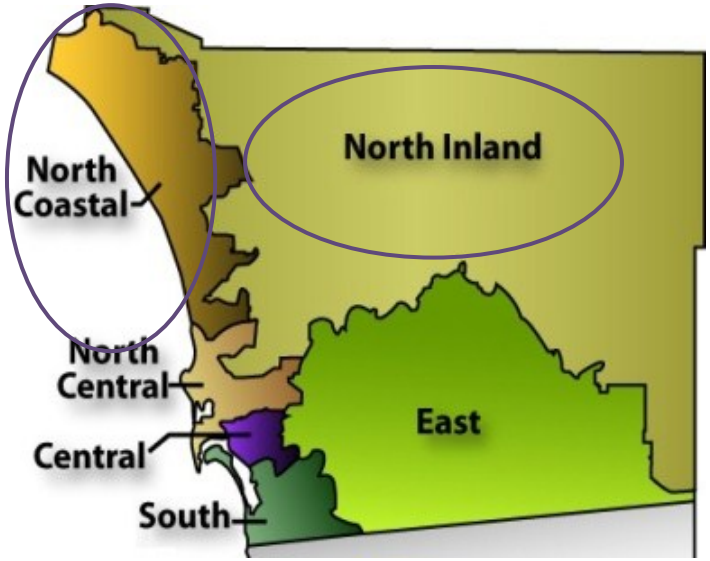


Figure 2: *Live Well San Diego's* North County's Road to Community Health Improvement

Source: www.naccho.org/MAPP

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 MAPP (*Figure 2*). The North County Regions Community Leadership Team along with the regions' *Live Well San Diego* North County collaborative is comprised of community leaders from both North Coastal and North Inland Regions. The HHSA North Coastal and North Inland Regions, much like HHSA's numerous community-based partners, operate and administer services seamlessly across both regions. Therefore, the North County Regions Community Leadership Team conducted a joint assessment of the North Coastal and North Inland Regions' community strengths, assets, and needs, and formulated a Community Health Improvement Plan for North County to address.

Live Well San Diego North County

The vision of the North County Regions Leadership Team is to have a community where healthy choices are easy, prevention is priority, services are accessible, and communities are safe. The Leadership Team is composed of public health agencies, local governments, school districts, health care organizations and professionals, and community-based organizations. This group is committed to policy, environment, and systems-changes that create safe, healthy, and equitable communities.

Community Health Assessments

The North County Regions Community Leadership Team serves both the regions of North Coastal and North Inland. The North Coastal Region consists of both urban and suburban areas, with wealthy coastal communities and communities of varying degrees of poverty. The Region covers 388 square miles, with a high proportion of white residents and a large Hispanic presence. North Coastal is home to Marine Corps Base Camp Pendleton and includes the communities of Carlsbad, Oceanside, Pendleton, San Dieguito, and Vista. The North Inland Region is the largest geographical Region in the county, with a high proportion of white and Hispanic residents. The Region covers 2,373 square miles of urban, suburban, rural, and remote areas. The Region includes the communities of Anza-Borrego Springs, Escondido, Fallbrook, North San Diego, Palomar, Julian, Pauma, Ramona, San Marcos, Poway, and Valley Center.

Community Perceptions Assessment — North Inland Region and North Coastal Region

The Community Perceptions Assessment included input from members of North Inland Region (NIR) and North Coastal Region (NCR). To secure an understanding of the issues residents feel are important, the North County Regions Community Leadership Team conducted a Community Themes and Strengths Assessment through an 11-question survey, modified from surveys in the NACCHO MAPP Toolkit. The graphics below indicate the results from the 194 respondents. Multiple-choice questions are shown in bar charts, with the highest responses displayed. Open-ended questions are summarized in the narrative.

When respondents were asked what the five most important factors are for a "Healthy Community," 50% or greater stated access to health care, low crime/safe neighborhoods, available jobs, a healthy economy, and quality schools (*Figure 3*). Approximately 40% of respondents felt that the overall health of their community was unhealthy or very unhealthy (*Figure 4*).

The five most important risk factors to health were being overweight, mental/behavioral health disorders, drug abuse, lack of economic opportunity, and eating habits/choices (*Figure 5*). The five most important health concerns identified by survey respondents were unhealthy diet, physical inactivity, drug abuse, mental health issues, and chronic diseases (*Figure 6*).

Many felt the health of the community could be improved by using more effective health/community education, greater access to health care, nutrition education, economic improvement, and access to healthy food.

Another portion of the survey asked respondents to provide input on whether their community is a good place to grow old. Some stated that inadequate transportation, limited options, and need for more social support make it a difficult place for seniors. Enhancing community safety and improved access to health care would improve conditions for the aging population in North County. *Table 1* summarizes these findings by identifying the top strengths and concerns as perceived by members of the North County Regions Leadership Team.

Figure 3: In the following list, in general, what do you think are the FIVE MOST IMPORTANT factors for a "Healthy Community?"

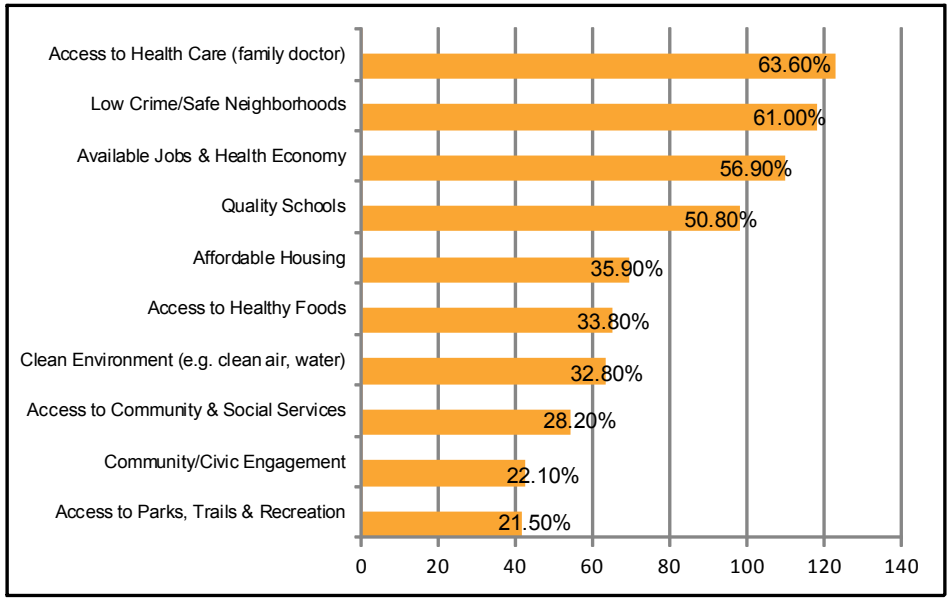


Figure 4: How would you rate the overall health of the community you serve?

