

# Charting the Course VI

## South Region Forum

### Introduction

The South Region Forum was held on September 16, 2010, at National University in Chula Vista, Calif. The forum was attended by 32 community stakeholders representing a wide variety of programs and organizations, including 211 San Diego, American Cancer Society, City of Chula Vista, Chula Vista Elementary School District, County of San Diego Health and Human Services Agency, Home Start Inc., Family Health Centers of San Diego, Imperial Beach Health Center, MAAC Project, Mental Health America, SAY San Diego, Office of County Supervisor Greg Cox, Operation Samahan, Paradise Valley Hospital, Scripps Health, San Ysidro Health Center, Sharp Healthcare, Senator Denise Ducheny's office staff, South Bay Community Services, Survivors of Torture International and UCSD.

During the 4-hour forum, Leslie Ray, County of San Diego, Health and Human Services Agency, Public Health Service epidemiologist presented a health issues briefing with data specific to the South Region. During this briefing, a variety of demographic and health data were presented to participants, along with more in-depth information specific to the three health issue focus areas being emphasized in this year's needs assessment. These health issues included:

- Weight status, nutrition, physical activity and fitness
- Injury and violence
- Mental health

Participants were given the opportunity to ask questions and make comments.

Following the health issue briefing, stakeholders were broken into three groups, one for each health issue, for a more in-depth discussion. Each group was led through a structured discussion during which members developed a vision for the Region in relation to the assigned health issue topic, as well as a set of goals designed to facilitate the achievement of their vision. Based on these goals, the final effort of the breakout session was a root-cause analysis during which participants identified, from their perspective, as many causes as possible for the problems they had identified in the preceding steps. The subgroups identified three or four goals and completed an Ishikawa cause-effect chart for each of the desired effects.

The final event of the afternoon was a plenary session during which all participants reassembled and each group presented the visions, goals and root causes it had developed.

At the end of the event, participants were asked to evaluate the forum. Overall, the forum received a score of 3.7 on a 4-point scale with 4 being excellent and 1 being poor. Scores ranged from 2.9 for food to 3.7 for facilitation.

The following section of this report presents the demographic and health-related data presented during the forum, plus additional relevant data and is followed by a detailed write-up of the individual sessions related to each of the focused health issues.

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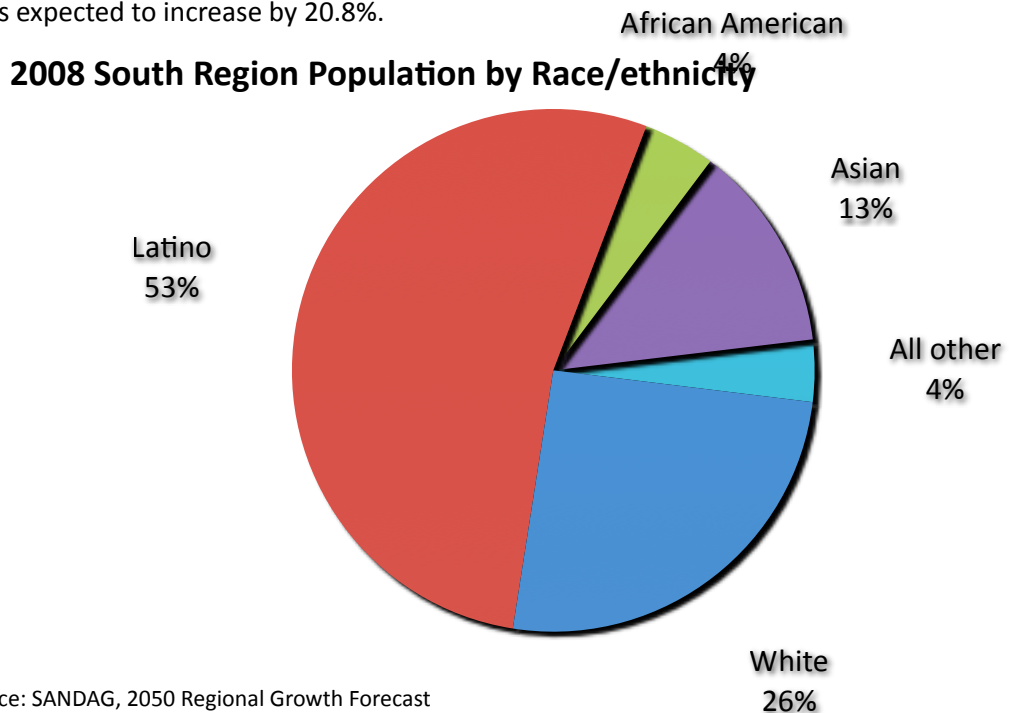
**South Region Data Presentation**

