

EXECUTIVE SUMMARY OF FINDINGS

Community Health Improvement Partners *Charting the Course VI: A San Diego Community Health Charting the Course VI* (Charting the Course VI) provides the most currently available data and information about health issues identified by community stakeholders as being important to residents of San Diego County. The report aims to provide a resource for individuals, agencies, and institutions to identify community health needs and concerns and to be the basis upon which community health programs and interventions can be targeted, developed and evaluated. The ultimate goal of the report is to empower the community to improve the health of its members.

Charting the Course VI also fulfills San Diego's private, nonprofit hospital requirements of Senate Bill 697 (SB 697). In October 1994, SB 697 was signed into law, which created a new mandate for nonprofit, private hospitals to conduct a periodic assessment of the health needs of those living in their service area in order to better respond to the community's health needs. The San Diego SB 697 Coalition first met on June 1, 1995. Representatives from 25 local healthcare organizations voluntarily came together to collaborate and produce one Charting the Course VI in order to maximize their resources and develop a more comprehensive report for San Diego County. The SB 697 Coalition, renamed Community Health Improvement Partners (CHIP) shortly after the completion of the first assessment, formalized its role to provide oversight and direction to the Charting the Course VI process.

That collaborative spirit holds true today as *Charting the Course VI* is the sixth edition of the triennial Charting the Course VI. The Charting the Course VI is available via the CHIP website (www.SDCHIP.org) and will be made available to many organizations and individuals, including schools, libraries, businesses, policymakers and others who may have an interest in current health issues.

Readers are encouraged to explore *Charting the Course VI* to learn more about the critical health issues impacting San Diego County residents. This document presents a wealth of information relating the health issues to race/ethnicity, gender, age category and geographic region.

Community Priority-Setting Process

The starting point for the 2010 health issue priority process was a review of the 38 Healthy People 2020 focus areas. Because of the large number and the diversity of health issues, the Charting the Course VI committee selected 17 of these health issues for additional study and possible inclusion in this year's Charting the Course VI. These issues were divided into three categories:

- Overarching Issues — considered overarching because they potentially impact all of the other issues in this report. These included:
 - Access to health services
 - Health communications and health information technology
 - Public health infrastructure

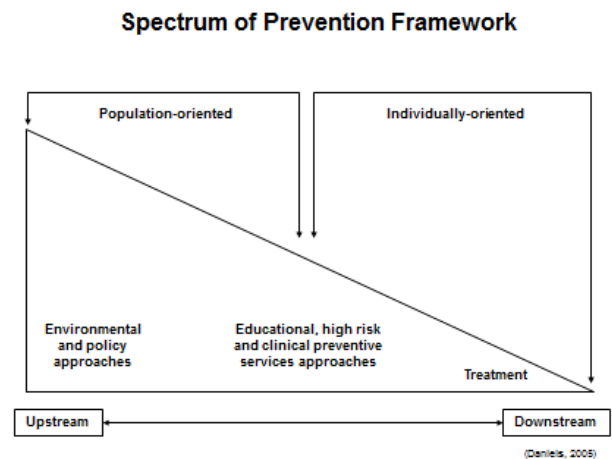
- Social determinants of health
- Health-Related Behaviors — behaviors that are important components in long-term health, such as:
 - Immunization
 - Smoking cessation
 - Improving nutrition
 - Increasing physical activity
 - Achieving a healthy weight status
 - Oral health
 - Violence and injury prevention
- Health Outcomes — look at the change in the health status of the population and various demographic groups over time related to:
 - Cancer
 - Diabetes
 - Heart disease and stroke
 - Infectious diseases
 - Maternal, infant and child health
 - Mental health
 - Respiratory diseases

To help narrow the number of health issues, 379 community leaders from throughout San Diego County were invited to prioritize each issue based on the following criteria:

1. What is the size of the health issue in San Diego County?
2. What is the seriousness of the health issue in San Diego County?
3. What community resources are available to address the health issue?
4. How much data or information do we have to evaluate the health issue's outcomes?

Participants in this community priority-setting process were asked to review the information for each health issue covered in a briefing document and then rate each issue using the information provided along with their own knowledge of the health issue. Overall, 72 community leaders participated in the priority-setting process.

Once the community priority-setting process was completed, committee members used the Spectrum of Prevention Framework to determine which issues are most impacted by prevention activities as opposed to treatment and identify which health issues to bring forward for discussion in the community forums.