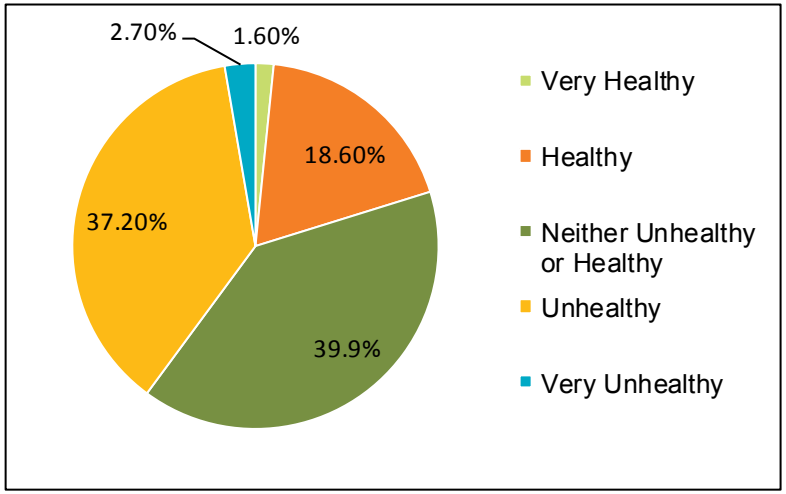


Figure 5: What do you think are the FIVE MOST IMPORTANT RISK FACTORS among the community you serve?

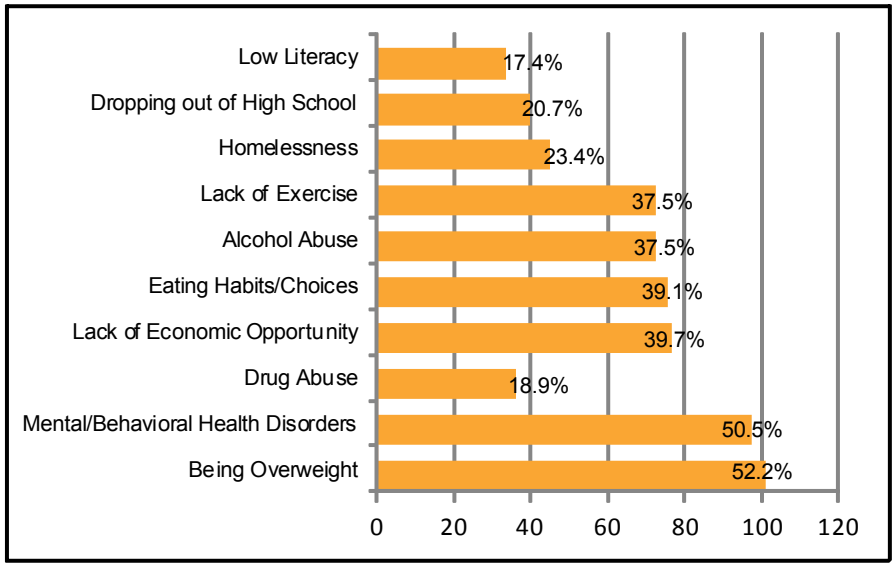


Figure 6: What are the FIVE MOST IMPORTANT HEALTH PROBLEMS in the community you serve?

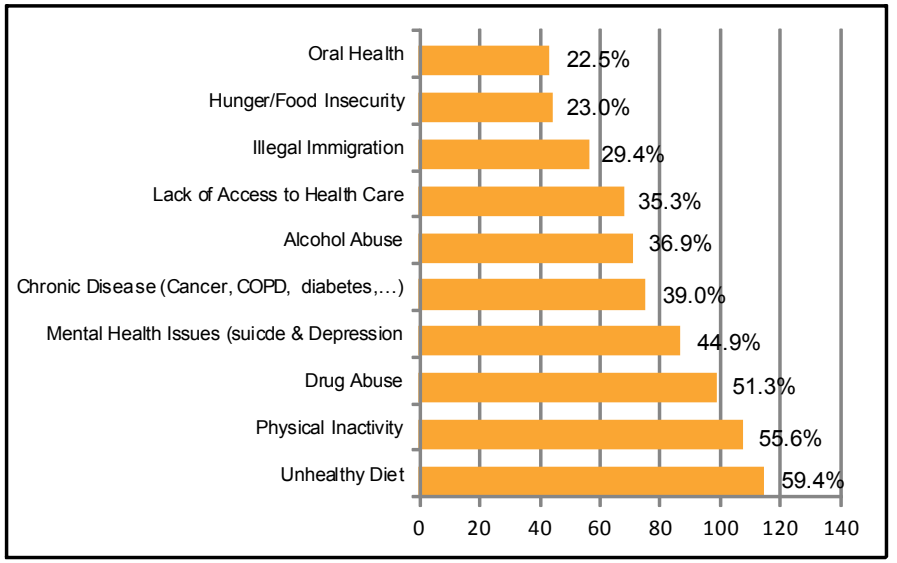


Table 1: Key Findings from Community Perceptions Assessment

Strengths:	Concerns:
• *Abundance of natural resources* • *Faith community* • *Community collaboration* • *Cultural diversity* • *Variety of community resources*	• *Aging population* • *Crime and violence* • *Funding* • *Lack of public transportation* • *High prevalence of chronic diseases* • *Immigration* • *Slow economic recovery*

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 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 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.

CHSU worked with the Leadership Team 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 North County Regions.

Demographics — North Coastal Region

The following is a snapshot of the North Coastal Region (NCR):

- Spans 388 square miles of San Diego County
- Has urban and suburban areas
- Mix of wealthy towns and poorer areas
- Borders Camp Pendleton to the North and the Pacific Ocean to the West
- Cities include Carlsbad, Encinitas, Oceanside, Solana Beach, and Vista
- Home to 16.9% of San Diegans
- Population density of 1,384 persons per square mile

Population Demographics*

- ***537,059 residents***
- ***3 persons/household***
- ***11% Seniors***
  - ***17% in 2025***
- ***59% White***
- ***28% Hispanic***
- ***6% Asian***
- ***4% Black***

Community Demographics

The North County Community Leadership Team also looked at the most recent health and community data for NCR and NIR. The NCR in San Diego County covers 388 square miles of urban and suburban areas, ranging from wealthy coastal towns to poorer areas, both on the coast and inland. As of 2009, 537,059 people resided in the NCR, representing 16.9% of the San Diego County population, with a population density of 1,384 persons per square mile. The majority of North Coastal residents were white, but more than one out of every four residents was Hispanic. Pockets of Asian communities existed within the NCR. More than seven out of 10 residents spoke English only, and another 15% were bilingual.

