



LIVE WELL SAN DIEGO

COMMUNITY HEALTH

IMPROVEMENT PLAN



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County of San Diego, Health and Human Services Agency. *Live Well San Diego Community Health Improvement Plan*. June 2014.

This publication of the *Live Well San Diego Community Health Improvement Plan* utilizes estimated data from 2009. This document is the culmination of activities that started in 2010 and ended with this publication in June 2014.

This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego*.

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INTRODUCTION LETTER

Dear Community Partner:

In July 2010, the County of San Diego launched *Live Well San Diego* and, soon after, embarked upon a comprehensive community planning process. The Health and Human Services Agency (HHS) engaged with community partners at the regional level to conduct this effort. The regional approach was chosen to best meet the needs of San Diego's large and diverse population. This process included a comprehensive community health assessment, which was conducted March through August 2012 in all HHS regional planning areas. Information collected from this assessment and other community health needs assessments influenced the development of this *Live Well San Diego Community Health Improvement Plan (CHIP)*.

This document summarizes the process used in creating the CHIP, along with the priority areas for each Region. Included in this document is an introduction to HHS and the principles that guide its operations; a description of the tools and processes used to involve the community in the community health improvement planning process; and a summary of countywide priority areas, including a section for regional community health improvement plans, with a brief description of each Region's process.

The contributions and commitment from our community partners provided the basis for our community health improvement planning endeavor within the *Live Well San Diego* strategic framework. HHS has a long history of initiating public-private partnerships to address some of the most challenging health issues, such as HIV and AIDS, infant mortality, immunizations, and tobacco prevention, to name a few. This process has strengthened internal and external partnerships, and we look to the future as we measure our progress in this collective impact approach to winning some of the most important health battles of our time.

Your dedication and contribution to this vision are appreciated by all.

Live Well



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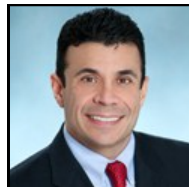


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FORWARD

The County of San Diego Health and Human Services Agency (HHSA) strives to create a healthy, safe and thriving community for its diverse residents. Integral to this vision is the implementation of the *Live Well San Diego* strategic initiative which is comprised of three components that include *Building Better Health*, *Living Safely*, and *Thriving*. In the development of *Building Better Health*, HHSA identified four strategies associated with the *Building Better Health* component:

- building a better system that 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.

Going forward, these strategies will also be used for the remaining two components (*Living Safely* and *Thriving*) of *Live Well San Diego* (see *Figure 3*), to improve the health and well-being of San Diego County residents.

In order to appropriately address the needs of the large and diverse San Diego County population, Regional Leadership Teams or planning groups were formed in November 2010 to bring the community together to initiate changes to help residents live healthy, safe, and thriving lives. Regional planning groups followed the Mobilizing for Action through Planning and Partnership (MAPP), a community health improvement planning model adapted. This model is adapted from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). All four MAPP assessments were conducted and include 1) Community Health Status Assessment, 2) Forces of Change Assessment, 3) Community Themes and Strengths Assessment, and 4) a Local Public Health System Assessment. The first three assessments were conducted at the regional level because demographics, culture, and health outcomes vary among regions. This process allowed each region to assess the health status of its community by determining the root causes of health that influence their residents. Root causes include health behaviors, social factors, health services, and policy change. 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.

This document provides a brief history of HHSA's current structure as well as an introduction to the *Live Well San Diego* initiative. Next is an overview of the MAPP and community assessment process used. A summary of the MAPP assessments as well as the *Live Well San Diego Community Health Assessment* (CHA) follows. More detailed information about the results of these assessments can be found in the CHA. The Regions also identified community assets and resources that could be leveraged in the *Live Well San Diego Community Health Improvement Plan* (CHIP) and key priority areas to focus on in their CHIP. An overview of the creation of regional CHIPs and plans for implementation and monitoring of the CHIPs end the first part of this document. At the end are the five regional CHIPs. Included in each CHIP is a listing of regional partners and a description of each Region's mission, process, implementation plans, and priority areas. The

specific goals, strategies, and objectives are listed in tables following the priority areas. The CHIPs and the work plans associated with each CHIP will be reviewed regularly to ensure alignment with the priority areas and the *Live Well San Diego* framework. All together, this document compiles HHSA's plans to work on the priority areas chosen with and by community partners in order to have healthy, safe, and thriving San Diego communities.





**COUNTYWIDE COMMUNITY
HEALTH IMPROVEMENT PLAN**

INTRODUCTION

The purpose of the *Live Well San Diego Community Health Improvement Plan* (CHIP) for San Diego County is to identify priority community health issues and outline and implement an improvement plan to address those priorities. In addition to guiding future programs, services, and policies for each Health and Human Services Agency (HHSA) region and key community stakeholders, the *Live Well San Diego* CHIP fulfills the required prerequisites for the County of San Diego HHSA to be eligible for public health accreditation, which holds the agency accountable to national standards.

This document builds on the work outlined in the *Live Well San Diego Community Health Assessment* (CHA), which provides an overview of health needs and public health interventions occurring at the county and regional-level. The following sections summarize some of the key information provided in the CHA to set the foundation for the *Live Well San Diego* CHIP's. This is followed by the process for monitoring progress and performance measures, as well as countywide and regional-level community assets that can contribute to efforts to improve health outcomes in San Diego County. Each Region's plan is then presented at the end with a description of how strategies will be implemented.

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. 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

Who HHSA Serves

General Population: The 3.2 million San Diego County residents who may benefit from a more coordinated and comprehensive prevention approach.

At-Risk Population: Those requiring services where there is an opportunity to engage them in early, proven interventions to stop health problems from developing or escalating

High-Need Population: Those already in the County system who will benefit from assistance to achieve health stability and self-reliance to avoid re-entry into the safety net.

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

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.

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, all 3.2 million residents of San Diego County.

In addition, HHSA works with local and neighborhood agencies, including cities 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 composed of six Regions, as well as five 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.

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 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.

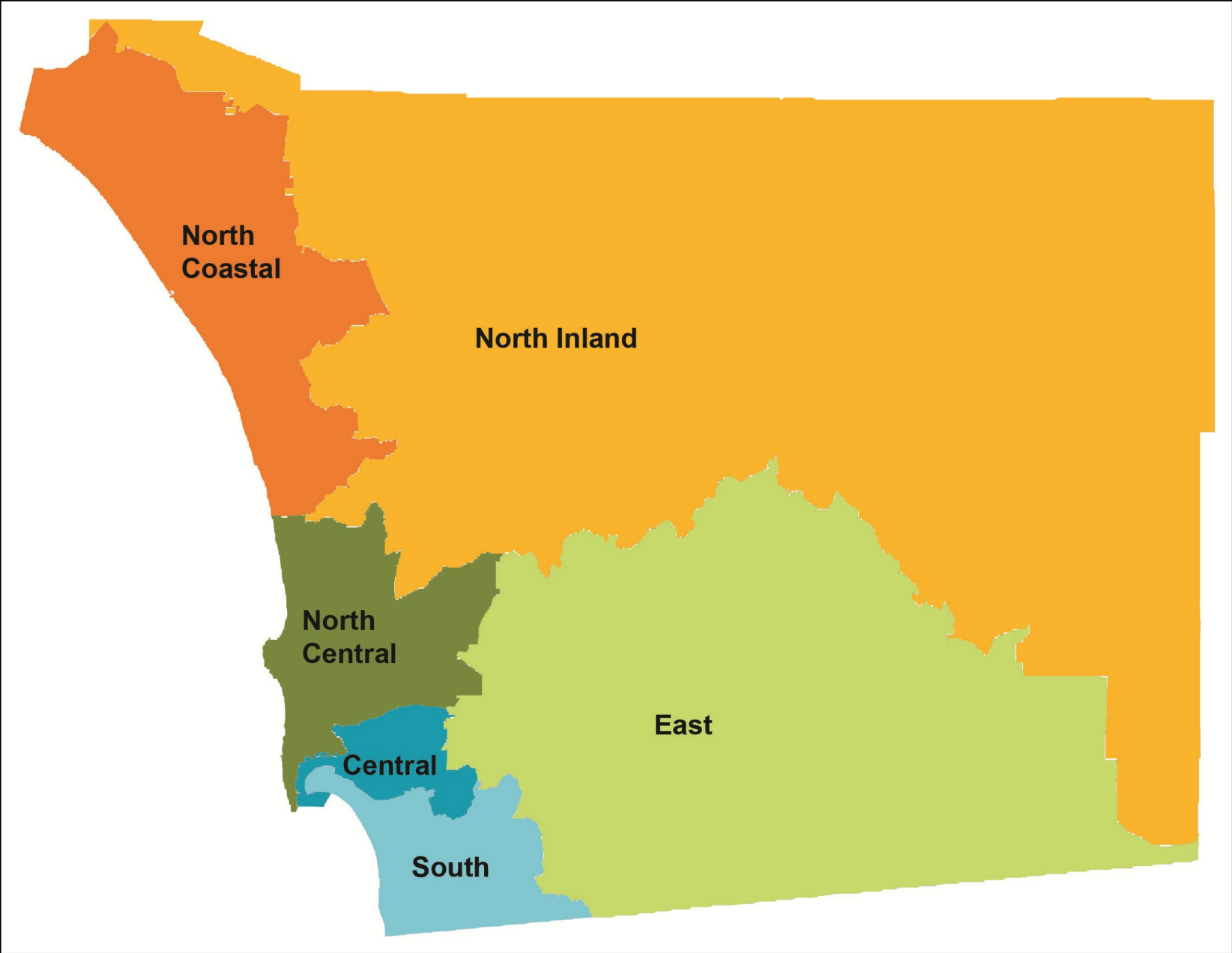
The catalyst for redesigning health and human services resulted from three events that were occurring during the 1990s:

- 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.
- 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 1*), staff provides services in an integrated fashion, close to families and communities, in collaboration with other public and private sector providers.



Figure 1: County of San Diego HHSA Service Regions



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, 3-4-50, 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 II diabetes, and respiratory conditions – which result in more than 50 percent of all deaths in San Diego. These three behaviors are sedentary lifestyle, unhealthy eating, 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

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.

additional components: *Living Safely* and *Thriving*. This ambitious 10-year initiative aims to improve the wellbeing of the entire San Diego Region. 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 2: 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.

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 staff and stakeholder 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 also safe, economically vital, and provide for a high quality of life. *Living Safely*, the second component developed over two years, 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 promote a region where residents can enjoy the highest quality of life. It is currently under development, with an anticipated release in late 2014. These three components encompass *Live Well San Diego* and serve as a roadmap to achieve the unified vision of a county that is safe, healthy, and thriving. *Table 2* highlights significant accomplishments. A more detailed timeline can be seen in *Figure 4*.

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

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. The pyramid in *Figure 3* illustrates how it all comes together. The *Live Well San Diego* vision is at the top of the pyramid, followed by the three components and four strategies. Results are captured in five areas of influence and measured by changes within the Top Ten Indicators. These changes will take time to be realized, but with a plan in place, San Diego County has a roadmap to guide all stakeholders towards achieving collective impact for the health and wellbeing 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 approach¹ 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 Regions², 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 Community

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,

¹ Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.

² 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.

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 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 Aim³: better care for the individual at lower per capita cost, while improving the health of San Diego County's 3.2 million residents.



³Triple Aim: Improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care..

Figure 3: *Live Well San Diego* Pyramid



Figure 4: Timeline of Key Milestones

| | | |
|------|------------------------|---|
| 2008 | October | <ul style="list-style-type: none"> Initiated planning for the <i>Building Better Health Agenda</i> (convened “Futuring Sessions”) |
| 2009 | September-January 2010 | <ul style="list-style-type: none"> Conducted a “Kick Off” event at leadership meetings and began to train and prepare champions |
| | September-January 2010 | <ul style="list-style-type: none"> Conducted Stakeholder Briefings and 1st round of Advisory Board |
| | November-March 2010 | <ul style="list-style-type: none"> Analyzed input from internal and external partners to refined the plan |
| 2010 | July 13 | <ul style="list-style-type: none"> Approved (by Board of Supervisors [BOS]) Health Strategy Agenda: <i>Building Better Health</i> |
| | September | <ul style="list-style-type: none"> Received National Public Health Improvement Initiative funding |
| | October 8 | <ul style="list-style-type: none"> Released <i>3-4-50: Chronic Disease in San Diego County Report</i> |
| 2011 | October-December | <ul style="list-style-type: none"> Initiated planning for the <i>Living Safely</i> Agenda |
| | November 8 | <ul style="list-style-type: none"> Approved <i>Live Well San Diego</i> First Year Report |
| | December 14 | <ul style="list-style-type: none"> Conducted MAPP Orientation with HHSA staff |
| 2012 | January | <ul style="list-style-type: none"> Conducted customized Mobilizing for Action Through Planning and Partnerships (MAPP) training with each HHSA Region |
| | February-April | <ul style="list-style-type: none"> Initiated the HHSA Regional MAPP process |
| | October 9 | <ul style="list-style-type: none"> Approved (by BOS) plan for the Safety Agenda: <i>Living Safely</i> |
| | October 30 | <ul style="list-style-type: none"> Approved <i>Live Well San Diego</i> Second Year Report |
| | October 31 | <ul style="list-style-type: none"> Completed draft Regional Community Health Assessments and <i>Live Well San Diego Community Health Improvement Plan</i> |
| | November | <ul style="list-style-type: none"> Started implementation of the HHSA Regional <i>Live Well San Diego</i> Community Health Improvement Plans |
| 2013 | May 7 | <ul style="list-style-type: none"> Initiated planning for the <i>Thriving</i> Agenda |
| | October 22 | <ul style="list-style-type: none"> Approved (by BOS) <i>Live Well San Diego</i> Third Year Report Released the <i>Live Well San Diego</i> Indicator Framework and website |

Mobilizing for Action Through Planning and Partnerships

Mobilizing for Action through Planning and Partnerships (MAPP) was selected as the community planning model for the development of the *Live Well San Diego Community Health Assessment* and *Live Well San Diego Community Health Improvement Plan*. MAPP is a community-driven strategic planning process for improving community health (Figure 5). 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.

The MAPP planning process is composed of four different community assessments that guide the identification of priority issues. Plans to address these issues include goals and strategies. The resulting plan serves as a *Live Well San Diego Community Health Improvement Plan* (CHIP).

To prepare Regional Health and Human Services Agency (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 Association of County and City Health Officials (NACCHO).

Figure 5: MAPP Diagram



Source: www.naccho.org/MAPP

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 orientation, training for each of the HHSA regions and AIS in January 2012. 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. These tailored trainings were necessary because each Region was at a different point in the community engagement and community health planning process, which were based on the unique needs of their communities.

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 Regions decided to combine efforts to engage the community as a unified North County Region. This approach was chosen because these two Regions often work closely together and have many of the same service providers and partners. For a more detailed timeline, please refer to each Region's section within this document.

To prepare Region 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.