The Charting the Course VI committee designated the following health issues to be the focus of the in-depth report:

- Access to health services
- Social determinants of health
- Weight status and physical activity
- Injury and violence
- Mental health

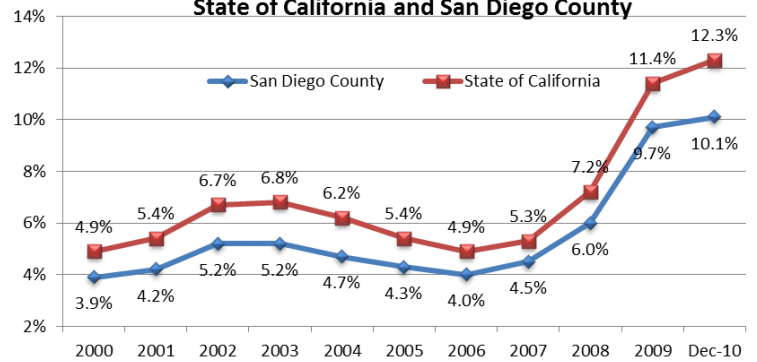
Charting the Course VI contains an in-depth review of these five health issues along with a description of the community priority-setting process used to select these issues. Background information related to the 17 additional issues reviewed as part of the community priority-setting process is also included. In addition, information is presented on the community forums that were held in each of the six regions of San Diego County to gain insights into the health issues of weight status, mental health, and injury and violence, and to begin the process of identifying some of the root causes related to these issues.

Access to Health Services

The current economic downturn in the U.S. is believed to be changing patterns of healthcare utilization resulting in, among other things, people putting off needed healthcare and skipping dental care. High unemployment rates are also contributing to the lack of health insurance coverage.

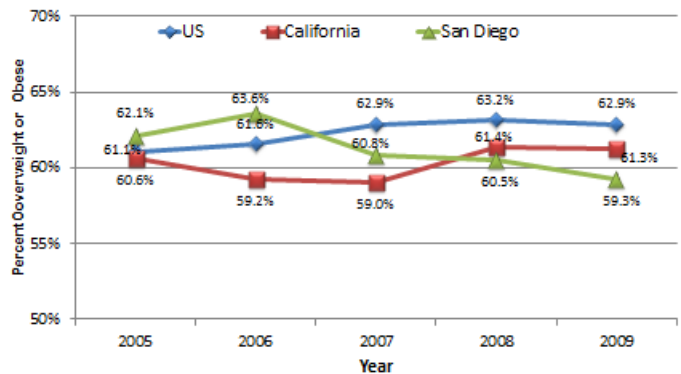
- Cities most impacted by high unemployment in San Diego County include National City (19.1%), Imperial Beach (16.0%), El Cajon (13.6%), Fallbrook (12.8%), Lemon Grove (12.5%) and Spring Valley (11.6%).
- Currently, an estimated 23% of San Diego residents under age 64 are uninsured.
- Community clinics in San Diego County are experiencing a rise in primary care clinic utilization rates and hospital emergency departments have experienced a sharp rise in Medi-Cal utilization.
- Latinos and the unemployed are most likely to be without health insurance.

**Unemployment Rate Trend 2000 - 2010
State of California and San Diego County**



Source: EDD, 2011

**Overweight or Obese
Adults Age 18 and Older with a BMI ≥ 25
National, California and San Diego County Trends**



BRFSS, 2005 - 2009



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Social Determinants of Health

Social determinants of health, including education, economic status, living conditions and cultural elements, are factors that threaten health, promote health and protect health.

Weight Status, Nutrition and Physical Activity

The long-term health consequences of being overweight or obese are significant.

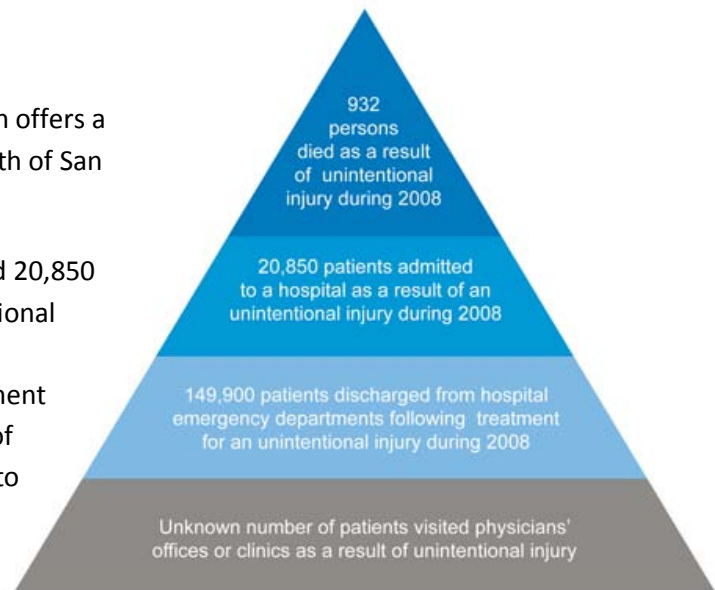
- During 2009, the nearly 60% adults in San Diego County were either overweight or obese.
- Adults most likely to be obese include African Americans and Latinos.
- Nearly 28% of children living in San Diego County were overweight or obese during 2007, the most recent period for which data is available.
- Children most likely to be overweight or obese include African Americans and Latinos.