Socioeconomic Demographics

Families residing in the NCR were less likely to live in poverty than in San Diego County overall. Nearly one out of five households earned more than $100,000 per year, and one in 11 residents lived in poverty. Nine percent of residents had incomes less than the Federal Poverty Level (FPL), compared to 12% in the County overall. They were also less likely than most other regions to have been single parent homes. NCR residents were similar to San Diego County residents in their educational attainment. One in three held a bachelor degree or higher and only 13% had less than a high school education. Nearly all NCR households had at least one vehicle available to them. Among adults with incomes below 200% of the Federal Poverty Level (FPL), seven out of 10 had a consistent ability to afford enough food (same as Inland). Therefore, NCR residents had better food security than poorer residents of most other Regions. One-third of women earning incomes at or below 300% of the FPL and who were pregnant or had young children, received assistance through the Women, Infants, and Children (WIC) program.

Among adults with incomes below 200% of the FPL, seven out of 10 had a consistent ability to afford enough food.

Health Resources Availability — North Coastal Region

Adults living in this region report better health than adults in most other regions. Two out of three report excellent or very good general health status. Insurance coverage, access, and utilization of health services have been shown to directly impact a population's general health status. NCR residents were more likely to be currently insured and to use a doctor's office as a usual source of care than the county overall. They were just as likely to have access to or to utilize health care services. In NCR, there are four chronic dialysis clinics and 15 community clinics. There are seven home health agencies and three hospice facilities, and there are two acute care hospitals with emergency departments, as well as 12 skilled nursing facilities.

Important statistics that reflect the availability of key health resources:

One in six North Coastal residents age 18-64 did not have any insurance coverage.

- Eighty-nine percent (89%) of residents were currently insured.
- Ninety-five percent (95%) of those had prescription drug coverage.
- Slightly more likely to have visited a doctor during the past year than the County overall.
- Two (2) out of 3 residents reported very good or excellent general health.
- NCR adults were in very good health, compared to county overall.
- Of NCR uninsured adults aged 18- 64 (16%), only 2.8% were eligible for Medi-Cal or Healthy Families.
- One out of seven was disabled due to a physical, mental, or emotional problem.
- NCR adults were as likely as other County adults overall to have a usual place to go when sick or needing health advice.
- One in seven NCR adults saw or needed professional help for emotional or mental problems in the past year.

Strengths and Risks to Health — North Coastal Region

There are several risks to health in NCR, including the prevalence of those very same chronic diseases found in the 3-4-50 concept – diabetes, asthma, heart disease and cancer – that cause over 50% of deaths. In NCR, the number is even higher at 58%. Chronic disease death and medical encounter rates for coronary heart disease (CHD), stroke, diabetes, asthma, and chronic obstructive pulmonary disease (COPD) were generally lower than the County overall (*Table 2*).

One out 10 of North Coastal adults is a current smoker.

- One out of 10 NCR residents is a current smoker.
- NCR adults were less likely to smoke indoors than all other regions.
- Three in 10 NCR residents ate fast food two or more times per week.
- More than half of adults were overweight or obese.
- NCR adults were slightly more likely to be obese or overweight than adults in the County overall.
- Nearly one-third of adults 18+ years binge drank at least once in the past year.
- NCR adults were less likely to have binge drank in the past year compared to the County overall.
- Slightly less than three out of four NCR adults reported walking for fun, exercise or transportation.

Table 2: North Coastal Region Chronic Disease Rates Compared to County Rates

	Indicator	NCR Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Chronic Disease	Coronary Heart Disease (CHD)	407.8	449.8	-9.3%	↓
	Stroke	266.0	286.3	-7.1%	↓
	Diabetes	195.6	276.6	-29.3%	↓
	Asthma	233.9	384.1	-39.1%	↓
	Chronic Obstructive Pulmonary Disease (COPD)	348.1	385.1	-9.6%	↓
	Cancer, All Causes	139.6	148.6	-6.1%	↓
	Arthritis	534.6	687.9	-22.3%	↓
	Dorsopathy	570.2	739.4	-22.9%	↓

Population Health Issues — North Coastal Region

Population health issues identified by the Leadership Team included cancer, diabetes, heart disease and stroke, injury (intentional and unintentional), pulmonary disease, communicable (infectious) diseases, and maternal and child health. The following section provides key statistics for each issue.

The rate of death due to cancer among North Coastal residents was lower than the County overall.

Cancer

Cancer was the second leading cause of death in the NCR in 2009, the rate of which was slightly lower than the county overall.

- Two out of three women over age 30 had a mammogram in the prior two years.
- One in four males over age 40 in the NCR had a Prostate-Specific Antigen (PSA) screening the past year.
- Seven out of 10 adults over age 50 have complied with colorectal cancer screening recommendations.

Diabetes

Diabetes death and hospitalization rates in the NCR have remained relatively stable since 2000, and death, hospitalization and emergency department (ED) discharge rates were statistically significantly lower than the County overall in 2009. The percentage of NCR residents ever diagnosed with diabetes was also lower than the County overall. Since 2000, diabetes death and hospitalization rates in the NCR have remained relatively stable.

- One in 20 residents was ever diagnosed with diabetes.

- Of NCR adults diagnosed with diabetes, 92% were diagnosed with Type 2 diabetes—a preventable disease.
- Diabetes hospitalization and ED discharge rates were disproportionately high for blacks living in the NCR, compared to other racial/ethnic groups in the region.

Heart Disease and Stroke

Diseases of the heart (including coronary heart disease) and cerebrovascular diseases (stroke) were the first and fourth leading causes of death in the NCR in 2009.

- Coronary heart disease (CHD) and stroke death and hospitalization rates have declined since 2000.
- One in 20 was ever diagnosed with heart disease.
- A quarter was ever diagnosed with high blood pressure.
- Of those with high blood pressure, only 60% were taking blood pressure medication.
- The rate of stroke death among whites and Asian/Pacific Islanders living in the NCR was disproportionately high compared to other racial/ethnic groups in the Region.

Coronary heart disease (CHD), stroke death and hospitalization rates have declined since 2000.

Pulmonary Disease

NCR asthma hospitalization and ED discharge rates were the lowest in the County, and the COPD hospitalization rate was among the lowest in the County.

- Asthma and COPD death and hospitalization rates have fluctuated since 2000, but appear to be decreasing overall.
- Fewer than half of asthmatics took daily medication to control their asthma.
- NCR asthma and COPD hospitalization and ED discharge rates were among the lowest in the County.
- Half of asthmatics ever received an asthma management plan from a health professional.
- The COPD ED discharge rate was disproportionately higher among children aged 0-14 than children living in almost every other region.
- Black residents of the region had higher rates of asthma hospitalization and ED discharge than other racial/ethnic groups.