The following briefly presents the information contained in the health issues briefing and additional relevant data. A copy of the presentation and additional information are available in the appendix and online at: <http://www.SDHealthStatistics.com>

**Demographics**

The following demographic estimates and projections are based on SANDAG 2010 estimates and are available at the zip code level at: <http://datawarehouse.sandag.org/>

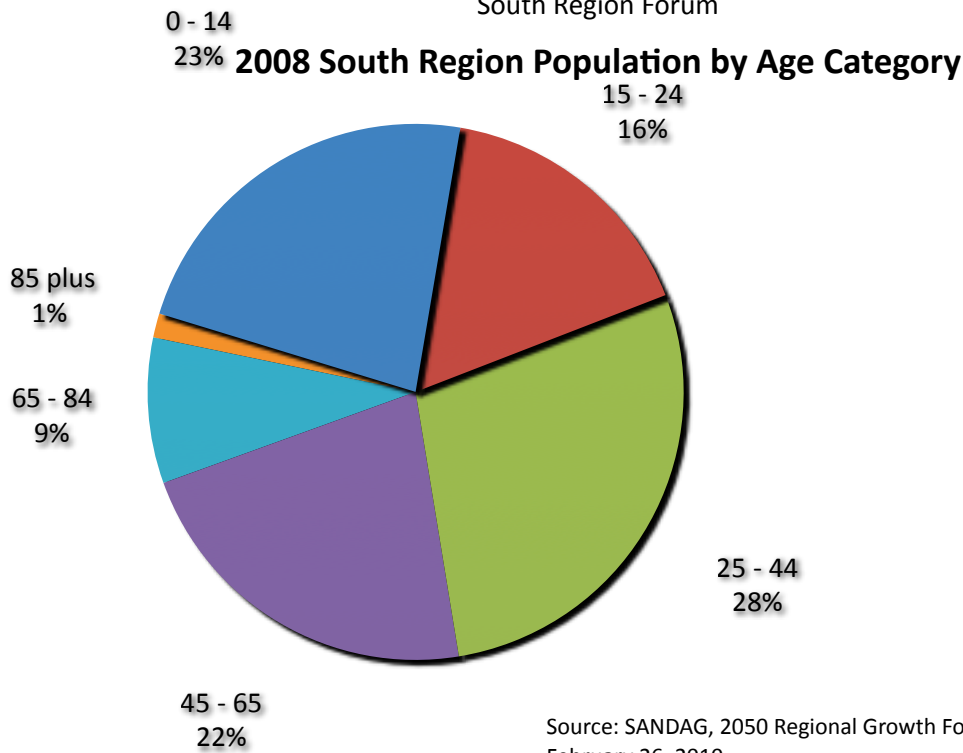
- Current South Region population estimate – 459,230
- Projected 2020 population – 543,533, an 18.4% projected growth rate between 2008 and 2020
- While the overall population of the South Region is expected to grow by 18.4% by 2020, growth rates among Latinos and African Americans are expected to grow at higher rates, 22.4% and 26.9%, respectively. The white population is expected to increase by 6.4% while the Asian population is expected to increase by 20.8%.



- By 2020, there will be a significant shift in the age distribution of the South Region. The percentage of those ages 65 and over is expected to grow by 51%, accounting for 13% of the population, while the percentage of those under age 25 is expected to grow by less than 4%, accounting for 34.4% of the population.

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### **Health Issues**

General Health Status (additional information available at California Health Interview Survey [CHIS])

- Overall, 51% of the South Region adults ages 18 and older reported their health as excellent or very good, which is lower than 56.5% reported for the entire San Diego Region and the second lowest of all six regions.
- Among those ages 65 and older, only 34.4% reported their health as excellent or very good.
- Among South Region residents, 29% reported being disabled due to a physical, mental or emotional problem. This was higher than the County's overall rate of 27%.
- Among those ages 65 and older, almost 57% reported being disabled, which is slightly higher than the 55% reported for the County overall.

### Medical Insurance Coverage

- Overall, 85% of adults ages 18 and older reported that they are currently insured, which is the same as the County overall rate of 85%.
- Among those ages 18 to 64 years, only 73% reported having insurance coverage during the entire past year.
- Those least likely to report having insurance include the following:
  - 77% among those ages 25 to 39 years

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- 77% among Latinos
- 57% in households with annual incomes between 100% and 199% of the federal poverty level
- 63% among those with less than a high school education
- Among those ages 18 to 64 years, employment-based coverage is the most common source of insurance, accounting for 67.6% of coverage. Public programs, including Medi-Cal and Healthy Families, account for 11.4% and privately purchased coverage accounts for 3.6% of coverage.