Injury and Violence

Prevention of unintentional injury and death offers a tremendous opportunity to impact the health of San Diego County residents.

- During 2008, there were 932 deaths and 20,850 hospitalizations resulting from unintentional injury and 149,900 hospital emergency department discharges following treatment for unintentional injuries. The number of physician office and clinic visits related to unintentional injury, while unknown, is likely much higher than the number of emergency department visits.
- Unintentional injuries are one of the leading causes of death for San Diego County residents in all age categories regardless of gender, race or region.
- Between 2000 and 2008, the rate of death related to unintentional injury increased by nearly 10%.
- Those most impacted by death as a result of unintentional injury are males, persons age 85 or over, American Indians and persons living in the East region.

Unintentional Injury Pyramid 2008 San Diego County

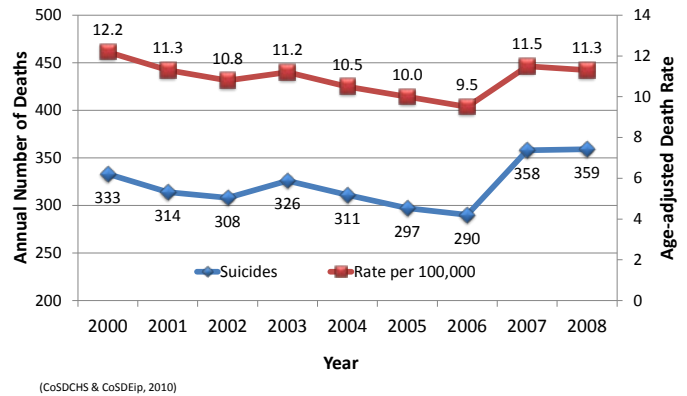


Mental Health

Serious mental illness is a leading cause of disability in the U.S.

- The estimated prevalence of serious mental illness in San Diego County is 5% of the population, impacting more than 141,400 persons.
- During 2008, suicide, one of the major complications of depression, was the 8th leading cause of death in San Diego County.

Suicide Deaths
San Diego County, 2000-2008



Community Input

Community forums were held in each of the six regions of San Diego County. The six forums were attended by more than 200 community stakeholders representing a wide variety of programs, agencies and organizations.

The following table highlights some of the root causes identified by community stakeholders related to each health issue.

Summary of Identified Root Causes by Health Issue		
Weight Status, Nutrition and Physical Activity	Injury and Violence	Mental Health
<ul style="list-style-type: none"> • Limited access to affordable, fresh, healthful foods • Limited access to safe, affordable space for physical activity • Societal norms do not support physical activity • Fast foods are easily accessible, less expensive and marketed heavily • Society's encouragement of sedentary activities • Fear of crime and safety issues related to being physically active in neighborhoods and parks • Language barriers 	<ul style="list-style-type: none"> • Limited access to, knowledge and awareness of prevention • Gang activity • Easy access to and use of illicit drugs and alcohol • Unsafe home environments • High-risk activities among youth • Language and cultural issues related to laws and trust in government programs • Military culture conflicts with civilian code of conduct • Cultural bias against services for seniors and Latinos • Cultural norms do not support reporting problems • Distrust of neighbors, community leaders, and fear of retaliation • Low literacy levels 	<ul style="list-style-type: none"> • Stigma associated with mental illness • Cultural beliefs related to mental illness • Provider systems intimidate consumers • Socioeconomic, cultural and language barriers to care • Limited number of culturally competent psychiatrists and nurses • Primary care physicians unwilling to accept referrals or do screening, assessment and brief interventions • Limited knowledge on how to navigate the mental health treatment system

More information and resources are available on line at <http://www.sdchip.com>.