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

Table 3: Injury Rates for North Coastal Region

Injury Indicator	NCR Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Unintentional Injury (All Causes)	4572.2	5354.9	-14.6%	↓
Assault	208.4	308.6	-32.5%	↓
Fall-Related Injury	1800.9	2035.0	-11.5%	↓
Firearm-Related Injury	11.9	18.7	-36.4%	↓
Homicide	2.4	2.8	-14.3%	↓
Motor Vehicle Injury	437.4	594.2	-26.4%	↓
Total Injuries due to MVC	510.0	579.5	-12.0%	↓
Alcohol Involved MVC	70.4	78.8	-10.7%	↓
Drinking Driver Involved MVC	47.7	52.9	-9.8%	↓
Overdose/Poisoning	204.7	233.8	-12.4%	↓
Pedestrian Injuries by Occurrence	25.0	33.1	-24.5%	↓
Pedestrian Injuries by Residence	27.5	43.0	-36.0%	↓
Self-Inflicted Injuries	109.1	126.4	-13.7%	↓
Suicide	10.4	11.5	-9.6%	↓

children and young adults (*Table 3*). In the NCR, unintentional injuries were the sixth leading cause of death for all ages, and suicide was the eighth. The following facts regarding intentional and unintentional injuries are provided for NCR as follows:

Intentional Injuries

- The rate of homicide in North Coastal was lower than the County rate.
- NCR residents had lower rates of assault injury hospitalization and ED discharge than the County overall.
- Suicide and self-inflicted injury hospitalizations and ED discharges were lower in the NCR than in the County overall.

Unintentional Injuries

- NCR residents had lower rates of death/medical encounter for unintentional injury than the County overall.
- The rate of death due to unintentional injury was disproportionately high among white residents of NCR, compared to other racial/ethnic groups in the region.
- Overdose/poisoning deaths/medical encounter rates were lower for NCR residents than the County overall.
- The rate of total injury due to motor vehicle accidents was lower in the NCR than most other County regions, as was the rate of alcohol-involved accidents.
- Unintentional fall-related injury hospitalizations and ED discharges were lower in the NCR than in most other regions.

Communicable (Infectious) Diseases

Infectious disease incidence was lower in the NCR than in most other regions in San Diego County. NCR residents were significantly less likely to have AIDS, TB, chronic hepatitis C, chlamydia, gonorrhea, and syphilis than the county overall.

Chlamydia was the most commonly reported STD diagnosis in the NCR.

- The TB incidence rate has decreased since 2000, and was highest among Asian/Pacific Islander residents.
- Less than 8% of all AIDS cases reported in the county in 2009 were in the NCR.
- Chlamydia was the most commonly reported STD diagnosis, the rate of which has increased since 2000. However, the rate of chlamydia incidence in the NCR was lower than in nearly any other region.
- The rate of chlamydia was disproportionately high among blacks, compared to other racial/ethnic groups in the NCR. It was also disproportionately high among 15-24 year olds, compared to other age groups.
- Gonorrhea incidence was lower among NCR residents than residents in nearly all other regions.
- Two out of five NCR children and adults had a flu shot in the past year.

Maternal and Child Health

The overall health of a community is often measured by the health of its mothers and infants. Infant mortality in the NCR was 4.1 deaths per 1,000 live births, lower than the County average of 4.4 deaths per 1,000 live births, and the United States average of 6.8 deaths per 1,000 live births.

- Three out of four NCR women have ever given birth, with most births occurring to mothers between the ages of 20 and 29 years.
- Teen births occurred less often in the NCR than in most other regions in the county.
- The proportion of all live infants born to girls aged 15-17 in 2009 was lower among NCR mothers than among mothers living in the County overall.
- NCR mothers were as likely to receive early prenatal care compared to mothers living in the County overall.

Demographics — North Inland Region

The following is a snapshot of the North Inland Region (NIR):

- Spans 2,373 square miles of San Diego County
- Has urban, suburban, rural and remote areas
- Borders Riverside and Imperial Counties
- Communities include Borrego Springs, Escondido, Fallbrook, Palomar, Julian, Pauma, Poway, Ramona, San Marcos, and Valley Center
- Home to 18.2% of San Diegans
- Large population but low population density at 244 persons per square mile

Community Demographics

The North County Regions Community Leadership Team also looked at the most recent health and community data for NCR and NIR.[2] In 2009, the NIR was home to an estimated 579,000 residents, representing 18.2% of the San Diego County population. The majority of North Inland residents were white, and more than one out of four were Hispanic. Two-thirds of all residents spoke English only, while 17% were bilingual.

Socioeconomic Demographics

Compared to the other HHSA Regions, residents in NIR generally had higher incomes than the rest of San Diego County residents. About 20% of all households earned more than $100,000 per year, and less than 9% of residents were living in poverty. Among adults with incomes below 200% of the Federal Poverty Level (FPL), seven out of 10had a consistent ability to afford enough food. Half of women earning incomes at or below 300% FPL, who were pregnant or had young children, received assistance through the Women, Infants, and Children (WIC) program.

One out of every 20 households had no vehicle available, contributing to limited access to care in the more rural or remote areas of the NIR.

Population Demographics

- ***579,000 residents***
- ***2.8 persons/ household***
- ***57% White***
- ***28% Hispanic***
- ***8% Asian***
- ***2% Black***

Health Resources Availability — North Inland Region

Insurance coverage, access, and utilization of health services have been shown to directly impact a population's general health status. Two out of three NIR residents reported very good or excellent general health and reported that they had health insurance coverage, access to health care, and utilized health services at rates comparable to the rest of the County. In NIR, there are four chronic dialysis clinics,15 community clinics, and two free clinics. There are 12 home health agencies and five hospice facilities, and there are three acute care hospitals with emergency departments, one hospital without an emergency department, one psychiatric, and 16 skilled nursing facilities. The following important statistics reflect the availability of key health resources:

- Eighty-six percent (86%) of all adults were insured through private or public programs.
- Ninety-six percent (96%) of those had prescription drug coverage.
- Of the NIR adults aged 18-64 who were uninsured (20%), 24% were eligible for Medi-Cal or Healthy Families.
- Of adults aged 18- 64, nearly one in five did not have any insurance coverage.
- Nine out of 10 NIRs had a medical home when sick or needing health advice.
- Eighty-seven percent (87%) visited a doctor during the past year.
- One in 25 seniors ages 65+ did not have Medicare coverage.
- Nearly three out of 10 adults were disabled due to a physical, mental, or emotional problem.
- One out of 10 NIR adults saw or needed professional help for emotional or mental problems in the past year.