This section explores three wide-ranging health topics in detail in this section. These include:

- Weight status, nutrition, physical activity and fitness
- Injury and violence
- Mental health

These three health issues are major factors in chronic disease and account for a significant number of preventable deaths, hospitalizations and emergency department (ED) visits. Costs associated with these health issues in terms of treatment and productivity losses are staggering. One recent study published by the Milken Institute estimated the costs associated with the six most common chronic diseases in the U.S. — cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions and mental disorders — totaled \$277 billion in 2003 (DeVol and Bedroussian, 2007).

#### Chronic Diseases Profile

According to the Centers for Disease Control and Prevention (CDC), chronic diseases such as heart disease, stroke, cancer, diabetes and arthritis are among the most common, costly and preventable of all health problems in the U.S. (CDC, 2010).

In the South Region, six chronic conditions were examined to determine their impact on the population. The following tables present the impact of these diseases in terms of deaths, hospitalizations and ED discharges. Comparison of South Region rates for the six chronic conditions to overall San Diego Region (highlighted in yellow).

**3-Four-50 Chronic Disease Concept**  
**3** risk factors – tobacco use, poor diet and lack of physical activity – contribute to the **Four** major chronic diseases – heart disease and stroke, type 2 diabetes, lung disease and many cancers – which are responsible for more than **50%** of deaths in the world

In San Diego County in 2007, the 3-Four-50 diseases, considered together, cost an estimated \$4 billion in direct treatment expenditures.

rates found that most were higher in the South

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#### Deaths (2008)

Disease	South Region		San Diego County	
	Number of deaths	Age-adjusted Rate per 100,000	Number of deaths	Age-adjusted Rate per 100,000
Cancer(All types)	661	162.3	4,715	155.0
Diseases of heart	630	154.9	4,752	146.9
COPD	120	29.8	1,044	33.7
Stroke	148	36.3	1,121	34.9
Diabetes	104	25.7	571	18.4

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology & Immunization services

#### Hospitalizations (2008)

Disease	South Region		San Diego County	
	Number of hospitalizations	Rate per 100,000	Number of hospitalizations	Rate per 100,000
Coronary heart disease	1,967	426.1	9,973	317.0
Stroke	1,071	232.0	6,488	206.2
Diabetes	831	180.0	3,972	126.2
Cancer (All types)	1,598	345.6	9,764	310.8
COPD	588	127.4	3,468	110.2
Asthma	357	77.3	2,267	72.1

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles except cancer which was provided by Epidemiology & Immunization services

#### Emergency Department Discharges (2008)

Disease	South Region		San Diego County	
	Number of ED discharges	Rate per 100,000	Number of ED discharges	Rate per 100,000
Asthma	1,697	367.6	9,251	294.0
COPD	1,259	272.7	7,135	226.8
Diabetes	787	170.5	4,302	136.7
Stroke	189	40.9	1,321	42.0
Coronary heart disease	139	30.1	827	26.3

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

**Note: Rates for the South Region highlighted in yellow are higher than overall San Diego County rates.**

The primary modifiable health risk behaviors responsible for much of the illness, suffering and early death related to these chronic diseases include lack of physical activity, poor nutrition, tobacco and drug use, and excessive alcohol consumption.

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### Physical Activity

Regular physical activity is one of the most important things a person can do to stay healthy. Physical activity can:

- Increase the chances of living longer
- Help control weight
- Reduce risks for cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers
- Strengthen bones and muscles
- Improve mental health and mood
- Improve ability to do daily activities
- Prevent falls among older adults

(CDC, 2009)

Within the South Region, 79% of adults reported walking for transport, fun or exercise, the same as the 79% reported by adults in the County overall.

Vigorous activity among children, defined as at least 60 minutes three times per week, was reported for 66% of children ages 5 to 11, which is a lower than the County's overall average of 73%. Among children ages 12 to 17, the percentage was 51%, lower than the County's overall average of 67% for this age group.

In terms of physical inactivity, 13% of adults living in the South Region reported they were involved in no physical activity. This percentage is lower than the overall County average of 14% and higher than any other region in the County.

Review of physical inactivity among children, as measured by the amount of time spent watching TV or playing video games, found the following:

- TV viewing and video gaming, 3 or more hours on weekdays
  - 13% of ages 4-11 years (lower than the County overall, 15%)
  - 24% of ages 12-17 years (lower than the County overall, 25%)
- TV viewing and video gaming, 3 or more hours on weekends
  - 60% of ages 4-11 years (higher than the County overall, 47%)
  - 44% of ages 12-17 years (similar to the County overall, 45%)

### Weight Status

Maintaining or achieving a healthy weight has many benefits, including:

- Reduced risk of heart disease, stroke and type 2 diabetes
- Lessened chances of developing many forms of cancer

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- Relief of stress on back and joints
- Increased energy levels
- Enhanced self esteem

(CDC, 2009)

According to 2007 CHIS information related to the weight status of South Region residents:

- Almost 58% of all adults were overweight or obese
  - Overweight 33% (County overall, 33%)
  - Obese 25% (County overall, 22%)
- Among adolescents ages 12-17 years, 74% were in the normal weight range
  - Lower than the County overall (77%)
- Among children, ages 2-11 years, 93% were in the normal weight range (based on age- and gender-specific BMI percentiles)
  - Similar to the County overall (91%)

### **Nutrition**

Good nutrition can help reduce the risk of chronic diseases such as heart disease, stroke, some cancers, diabetes and osteoporosis. Numerous studies have shown that increased consumption of fruits and vegetables helps reduce the risk for heart disease and certain cancers. While weight management is complex, a key factor is balancing calories consumed with the number of calories used by the body (CDC, 2009)

The 2007 CHIS survey of South Region residents found the following nutritional information:

- Only 49% of children ages 2-11 years consumed five or more servings of fruits and vegetables daily. This rate is slightly lower than the County's overall rate of 50%.
- Fast food consumption is measured by the number of times a person eats fast food during the prior seven days. 17.6% of South Region residents reported eating fast food three or more times during the previous seven days, ranging from 5% among those ages 65 and older to 31.1% among adults ages 25 to 39.

### **Tobacco Use**

The Surgeon General has concluded that tobacco use is the single most avoidable cause of disease, disability and death in the United States. Evidence-based tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths and disease caused by smoking (CDC, 2007). Cigarette smoking causes almost all cases of lung cancer, which is the leading cause of cancer death. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women. Smoking also causes cancer of the larynx, mouth and throat, esophagus, bladder, kidney, pancreas, cervix, and stomach, and causes acute myeloid leukemia (CDC, 2004).

The 2007 CHIS survey of South Region residents indicated the following tobacco use:

- 13.3% of the South Region adults reported they are currently smokers and 22.1% reported they are former smokers. These rates are similar to the County's overall all rate of 14.1% for current smokers and 23.8% for former smokers

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#### ***Injury and Violence***

Unintentional injuries and deaths are the result of incidents that are regarded as being both predictable and preventable. Environmental and behavioral changes can prevent these injuries and deaths. Examples of unintentional injuries include motor vehicle crashes and falls.

Intentional injuries are also considered preventable through increased awareness and behavioral changes. Examples of intentional injuries include homicide, assault, suicide and self-inflicted injury.

Between 2000 and 2008, the number of unintentional injury deaths among South Region residents has increased from 97 (25.2 deaths per 10,000) to 111 (25.2 deaths per 10,000), a 14.4% increase in the number of deaths. Because of the increase in population the rate of deaths did not change (CDPH, 2008).

In the South Region, unintentional injuries were the fifth leading cause of death in 2008.

Between 2000 and 2008, the five leading causes of non-natural death, which include both unintentional and intentional injury related deaths, were:

1. Drug/alcohol overdose (n=363, 21.8%)
2. Suicide (n=348, 20.9%)
3. Motor vehicle (n=339, 20.4%)
4. Fall (n=261, 15.7%)
5. Homicide (n=158, 9.5%)

Between 2006 and 2008, five causes accounted for almost 70% of injury-related hospital ED discharges. The five leading causes were:

1. Falls (n=20,443, 30.1%)
2. Struck by/against (n=10,294, 15.2%)
3. Overexertion (n=6,062, 8.9%)
4. Motor vehicle occupant (n=5,280, 7.8%)
5. Cut/Pierced (n=4,924, 7.3%)

During 2008, there were 3,134 unintentional injury hospitalizations among South Region residents. The rate of unintentional injury hospitalization during 2008 for South Region residents was 678.9 per 100,000, the third highest rate among San Diego County regions.

Between 2000 and 2008, the number of hospitalizations of South Region residents related to unintentional injury increased from 2,349 (609.7 per 100,000) to 3,134 (678.9 per 100,000), an 11.2% increase.