SUMMARY OF COMMUNITY HEALTH ASSESSMENT

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 (plus 21 County staff), 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 data⁴ 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% 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

⁴ 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

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, Public Health Services (PHS) reviewed assessments from several PHS branch programs and other local organizations. A summary of the assessments conducted by the HIV/STD, Immunization, Maternal and Child Health, and Injury Surveillance programs are included in the *Live Well San Diego Community Health Assessment* (CHA), 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 factors, which influence the social determinants of health, 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 physical inactivity, poor diet, and smoking, 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. HHS capitalizes 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 HHS 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 HHS 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 were enrolled automatically in the California Medical Assistance Program (Medi-Cal or MediCal), California's Medicaid program.
- The National Public Health Improvement Initiative was launched by the CDC, with five-year grant awards beginning in September 2010. The purpose of these funds is to strengthen public health infrastructure and support accreditation readiness.
- 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. HHSa participated as one of 30 beta test sites, for PHAB's accreditation process, in 2010.

These legislations, initiatives, and programs represent significant forces of change that transformed the context in which HHSa operates to shape the San Diego public health system. These efforts influenced the community prioritizing process, which are reflected in each regional community health improvement plan.

Community Assets and Resources

Based on MAPP's 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. For a detailed description of each, please refer to the Community Assets and Resources section of the CHA.

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

Together, these assessments make up the CHA. The data from these assessments provided information needed to determine priority areas for HHSA Regions. This report serves as a guide for major strategic and community health planning efforts. Most importantly, this process has cemented the relationships between HHSA and its community partners which is integral to achieving and sustaining healthy, safe, and thriving communities in San Diego County.



Figure 6: Key Themes Identified by Each Region



*Note: North County Regions include both North Inland and North Coastal Regions.

Table 3: Health Indicators by Region and County (2009)

| | | Central Rate*/(%) | East Rate*/(%) | North Central Rate*/(%) | North Coastal Rate*/(%) | North Inland Rate*/(%) | South Rate*/(%) | County Rate*/(%) |
|-------------------------|--|-------------------|----------------|-------------------------|-------------------------|------------------------|-----------------|------------------|
| Access | Adults Under 200% FPL Unable to afford enough food | 52.0% | 34.3% | 17.2% | 30.1% | 28.3% | 38.2% | 35.1% |
| | No Usual Source of Care | 16.3% | 11.9% | 12.6% | 15.2% | 13.1% | 9.0% | 13.2% |
| Chronic Diseases | Coronary Heart Disease Deaths | 98.7 | 135.7 | 92.6 | 102.8 | 105.8 | 112.0 | 107.2 |
| | Coronary Heart Disease Hospitalizations | 286.2 | 422.2 | 237.2 | 277.1 | 304.8 | 420.6 | 318.0 |
| | Stroke Deaths | 29.6 | 40.3 | 30.4 | 31.8 | 38.8 | 31.9 | 33.9 |
| | Stroke Hospitalizations | 190.6 | 273.7 | 175.8 | 184.3 | 224.5 | 234.2 | |
| | Diabetes Deaths | 19.1 | 23.1 | 12.7 | 12.5 | 19.7 | 18.9 | 17.4 |
| | Diabetes Hospitalizations | 182.5 | 174.6 | 65.9 | 81.6 | 94.3 | 189.9 | |
| | COPD Deaths | 20.8 | 41.2 | 25.0 | 31.8 | 33.7 | 20.0 | 28.8 |
| | COPD Hospitalizations | 117.6 | 168.6 | 71.0 | 83.6 | 90.1 | 114.8 | |
| | Asthma Deaths | 1.2 | - | 0.8 | - | - | - | 0.7 |
| | Asthma Hospitalizations | 117.2 | 115.7 | 54.3 | 46.4 | 52.7 | 85.3 | |
| Cancer Deaths | 125.6 | 176.0 | 141.3 | 139.6 | 162.3 | 144.6 | 148.6 | |
| Health Behaviors | Binge Drinking in the Past Year (18+) | 33.6% | 35.4% | 34.9% | 31.0% | 37.5% | 36.2% | 34.8% |
| | Children Who Eat Less Than 5 Servings of Fruits and Vegetables Daily (ages 2-11) | 53.3% | 50.5% | 51.6% | 47.2% | 63.2% | 49.9% | 52.9% |
| | Current Smoker | 15.7% | 16.5% | 11.5% | 10.0% | 11.3% | 11.8% | 12.8% |
| | Overweight/obese | 63.9% | 62.5% | 44.5% | 56.3% | 49.8% | 58.4% | 55.3% |
| | Walked for Transport of Fun/ Exercise | 76.5% | 76.0% | 83.0% | 73.1% | 73.6% | 69.6% | 75.7% |
| Injury/ Safety | Unintentional Injury Deaths | 30.4 | 38.0 | 25.8 | 27.6 | 32.8 | 23.4 | 29.8 |
| | Homicide rate | 7.0 | 2.3 | 1.1 | 2.4 | 1.4 | 3.0 | 2.8 |
| | Suicide rate | 12.5 | 14.9 | 12.2 | 10.4 | 10.7 | 8.0 | 11.5 |
| Mental Health | Likely Has Had a Serious Psychological Distress During Past Year | 4.8% | 7.2% | 4.4% | 3.3% | 4.2% | * | 5.3% |

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

*Rate per 100,000 population

Using the information collected from the Community Health Statistics and the information obtained from assessing the community through the MAPP process, each region identified key health priorities to focus on in their Community Health Improvement Plan (*Table 4*).

Table 4: 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.

As *Table 3* highlights, the Regions identified many similar priority health issues. Since 3-4-50 is an important concept and focus of *Live Well San Diego*, many of the Regions identified active living and healthy eating as priority issues. 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, which include building a better service delivery system, supporting positive choices and pursuing policy and environmental changes.

IMPLEMENTATION

Overview of Regional Community Health Improvement Plans

The *Live Well San Diego Community Health Improvement Plan* (CHIP) is intended to provide a strategic framework to address local health priorities based on the *Live Well San Diego* strategic vision. They have been developed to engage multiple perspectives so that all community stakeholders – individual citizens, private and nonprofit organizations, health care systems, military, government agencies, academic institutions, and faith-based organizations – can unite to ensure San Diego County residents are healthy, safe, and thriving. As with any plan, this is meant to be a living document, so the plans will be modified and adjusted as conditions, resources, and external environmental factors change.

The next section outlines each regional CHIP, each of which contain the following key elements:

- A summary of the regional process used to develop the *Live Well San Diego Community Health Assessment* (CHA) and CHIP;
- Community health priorities as identified through the regional community health assessment process, goals related to each priority area, and clear connection to *Live Well San Diego* strategies;
- Measureable objectives to monitor progress toward community health improvement, along with indicators to track progress, baseline measures, and frequency of measurement; and
- Local strategies to address goals and objectives and details regarding the connection of these strategies to evidence-based interventions, along with an indication when policy changes are needed to implement strategies within each priority area.

Each region also has developed a work plan (separate documents) which provides more detail about the activities utilized to achieve the strategies in the CHIP, along with interim process measures, community partners, and assets that can contribute to the activities.

Implementation of Goals and Objectives

As a part of the Health and Human Services Agency's (HHSA) continued effort to improve the health of San Diego County Residents through *Live Well San Diego*, actions have already been taken to address key health issues throughout the County. The following projects highlight some of the work that has been underway to implement *Live Well San Diego* strategies throughout the county.

Resident Leadership Academy

Resident Leadership Academies (RLAs) create 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 are 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 offer 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.

RLAs were piloted in FY 2011-12 and funded by the American Recovery and Reinvestment Act (ARRA) of 2009 by the Centers for Disease Control and Prevention (CDC) Communities Putting Prevention to Work (CPPW) Initiative, locally referred to as the *Healthy Works™* program. Four pilot RLAs proved to be very successful not only in building community leadership but also in achieving significant community enhancements. In FY 2013-14, San Diego County Community Action Partnership received an innovation grant to train additional RLA facilitators throughout the region, and to fund six (6) new RLAs hosted by local community-based organizations, one in each HHSA Region. Building on the success of the pilot RLAs, this new effort supports systematic strengthening of neighborhoods through community engagement and empowerment. For more information, please go to <http://www.healthyworks.org/resident-leadership-academy>.

SNAP-Ed

Starting in October 2011, the County of San Diego was one of 22 counties selected to pilot the State of California's Supplemental Nutrition Assistance Program Education (SNAP-Ed) project, also known as Network for a Healthy California. Funded by the United States Department of Agriculture and administered by the California Department of Public Health (CDPH), SNAP-Ed is a collaborative effort between Public Health Services and CalFresh and provides CalFresh-eligible individuals with nutrition and obesity prevention education. The primary goal of the CDPH Nutrition Education Obesity Prevention Branch SNAP-Ed program is to empower and enable people who participate in or are eligible for SNAP to select healthy foods and increase physical activity through education, social marketing, and environmental supports. Program areas include 1) engaging schools and afterschool programs to encourage children and parents to improve nutrition and increase physical activity; 2) engaging HeadStart and early childhood care centers to reach children from birth to age five and their families; 3) engaging retail, worksites, and faith-based organizations to promote nutrition education, social marketing, and policy, systems, and environmental change; and 4) engaging resident groups in low-income communities to work on Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) community improvement efforts located in each of the six HHSA

Regions. Through a County Nutrition Action Partnership, partners include over 60 community-based organizations with a mission of combating food insecurity.

Community Transformation Grant

In May of 2011, the CDC announced a *Patient Protection and Affordable Care Act* (ACA) funding opportunity for Community Transformation Grants (CTG). Community Transformation Grants (CTG) support state and local government agencies, tribes, territories, nonprofit organizations, and communities across the country. The goal of CTG is to create 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. 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. In 2012, CTG was expanded to support areas to ensure that more Americans will benefit from healthier environments and have access to healthier options. HHS was awarded a CTG in the amount of \$3,053,793 annually, potentially for five years pending Congressional appropriation. This opportunity allowed HHS to continue the important work initiated by the CPPW grant and the 10-year *Live Well San Diego* initiative.

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.
- *Clinical 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.

Regional Implementation

As described in the *Live Well San Diego Community Health Assessment*, each region conducted assessments on a regional basis using the *Mobilizing for Action Through Planning and Partnerships* strategic planning model. Through this process, HHS regional staff engaged stakeholders and community members to identify priority health issues and to develop plans that address those issues. Each

regional CHIP outlines clear goals, strategies, and objectives to improve health indicators within each region. Implementation of these goals and objectives will vary by region, however, all implementation plans will be aimed at addressing the wider HHS *Live Well San Diego* strategies of building a better service delivery system, supporting positive choices, and pursuing policy and environmental changes. Specific descriptions of how each region is implementing its goals and objectives can be found in the regional CHIP section of this document. *Table 5* highlights how regional goals align with *Live Well San Diego*.

Table 5: Key Priority Issues Identified by Region Aligned to *Live Well San Diego* Strategies

| Region | <i>Live Well San Diego</i> Strategy Area | | | |
|---------------|---|---|--|--|
| | Building a Better Service Delivery System | Supporting Positive Choices | Pursuing Policy Change | Changing the Culture Within |
| Central | Access to Health Care | Food Equity/ Access to Healthy Food Tobacco Worksite Wellness | Safety and Built Environment | Agency-wide implementation internal to county government employees |
| East | | Active Living Healthy Eating | Substance Abuse Prevention | |
| North Central | Preventive Health Care | Physical Activity | Behavioral Health Physical Activity | |
| North County | Behavioral Health | Physical Activity Nutrition | Physical Activity | |
| South | Health Care Access | Physical Activity and Healthy Eating | Improve Security and Decrease Violence | |

Beyond alignment with *Live Well San Diego*, the goals, strategies, and objectives in each regional CHIP also align with state and national priorities. The California Department of Health Services has a State Health Improvement Plan ([Let's Get Healthy California](#)) with strategies aimed towards Health Across the Lifespan and Pathways to Health. At the national level, the regional CHIPs align with the [National Prevention Strategy](#) priorities and [Healthy People 2020](#) topic areas. Refer to *Table 6* to see these alignments.

Table 6: Key Priority Issues Identified by Region Aligned to State and National Priorities

| Region | Priority Areas | Let's Get Healthy California (California SHIP) Goal | National Prevention Strategy Priority | Healthy People 2020 Topic Area |
|---------------|--|---|--|---|
| Central | Access to Health Care | Redesigning the Health System | N/A | Access to Health Services |
| | Food Equity/ Access to Healthy Food | Creating Healthy Communities | Healthy Eating | Nutrition and Weight Status |
| | Tobacco | Healthy Beginnings | Tobacco Free Living | Tobacco Use |
| | Worksite Wellness | Living Well | Healthy Eating; Active Living | Nutrition and Weight Status; Physical Activity |
| | Safety and Built Environment | Creating Healthy Communities | Injury and Violence Free Living | Injury and Violence Prevention |
| East | Active Living | Healthy Beginnings | Active Living | Physical Activity |
| | Healthy Eating | Healthy Beginnings; Living Well; Creating Healthy Communities | Healthy Eating | Nutrition and Weight Status |
| | Substance Abuse Prevention | Living Well; Creating Healthy Communities | Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use | Tobacco Use; Substance Abuse |
| North Central | Preventive Health Care | Redesigning the Health System | N/A | Access to Health Services |
| | Physical Activity | Living Well | Active Living | Physical Activity |
| | Behavioral Health | Living Well; Creating Healthy Communities | Mental and Emotional Well-Being; Preventing Drug Abuse and Excessive Alcohol Use | Mental Health and Mental Disorders; Substance Abuse |
| North County | Physical Activity | Living Well | Active Living | Physical Activity |
| | Nutrition | Living Well | Healthy Eating | Nutrition and Weight Status |
| | Behavioral Health | Living Well | Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use | Tobacco Use; Substance Abuse |
| South | Health Care Access | Redesigning the Health System | N/A | Access to Health Services |
| | Physical Activity and Healthy Eating | Healthy Beginnings | Healthy Eating; Active Living | Physical Activity; Nutrition and Weight Status |
| | Improve Security and Decrease Violence | Creating Healthy Communities | Injury and Violence Free Living; Preventing Drug Abuse and Excessive Alcohol Use | Injury and Violence Prevention |

MONITORING PROGRESS






Live Well San Diego: Indicators to Monitor Progress

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 Top Ten Indicators provide a framework that will shape the assessment of progress resulting from this shared vision (*Figure 7*). The *Live Well San Diego* Indicator framework provides the necessary structure to measure progress. This framework considers the many different factors influencing how well a person is living. In fact, where an individual lives correlates with his/her overall health and wellbeing (i.e. place matters). Therefore, the indicator framework consists of health outcome measures (downstream), as well as measures that address the social determinants of health (upstream).

The Top Ten Indicators were developed by Health and Human Services Agency (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. These indicators 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 in the selection of the indicators was how 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 to capture "stories" that will describe the collective impact on the well-being of San Diego individuals, neighborhoods, and communities. This framework will enable County government to work with community partners to identify the most effective strategies to improve the health of all.