Strengths and Risks to Health — North Inland Region

Three behaviors (poor diet, physical inactivity, and tobacco use) are major risk factors for four chronic diseases (cancer, heart disease, type 2 diabetes, and pulmonary disease), which are responsible for over 50% of deaths nationwide. In the NIR, the number is even higher at **56%.** Non -communicable (chronic) disease death and medical encounter rates were generally lower than, or comparable to, San Diego County (*Table 4)*.

- NIR adults were more likely to have ever smoked than the County overall.
- NIR adults were more likely to be former smokers than any other region.
- NIR adults were less likely to smoke indoors than most other regions.
- One-third of NIR residents ate fast food two or more times per week.
- NIR adults were as likely to be obese or overweight than adults in the County overall.
- More than half of adults were overweight or obese.
- NIR adults were as likely to have binge drank in the past year compared to the County overall.
- Three out of four NIR adults reported walking for fun, exercise or transportation.
- Two out of three North Inland Region residents reported very good or excellent general health.

Two out of three North Inland Region residents reported very good or excellent general health.

Table 4: North Inland Region Chronic Disease Rates Compared to County Rates

	Indicator	NIR Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Chronic Disease	Coronary Heart Disease (CHD)	427.9	449.8	-4.9%	↓
	Stroke	302.0	286.3	5.5%	↑
	Diabetes	215.9	276.6	-21.9%	↓
	Asthma	244.2	384.1	-36.4%	↓
	Chronic Obstructive Pulmonary Disease (COPD)	304.2	385.1	-21.0%	↓
	Cancer, All Causes	162.3	148.6	9.2%	↑
	Arthritis	607.0	687.9	-11.8%	↓
	Dorsopathy	642.2	739.4	-13.1%	↓

Population Health Issues — North Inland Region

Population health issues identified by the Leadership Team included cancer, diabetes, heart disease and stroke, pulmonary disease, injury (intentional and unintentional), communicable (infectious) diseases, and maternal and child health. The following section provides key statistics for each issue.

Cancer

- Cancer was the leading cause of death in the NIR in 2009.
- The rate of death due to cancer among NIR residents was higher than the County overall.
- Three out of five women over age 30 had a mammogram within the previous two years.
- Only three in 10 NIR males over age 40 had a Prostate-Specific Antigen (PSA) screening the past year.
- Three-fourths of adults over age 50 years have complied with colorectal cancer screening.

Diabetes

- Since 2000, diabetes death and hospitalization rates in the NIR have remained relatively stable.
- Percentage of NIR residents diagnosed with diabetes (8.6%) was slightly higher than the County overall.
- Among NIR adults ever diagnosed with diabetes, 90% had Type 2 diabetes, a preventable disease.
- Diabetes hospitalization and ED discharge rates were disproportionately high for blacks living in the NIR, compared to other racial/ethnic groups in the region.

Heart Disease and Stroke

- Coronary heart disease and stroke death and hospitalization rates have declined since 2000.
- One in 20 adults in the NIR was ever diagnosed with heart disease, and one in three was ever diagnosed with high blood pressure.
- Of those with high blood pressure, two-thirds were taking blood pressure medication.
- The rate of stroke death among whites living in the NIR was disproportionately high, compared to other racial/ethnic groups in the region.

Pulmonary Disease

- Since 2000, Asthma and COPD death and hospitalization rates have fluctuated, however decreasing overall.
- NIR asthma and COPD hospitalization and ED discharge rates were among the lowest in the County.
- The proportion of NIR adults who were ever diagnosed with asthma was lower than in any other region.
- Less than half of asthmatics ever received an asthma management plan from a health professional.
- The asthma ED discharge rate was disproportionately high among children aged 0-14, compared to other age groups in the region.
- Black residents of the NIR had higher rates of asthma hospitalization and ED discharge than other racial/ethnic groups in the 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 5*). In the NIR, unintentional injuries were the sixth leading cause of death, and suicide was the ninth cause of death for all ages. The following facts regarding intentional and unintentional injuries are provided for NIR as follows:

<u>Intentional Injuries</u>

- The rate of homicide in North Inland was lower than the County rate.
- NIR residents had among the lowest rates of assault injury in the County.
- Suicide rates were the third lowest of all regions, while self-inflicted injury hospitalizations were lower than nearly all other regions.
- The rate of suicide was highest among males and 65+year old residents of the NIR, compared to other groups in the region.

Unintentional Injuries

- In the NIR, unintentional injuries were the sixth leading cause of death for all ages.
- NIR residents had comparable, or lower, rates of death and hospitalization for unintentional injury than in the County overall.
- The overdose/poisoning ED discharge rate was lower for NIR residents than in the County overall.
- The rate was higher among blacks living in the NIR than blacks living in most other regions.
- Unintentional fall-related deaths were notably higher, especially among older adults.
- NIR residents had similar rates of death and hospitalization due to motor vehicle injuries, but lower rates of ED discharge compared to the County.
- Total injury rates due to motor vehicle accidents, however, were significantly higher in the region.
- Residents and visitors to the 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.
- Two in 10 children ages 0-5 injured in a motor vehicle accident were not properly restrained in a car/booster seat.
- Blacks, in particular, had a high rate of ED discharge for motor vehicle injury.

Table 5: Injury Rates for North Inland Region

	Indicator	NIR Rate* (Risk)	County Rate* (Risk)	Percent (Burden) Difference	Higher or Lower than County
Injuries	Unintentional Injury (All Causes)	4249.5	5354.9	-20.6%	↓
	Fall-Related Injury	1624.3	2035.0	-20.2%	↓
	Overdose/Poisoning	171.0	233.8	-26.9%	↓
	Motor Vehicle Injury	436.4	594.2	-26.6%	↓
	Total Injuries from MVC	630.2	579.5	8.7%	↑
	Alcohol Involved MVC	81.3	78.8	3.2%	↑
	Drinking Driver Involved MVC	72.9	78.8	-7.5%	↓
	Pedestrian Injuries by Residence	50.5	52.9	-4.5%	↓
	Pedestrian Injuries by Occurrence	27.9	33.1	-15.7%	↓
	Homicide	1.1	2.8	-60.7%	↓
	Assault	176.7	308.6	-42.7%	↓
	Suicide	1.1	2.8	-60.7%	↓
	Self-Inflicted Injuries	176.7	308.6	-42.7%	↓
	Firearm-Related Injury	11.4	18.7	-39.0%	↓

Communicable (Infectious) Diseases

Communicable disease incidence was significantly lower in the NIR than in the County overall. NIR residents were less likely to have chronic hepatitis C, AIDS, TB, chlamydia, gonorrhea, or syphilis than residents of any other region.