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#### Overdose and Poisoning

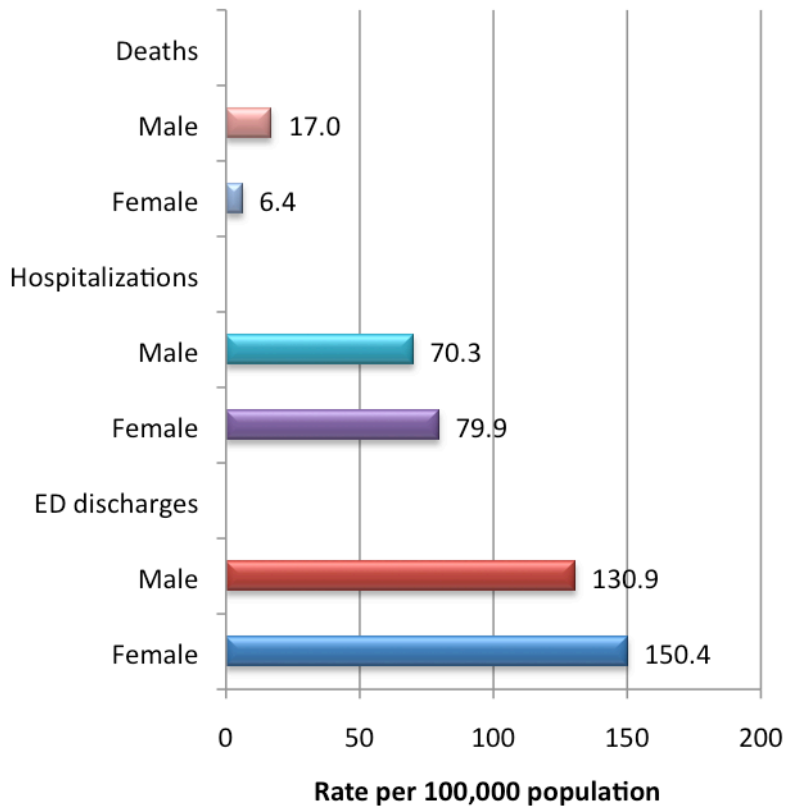
The following provides an overview, by age category, gender and race/ethnicity, of who among South Region residents is most impacted by drug overdose and poisoning .

In comparison to other regions and the County overall, the South Region ranks:

- Deaths: 3<sup>rd</sup> highest overall and among Latinos
- Higher among males, whites and persons ages 25–64
- Hospitalizations: 3<sup>rd</sup> highest overall and among Latinos
  - Higher among females, whites and persons ages 25–64
- ED discharges: 3<sup>rd</sup> highest overall
  - Higher among females, African Americans, Latinos and persons ages 15–24

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

#### Overdose / Poisoning



#### Trends

Between 2000 and 2007, the death rate due to overdose and poisoning among South Region residents increased by 14.9%, from 10.1 per 100,000 in 2000 to 11.6 in 2007.

Between 2000 and 2008, the hospitalization rate due to overdose and poisoning among South Region residents increased by almost 4% from 72.4 per 100,000 to 75.2 per 100,000.

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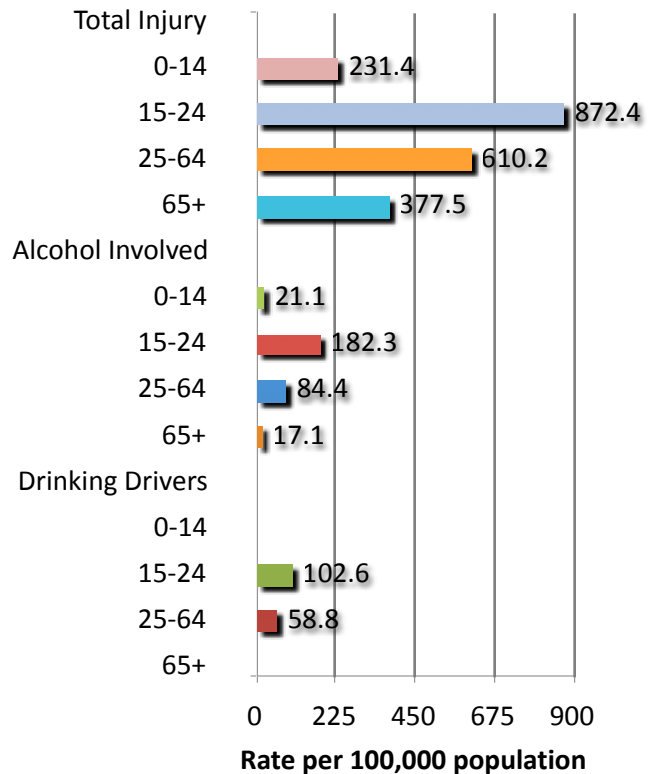
#### Motor Vehicle Injury

The following provides an overview, by age category, gender and race/ethnicity, of who among South Region residents is most impacted by motor vehicle injury and alcohol involvement .

In comparison to other regions and the County overall, the South Region ranks:

- **Location of Residence**
  - Death rates lowest overall
  - Higher among males, whites and ages 15-24
  - Hospitalization rate 2<sup>nd</sup> highest overall
  - Higher among males, whites and ages 15-24
  - ED discharge rate 3<sup>rd</sup> highest overall
    - Higher among females, African Americans and ages 15-24
- **Alcohol-involved by location of occurrence**
  - 2<sup>nd</sup> lowest overall
- **Drinking Drivers**
  - Lowest overall
- **Active restraint use**
  - 88.8% among those 6 years and older (5<sup>th</sup> lowest of all regions)

#### Motor Vehicle Injury Crashes - 2007



\* Rate not calculated for fewer than 5 events.