Figure 7: Live Well San Diego Indicators Framework

| Areas of Influence | Definition | Top 10 Indicators |
|---|--|---|
|  <p>HEALTH</p> | Enjoying good health and expecting to live a full life | Life Expectancy Quality of Life |
|  <p>KNOWLEDGE</p> | Learning throughout the lifespan | Education |
|  <p>STANDARD OF LIVING</p> | Having enough resources for a quality life | Unemployment Rate Income |
|  <p>COMMUNITY</p> | Living in a clean and safe neighborhood | Security Physical Environment Built Environment |
|  <p>SOCIAL</p> | Helping each other to live well | Vulnerable Population Community Involvement |

Baldrige Framework for Managing the Performance of *Live Well San Diego*

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, operations focus, and results (Figure 8). Organizations are scored on a 1000 point scale using the Criteria for Performance Excellence, which consists of seven categories: leadership, strategic planning, customer focus, measurement, analysis and knowledge management, workforce focus, operations focus, and results (Figure 8). By pursuing the Baldrige Award, the 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 an impact. Following are brief descriptions of what HHSa has done so far in each of the categories.

Figure 8: Baldrige Criteria for Performance Excellence Framework



1. Leadership. This category focuses on an organization's senior leadership and governance system to see how it guides and sustains the organization. HHSa, including Public Health Services (PHS), has adopted the *Live Well San Diego* vision for the organization, which guides all departments in their actions. HHSa itself is overseen by the Chief Administrative Officer, who is accountable to the County of San Diego's Board of Supervisors. Leadership is well understood throughout the County government. Over the last few years, HHSa revisited its vision, mission, and values in a visioning process that aligns its strategic agenda with *Live Well San Diego*. PHS also revisited

its mission, vision, and values to align its revised strategic plan to *Live Well San Diego* beginning 2012. The next step is to immerse HHSA's *Live Well San Diego* strategy throughout the organization.

2. Strategic Planning. An important part of the Baldrige journey is how strategic objectives and action plans are developed, implemented, adjusted, and measured. HHSA developed a strategic agenda based on *Live Well San Diego* in July 2010, which has been recently revised in April 2013. There is a separate operational plan that is reviewed and updated annually with current information. PHS used HHSA's strategic agenda in addition to conducting a strengths, weaknesses, opportunities, and threats analysis, along with the *Live Well San Diego Community Health Assessment* (CHA) and this *Live Well San Diego Community Health Improvement Plan* (CHIP), to guide its own strategic plan. The CHIP itself contains objectives that will be measured on a regular basis.

3. Customer Focus. Baldrige organizations are expected to engage its customers to ensure long-term success. HHSA has a history of including the community (its customers) in several ways, through surveys in clinics and programs, asking for input in the Local Public Health System Assessment and indicators measures, and engagement in the *Mobilizing for Action through Planning and Partnerships* (MAPP) process. Clinics and programs survey visitors and participants in order to identify the needs of their customers and to identify areas for improvement. Recently, community members participated in a half-day Local Public Health System Assessment. Their input was also solicited when the indicators (see Results) were developed for *Live Well San Diego*. Most recently, community members were engaged in the MAPP process to help develop the CHA and the CHIP. HHSA and PHS will not only continue with these customer focus activities, but also will improve them going forward.

4. Measurement, Analysis, and Knowledge Management. The Baldrige Award believes how an organization manages its data, information, and knowledge is important to performance excellence. HHSA and PHS have departments and information systems in place to ensure that data and knowledge is managed well. The two departments, Community Health Statistics and Office of Business Intelligence, are responsible for gathering, analyzing, managing and improving data. Community Health Statistics focuses on community data and statistics, whereas the Office of Business Intelligence is dedicated to mostly operational (internal) data and statistics. Information systems in the organization regarding data and knowledge management included the Business Intelligence Reporting Tool (BIRT), which was retired in 2013. BIRT was the software used to track performance management data. This system was updated quarterly to keep track of various performance measures. The next step is to purchase a more robust software system to further coordinate and integrate measurement into daily operations. An assessment of available performance management systems has been completed. It is anticipated that a new system will be procured and implemented by late 2014.

Specifically for knowledge management, SharePoint is an important tool used throughout the County, especially in HHSA; it is being used to organize and manage department information and projects. The County has a *Live Well San Diego* Integration Team that meets monthly to share activities across County departments, leverage existing resources, and monitor progress.

5. Workforce Focus. This category asks how an organization builds an effective, supportive workforce environment and how to engage its employees. At the County of San Diego, a framework called the [General Management System](#) is used to guide how departments should interact. It also includes a Motivation, Rewards, and Recognition section to discuss how employees will be rewarded for meeting annual goals and strategies. Additionally, supervisors use strengths-based management as an approach to increase employee engagement. This identifies an individual's strengths and determines how to best leverage them to achieve the mission, strategy, and items in the action plans. Employees are also supported in personal growth and learning through some classes, including management classes, offered through the County. The online Learning Management System also allows employees to learn, such as Lean Six Sigma or SharePoint. PHS is in the process of creating a workforce development plan, that will be based upon core competencies for specific positions and guide its employee training plans, in order to meet Public Health Accreditation Board's measure 8.2. In addition, the fourth strategy of *Live Well San Diego* — improving the culture from within — supports the workforce in the 3-4-50 behaviors.⁵

6. Operations Focus. The Baldrige Award is given to organizations that use their work processes and products effectively to deliver customer value. HHSA believes that in order to do this, a culture of quality improvement (QI) needs to be developed at the organization. Lean Six Sigma training is the adopted methodology. HHSA has 55 certified green belts and nine certified black belts in Lean Six Sigma. In addition to this, all managers are required to complete yellow belt training. PHS also encourages the plan, do, study, act process to better meet customer needs. Many divisions in HHSA have completed QI projects; PHS requires all branches to complete at least one annual QI project since 2011. PHS is developing a QI plan that will be effective starting July 2014.

7. Results. Crucial to the Criteria for Performance Excellence is the results category. It is important that an organization shows results for its performance. At HHSA, annual reports are published, including the *Live Well San Diego* reports. Additionally, HHSA is taking steps to further improve its measurement process and to develop a framework that will illustrate these results. In particular, results will be measured based on five areas of influence: health, knowledge, standard of living, community, and social. The indicators for these areas are life expectancy, quality of life, education, unemployment, income, security, physical environment, built environment, vulnerable populations, and community involvement. Going forward in the future, results will be structured on these indicators.

⁵3-4-50 behaviors: refer to page 19.

While improvement has already been seen in many of these categories, HHSA still continues to strive for excellence in all categories. The Baldrige principles will help guide HHSA staff in ongoing monitoring of progress to reach the goals and objectives outlined in the County Strategic Plan, *Live Well San Diego*, the PHS Strategic Plan, and the Regional CHIPs.

Status of Progress

Both the *Live Well San Diego* strategies and Regional CHIPs are in varying stages of implementation. Progress will be monitored as described above. Public Health Services staff and HHSA Regional staff will continuously monitor their goals and objectives to ensure progress is being made. Beginning in 2011, a *Live Well San Diego* Annual Report has been reviewed and approved by the Board of Supervisors (BOS) annually at a BOS meeting in October. These reports are then released to the public to communicate accomplishments of goals and objectives that describe the collective impact throughout San Diego County.

The finalized evaluation framework for *Live Well San Diego* was presented to and approved by the BOS in October 2013. A *Live Well San Diego* [website](#) was launched, with the beta test completed in Spring 2014. Finally, PHS produces and publishes an annual *Major Accomplishments Report* summarizing results and outcomes of its strategic plan, QI projects, publications, research projects, and awards and recognitions.



REGIONAL COMMUNITY HEALTH IMPROVEMENT PLAN

CENTRAL REGION COMMUNITY HEALTH IMPROVEMENT PLAN



Live Well San Diego Central Region Leadership Team

Co-Chairs:

Barbara Jiménez, Deputy Director, HHS Central & South Regions

Tina Emmerick, HHS Community Health Action Team Manager

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

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

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

In Central Region, Supervisor Ron Roberts hosted a Health Strategy Agenda Stakeholder meeting on June 10, 2010, attended by over 100 community members. 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, to invite local stakeholders to participate in a regional leadership team that would become the *Live Well San Diego* leadership team for Central Region. On November 17, 2010, at a community forum, the *Live Well San Diego* Central Region Leadership Team 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 as the *Live Well San Diego* Central Region Leadership Team, to review existing assessments and strategic planning processes that had been recently conducted in the Central Region, to 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 and a Forces of Change Assessment to help the coalition understand which health issues are most important to the community (*Figure 2*). These assessments were administered through breakout groups, and follow-up questions were sent via Survey Monkey 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 coalitions were formed, *Live Well San Diego* Central Region Leadership Team 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.

Figure 1: County of San Diego Service Regions

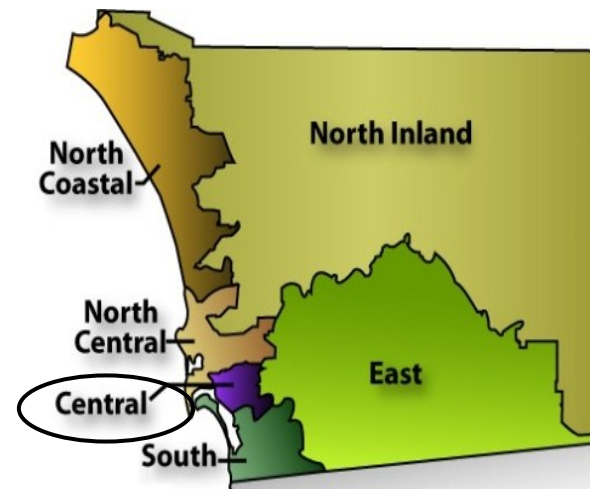


Figure 2: Central Region's Live Well San Diego's Road to Community Health



Source: www.naccho.org/MAPP

Meetings were attended by community non-profit organizations, faith-based agencies, city and county government, 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 not only the involvement, but sustained active leadership of diverse stakeholders addressing multiple issues through subcommittees. Once the coalition selected the core issues of health, safety and built environment, *Live Well San Diego* Central Region Leadership Team members met monthly from May – 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 coalition 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 Activities were presented to the community at the October 17, 2012 *Live Well San Diego* Central Region Leadership Team Quarterly Forum. In March 2013, the *Live Well San Diego* Central Region Leadership Team agreed to meet as a full team quarterly, instead of monthly, to allow the three workgroups (Health, Safety/Built Environment, and Tobacco) to meet monthly between meetings to move forward more effectively towards accomplishing their respective CHIP goals. Progress towards each of the goals is reported at the Quarterly Leadership Team meetings.

Central Region Community Health Improvement Plan Implementation

Since the development of the Central Region Community Health Improvement Plan (CHIP), the *Live Well San Diego* Central Region Leadership Team, facilitated by the HHS Community Health Action Team (CHAT) health promotion staff, has been implementing the goals and objectives outlined in the CHIP. The Leadership Team is comprised of three workgroups: Safety/Built Environment, Tobacco Prevention, and Health.

The Health workgroup focuses on two goals: worksite wellness and bridging the gap between services and care. Strategies for implementing the goals and objectives of the group are discussed at each meeting. Workgroup members use their knowledge and connection to the community to inform how best to implement the goals and objectives. This was apparent during the creation of the 2-1-1 interactive maps; members provided feedback and pilot tested the map to ensure functionality for the community. During the course of implementing the CHIP goals, it became apparent that objectives and action steps would need to remain open to revisions in order to better suit the needs of the community.

The Tobacco workgroup was formed after the development of the other workgroups due to specific topic focus and tobacco's nature to fit

into both safety and health, respectively. Members revised the goals, objectives, and activities to more accurately reflect current issues and align with existing tobacco prevention and intervention related community efforts. Tobacco workgroup members include the American Heart Association, Social Advocates for Youth (SAY) San Diego, the American Cancer Society and the County's Tobacco Control Resource Program. In addition to these partners and CHAT staff, workgroup members identified additional key partners in the community, including other tobacco-related community based organizations, to engage to ensure that goals and objectives are met and that the effort to improve community health is truly a collaborative process. Targeted funding for low-income communities from the Financial Marketing Concepts, Inc's (FMC) Coast2Coast Prescription Drug Card program enabled members to focus on the goal of creating a tobacco-prevention and intervention media messaging campaign in the Mid-City, Barrio Logan/Sherman Heights and Southeast San Diego communities. As part of this campaign, CHAT staff will work with Tobacco Control Resource Program's Community Transformation Grant (CTG) contractors to provide signage to owners of Smoke-free Multi-Unit Housing complexes. Tobacco Workgroup members agreed to monitor the progress of their goals and objectives through strategies to successfully achieve each CHIP objective, including measures to assess each activity's effectiveness. Data from surveys and the tobacco website "hits", and quarterly updates to the Leadership Team would be used to assess progress and revise activities as needed. The tobacco workgroup members will review activities and determine successes and next steps at each meeting. In addition, *Live Well San Diego* Central Region Leadership Team Tobacco Workgroup members plan to monitor the progress of their goals and objectives through strategies to successfully achieve each CHIP objective, including measures to assess each activity's effectiveness. Data from surveys and website "hits", and quarterly updates to the Leadership Team will be used to assess progress and revise activities as needed. The tobacco workgroup members review activities and determine successes and next steps at each meeting.

The Safety and Built Environment Workgroup addresses the goal of increasing the number of safe routes to safe places and safe neighborhoods. Workgroup members have played an active role in implementing Safe Routes to Schools/Safe Passages at four schools to improve safety of students walking or biking to school, developing a Photovoice project with a team of residents to document and address safety concerns at Teralta Park in City Heights, and continuing Crime Free Multi-Housing efforts at several apartment complexes in Central Region. An overarching strategy is to track and monitor community-level data from a variety of sources including school attendance, law enforcement calls for service, resident perception of safety, and health status.

Table 6 (Central Region Table 1): Overview of Central Region CHIP

| Priority Area | Goal | Strategy |
|--------------------------------------|--|--|
| Worksite Wellness | Reduce the burden of chronic diseases for people working in Central Region | Create a worksite wellness toolkit for employers to use as a resource in implementing worksite wellness policies around nutrition, physical activity, smoking cessation, and stress management. |
| Access to Health and Social Services | Increase the access of Central Region residents to community resources and services by improving agency outreach | Collaborate with organizations to build the capacity of front line staff in their delivery of services and resources. |
| Safety and Built Environment | Increase the number of safe routes to safe places and neighborhoods | Increase the number of Safe Passage Collaboratives at schools in Central Region and engage them to actively participate in the Safe Routes to School Program (5 E's). |
| | | Identify three parks to conduct Photovoice Projects – (one in Southeastern SD, one in City Heights, and one in Barrio Logan) in order to implement Crime Prevention Through Environmental Design (CPTED) strategies. |
| | | Improve perception of safety among residents of apartment communities that have completed all three phases of Crime-Free Multi-Housing (CFMH) Program. |
| Food Equity/Access to Healthy Food | Increase healthy eating in Central Region | Implement corner store conversion or makeover projects in Southeastern San Diego. |
| Tobacco | Decrease access, exposure, and use of tobacco products in Mid-City, Southeast San Diego and Barrio Logan communities amongst residents who are most likely to be targeted by, and vulnerable to, tobacco industry marketing strategies | Promote community wellness messaging in prominent chosen specific locations based on exposure to targeted, vulnerable populations. |

Priority Area 1: Worksite Wellness

Goal: Reduce the burden of chronic diseases for people working in Central Region.