- The TB incidence rate has generally decreased since 2000, and was lower in 2009 than in any of the previous nine years.
- In 2009, 21 new AIDS cases were reported in the NIR, lower than any other region.
- Though significantly lower than the County overall, chlamydia was the most commonly diagnosed STD, the rate of which has increased notably since 2000.

Maternal and Child Health

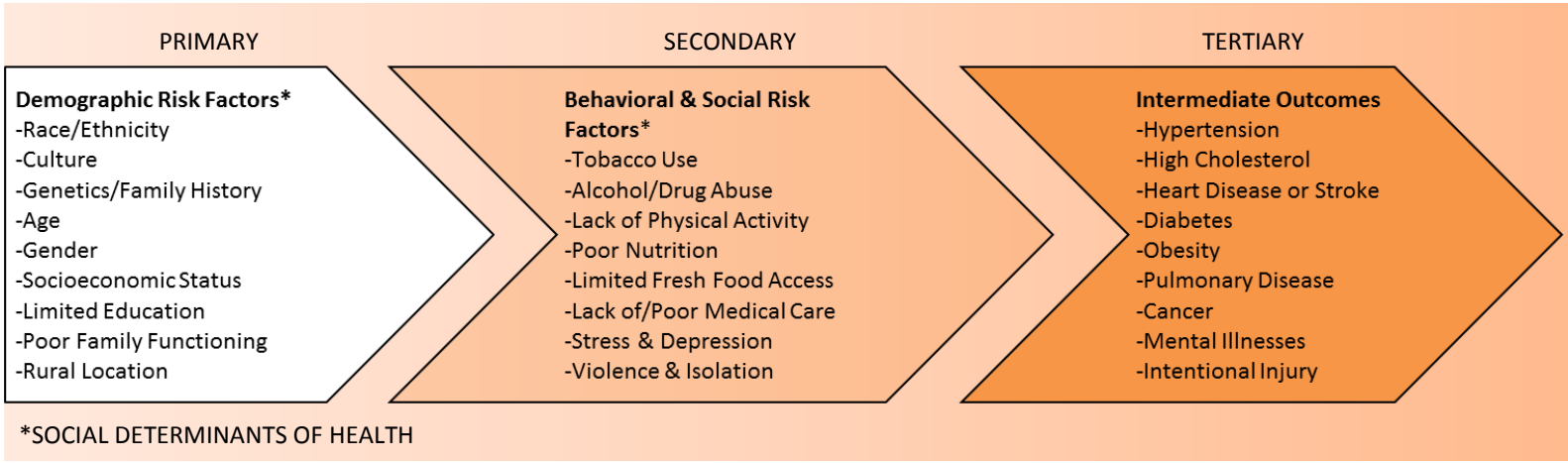
The overall health of a community is often measured by the health of its mothers and infants. Infant mortality in the NIR was 5.1 deaths per 1,000 live births, higher than the County average of 4.4 deaths per 1,000 live births, and higher than most other regions in the county. NIR mothers were less likely to have given birth to a preterm or low birth weight baby than in the county overall. They were also less likely to have received early prenatal care.

- As a percent of total County births, more births occurred in the NIR than in all but the South Region; nearly one out of every five births in San Diego County occurred among residents of the NIR.
- NIR mothers were generally older than mothers in the County overall. More than two in three mothers were over the age of 20 when their first child was born. In 2009, 2.2% of all live births in the NIR were to girls aged 15-17.
- A lower percent of NIR mothers received early prenatal care than in the County overall. However, they were slightly less likely to have a preterm or low birth weight baby than the County overall.

Factors Contributing to Population Health Challenges — North Inland Region and North Coastal Region

The critical pathway (*Figure 7*) is an illustrative representation of how demographic and social/behavioral risk factors contribute to the development of chronic disease. Health factors listed in the tertiary prevention column were identified by North County Regions during the review of health status data for these Regions. With this information, and the 3-4-50 as a foundational concept, specific primary and secondary risk factors were identified for North County Regions.

Figure 7: Critical Pathway for North County Regions (Lack of Physical Activity, Poor Diet, Lack of Access to Behavioral Health Services)



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)— North Inland Region and North Coastal Region

Community assets and resources unique to the North County Regions are imperative to implementing the *Live Well San Diego Community Health Improvement Plan*. These Regions include nine cities and twenty-five school districts. North Inland Region includes four cities (Esondido, Poway, San Marcos, and San Diego) and the six unincorporated communities of Anza-Borrego Springs, Fallbrook, Palomar, Julian, Pauma, Ramona, and Valley Center. North Coastal Region includes the cities of Carlsbad, Oceanside, Pendleton, San Dieguito, and Vista. These Regions also includes California State University, San Marcos and the community colleges of Palomar College and MiraCosta College. North County Regions have an abundance of natural resources promoting health and wellbeing, in addition to a variety of community resources. This includes two hospitals, Tri-City and Palomar. There has been a long history of public-private partnerships as a result of effective community engagement, including a diverse faith community. The cultural and ethnic diversity of the region enhances the flexibility and adaptability to ensure everyone participates in addressing community health issues.

Forces of Change Assessment — North Inland Region and North Coastal Region

The Forces of Change Assessment was disseminated to community members in both Regions, and was included in the survey used for the Community Themes and Strengths Assessment. The assessment identified which external forces and trends are currently impacting the health of North County, and brought forth the unique characteristics of North County that may pose opportunities and/or threats to the health of North County residents. The survey responses and findings are displayed in *Table 6* below, with key findings summarized in *Table 7*.

Respondents identified opportunities and threats to health which are presented in *Table 6*. When asked what three forces were currently impacting health of the North County community, nearly 77% of respondents felt that the economy was affecting health, while 44% felt social forces, and 38% felt funding forces were most strongly affecting health (*Figure 8*). In addition, community members felt that increasing health care costs, immigration, limited public transportation, and an increased homeless population were also having strong impacts on the health of their residents.