Motor vehicle death rate among South Region residents decreased from 7.8 per 100,000 in 2000 to 5.7 in 2007, a decrease of almost 7.8%. Note, during this period the death rates due to motor vehicle crashes in the South Region reached a high of 10.6 in 2002.

Between 2000 and 2008, the hospitalization rate due to motor vehicle accidents among South Region residents decreased by almost 13%, from 131.3 per 100,000 to 114.4 per 100,000.

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#### Homicide and Assault

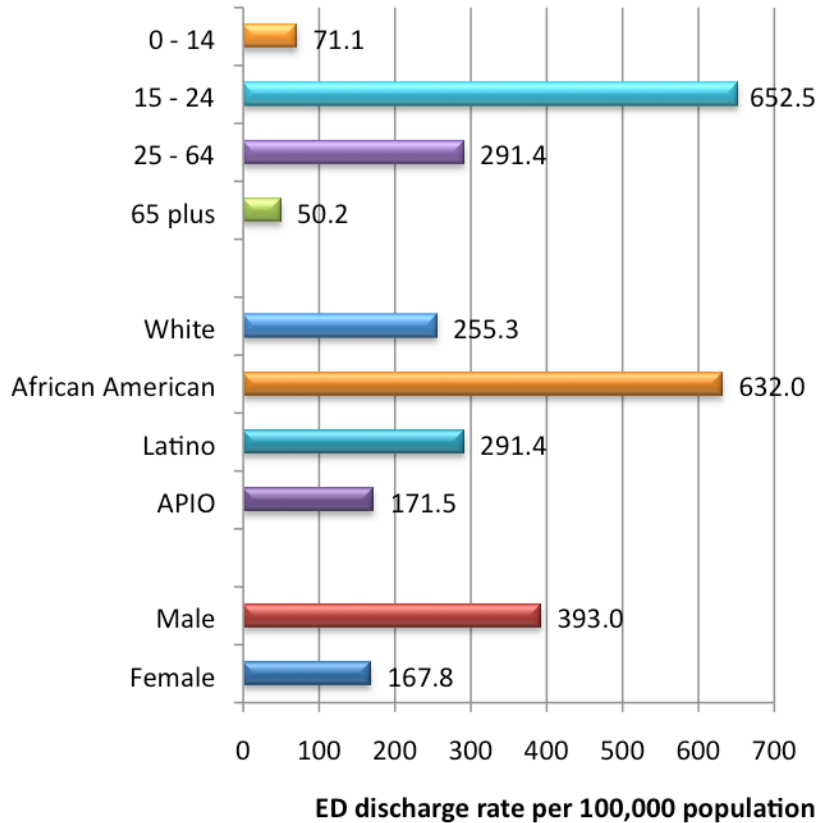
The following provides a brief overview, by gender, race/ethnicity and age category, of who among South Region residents is most impacted by homicide and assault .

In comparison to other regions and the County overall, the South Region ranks:

- **Homicides**
  - 2<sup>nd</sup> highest overall
  - 77% males
  - 68% persons ages 25-64
  - 72% Latinos
- **Assault hospitalizations**
  - 2<sup>nd</sup> highest rate overall
  - Higher rates among
    - Males
    - African Americans
    - Persons ages 15-24
- **ED Discharges**
  - 3<sup>rd</sup> highest rate overall
  - Higher rates among
    - Males
    - African Americans
    - Persons ages 15–24

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

### Assault ED Discharges, 2008



#### Trends

Between 2000 and 2007, the homicide rate among South Region residents has increased by 24.8%, from 3.1 per 100,000 in 2000 to 4.8 in 2007. During this period, the highest rate occurred in 2005 and was 4.9.

Between 2000 and 2008, the assault hospitalization rate among South Region residents increased by 61%, from 47.0 per 100,000 to 75.8 per 100,000.

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#### Suicide and Self-Inflicted Injury