Live Well San Diego Strategy: Supporting Positive Choices



Strategies

1.1 Create a worksite wellness toolkit for employers to use as a resource in implementing worksite wellness policies around nutrition, physical activity, smoking cessation, and stress management.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|---|--|-------------------|---------------|
| 1.1.1 Increase the percentage of people working in Central Region who are physically active by 5%, by 2018. | Percentage of adults who exercise at home, in a club, or at another facility 2 or more times a week | ESRI Community Analyst Health and Beauty Market Potential Statistics (2013 estimate) | 49.9% | Annually |
| 1.1.2 Increase the percentage of people working in Central Region who eat healthy by 5%, by 2018. | Ate fast food 2 or more times in past week | 2011-2012 California Health Interview Survey | 40.5% | |
| | Percentage adults who face food insecurity | 2011-2012 California Health Interview Survey | 47.6% | Every 2 years |
| | Eligible population not currently enrolled in CalFresh | Community Health Statistics Unit | 10,600 households | Annually |
| 1.1.3 Decrease the percentage of smokers among people working in Central Region by 5%, by 2018. | Percentage of adults who have stopped smoking (former smokers) | 2011-2012 California Health Interview Survey | 20.1% | Every 2 years |
| 1.1.4 Decrease the percentage of stress among people working in Central Region by 5%, by 2018. | Percentage of adults with an emotional work impairment in the last 12 months | 2011-2012 California Health Interview Survey | 9.5% | Every 2 years |

Rationale

BACKGROUND: Increase Physical Activity and Healthy Eating among People Working in Central San Diego

Evidence Base: Fruits and vegetables contribute important nutrients for the human body. Eating the appropriate amounts of fruits and vegetables can help with weight management and lower the risk for developing: Chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers, overweight and obesity, Micronutrient deficiencies (1, 2). Physical activity is also crucial. Being physically active is associated with a number of physical health benefits including improved cardiovascular health; weight loss or maintenance; decreased risk of becoming obese, or developing type II diabetes, and other chronic diseases; and positive psychological health benefits – including reduced stress levels and depression (3). Recent and emerging evidence also suggests that access to the outdoors and contact with nature may promote mental health by relieving stress and encouraging social interactions among friends and neighbors (4, 5, 6).

Source:

1. Guide to Community Preventive Services. Promoting good nutrition. www.thecommunityguide.org/nutrition/index.html.
2. Centers for Disease Control and Prevention. State Indicator Report on Fruits and Vegetables, 2013. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.
3. Kruk, J. (2009). "Physical activity and health." *Asian Pacific Journal of Cancer Prevention*. 10(5): 721-728.
4. Kuo, F. E., W. C. Sullivan, et al. (1998). "Fertile Ground for Community: Inner-City Neighborhood Common Spaces." *American Journal of Community Psychology*. 26(6): 823-851.
5. Guide to Community Preventive Services. Reducing Tobacco Use and Secondhand Smoke Exposure. www.thecommunityguide.org/tobacco/index.html.
6. Ulrich, R. S., R. F. Simons, et al. (1991). "Stress recovery during exposure to natural and urban environments." *Journal of Environmental Psychology*. 11(3): 201-230.
7. Wolf, K.L., and Flora, K. (2010). "Mental Health and Function - A Literature Review." In: *Green Cities: Good Health* (www.greenhealth.washington.edu). College of the Environment, University of Washington.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy changes in those worksites adopting wellness policies regarding nutrition, physical activity, smoking cessation, and stress management. Worksites adopting such policies are adopting a "Health in All Policies" approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the social determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (Central): 80.3 years

Quality of Life: 94.62% San Diego County

3-4-50: Active living, healthy eating, and reducing tobacco use are all addressed within this strategy. Measuring the impact of this strategy on these behaviors should then lead to a decrease in body mass index (BMI) and a decrease in the morbidity and mortality due to the chronic diseases that they influence: cancer, heart disease, type 2 diabetes, and respiratory conditions (such as asthma), which will ultimately lead to a decrease in premature death and an increase in **life expectancy and quality of life**.

Priority Area 2: Access to Health and Social Services
Goal: Increase the access of Central Region residents to community resources and services by improving agency outreach.
Live Well San Diego Strategy: Building a Better System



Strategies

2.1 Collaborate with organizations to build the capacity of front line staff in their delivery of services and resources.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|----------|--------------|
| 2.1.1 Increase the percentage of eligible residents who have enrolled in self-sufficiency programs by 3%, by December 2018. | Percentage of residents currently enrolled in County-managed self-sufficiency programs [Public program participation (MediCal, CalFresh, CalWORKS, CMS, LIHP, General Relief)] | HHS Office of Business Intelligence, Eligibility Programs 2013 (09/30/2012-09/30/2013) | 46.18% | As requested |
| 2.1.2 Increase the number of clients accessing interactive zip code maps to find services for clients as measure by 2-1-1 page views, by 2016. | 2-1-1 site counts to interactive map | 2-1-1 San Diego | 0 | As requested |

Rationale

BACKGROUND: Increase Percentage of Population with Health Insurance

Evidence Base: Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life of residents. Health insurance coverage is an important determinant of access to health care. Uninsured children and non-elderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts (1).

Source:

- Centers for Disease Control and Prevention. National Center for Health Statistics. Health Insurance and Access to Care Fact Sheet. November 2012. http://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf.

Policy, Systems, and Environmental Change (Y/N)

No, not at this time.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (Central): 80.3 years

Quality of Life (San Diego County): 94.62%

In theory, by helping people access services, they will receive more preventive and timely care. Additionally, collaborations that increase awareness of social services will lead to increased enrollment. This will lead to better health outcomes and increase access to social services that support healthy choices, leading to increased **quality of life and life expectancy**.



Priority Area 3: Safety and Built Environment

Goal: Increase the number of safe routes to safe places and neighborhoods.

Live Well San Diego Strategy: Pursuing Policy and Environmental Changes



Strategies

- 3.1 Increase the number of Safe Passage Collaboratives at schools in Central Region and engage them to actively participate in the Safe Routes to School Program (5 E's).
- 3.2 Identify three parks to conduct Photovoice Projects – (one in Southeastern SD, one in City Heights, and one in Barrio Logan) in order to implement Crime Prevention Through Environmental Design (CPTED) strategies.
- 3.3 Improve perception of safety among residents of apartment communities that have completed all three phases of Crime-Free Multi-Housing (CFMH) Program.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|--|--|--|---------------|
| 3.1.1 Increase the percentage of schools participating in Safe Routes to Schools by 5%, by 2018. | Number of schools currently participating | Rady Children's Hospital | 2 schools | Annually |
| | Percentage of children ages 5-11 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 21.8%* *statistically unstable | Every 2 years |
| | Percentage of teens ages 12-18 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 9.9%* *statistically unstable | |
| 3.2.1 Increase the percentage of teens who report using the parks by 5%, by 2018. | Percentage of children and teens under the age of 18 who visited a park, playground, or open space in last month | 2011-2012 California Health Interview Survey | 75.1% | Every 2 years |
| 3.2.2 Increase the number of permits to use park for special events (e.g., birthday party) by 5%, by 2018, after the completion of the Photovoice Projects. | Number of permits to use park for special events (e.g., birthday party) | City of San Diego Parks and Rec | TBA | Annually |
| 3.3.1 Increase the percentage of crime free multi-housing units by 5%, by 2018. | Percentage of multi-housing units that have completed Crime Free multi-housing certification. | SAY San Diego | 17% (17 out of 100 properties have been fully certified of those properties that have received training) | Annually |

Rationale

BACKGROUND: Increase the Number of Safe Places and Neighborhoods in Central Region.

Evidence Base: Crime can have a significant impact on the well-being of the population and contributes to premature death and disability, poor mental health, and lost productivity. Exposure to crime and violence has been shown to increase stress, which may worsen hypertension and other stress-related disorders (1). It also may lead people to engage in unhealthy behaviors such as smoking in an effort to reduce or cope with stress (1, 2). In addition, exposure to violent neighborhoods has been associated with increased substance abuse and sexual risk-taking behaviors as well as risky driving practices (2). Neighborhoods with high violence are thought to encourage isolation and therefore inhibit the social support needed to cope with stressful events (2).

Crime and Violence Safety concerns go beyond fears of unintentional injuries and environmental hazards. It is intuitive that fear of violence leads to people shopping closer to home, irrespective of what is available to buy; driving more often instead of bicycling and walking; and being reluctant to allow children to play outdoors, even in nearby parks. While it is not clear exactly to what *extent* crime impacts physical activity, research shows that crime or fear of crime is associated with lower physical activity levels, especially among women of color, young people, and seniors (3). A national survey found that twice as many low-income respondents as moderate income respondents worried about safety in their neighborhoods. Certain elements of the community environment, including broken windows, brownfields, vacant lots, graffiti, abandoned houses and cars, and litter, contribute to the feeling of an unsafe neighborhood, and are amenable to built environment improvements. When there is a perception of improved safety, positive behavior change results. For example, New York City's subway system had significant increases in usage at all hours after the violence problem was mitigated. Some strategies that may have contributed to this include better enforcement of laws against minor offenses, removing graffiti, fixing broken windows, and cleaning litter. As discussed earlier in this brief, communities with amenities such as good lighting, trees, benches, and other aesthetic qualities encourage more people to frequent the area and can foster a sense of safety. The complexity of the intersection of safety (especially violence prevention) and the built environment requires diverse sectors (such as public health, planners, transportation engineers, school officials, law enforcement, and community groups) to work in partnership together. Each sector has unique areas of expertise and thus a complementary role to play. For example, public health professionals can add value by bringing important background, expertise, and a history of success related to health and safety. This is important to note because, while the built environment is an area where significant health improvements can be accomplished, such changes are more possible if health professionals start to play a stronger role and feel that the built environment is within their "comfort zone." While many parts of the built environment agenda are new territory to many health professionals, safety is an area of a bit more familiarity. Public health professionals can leverage their experience with injury prevention (e.g., traffic safety, car seats, and seatbelts), environmental health, and violence prevention work, to help shape broader discussions with other sectors around how the built environment can advance health. Given this, health leaders must bring their experience in fostering collaborations and play a facilitative (not a directive) leadership role.

Additional Equity Issues Related to the Built Environment As low-income communities respond to the concerns described above and to other related and broader concerns regarding health and safety, displacement due to gentrification—the transformation of low-income, deteriorating neighborhoods—often results. As a result of improvements, neighborhoods are transformed from low value and desirability to high value and desirability. While one goal of gentrification is to improve the built environment and thus the quality of life for community residents, there is the potential threat of displacing long-time residents due to more amenities, higher rents, mortgages, and property taxes. Secondly, built environment designs, while responsive to needs of the general population, must take into account *everyone*,

Rationale (cont.)

including any special needs of people with disabilities, and seniors. Poor street design and maintenance, lack of curb cuts, high speed traffic without adequate crossings, and inaccessibility to public transit, parks, and recreation can particularly affect less ambulatory populations. In moving forward, more attention to these issues is necessary and more research is required to better understand the best strategies to meet the needs of the entire community.

Source:

1. Ellen IG, Mijanovich T, Dillman KN. Neighborhood effects on health: Exploring the links and assessing the evidence.. *Journal of Urban Affairs*. 2001;23:391-408.
2. Johnson SL, Solomon BS, Shields WC, McDonald EM, McKenzie LB, Gielen AC. Neighborhood violence and its association with mothers' health: Assessing the relative importance of perceived safety and exposure to violence. *Journal of Urban Health*. 2009;86:538-550.
3. Lee V, Mikkelsen L, Srikantharajah, J, Cohen, L. Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living. May 2008. http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=60&Itemid=127

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy changes in multi-unit housing settings implementing crime-free policies and potential neighborhood environmental changes that increase safety/perception of safety. These policy changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the social determinants of health.

Linkage to *Live Well San Diego* Indicators

Overall Crime Rate (San Diego County): Number of crimes (all crimes, including violent and property) per 100,000 people in San Diego County – 2,430.3

Life Expectancy (Central): 80.3 years

This priority area will, in the long term, impacts many different indicators: **life expectancy, quality of life, and security**. Active living is promoted through Safe Routes to Schools and PhotoVoice Projects. By encouraging children and teens to be more active, this will help improve their quality of life and life expectancy. With the focus on crime-free multi-unit housing, this will affect the security indicator.

Priority Area 4: Food Equity/Access to Healthy Food
Goal: Increase Healthy Eating in Central Region
Live Well San Diego Strategy: Supporting Positive Choices



Strategies

4.1 Implement corner store conversion or makeover projects in Southeastern San Diego.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|---|--|-----------------------------------|---------------|
| 4.1.1 Increase Central Region resident fruit and vegetable consumption by 5% by June 2018. | Percent of children ages 5-11 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 56.8% | Every 2 years |
| | Percent of teens ages 12-17 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 11.4%* *statistically unstable | |

Rationale

BACKGROUND: Increase Healthy Eating among Adults and Children

Evidence Base: Fruits and vegetables contribute important nutrients for the human body. Eating the appropriate amounts of fruits and vegetables can help with weight management and lower the risk for developing: Chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers, Overweight and obesity, Micronutrient deficiencies (1, 2). It has been demonstrated that bringing healthy food retailers into more neighborhoods may increase fruit and vegetable availability and affordability, and that retailer acceptance of nutrition assistance program benefits may improve access for individuals with lower incomes (2).

Source:

1. Guide to Community Preventive Services. Promoting good nutrition. www.thecommunityguide.org/nutrition/index.html.
2. Centers for Disease Control and Prevention. State Indicator Report on Fruits and Vegetables, 2013. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are environmental changes in the community resulting from liquor stores/small markets offering new/increased access to fresh produce. These corner store conversion policies embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the social determinants of health.

Linkage to Live Well San Diego Indicators

Food Insecurity (Central)– 47.6%

The store conversions are intended to aid **vulnerable populations** who may not have access to healthier foods essential for good nutrition. This will reduce food insecurity and aid in improving quality of life and increasing life expectancy.

Priority Area 5: Tobacco*

Goal: Decrease access, exposure, and use of tobacco products in Mid-City, Southeast San Diego and Barrio Logan communities amongst residents who are most likely to be targeted by, and vulnerable to, tobacco industry marketing strategies.



Live Well San Diego Strategy Area: Supporting Positive Choices

Strategies

5.1 Promote community wellness messaging in prominent chosen specific locations based on exposure to targeted, vulnerable populations.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|---------------------------------|---------------|
| 5.1.1 Decrease the percentage of current teen smokers and current adult smokers by 10%, by 2018. | Percentage of teens aged 12-17 who are current smokers | 2011-2012 California Health Interview Survey | 10%* *statistically unstable | Every 2 years |
| | Percentage of adults, 18-64 who are current smokers | 2011-2012 California Health Interview Survey | 17.5% | |

Rationale

BACKGROUND: Decrease Access and Exposure to Tobacco Products among Adults and Children

Evidence Base: Smoking causes many diseases and reduces the health of smokers in general. Tobacco use is the single most preventable cause of death and disease in the United States (1). More deaths are caused each year by tobacco use in the U.S. than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (1,2).

Source:

- Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8.
- Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. *JAMA: Journal of the American Medical Association*. 2004;291(10):1238–45.

*Note: In the future, priority area may expand to include alcohol and other drugs.