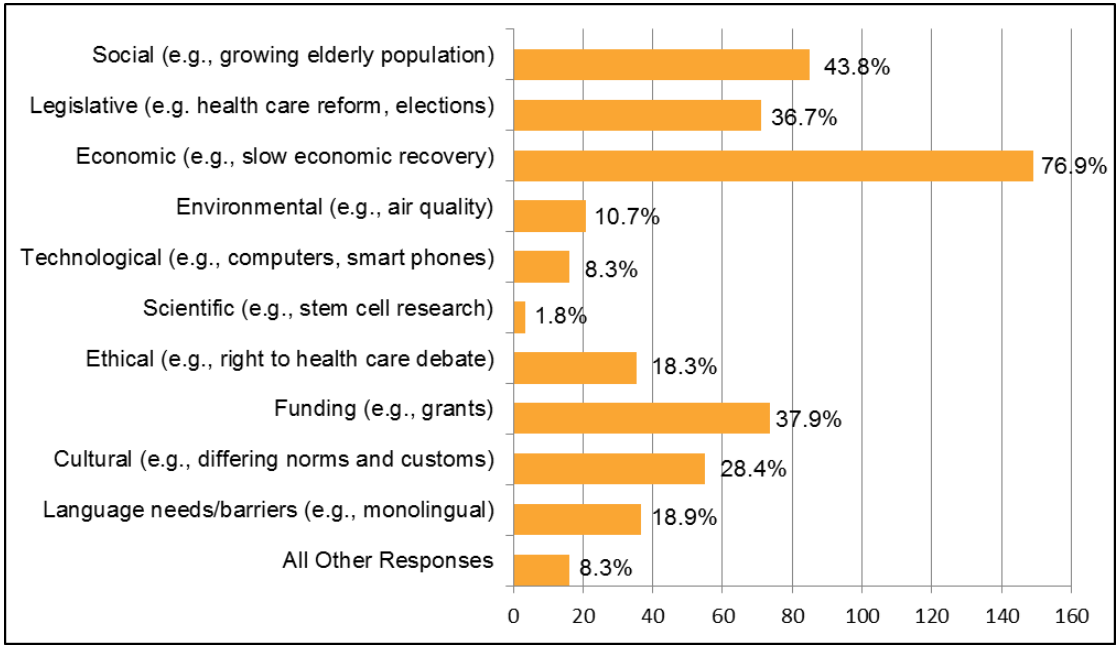
Table 6: What are the unique characteristics of the community you serve that may pose opportunities and/or threats to the health of residents?

Opportunities:	Threats:
• Affordable Housing	• Crime/Gang Activity
• Climate	• Budget Cuts
• Community/Agency Collaboration	• Homeless Population
• Cultural Diversity	• Immigration
• Faith Community	• Transportation

Table 7: Key Findings: Forces of Change Assessment

Strengths:	Concerns:
• *Community collaboration*	• *Slow economic recovery*
• *Cultural diversity*	• *Aging population*
• *Variety of community resources*	• *Funding*
• *Abundance of natural resources*	• *Lack of public transportation*
• *Faith community*	• *High prevalence of chronic diseases*
	• *Immigration*
	• *Crime and violence*

Figure 8: In general, what are the top THREE forces you believe are currently impacting health of the community you serve?



Summary of Assessments — North Inland Region and North Coastal Region

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 North County Regions 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 (health encounter) data. This comparison is summarized in *Table 8*. As the table portrays, the only concurrence between perception and data is drug abuse. Lastly, the community actually perceived poor diet, mental health issues, and physical inactivity to be worse than the data showed.

Table 8: North County Regions Community Survey Results Compared to CHIS Survey Data

North County Regions Community Survey Results (Community Perceptions)		California Health Interview Survey Data 2009		Health Encounter Data 2009 (OSHPD*)	
Drug Abuse	39%	Adults who binge drank within the last year	North Inland: 37.5% (higher than county)	ED Discharge Drug/Alcohol	North Inland: 138.3/100,000 (increasing since 2006)
			North Coastal: 31% (lower than county)		North Coastal: 158.9/100,000 (lower than county)
Poor Diet	59%	Adults who are overweight or obese	North Inland: 49.8% (lower than county)	Adults ever diagnosed with diabetes	North Inland: N/A – Statistically Unstable
			North Coastal: 56.2% (higher than county)		North Coastal: 5% (lower than county)
Mental Health Issues	45%	Needed help for emotional or mental problems	North Inland: 10.6% (lower than county)	North Inland ED Discharge	
				- Psychoses - Non Psychoses	192.4/100,000 317.8/100,000
			North Coastal: 12.4% (lower than county)	North Coastal ED Discharge	
				- Psychoses - Non Psychoses	215.6/100,000 304.0/100,000
Physical Inactivity	56%	Walked for fun, recreation, or transportation	North Inland: 73.6%	N/A	N/A
			North Coastal: 73.1%		

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.

After the North County Regions Leadership Team reviewed all the data, a list of strengths and concerns was developed (*Table 9*). A group voting process was used to obtain consensus and agreement on strengths and concerns. Strengths of both North Coastal and North Inland Regions are related to health care access, health outcomes, health behaviors, and natural resources. Despite the strengths related to chronic disease and a related risk behavior (i.e., physical activity), chronic disease and obesity rates are still high. As well, underutilization of mental health services was seen, substance abuse was increased, and motor vehicle injuries related to alcohol were noted.

Table 9: Key Findings from Community Health Assessment

Strengths:	Risks (Concerns):
• *High majority of North County residents has usual source of medical care*	• *Underutilization and lack of awareness of mental health services*
• *Report increase in physical activity*	• *High prevalence of chronic disease*
• *Low rates of communicable diseases*	• *High rates of overweight and obesity*
• *Infant mortality rate is below the national rate*	• *Substance abuse increasing (particularly in the NIR)*
• *Abundance of natural resources—farms, trails, etc.*	• *Alcohol related motor vehicle injuries*

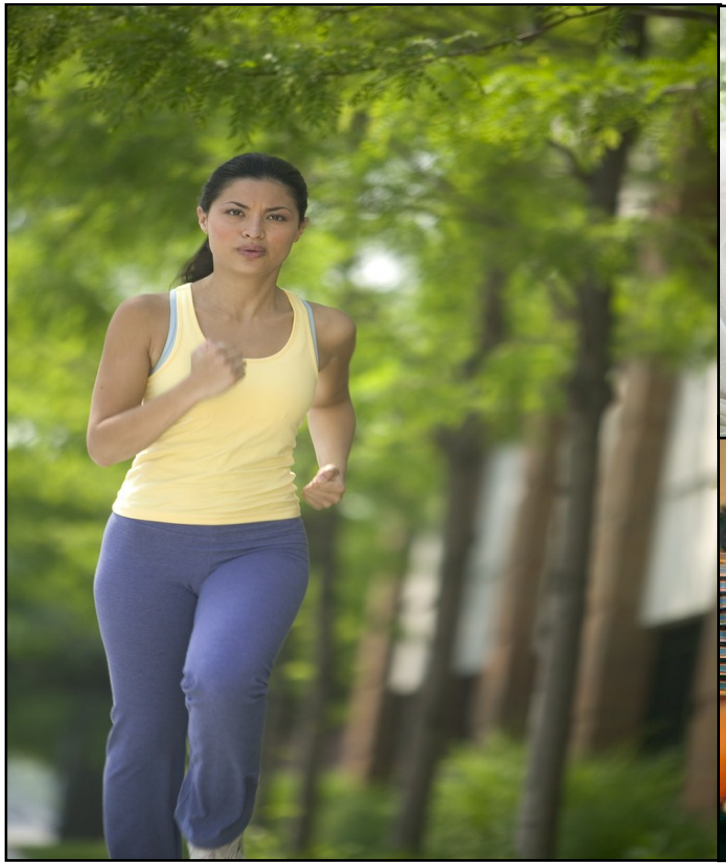
Priority Areas Identified from Assessments