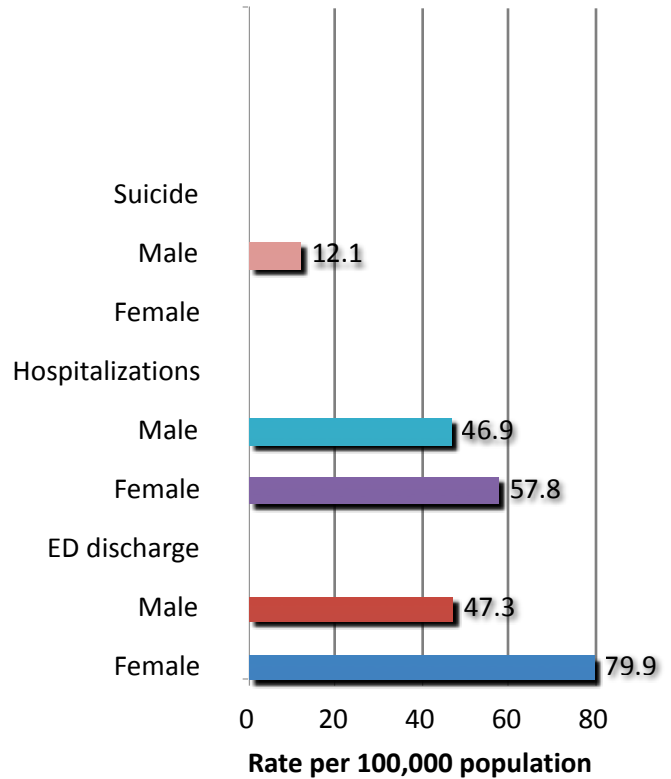
The following provides a brief overview, by gender and age category, of those South Region residents most impacted by suicide and self-inflicted injury, and provides a comparison to County-wide rates.

In comparison to other regions and the County overall, the South Region ranks:

- **Suicide**
  - 2<sup>nd</sup> lowest in the County overall
  - Higher rate among males, whites and those ages 25-64
- **Self-inflicted Injury**
  - 2<sup>nd</sup> highest hospitalization rate overall
    - Higher rates among females, those ages 15-24 years, males and African Americans
- **Self-inflicted Injury ED Discharges**
  - 2<sup>nd</sup> lowest ED discharge rate overall
    - Higher rates among females, those ages 15-24 years, males and African Americans

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

#### Suicide and Self-inflicted Injury



\* Rate not calculated for fewer than 5 events.

Between 2000 and 2008, the suicide rate among South Region residents decreased by 5.9% from 10.1 per 100,000 to 9.5 per 100,000.

Between 2000 and 2008, the hospitalization rate related to self-inflicted injury among South Region residents decreased slightly by 1.5%, from 53.2 per 100,000 to 52.4 per 100,000.

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### Violence

While there are many types of violence, including murder, rape, armed robbery and assault, because of limitations on available CHIS data for the South Region, the focus of this section of the report will be limited to youth violence and intimate-partner violence.

- ***Intimate partner violence since age 18 (ages 18-64)***

21% of adults reported they had experienced physical or sexual violence by an intimate partner since age 18. The rate of reported violence was higher among females than males, 28% and 15%, respectively.

Females age 40–64 reported the highest rate of physical or sexual violence by an intimate partner, 34%.

- ***Intimate partner violence during past year (ages 18-64)***

6% of adults reported that they had experienced violence by an intimate partner in the previous year, which is higher than the County's overall rate of 4.9%. The rate of reported violence was higher among females than males, 8% and 5%, respectively.

- ***Youth Violence (ages 12-17)***

9% of adolescents ages 12-17 reported they were involved in physical fights during the previous year. This rate was lower than the County's overall rate of 13%.

### Mental Health

Mental health and mental illness are points on a continuum. Somewhere in the middle of the continuum are "mental health problems," which most people have experienced at some point in their lives. The boundaries between mental health problems and milder forms of mental illness are often indistinct, just as they are in many other areas of health. At the far end of the continuum lie disabling mental illnesses such as major depression, schizophrenia and bipolar disorder. Left untreated, these disorders can become devastating.

A combination of indicators is presented here to provide some insight into the mental health of South Region residents. These indicators include the following sources of information:

- CHIS measures related to emotional well-being; access and utilization of health services for emotional, mental and/or alcohol and drug related issues; and alcohol use and abuse
- ED discharge information related to substance use or abuse and mental illness, and dual diagnoses

Emotional Well-being

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- 9.3% of adults had likely experienced psychological distress in the past year, slightly higher than the 8% for the County overall. (This is based on the Kessler 6 series, which measures psychological distress, including sadness, nervousness, restlessness, hopelessness, worthlessness and effort.)
- 3.5% of adolescents and adults had psychological distress in past month

#### Access and Utilization

- Almost 10% of adults saw a healthcare provider for emotional-mental and/or alcohol-drug issues in past year
- 19.6% of adults felt they needed help for emotional-mental and/or alcohol-drug issues in the past year. Of those who felt they needed help, 43.1% reported receiving treatment, much lower than the overall County rate of 65%.
- 8.5% of adults have taken prescription medicine for emotional/mental health issues for at least two weeks during past year, lower than the overall County rate of 10%.

#### Alcohol Use and/or Abuse

- 52% of adults reported they drank alcohol during the past month, lower than the County overall rate of 65%.
  - Ages 18-20: 41% (County 31%)
  - Ages 21 plus: 53% (County 66%)
- Binge drinking (number of drinks in one setting) among adults (males: 5+ drinks, females: 4+ drinks)
  - 15% engaged in binge drinking during the past month (County 18%)
  - 29% engaged in binge drinking during the past year (County 31%)

#### Substance Abuse ED Discharges

During 2008, there were 938 ED discharges with a principal diagnosis of substance use or abuse among South Region residents.