Policy, Systems, and Environmental Change (Y/N)

No policy changes at this point in time.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (Central) – 80.3 years

3-4-50: Active living, healthy eating, and reducing tobacco use are all addressed within this strategy. Measuring the impact of this strategy on these behaviors should then lead to a decrease in body mass index (BMI) and a decrease in the morbidity and mortality due to the chronic diseases that they influence: cancer, heart disease, type 2 diabetes, and lung disease, which will ultimately lead to a decrease in premature death and an increase in **life expectancy**.

EAST REGION COMMUNITY HEALTH IMPROVEMENT PLAN



Live Well San Diego East Region Leadership Team

Co- Chairs:

Supervisor Dianne Jacob, District 2

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

Partners:

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

East Region Leadership Team’s Community Health Improvement Process

In the fall of 2010 through the spring of 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 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 East Region leadership team began with a series of planning and innovation forums where regional experts came together to both educate and challenge assumptions and thinking. The group took 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.

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

Figure 1: County of San Diego Service Regions



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



Source: www.naccho.org/MAPP

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 coalition, 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.

East Region Community Health Improvement Plan Implementation

Since the development of the East Region Community Health Improvement Plan (CHIP), the *Live Well San Diego* East Region Leadership Team members have been implementing the goals and objectives outlined in the CHIP. The leadership team meets on a monthly basis to discuss specific health issues identified as key priority areas in the CHA and CHIP. To address each key strategic issue, members of the leadership team meet in three distinct work groups: substance abuse prevention, healthy eating, and active living. The Substance Abuse Prevention workgroup goals are to develop policies prohibiting indoor and outdoor smoking and hookah use at commercial establishments in cities and unincorporated areas, and to adopt a policy that includes routine training for planning commission and city councils on liquor licensing in cities and unincorporated areas. The Healthy Eating workgroup goals are to create a resource guide of existing healthy eating resources available in East County, develop a strategy for getting healthy eating information to target demographics, to promote the stocking of healthy food in food stores in rural areas, and to promote farm to school programs. The Active Living workgroup goals are to increase access to field space, times open to the public, and current hours of operation and to provide sport and recreation scholarships for low-income youth.

In addition to regular planning meetings, the leadership team has identified key partners in the community to engage to ensure the goals and objectives are met and that the effort to improve community health is a truly collaborative process. Leveraging a multidisciplinary working group is a key strategic advantage to improving health, focusing on innovation, a commitment to excellence, and meaningful partnerships across different sectors. Key partners include various city representatives, leaders of the faith community, district and school administrators, health care administrators, and County staff. Workgroup members identified specific, measurable, actionable, realistic, and time bound goals and objectives for the strategic health issues selected and met monthly working toward goal implementation and sharing progress.

In addition, East Region plans to monitor the progress of their goals and objectives through presentations to leadership team at monthly meetings, documentation, and action plan review.

Table 7 (East Region Table 1): Overview of East Region CHIP

| Priority Area | Goal | Strategy |
|----------------------------|--|---|
| Active Living | Increase physical activity for East Region residents | Develop public-private partnerships to improve access to physical activity. |
| Healthy Eating | Increase healthy eating in East County | Implement educational resources to promote awareness about healthy eating in East County. |
| | | Pursue environmental changes that result in increased healthy eating opportunities. |
| Substance Abuse Prevention | Reduce exposure to secondhand smoke | Implement policy and systems change to create a smoke-free environment. |
| | Reduce underage consumption of alcohol | Implement policy and systems change to limit underage youth access to alcohol. |



Priority Area 1: Active Living
Goal: Increase physical activity for East Region residents.
Live Well San Diego Strategy: Supporting Positive Choices



Strategies

1.1 Develop public-private partnerships to improve access to physical activity.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|-----------------------------------|---------------|
| 1.1.1 Increase the number of joint use agreements by a minimum of 1 to provide access to recreational space, by June 2015. | Number of joint use agreements | County of San Diego, Parks and Recreation, Lemon Grove School District | 13 | As requested |
| 1.1.2 Increase youth engagement in physical activity by 5%, by 2018. | Percentage of children and teens under the age of 18 who visited a park, playground, or open space in last month | 2011-2012 California Health Interview Survey | 84% | Every 2 years |
| | Percentage of children ages 5-11 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 22.8%* *statistically unstable | |
| | Percentage of teens ages 12-18 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 16.5%* *statistically unstable | |

Rationale

BACKGROUND: Increase Physical Activity among Adults and Children

Evidence Base: Having access to “health-promoting” destinations, such as parks and schools, is important for overall health. Using parks and recreation services has been shown to have positive health impacts, including the physical, social, and mental aspects of health (1). Being physically active is associated with a number of physical health benefits including improved cardiovascular health; weight loss or maintenance; decreased risk of becoming obese, or developing type II diabetes, and other chronic diseases; and positive psychological health benefits – including reduced stress levels and depression (2). Several factors have been found to influence athlete and children’s motivation towards physical activity and sports, including the coach, the motivational climate, scholarships, and the sport structures (3). Some studies have demonstrated, like that of one in Los Angeles County, that joint-use agreements are a promising strategy for increasing moderate to vigorous physical activity among adults and children in under-resourced communities (4).

Source:

1. Ho, C.-H., L. Payne, et al. (2003). "Parks, recreation and public health: parks and recreation improve the physical and mental health of our nation - Research Update." *Parks — Recreation* 38(4).
2. Kruk, J. (2009). "Physical activity and health." *Asian Pacific Journal of Cancer Prevention*. 10(5): 721-728.
3. Vallerand, Robert J. "Intrinsic and extrinsic motivation in sport and physical activity." *Handbook of sport psychology*. 3 (2007): 59-83.
4. Lafleur M, Gonzalez E, Schwarte L, Banthia R, Kuo T, Verderber J, et al. Increasing Physical Activity in Under-Resourced Communities Through School-Based, Joint-Use Agreements, Los Angeles County, 2010–2012. *Preventing Chronic Disease*. 2013;10:120270. DOI: <http://dx.doi.org/10.5888/pcd10.120270>.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy change for those organizations expanding or enhancing joint use agreements and subsequent environmental changes resulting from the policy, specifically greater access to field space for physical activity. These changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (East Region): 79.4 years

By increasing opportunities for youth to engage in physical activity, this will affect one of the behaviors of 3-4-50 and aid in reducing the chronic diseases of Type 2 diabetes and heart disease and stroke. This will lead to improved quality of life and **increased life expectancy**.

Priority Area 2: Healthy Eating
Goal: Increase healthy eating in East County.
Live Well San Diego Strategy: Supporting Positive Choices



Strategies

- 2.1 Implement educational resources to promote awareness about healthy eating in East County.
 2.2 Pursue environmental changes that result in increased healthy eating opportunities.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|---|--|----------|---------------|
| 2.1.1 Increase community awareness of the importance of eating healthy by connecting 20 partners to the East Region Food Resource Guide, by 2014. | Number of resource guides distributed in the community | East Region | 0 | Annually |
| 2.2.1 Secure 3 new corner stores offering fresh produce, by 2016. | Number of corner stores offering fresh produce | East Region | 0 | Annually |
| 2.2.2 Establish baseline of schools participating in farm to school programs and increase by two, by 2016. | Number of schools participating in farm to school programs | East Region | 2 | Annually |
| | Percent of children ages 5-11 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 53.9% | Every 2 years |
| | Percent of teens ages 12-17 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 21.5% | |

Rationale

BACKGROUND: Increase Healthy Eating among Adults and Children

Evidence Base: Healthy eating and good nutrition are associated with a lower risk for: chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers, overweight and obesity, and micronutrient deficiencies (1). In light of this, there are many practice-based methods that are successful at increasing healthy eating. Of the Farm to School programs that have been evaluated, most have demonstrated increased selection or intake of fruits and vegetables by students following the incorporation of farm produce into school salad bars, meal selections, or class-based education (2).

Source:

1. Guide to Community Preventive Services. Promoting good nutrition. www.thecommunityguide.org/nutrition/index.html.
2. Berlin, L., Norris, K., Kolodinsky, J., Nelson, A. The Role of Social Cognitive Theory in Farm-to-School-Related Activities: Implications for Child Nutrition. *Journal of School Health*. 2013;83:8. 589-595. DOI: 10.1111/josh.12069.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are environmental changes in the community resulting from corner stores offering new/increased access to fresh produce and policy change in those schools that establish a farm to school agreement and program. These changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to Live Well San Diego Indicators

Food Insecurity (East Region)– 43.3%

All the strategies and objectives hope to target **vulnerable populations** who may not have access to healthier foods essential for good nutrition. With these policies and environmental changes, people will hopefully have reduced food insecurity, which will lead to the improved health outcomes of increased quality of life and life expectancy.

Priority Area 3: Substance Abuse Prevention**Goal 1: Reduce exposure to secondhand smoke.****Goal 2: Reduce underage consumption of alcohol.****Live Well San Diego Strategy: Pursuing Policy and Environmental Changes****Strategies**

3.1 Implement policy and systems change to create a smoke-free environment.

3.2 Implement policy and systems change to limit underage youth access to alcohol.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|---|--|----------|---------------|
| 3.1.1 Decrease the amount of indoor and outdoor exposure to secondhand smoke delivered from smoking cigarettes, related tobacco products, and hookah at public spaces 10%, by 2015. | Number of incorporated and unincorporated municipalities that have ordinances for indoor and outdoor smoking at public spaces | Communities Against Substance Abuse | TBA | TBA |
| 3.2.1 Reduce teen access to alcohol at offsite retail locations by 5%, by 2016. | Percentage of teens who have ever tried alcohol | 2011-2012 California Health Interview Survey | 33% | Every 2 years |
| | Lifetime use of alcohol, 2 or more times | California Healthy Kids Survey | 17.9% | |

Rationale

BACKGROUND: Reduce Exposure to Secondhand Smoke among Adults and Children and Reduce Underage Drinking in Teens and Children.

Evidence Base: Smoking causes many diseases and reduces the health of smokers in general. More deaths are caused each year by tobacco use in the U.S. than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (1,2). Secondhand smoke contains more than 7,000 chemicals, hundreds of which are toxic and about 70 can cause cancer (3,4). There is no risk-free level of exposure to secondhand smoke, however. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (3). Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer (3). Underage drinking is another cause for concern, especially due to excessive consumption. Excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems (5). Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (6).

Source:

1. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8.
2. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. *JAMA: Journal of the American Medical Association*. 2004;291(10):1238–45.
3. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
4. U.S. Department of Health and Human Services. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
5. Guide to Community Preventive Services. Preventing excessive alcohol consumption. www.thecommunityguide.org/alcohol/index.html.
6. U.S. Department of Health and Human Services. Alcohol Alert. Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented? Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 2006. <http://pubs.niaaa.nih.gov/publications/AA67/AA67.pdf>.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy changes prohibiting indoor and outdoor smoking. Systems changes by providing routine training for planning groups on liquor licensing and by increased enforcement of on and off sales of liquor. These changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (East Region)– 79.4 years

Reduced substance abuse will lead to improved health for populations. In particular, tobacco use is one of the three behaviors in 3-4-50 and is one of the main causes of lung cancer. By reducing substance abuse, this will lead to increased quality of life and **life expectancy**.



NORTH CENTRAL REGION COMMUNITY HEALTH IMPROVEMENT PLAN



Live Well San Diego North Central Region Leadership Team

Co- Chairs:

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

Sheri Easterly, Manager, SAY San Diego First 5 First Steps

Partners:

| | | | |
|--|---|--|--|
| 2-1-1 San Diego | Central Family Resource Center | Molina Healthcare | SAY San Diego, Integrated Neighborhood Services |
| Alvarado Parkway Institute | County of San Diego HHSA North Central Public Health | North Central Resident | SAY San Diego, North Clairemont Healthy Start |
| American Cancer Society, Inc | County of San Diego HHSA Public Health Services | North Coast Home Health Products | SAY San Diego/North City Prevention Coalition |
| American Lung Association in California | County of San Diego, Land Use and Environmental Group/ Air Pollution Control District | Oaks & Acorns | SAY San Diego Tobacco Control |
| American Red Cross WIC Program | County of San Diego, Supervisor Slater-Price's Office | Peter Barron Stark Companies | SDSU Research Foundation WIC Program |
| At Your Home Familycare | Fleet and Family Support Centers | Rady Children's Hospital-San Diego | Shea Family Care |
| Bayside Community Center | Health Net of California | San Diego Family Health Care | St. Paul's PACE |
| Beach Area Family Health Center | Heritage Senior Care | San Diego Military Family Collaborative | Together We Grow |
| Care1st Health Plan | Health Insurance Counseling & Advocacy Program San Diego | San Diego Nutrition and Physical Activity Coalition | University of California, San Diego |
| Challenge Center | Impact Young Adults & Impact MORE | San Diego Welcome Baby Program: Kit for New Parents | UCSD Division of Geriatrics |
| Clairemont Coalition | Jewish Family Service of San Diego | SAY San Diego, Inc. | UCSD Preventive Medicine |
| County of San Diego | Linda Vista Planning Group | SAY San Diego/Clairemont Coalition | Union of Pay Asian Communities, Positive Solutions |
| County of San Diego HHSA Community Health Statistics | Linda Vista Town Council | SAY San Diego, Family Self Sufficiency Program | United Way of San Diego County |
| County of San Diego HHSA Aging & Independence Services | Mental Health Board Member | SAY San Diego, First 5 First Steps | VFW Ladies Auxiliary 3788 |
| County of San Diego HHSA East & North Central Regions | | SAY San Diego, Healthy Start Military Family Resource Center | |
| County of San Diego HHSA North | | | |

Live Well San Diego North Central Region Leadership Team

Vision Statement: The vision for the North Central Region is a community that is healthy, safe, and thriving.

Mission Statement: 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.

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

In the fall of 2010 through the spring of 2011, the North Central Region community was brought together through a series of Building Better Health Forums to help residents initiate 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's *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

Figure 1: County of San Diego Service Regions

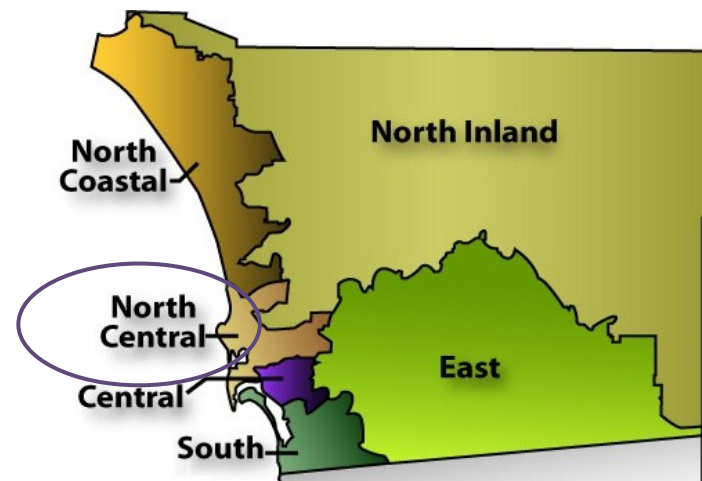


Figure 2: North Central's *Live Well San Diego's* Road to Community Health Improvement



Source: www.naccho.org/MAPP

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 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.