By analyzing the combined results of the Community Perceptions, Community Health Status, and Forces of Change Assessments, the North County Community Leadership Team identified three strategic issues. The Local Public Health System Assessment, upon its completion, was also used to inform the team's goals and to confirm or adjust their direction, as deemed appropriate. Below are the strategic issues that are significant challenges within our North County communities that the *Live Well San Diego* North County collaborative will address to reach the vision of healthy, safe and thriving communities, as outlined in the North County Regions section of the *Live Well San Diego Community Health Improvement Plan*. The critical pathway noted in *Figure 7* links the priority areas with health outcomes unique to North County Regions. The pathway also outlines primary and secondary prevention factors that are related to the health outcomes (tertiary prevention factors) and priority areas. The North County Regions Leadership Team selected behavioral health/ substance abuse, nutrition, and physical activity as its key priority areas for its community health improvement planning efforts.

Key Priority Areas

- *Behavioral Health/Substance Abuse*
- *Nutrition*
- *Physical Activity*

South Region
Community Health Assessment



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Live Well San Diego South Region Leadership Team

Co-Chairs:

Barbara Jiménez, Deputy Director, HHSA Central & South Regions

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

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 HHSA Operational Regions

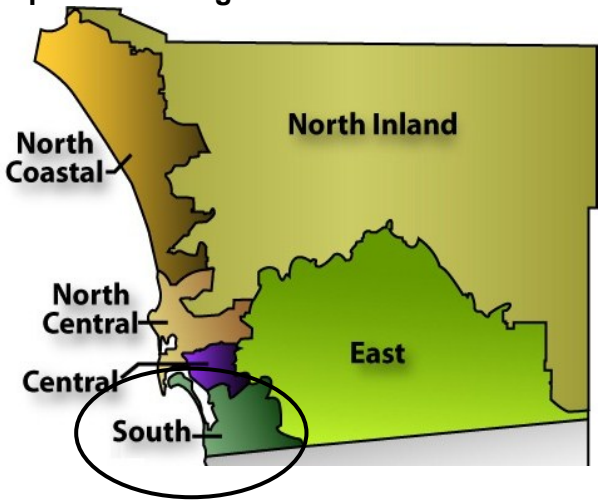


Figure 2: South Region's *Live Well San Diego's* Road to Community Health Improvement

Source: 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 (HHSA) 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 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.

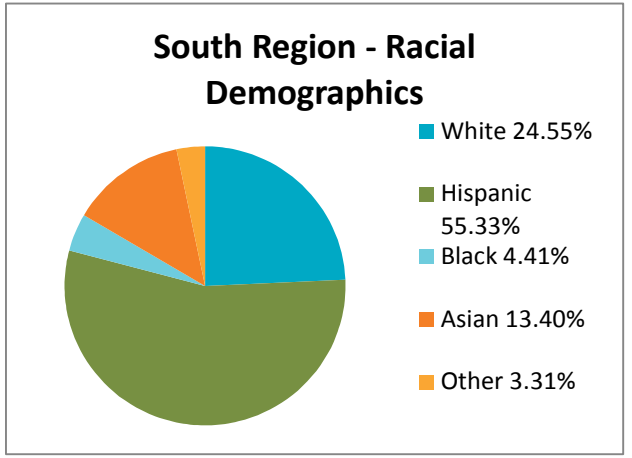
CHSU worked with the SRLT to review the above data sources. Based on this review during the community engagement process, current regional profiles were generated, which influenced the identification of health priorities for South Region.

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.

Figure 3: Racial Demographics



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

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:	**Risks (Concerns):**
• *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.*	• *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

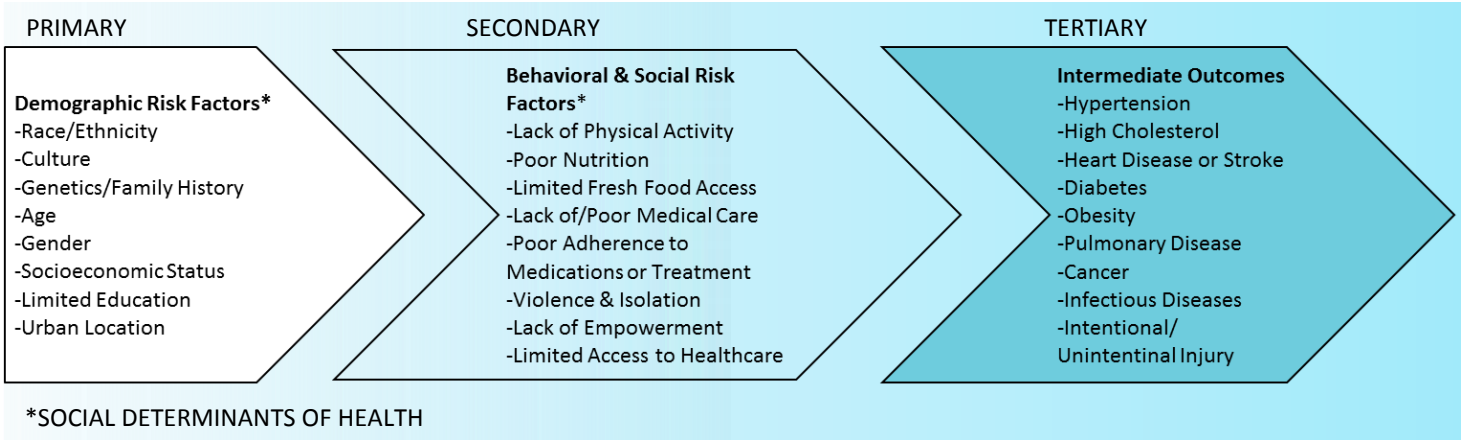
- In 2007, heart disease and stroke ranked first and third as the leading causes of death in South Region. South Region has one of the highest rates of coronary heart disease deaths (112/100,000) in the County.
- South Region's communities of color are disproportionately affected by heart disease and 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*

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