North Central Region CHIP Implementation

Since the development of the North Central Community Health Improvement Plan (CHIP), the *Live Well San Diego* North Central Region Leadership Team members have been implementing the goals and objectives outlined in the CHIP. The leadership team meets on a monthly basis to discuss specific health issues identified as key priority areas in the CHA and CHIP. To address each key strategic issue, members of the leadership team meet in three distinct work groups: behavioral health, physical activity, and preventive health. The behavioral health workgroup goals are to increase access to behavioral health services and decrease access to alcohol, tobacco, and other drugs. The physical activity workgroup goal is to increase pedestrian safety by empowering neighborhood stakeholders to advocate for street calming, sidewalks, safe crossings, and other measures. The preventive health care workgroup goal is to increase access to preventive health care by linking residents to community clinics, health care providers, and programs.

In addition to regular planning meetings, the leadership team has identified key partners in the community to engage to ensure the goals and objectives are met and that the effort to improve community health is a truly collaborative process. Leveraging a multidisciplinary working group is a key strategic advantage to improving health, focusing on innovation, a commitment to excellence, and meaningful

partnerships across different sectors. Key partners include various city representatives, leaders of the faith community, district and school administrators, health care administrators, and County staff. Workgroup members identified specific, measurable, actionable, realistic, and time bound goals and objectives for the strategic health issues selected and met monthly working toward goal implementation and sharing progress.

In addition, North Central Region plans to monitor the progress of their goals and objectives through presentations to the leadership team at monthly meetings, documentation, and action plan review.

Table 8 (North Central Region Table 1): Overview of North Central Region CHIP

| Priority Area | Goal | Strategy |
|-----------------------------------|---|---|
| Preventive Health Care | Increase access to preventive health care | Utilize public-private partnerships to improve access to preventive health care. |
| | | Increase partnerships with health care sites to provide education about preventive care. |
| Behavioral Health | Increase access to behavioral/mental health services | Collaborate with partners and providers to reduce the stigma around mental health, leading to an increase in utilization of mental health services. |
| | Decrease social and health problems related to alcohol, tobacco, and drug overuse/abuse | Implement policies to create safe environments. |
| | | Implement policy and systems change to promote responsible consumption of alcohol and use of prescription drugs. |
| Physical Activity (Active Living) | Increase physical activity for North Central Region residents | Empower neighborhood stakeholders to pursue policy and environmental changes to increase pedestrian safety and walkability in neighborhoods. |

Priority Area 1: Preventive Health Care
Goal: Increase access to preventive health care.
Live Well San Diego Strategy: Building a Better Service Delivery System



Strategies

- 1.1 Utilize public-private partnerships to improve access to preventive health care.
- 1.2 Increase partnerships with health care sites to provide education about preventive care.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|--|--|-----------------------------|---------------|
| 1.1.1 Collect baseline data to assess the percentage of residents who have access to transportation to community clinics and medical appointments, by 2014. | Percent of residents who have access to transportation (Currently collecting data) | North Central Region (Clinic surveys) | Will use Year 1 data - 2014 | Annually |
| 1.1.2 Increase the percentage of residents with a medical home 1%, by December 2018. | Percent of residents who delayed or did not get medical care | 2011-2012 California Health Interview Survey | 12.8% | Every 2 years |
| 1.2.1 Secure 20 health care sites who agree to promote the 5-2-1-0 campaign, by December 2014. | Number of health care sites | North Central Region | 0 | Annually |

Rationale

BACKGROUND: Increase Access to Preventive Health Care.

Evidence Base: Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life of residents. Many studies have demonstrated that a significant portion of hospital emergency department visits could be prevented with timely access to primary care and that when someone has a regular medical or health care home, they have a better chance at good health, which in turns generates cost savings to hospitals and payers (1). Local governments, like that of the New York State Health Department, have found that having insurance increases access to the health care system, it is not sufficient to ensure appropriate use of services or care that is of high quality (2). The Urban Institute's Health Policy Center has found that racial and ethnic minorities may lag behind non-Hispanic whites in access to care because patterns of residential segregation separate minorities from the supply of providers, because of language and cultural barriers between doctors and patients, or because of differences in employment patterns that lead to lower rates of employer-based insurance coverage for some groups (3, 4).

Source:

1. NACHC, Harvard University, and George Washington University. "The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use." April 2007. http://www.nachc.com/client/documents/publications-resources/IB_EMER_07.pdf.
2. Priority Area: Access to Quality Health Care. The Burden of Insufficient Access to Quality Health Care. New York State Department of Health. http://www.health.ny.gov/prevention/prevention_agenda/access_to_health_care/.
3. Kenney, G., Coyer, C., Anderson, N. "Racial and Ethnic Differences in Access to Care and Service Use for Children with Coverage through Medicaid and the Children's Health Insurance Program: A Summary." Urban Institute. March 2013. <http://www.urban.org/UploadedPDF/412780-Racial-and-Ethnic-Differences-in-Access-to-Care-and-Service-Use-for-Children-Summary.pdf>.
4. Urban Institute Health Policy Center. Vulnerable Populations. 2010. http://www.urban.org/health_policy/vulnerable_populations/.

Policy, Systems, and Environmental Change (Y/N)

Already established. Policy changes have already occurred in Health and Human Services Agency (HHS). First, HHS has established health equity as a priority. Second, the *Live Well San Diego* evaluation framework includes health equity as a lens for analysis and outcome measures. Third, for accreditation purposes, outcomes are also viewed through a health equity lens.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (North Central) – 83.5 years

By linking people with access to a medical home (and access to a community clinic), people are more likely to get care when they need it. They are also more likely to receive preventive care. Combined with promoting the 5-2-1-0 campaign, it is believed that people will follow healthier behaviors and obtain care when they need it. This will lead to better quality of life and increased **life expectancy**.

Priority Area 2: Behavioral Health

Goal 1: Increase access to behavioral/mental health services.

Goal 2: Decrease social and health problems related to alcohol, tobacco, and drug overuse/abuse.

Live Well San Diego Strategy: Pursuing Policy and Environmental Changes



Strategies

- 2.1 Collaborate with partners and providers to reduce the stigma around mental health, leading to an increase in utilization of mental health services.
- 2.2 Implement policies to create safe environments.
- 2.3 Implement policy and systems change to promote responsible consumption of alcohol and use of prescription drugs.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|-------------------------------|---------------|
| 2.1.1 Increase the percentage of residents who needed a mental health service who sought out a service by 1%, by December 2018. | Of those who needed a mental health service, how many sought care | 2011-2012 California Health Interview Survey | 64.9% | Every 2 years |
| 2.2.1 Implement at least one voluntary smoke-free and/or crime-free policy at residential care facilities and/or multi-housing properties, by December 2018. | Number of smoke-free and/or crime-free Residential Care Facilities and/or multi-housing properties | SAY San Diego | 0 | By request |
| 2.3.1 Decrease the percentage of poisonings from prescription drugs 1%, by December 2018. | Percentage of unintentional prescription-related deaths | Prescription Drug Abuse Report Card | 267 (rate 8.2 per 100,000) | Annually |
| 2.3.2 Implement one policy or regulatory practice around alcohol access control, by December 2018. | Policy or practice implemented | North City Prevention Coalition | 0 | By request |

Rationale

BACKGROUND: Reduce Underage Drinking, Secondhand Smoke, and Overdose Poisoning among Adults and Children and Increase Access to Behavioral/Mental Health Services.

Evidence Base: Smoking causes many diseases and reduces the health of smokers in general. More deaths are caused each year by tobacco use in the U.S. than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (1,2). Secondhand smoke contains more than 7,000 chemicals, hundreds of which are toxic and about 70 can cause cancer (3,4). There is no risk-free level of exposure to secondhand smoke, however. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (3). Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer (3). Underage drinking is another cause for concern, especially due to excessive consumption. Excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems (5). Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (6). Behavioral and mental health-related illnesses are also a major cause for concern. By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide and their presence exacerbates the cost of treating co-morbid physical diseases (7, 8). Overdose poisonings are also an increasing issue. In recent years, the rate of poisoning deaths in the United States has been on the rise. Drugs – both legal and illegal – cause the vast majority of poisoning deaths (9). Since 2009, more people have died each year from drug poisoning than from motor vehicle crashes (9). Behavioral and mental health-related illnesses are a major cause for concern. By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide and their presence exacerbates the cost of treating co-morbid physical diseases (10, 11). Suicide is also a serious cause for concern; being the third leading cause of death among youth between 10 and 24 years of age, nationally. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S. (12). A nationwide survey of youth in grades 9–12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers (13). It has been demonstrated that effective suicide and violence prevention is integrated with supportive mental health services, engages the entire school community, and is imbedded in a positive school climate through student behavioral expectations and a trustful student/adult relationship (13, 14).

Source:

1. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8.
2. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. *JAMA: Journal of the American Medical Association*. 2004;291(10):1238–45.
3. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
4. U.S. Department of Health and Human Services. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

Rationale (cont.)

5. Guide to Community Preventive Services. Preventing excessive alcohol consumption. www.thecommunityguide.org/alcohol/index.html.
6. U.S. Department of Health and Human Services. Alcohol Alert. Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented? Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 2006. <http://pubs.niaaa.nih.gov/publications/AA67/AA67.pdf>.
7. World Health Organization (WHO). (2004). Promoting mental health: Concepts, emerging evidence, practice. Summary report. Geneva, Switzerland: WHO. Retrieved March 25, 2011. http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
8. Stein, M. B., Cox, B. J., Afefi, T. O., et al. (2006). Does co-morbid depressive illness magnify the impact of chronic physical illness? A population based perspective. *Psychological Medicine*, 36, 587–596.
9. Centers for Disease Control and Prevention. National Center for Health Statistics. NCHS Data on Drug Poisoning Deaths. Fact Sheet. December 2012. http://www.cdc.gov/nchs/data/factsheets/factsheet_drug_poisoning.pdf.
10. World Health Organization (WHO). (2004). Promoting mental health: Concepts, emerging evidence, practice. Summary report. Geneva, Switzerland: WHO. Retrieved March 25, 2011. http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
11. Stein, M. B., Cox, B. J., Afefi, T. O., et al. (2006). Does co-morbid depressive illness magnify the impact of chronic physical illness? A population based perspective. *Psychological Medicine*, 36, 587–596.
12. The Centers for Disease Control and Prevention. Suicide Prevention. http://www.cdc.gov/violenceprevention/pub/youth_suicide.html.
13. The National Association of School Psychologists. Preventing Youth Suicide. http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx.
14. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. “Preventing Suicide: A Toolkit for High Schools.” 2012. <http://store.samhsa.gov/product/SMA12-4669>.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy changes in multi-unit housing settings implementing crime-free and/or smoke-free policies and policy/regulatory changes that reduces access to alcohol. Such policies would support the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the social determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (North Central) – 83.5 years

Quality of Life (County) - 94.62%

Overall Crime Rate – San Diego County: 2,430.3 per 100,000 population

Mental health has been linked with physical health. By reducing the stigma around mental health, it is intended that people will seek out services when they need it. This will lead to better quality of life. Through creating safe environments, this will lead to better **security** and quality of life. Reducing prescription drug poisonings and promoting responsible consumption of alcohol will lead to improved **quality of life** and increased **life expectancy**.

Priority Area 3: Physical Activity

Goal: Increase physical activity for North Central Region residents

Live Well San Diego Strategy: Pursuing Policy and Environmental Changes, Supporting Positive Choices



Strategies

3.1 Empower neighborhood stakeholders to pursue policy and environmental changes to increase pedestrian safety and walkability in neighborhoods.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|--|---------------------------|----------|-----------|
| 3.1.1 Increase the percentage of residents who use active transport by 1%, by 2018. | Percent of population that uses public transportation to get to work | American Community Survey | 3.04% | Annually |
| | Percent of population that walks to get to work | American Community Survey | 3.06% | |

Rationale

BACKGROUND: Increase Physical Activity among Adults and Children

Evidence Base: Being physically active is associated with a number of physical health benefits including improved cardiovascular health; weight loss or maintenance; decreased risk of becoming obese, or developing type II diabetes, and other chronic diseases; and positive psychological health benefits – including reduced stress levels and depression (1). Many studies have identified lack of neighborhood safety as a potential barrier to children's physical activity. Certain development patterns, such as a lack of sidewalks, long distances to schools, and the need to cross busy streets, discourage walking and biking to school (2, 3). Other studies, suggest that neighborhood characteristics leading to higher walkability are associated with an increased frequency of physical activity in older people (4). Eliminating such barriers that reduce walkability in the urban environment can increase rates of active commuting (3, 4).

Source:

1. Kruk, J. (2009). "Physical activity and health." *Asian Pacific Journal of Cancer Prevention*. 10(5): 721-728.
2. Carver, Alison, Anna Timperio, and David Crawford. "Playing it safe: The influence of neighbourhood safety on children's physical activity—A review." *Health & Place* 14.2 (2008): 217-227.
3. Sallis, James F., and Karen Glanz. "The role of built environments in physical activity, eating, and obesity in childhood." *The Future of Children* 16.1 (2006): 89-108.
4. Berke, Ethan M., et al. "Association of the built environment with physical activity and obesity in older persons." *American Journal of Public Health* 97.3 (2007): 486-492.

Policy, Systems, and/or Environmental Change (Y/N)

Yes, there are potential policy and/or environmental changes if resident advocacy efforts result in changes in city policy and/or physical improvements in the neighborhood that support walkability/bikeability. These changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (North Central) - 83.5 years

Increasing the walkability of neighborhoods will make it safer for residents to be more physically active. This will lead to increased quality of life and **life expectancy**.



NORTH COUNTY REGIONS COMMUNITY HEALTH IMPROVEMENT PLAN



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

Live Well San Diego North County

Vision Statement: In North County, healthy choices are easy, prevention is priority, services are accessible, and communities are safe.

North County Regions' Community Leadership Team Community Health Improvement Process

The North County Community Leadership Team was formed in January 2012 to help guide the region's *Live Well San Diego* plan in facilitating active community engagement assisting residents to live healthy, safe, and thriving lives. After transitioning to the North County Community Leadership Team model, the North County Regions used the MAPP process to guide planning, to keep partners connected and informed on community activities, and to identify key strategic areas for North County. Between 2010 and 2012, the North County Regions held quarterly community forums to bring community partners together to discuss priority health issues. In addition to the quarterly forums, the community was further engaged through a Community Perceptions Assessment and a Forces of Change Assessment to help the North County Community Leadership Team understand which health issues are most important to the region. The assessments were administered via an electronic survey to a broad range of community members, ensuring a collaborative strategy was utilized during the community health improvement planning process. Data from these surveys was reviewed by the North County Community Leadership Team and compiled to inform the community health improvement planning process.

North County Community Leadership Team meetings were held approximately every other month to discuss results of the assessments, review County health data, and

Figure 1: County of San Diego Service Regions

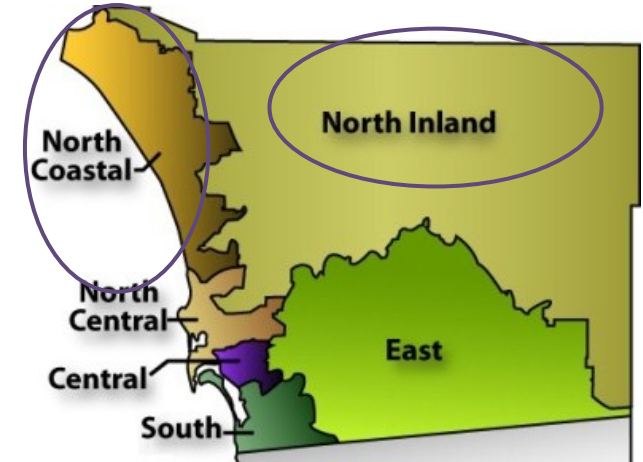


Figure 2: North County's *Live Well San Diego's* Road to Community Health Improvement



Source: www.naccho.org/MAPP

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 North County. Agendas and summary notes were kept for most meetings and are stored on a countywide shared space. After the North County Community Leadership Team selected the key health issues, regular meetings were held to begin developing the North County Regions' Community Health Improvement Plan by identifying goals and objectives chosen by the North County Community Leadership Team and the community. The Leadership Team further developed the community health improvement plans by selecting key activities and indicators of success to address the identified health issues.

North County Community 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 1*). The North County Community Leadership Team is comprised of 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 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 identified concerns.

North County Regions CHIP Implementation

Since the development of the North County Regions' Community Health Improvement Plan (CHIP), the North County Community Leadership Team has been implementing the goals and objectives outlined in the CHIP. The North County Community Leadership Team meets on a monthly basis to discuss specific health issues identified as key priority areas in the CHIP. In order to reduce the prevalence of physical inactivity, poor nutrition, food insecurity, and hunger among North San Diego County residents, the Leadership Team is working to leverage existing resources by integrating and disseminating the "5-2-1-0" physical activity behavior and healthy eating messages into programs and activities provided by North County community organizations. In addition, the North County Community Leadership Team will support existing built environment projects, which increase the opportunity for residents to utilize active transportation. Furthermore, the North County Community Leadership Team will explore opportunities for intergenerational interventions that promote healthy eating across the life span. Lastly, to reduce the prevalence of mental health and substance abuse challenges among North San Diego County residents, the team is working to increase the awareness as well as the utilization of the It's Up to Us campaign and integrate and coordinate suicide prevention and mental health promotion activities into North County schools. In addition to regular planning meetings,

the North County Community Leadership Team has identified key partners in the community to engage that will ensure the goals and objectives are met and the effort to improve community health is a truly collaborative process.

Table 9 (North County Regions Table 1): Overview of North County Regions CHIP

| Priority Area | Goal | Strategy |
|-------------------|--|--|
| Physical Activity | Increase physical activity among North San Diego County residents | Collaborate with community partners to support the 5-2-1-0 campaign in increasing physical activity. |
| | | Increase collaborations to improve access to physical activity. |
| | | Empower neighborhood stakeholders to pursue policy and environmental changes to increase pedestrian safety and walkability in neighborhoods. |
| | | Explore opportunities for intergenerational interventions that promote physical activity across the life span. |
| Nutrition | Reduce the prevalence of poor nutrition, food insecurity, and hunger among North San Diego County Residents | Collaborate with community partners to support the 5-2-1-0 campaign in improving nutrition. |
| | | Explore opportunities for intergenerational interventions that promote healthy eating across the life span. |
| Behavioral Health | Reduce the prevalence of mental health and substance abuse challenges among North San Diego County residents | Connect with partners to support the It's Up to Us campaign and reduce the stigma around mental health. |
| | | Integrate & coordinate suicide prevention & mental health promotion activities into North County schools. |
| | | In collaboration with Behavioral Health Services' (BHS) Faith Based Initiative, strengthen partnerships with the faith based community in an effort to educate and provide resources on mental health and substance abuse to their respective congregations. |
| | | Work with <i>Live Well San Diego</i> partners, other stakeholders, and County programs to increase accessibility to behavioral health services for at-risk residents. |

Priority Area 1: Physical Activity
Goal 1: Increase physical activity among North San Diego County residents.
Live Well San Diego Strategy: Supporting Positive Choices, Pursuing Policy and Environmental Changes



Strategies

- 1.1 Collaborate with community partners to support the 5-2-1-0 campaign in increasing physical activity.
- 1.2 Increase collaborations to improve access to physical activity.
- 1.3 Empower neighborhood stakeholders to pursue policy and environmental changes to increase pedestrian safety and walkability in neighborhoods.
- 1.4 Explore opportunities for intergenerational interventions that promote physical activity across the life span.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|---|--|----------|---------------|
| 1.1.1 Increase the proportion of community organizations that adopt the 5-2-1-0 Campaign, by December 2018. | Number of community organizations utilizing 5-2-1-0 | North County | 1 | TBD |
| 1.1.2 Increase the percent of children who are engaged in physical activity for at least one hour daily, by December 2018. | Percentage of children aged 5-11 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 25.4% | Every 2 years |
| | Percentage of teens aged 12-18 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 19.9% | |
| 1.2.1 Increase the number of community stakeholders that adopted <i>Live Well San Diego</i> to utilize joint use policies, by December 2018. | Number of schools with joint use agreements | North County | TBD | TBD |
| 1.3.1 Increase the percentage of residents who use active transport by 1%, by 2018. | Number of schools with SRTS programs | North County | TBD | TBD |
| | Percent of population that uses public transportation to get to work | American Community Survey | 1.35% | Annually |
| | Percent of population that walks to get to work | American Community Survey | 4.25% | Annually |
| 1.4.1 Develop an annual intergenerational action plan in alignment with North County Intergenerational Council, by December 2015. | Number of organizations supporting intergenerational activities that promote active living | North County | TBD | TBD |

Rationale

BACKGROUND: Increase Physical Activity among Adults and Children

Evidence Base: Being physically active is associated with a number of physical health benefits including improved cardiovascular health; weight loss or maintenance; decreased risk of becoming obese, or developing type II diabetes, and other chronic diseases; and positive psychological health benefits – including reduced stress levels and depression (1). Some studies have demonstrated, like that of one in Los Angeles County, that joint-use agreements are a promising strategy for increasing moderate to vigorous physical activity among adults and children in under-resourced communities (2, 5, 6). Studies demonstrate a broad range of effective physical activity promotion strategies appropriate for public health agencies and their partners that include: community wide campaigns, increased access with informational approaches, and increased opportunities for physical activity in schools. Among these, there are numerous practice-based successes demonstrating that programs, such as the Safe Routes to School program, which encourage students and families find alternative routes to school via walking or biking, increase physical activity of students and reduce traffic congestion (3). In addition to this, there is evidence that programs based on a social-ecological framework of behavior change - that people's behaviors are influenced by factors including family, friends, local surroundings, the built environment and their community; such as the Let's Go! 5-2-1-0 Program, can also increase physical activity and promote continued healthy behaviors in communities (3, 4).

Source:

1. Kruk, J. (2009). "Physical activity and health." *Asian Pacific Journal of Cancer Prevention*. 10(5): 721-728.
2. Lafleur M, Gonzalez E, Schwarte L, Banthia R, Kuo T, Verderber J, et al. Increasing Physical Activity in Under- Resourced Communities Through School-Based, Joint-Use Agreements, Los Angeles County, 2010–2012. *Preventing Chronic Disease*. 2013;10:120270. DOI: <http://dx.doi.org/10.5888/pcd10.120270>
3. Centers for Disease Control and Prevention Guide to Strategies for Increasing Physical Activity in the Community http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf.
4. 2012 Let's Go! 5-2-1-0 Annual Report demonstrating effectiveness. http://www.lets-go.org/wp-content/uploads/2012AnnualReport_turn.swf.
5. Active Living Research: Promoting physical activity through shared use of school and community recreational resources. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf72558.
6. The Community Guide, NPLAN: Joint-Use Agreements <http://changelabsolutions.org/publications/playing-smart>.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are policy changes in settings implementing joint use agreements. These policy strategy embodies the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to Live Well San Diego Indicators

Life Expectancy (North Coastal) – 82.4 years.

Life Expectancy (North Inland) – 81.9 years.

Quality of Life (County) - 94.62%

Physical inactivity is one of the three behaviors in 3-4-50. By changing the policies, systems, and environments to increase the walkability of neighborhoods and by implementing intergenerational programs that promote being active, it should encourage residents to become more physically active. This will lead to better **quality of life** and increased **life expectancy**.

Priority Area 2: Nutrition

Goal: Reduce the prevalence of poor nutrition, food insecurity, and hunger among North San Diego County residents.

Live Well San Diego Strategy: Supporting Positive Choices



Strategies

- 2.1 Collaborate with community partners to support the 5-2-1-0 campaign in improving nutrition.
- 2.2 Explore opportunities for intergenerational interventions that promote healthy eating across the life span.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|---|--|----------|---------------|
| 2.1.1. Increase the proportion of community organizations that adopt the 5-2-1-0 Campaign, by December 2018. | Number of community organizations utilizing 5-2-1-0 | North County | TBD | TBD |
| 2.1.2 Increase the percent of children and teens who are eating healthy, by December 2018. | Percent of children aged 5-11 eating 5 or more servings of fruits and veggies per day | 2011-2012 California Health Interview Survey | 47.4% | Every 2 years |
| | Percent of teens aged 12-18 eating 5 or more servings of fruits and veggies per day | 2011-2012 California Health Interview Survey | 31.7% | |
| 2.2.1 Develop an annual intergenerational action plan in alignment with North County Intergenerational Council, by December 2015. | Number of organizations supporting intergenerational activities that promote healthy eating | North County | 0 | Annually |

Rationale

BACKGROUND: Reduce the prevalence of poor nutrition, food insecurity and hunger among adults and children.

Evidence Base: Healthy eating and good nutrition are associated with a lower risk for: chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers, overweight and obesity, and micronutrient deficiencies (1). There is evidence that programs based on a social-ecological framework of behavior change - that people's behaviors are influenced by factors including family, friends, local surroundings, the built environment and their community; such as the Let's Go! 5-2-1-0 Program, can also increase fruit and vegetable consumption and physical activity and promote continued healthy behaviors in communities (2, 3).

Source:

1. Guide to Community Preventive Services. Promoting good nutrition. www.thecommunityguide.org/nutrition/index.html.
2. Centers for Disease Control and Prevention Guide to Strategies for Increasing Physical Activity in the Community http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf.
3. 2012 Let's Go! 5-2-1-0 Annual Report demonstrating effectiveness. http://www.letsgo.org/wp-content/uploads/2012AnnualReport_turn.swf.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are potential policy changes in working with community partners to support the 5-2-1-0 campaign. This strategy embodies the "Health in All Policies" approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Food Insecurity (North Coastal) – 42.8%

Food Insecurity (North Coastal) – 38%

Poor nutrition is one of the three behaviors in 3-4-50. By promoting 5-2-1-0 and implementing an intergenerational action plan, it is believed that people will change their eating habits and, hopefully, lead to decreased **food insecurity**. Improved eating habits will decrease the incidence of the four chronic diseases (3-4-50), which will lead to improved quality of life and life expectancy for the population.

Priority Area 3: Behavioral Health

Goal: Reduce the prevalence of mental health and substance abuse challenges among North San Diego County residents.

Live Well San Diego Strategy: Supporting Positive Choices



Strategies

- 3.1 Connect with partners to support the It's Up to Us campaign and reduce the stigma around mental health.
- 3.2 Integrate & coordinate suicide prevention & mental health promotion activities into North County schools.
- 3.3 In collaboration with Behavioral Health Services' (BHS) Faith Based Initiative, strengthen partnerships with the faith based community in an effort to educate and provide resources on mental health and substance abuse to their respective congregations.
- 3.4 Work with *Live Well San Diego* partners, other stakeholders, and County programs to increase accessibility to behavioral health services for at-risk residents.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|---|--|----------|---------------|
| 3.1.1 Increase the number of organizations promoting the It's Up to Us Campaign, by December 2018. | Number of organizations | North County | TBD | TBD |
| 3.2.1 Assess the baseline number of school districts integrating suicide prevention and mental health promotion activities, and, utilize the County's suicide prevention plan as a model to develop an action plan to increase the number to school districts engaging in suicide prevention, by December 2018. | Number of school districts | North County | TBD | TBD |
| 3.3.1 Increase by 5% the number of faith- based organizations involved in behavioral health in North Inland , by December 2018. | Number of Faith Based Organizations | North County | TBD | TBD |
| 3.3.2 Modeling after the alignment with the BHS Faith-Based Initiative in North Inland, assess and increase by 5% the number of faith- based organizations involved in behavioral health in North Coastal , by December 2018. | Number of Faith Based Organizations | North County | TBD | TBD |
| 3.4.1 Increase the percentage of residents who needed a mental health service and who sought out a service by 1% by December 2018. | Of those who needed a mental health service, how many sought care | 2011-2012 California Health Interview Survey | 55.2% | Every 2 years |

Rationale

BACKGROUND: Reduce Prevalence of Mental Health and Substance Abuse- Related Challenges in North County Residents

Evidence Base: Behavioral and mental health-related illnesses are a major cause for concern. By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide and their presence exacerbates the cost of treating co-morbid physical diseases (1, 2). Suicide is also a serious cause for concern; being the third leading cause of death among youth between 10 and 24 years of age, nationally. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S. (3). A nationwide survey of youth in grades 9–12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers (3). It has been demonstrated that effective suicide and violence prevention is integrated with supportive mental health services, engages the entire school community, and is imbedded in a positive school climate through student behavioral expectations and a trustful student/adult relationship (4, 5).

Source:

1. World Health Organization (WHO). (2004). Promoting mental health: Concepts, emerging evidence, practice. Summary report. Geneva, Switzerland: WHO. Retrieved March 25, 2011. http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
2. Stein, M. B., Cox, B. J., Afefi, T. O., et al. (2006). Does co-morbid depressive illness magnify the impact of chronic physical illness? A population based perspective. *Psychological Medicine*, 36, 587–596.
3. The Centers for Disease Control and Prevention. Suicide Prevention. http://www.cdc.gov/violenceprevention/pub/youth_suicide.html.
4. The National Association of School Psychologists. Preventing Youth Suicide. http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx.
5. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. “Preventing Suicide: A Toolkit for High Schools.” 2012. <http://store.samhsa.gov/product/SMA12-4669>.

Policy, Systems, and Environmental Change (Y/N)

No, not at this point in time.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (North Coastal) – 82.4 years.

Life Expectancy (North Inland) – 81.9 years.

Quality of Life (County) – 94.62%

Mental health has been linked with physical health. By reducing the stigma around mental health, it is intended that people will seek out services when they need it. This will lead to better **quality of life**. Through creating safe environments, this will lead to better **security** and quality of life. Reducing prescription drug poisonings and promoting responsible consumption of alcohol will lead to improved quality of life and increased **life expectancy**.

SOUTH REGION COMMUNITY HEALTH IMPROVEMENT PLAN



Live Well San Diego South Region Leadership Team

Co-Chairs:

Barbara Jiménez, Deputy Director, HHS Central & South Regions

Paulina Bobenrieth, Public Health Nurse Manager, HHS South Region

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

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

Live Well San Diego South Region Leadership Team

The goal of Healthy Communities South Region (HCSR) 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.

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

In October 2010, *Live Well San Diego* South Region Leadership Team was formed to support the County of San Diego's *Live Well San Diego* initiative. As part of the community engagement process, the *Live Well San Diego* South Region Leadership Team 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 the communities schools and environments. When the HEAC funding ended, the partners decided to expand 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 conduct 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

Figure 1: County of San Diego Service Regions

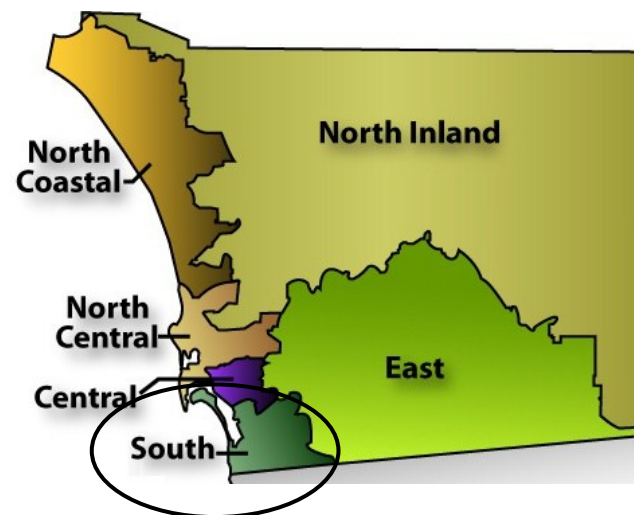


Figure 2: South Region's *Live Well San Diego's* Road to Community Health Improvement



Source: www.naccho.org/MAPP

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 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 coalition members and the community. The coalition further developed the community health improvement plans by selecting key activities and indicators of success, to address the identified health issues.

South Region CHIP Implementation

Since the development of the South Region Community Health Improvement Plan (CHIP), South Region subcommittees have been implementing the goals and objectives outlined in the CHIP. The *Live Well San Diego* Leadership Team meets on a semi-monthly basis, and the subcommittees meet on a monthly and semi-monthly basis to discuss specific health and safety issues identified as key priority areas in the CHA and CHIP. There are three subcommittees: systems, neighborhoods, and schools. The Systems subcommittee instituted sub-sub-committees and has been implementing activities resulting in the planning, coordination and pending facilitation of the South Region Grandparents Raising Grandchildren Symposium that took place on September 7, 2013 and the creation of a user-friendly mental health referral pathway tool guide which is almost complete. The School Subcommittee, which meets semi-monthly, has mainly been focused on the completed BMI Surveillance Project Toolkit objective and is currently working to duplicate this toolkit and distribute to all school districts within the San Diego County. The Neighborhoods Subcommittee has also been meeting regularly and is focused on addressing the Otay Mesa Road objective and the safety of Harborside Park located directly next door to the HHS South Region building.

In addition to regular planning meetings, the *Live Well San Diego* South Region Leadership Team has identified key partners in the community to engage to ensure the goals and objectives are met and that the effort to improve community health is a truly collaborative process. The subcommittees have collaborators and partnerships from school districts, non-profit organizations, City Planners and department staff, law enforcement, and many others to ensure these objectives are accomplished.

In addition, South Region plans to monitor the progress of their goals and objectives through continued semi-monthly Leadership Team meetings where subcommittees will report out on activities and accomplishments, and identify any additional needs for completion of the goals; the subcommittees will continue to serve as the venue for which the work is completed through a collaborative process, and community partners who have key leadership roles on objectives will keep the subcommittees up to date on any additional activity; the Leadership Teams will conduct semi-annual forums where accomplishments of goals and objectives will be highlighted and featured; all Leadership Team meetings will include next steps for leadership as a whole, and also the subcommittees.

Table 10 (South Region Table 1): Overview of South Region CHIP

| Priority Area | Goal | Strategy |
|--------------------------------------|--|--|
| Physical Activity and Healthy Eating | Increase physical activity for South Region | Partner with schools to implement policies and procedures to encourage physical activity and healthy eating. |
| | Increase healthy eating for South Region Residents | |
| Safety | Improve Security and Decrease Violence | Increase safety in the community by securing partners and identifying possible funding to fix Otay Mesa Road, between CA-905 and Beyer Boulevard, by adding sidewalks. |
| | | Implement responsible property management practices in targeted apartment communities. |
| | | Partner with residents to advocate for policies around responsible consumption of alcohol. |
| Health care Access | Improve access to medical health home for vulnerable populations | Link vulnerable populations to need resources, including mental health and health care services. |

Priority Area 1: Physical Activity and Healthy Eating
Goal 1: Increase physical activity for South Region residents.
Goal 2: Increase healthy eating for South Region residents.
Live Well San Diego Strategy: Supporting Positive Choices



Strategies

1.1 Partner with schools to implement policies and procedures to encourage physical activity and healthy eating.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|---|--|--|-----------------------------------|---------------|
| 1.1.1 Increase the number of schools that take BMI measurements by 10% (from 45 to 50), by December 2018. | Number of schools using BMI tool kit | South Region | 45 | Annually |
| 1.1.2 Increase the proportion of schools that adopt the 5-2-1-0 Campaign by 40, by December 2018. | Number of schools that are using 5-2-1-0 | South Region | 1 | Annually |
| 1.1.3 Increase the percent of children who are engaged in physical activity for at least one hour daily from 19.3% by 5% for children aged 5-11 and from 19.2%* by 5% for teens aged 12-17, by December 2018. | Percentage of children aged 5-11 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 19.3% | Every 2 years |
| | Percentage of teens aged 12-17 who engaged in physical activity for at least one hour daily | 2011-2012 California Health Interview Survey | 19.2%* *statistically unstable | |
| 1.1.4 Increase the percent of children and teens who are eating healthy from 49.5% by 5%, by December 2018. | Percent of children aged 5-11 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 49.5% | |
| | Percent of teens aged 12-17 eating 5 or more fruits and veggies per day | 2011-2012 California Health Interview Survey | 32.8% | |
| | Percent of children and teens who drink two or more glasses or cans of soda or other sweetened beverages | 2011-2012 California Health Interview Survey | 14.9%* *statistically unstable | |

Rationale

BACKGROUND: Increase Physical Activity and Healthy Eating among Adults and Children

Evidence Base: Fruits and vegetables contribute important nutrients for the human body. Eating the appropriate amounts of fruits and vegetables can help with weight management and lower the risk for developing: Chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers, overweight and obesity, Micronutrient deficiencies (1, 2). Physical activity is also crucial. Being physically active is associated with a number of physical health benefits including improved cardiovascular health; weight loss or maintenance; decreased risk of becoming obese, or developing type II diabetes, and other chronic diseases; and positive psychological health benefits – including reduced stress levels and depression (3). Recent and emerging evidence also suggests that access to the outdoors and contact with nature may promote mental health by relieving stress and encouraging social interactions among friends and neighbors (4, 5, 6). There is evidence that programs based on a social-ecological framework of behavior change - that people’s behaviors are influenced by factors including family, friends, local surroundings, the built environment and their community; such as the Let’s Go! 5-2-1-0 Program, can also increase physical activity and promote continued healthy behaviors in communities (7, 8).

Source:

1. Guide to Community Preventive Services. Promoting good nutrition. www.thecommunityguide.org/nutrition/index.html.
2. Centers for Disease Control and Prevention. State Indicator Report on Fruits and Vegetables, 2013. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.
3. Kruk, J. (2009). "Physical activity and health." *Asian Pacific Journal of Cancer Prevention*. 10(5): 721-728.
4. Kuo, F. E., W. C. Sullivan, et al. (1998). "Fertile Ground for Community: Inner-City Neighborhood Common Spaces." *American Journal of Community Psychology*. 26(6): 823-851.
5. Ulrich, R. S., R. F. Simons, et al. (1991). "Stress recovery during exposure to natural and urban environments." *Journal of Environmental Psychology*. 11(3): 201-230.
6. Wolf, K.L., and Flora, K. (2010). "Mental Health and Function - A Literature Review." In: Green Cities: Good Health (www.greenhealth.washington.edu). College of the Environment, University of Washington
7. Centers for Disease Control and Prevention Guide to Strategies for Increasing Physical Activity in the Community. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf.
8. 2012 Let’s Go! 5-2-1-0 Annual Report demonstrating effectiveness. http://www.lets-go.org/wp-content/uploads/2012AnnualReport_turn.swf.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are systems changes in schools instituting a process and on-going program for measuring BMI. These strategies embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Life Expectancy (South Region) – 81.4 years

Quality of Life (County) - 94.62%

Since schools are a place that kids spend a large part of their time, implementing changes in schools will go a long way towards encouraging healthy behaviors in children. Healthy behaviors mean improved **quality of life and life expectancy**.

Priority Area 2: Safety**Goal: Improve security and decrease violence.****Live Well San Diego Strategy: Pursuing Policy and Environmental Changes****Strategies**

- 2.1 Increase safety in the community by securing partners and identifying possible funding to fix Otay Mesa Road, between CA-905 and Beyer Boulevard, by adding sidewalks.
- 2.2 Implement responsible property management practices in targeted apartment communities.
- 2.3 Partner with residents to advocate for policies around responsible consumption of alcohol.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|---|-------------------------|
| 2.1.1 Increase walkability in South Region for a minimum of two schools ,by December 31, 2018. | Number of people using the sidewalk | Conduct a survey at the schools | *Data collected from a survey taken at the high school | Annually |
| | Percentage of adults who walked as a means of transportation to work | 2011 American Community Survey | 2.65% | Annually |
| 2.2.1 Increase the number of crime free multi-unit housing by 10, by December 31, 2018. | Percentage of crime free multi-unit housing | IPS | TBA | TBA |
| | Number of calls for service to multi-housing units | FBI Crime Statistics | *Need new measure as FBI does not collect at this level and ARJIS uses other boundaries | Collected every year |
| 2.3.1 Reduce teen access to alcohol by 5%, by 2018. | Percentage of teens who have ever tried alcohol | 2011-2012 California Health Interview Survey | 27.8% | Collected every 2 years |

Rationale

BACKGROUND: Improve Security and Decrease Violence among Adults and Children

Evidence Base: Underage drinking is a cause for concern, especially due to excessive consumption. Excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems (1). Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (2). Crime can have a significant impact on the well-being of the population and contributes to premature death and disability, poor mental health, and lost productivity. Exposure to crime and violence has been shown to increase stress, which may worsen hypertension and other stress-related disorders (3). It also may lead people to engage in unhealthy behaviors such as smoking in an effort to reduce or cope with stress (3, 4). In addition, exposure to violent neighborhoods has been associated with increased substance abuse and sexual risk-taking behaviors as well as risky driving practices (4). Neighborhoods with high violence are thought to encourage isolation and therefore inhibit the social support needed to cope with stressful events (4).

Source:

1. Guide to Community Preventive Services. Preventing excessive alcohol consumption. www.thecommunityguide.org/alcohol/index.html.
2. U.S. Department of Health and Human Services. Alcohol Alert. Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented? Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 2006. <http://pubs.niaaa.nih.gov/publications/AA67/AA67.pdf>.
3. Ellen IG, Mijanovich T, Dillman KN. Neighborhood effects on health: Exploring the links and assessing the evidence. *Journal of Urban Affairs*. 2001;23:391-408.
4. Johnson SL, Solomon BS, Shields WC, McDonald EM, McKenzie LB, Gielen AC. Neighborhood violence and its association with mothers' health: Assessing the relative importance of perceived safety and exposure to violence. *Journal of Urban Health*. 2009;86:538-550.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are potential environmental changes that support safety and walkability along one major road, policy changes in those apartment complexes that adopt crime-free policies, and potential environmental change resulting from increased scrutiny of liquor licensing approval. These changes embody the "Health in All Policies" approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Overall Crime Rate: 2430.3 crimes (all crimes, including violent and property) per 100,000 people in San Diego County.

Life Expectancy (South Region) – 81.4 years

Increasing the safety and walkability of a road will encourage people to walk more. This will lead to increased **quality of life** and **life expectancy**. By improving the safety of multi-housing units, this will improve the **security** of people. Lastly, implementing policies to try to reduce teenage access to alcohol will also help people live well and increase their **quality of life** and the safety of the community.

Priority Area 3: Health Care Access
Goal: Improve access to medical health home for vulnerable populations.
Live Well San Diego Strategy: Building a Better System



Strategies

3.1 Link vulnerable populations to needed resources, including mental health and health care services.

| Objective(s) | Performance Measures | Source | Baseline | Frequency |
|--|--|--|----------|---------------|
| 3.1.1 Increase access to resources for Grandparents Raising Grandchildren/Relative Caregivers, by December 2018. | Of those who needed resources, how many accessed services. | GRG 2012 event evaluations | TBA | TBD |
| 3.1.2 Increase the percentage of residents who needed a mental health service who sought out a service to 75%, by December 2018. | Of those who needed a mental health service, how many sought and received care | 2011-2012 California Health Interview Survey | 54.4% | Every 2 years |
| 3.1.3 Increase referrals to services for pregnant women and young children, by December 2018. | Of those who needed resources, how many accessed services. | Number of calls for services (MCFHS) | TBA | TBD |

Rationale

BACKGROUND: Increase Access to Medical Health Homes for Vulnerable Populations

Evidence Base: Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life of residents. The Urban Institute’s Health Policy Center has found that racial and ethnic minorities may lag behind non-Hispanic whites in access to care because patterns of residential segregation separate minorities from the supply of providers, because of language and cultural barriers between doctors and patients, or because of differences in employment patterns that lead to lower rates of employer-based insurance coverage for some groups (2, 3). In addition, uninsured children and non-elderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts (1).

Source:

- Centers for Disease Control and Prevention. National Center for Health Statistics. Health Insurance and Access to Care Fact Sheet. November 2012. http://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf.
- Kenney, G., Coyer, C., Anderson, N. “Racial and Ethnic Differences in Access to Care and Service Use for Children with Coverage through Medicaid and the Children’s Health Insurance Program: A Summary.” Urban Institute. March 2013. <http://www.urban.org/UploadedPDF/412780-Racial-and-Ethnic-Differences-in-Access-to-Care-and-Service-Use-for-Children-Summary.pdf>.
- Urban Institute Health Policy Center. Vulnerable Populations. 2010. http://www.urban.org/health_policy/vulnerable_populations/.

Policy, Systems, and Environmental Change (Y/N)

Yes, there are systems changes in instituting a guide to refer individuals or families who need help with mental health issues to mental health services. These changes embody the “Health in All Policies” approach, a set of tactics and strategies aimed at changing the systems that shape how policy decisions are made to ensure that these decisions have neutral or beneficial impacts on the determinants of health.

Linkage to *Live Well San Diego* Indicators

Lack of Health Insurance (South Region) – 25%

By linking **vulnerable populations** (such as grandparent caregivers and pregnant women and young children) to resources they may not have known otherwise, this encourages people to get care when they need it. Receiving care early will help prevent many health issues, which will improve the quality of life for the populations involved. Also, since mental health is linked to physical health, improved care for mental health will lead to better quality of life for many people.



ACKNOWLEDGMENTS



We would like to thank the following individuals for providing the leadership, data, and technical assistance to complete this document.

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