- The South Region had the second lowest rate in the County with 202.7 discharges per 100,000 compared to the rate of 294.0 for the County overall.
- 64% of the discharges were for nondependent abuse of alcohol and/or drugs including:
  - 72% binge drinking
  - 5.6% amphetamines use

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#### **Mental Illness ED Discharges**

During 2008, there were 2,269 ED discharges of South Region residents with a principal diagnosis of mental illness.

- South Region ED discharge rate was 490 per 100,000 population compared to the overall County rate of 516 per 100,000 population.
- 16.2% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness. (County 19.2%)
- 14.1% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse. (County 21.6%)

#### **Dual Diagnosis ED Discharges**

During 2008 in the South Region:

- 16.2% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness, which was lower than the County's overall rate of 19.2%.
- 14.1% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse, which was lower than the County's overall rate of 21.6%.

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### **Breakout Sessions**

This section of the report presents a Session Summary and a Session Detail of each breakout session. These sessions were led by Community Health Improvement Partner (CHIP) facilitators using a guide developed to ensure that the groups discussed each of the topics using the same methodology. In addition to the facilitator, groups were supported by an epidemiologist to provide additional information if needed, a scribe to take notes and a timekeeper to keep the group on track. Each session lasted approximately two hours and was followed by a plenary session during which each group presented its vision, goals and root-cause analysis.

### **Breakout Session Summary**

The following presents a summary of the South Region breakout session for the three health issues. For more information about each session, refer to the Breakout Session Detail section of this report.

#### **Weight status, nutrition, physical activity and fitness**

The vision developed during this breakout session focused on creation of policies, physical environment and systems that support safe, healthy and equitable communities.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors and policies believed to be critical in achieving the above vision.

Environmental themes include:

Keys to improving access to preventive healthcare:

- Reduce language barriers
- Encourage more providers to offer preventive care
- Provide more transportation to current locations and more locations

Keys to providing culturally appropriate health and nutrition education:

- Make health and nutritional information more culturally sensitive and user friendly
- Offer more health education at the neighborhood level
- Make health education more accessible and less costly
- Have health messages translated and make them culturally appropriate

People and behavior themes include:

Limited access to preventive healthcare due to:

- Prevention not valued by some cultures
- Limited awareness and knowledge of available preventive resources in community
- Lack of medical insurance and/or immigration documentation

Challenges to providing culturally appropriate health and nutrition education:

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- Low literacy levels limit ability to understand written materials
- Some people don't prioritize health when they are not ill
- Cultural beliefs about food and health are different than U.S. beliefs, i.e., fatalism.
- Language barriers

Challenges to enacting city planning policies that support health, nutrition and physical activity in the general plan:

- Limited knowledge about how community members can advocate to improve the communities health
- Need to enforce current policies
- Limited incomes

Policy themes include:

Limited access to preventive healthcare due to:

- No insurance coverage for preventive care

Challenges to providing culturally appropriate health and nutrition education:

- Medical standards don't address cultural and ethnic differences
- Schools no longer provide basic health education

Challenges to enacting city planning policies that support health, nutrition and physical activity in the general plan:

- Policy makers don't listen to constituents
- Funding for programs in school negatively impacted by state funding cuts

### **Injury and violence**

The vision developed during this breakout session focused on a community that is injury and violence free.

The root-cause analysis completed during this breakout session identified several themes related to the safe neighborhoods; engaged communities; and more awareness, outreach and education regarding availability of community services and issues that are believed to be critical in achieving the above vision.

Environmental themes include:

Unsafe neighborhoods due to:

- High unemployment rates and poverty
- Low educational attainment and limited job skills
- Over-crowded schools

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- Isolated communities
- Limited lighting and sidewalks

Lack of engaged communities due to:

- Geographic segregation
- Jurisdictions operating in silos with limited collaboration
- Limited transportation

Challenges to encouraging awareness, outreach and education regarding availability of community services and issues:

- Geographic isolation
- Greater need in low-income communities

People and behaviors themes include:

Unsafe neighborhoods due to:

- Apathy and disregard for laws
- Fear of retaliation
- Isolation
- Bad behavior rewarded
- Cultural misunderstanding of citizen rights and responsibilities

Lack of engaged communities due to:

- Limited time, interest and motivation to engage in community activities
- Need for leadership on “how to” engage the community at the neighborhood level

Challenges to encouraging more awareness, outreach and education regarding availability of community services and issues:

- Limited collaboration between community organizations and community members
- Cultural issues related to trust in governmental programs
- Low literacy levels
- Apathy
- Limited linguistically and culturally appropriate literature

Policy themes include:

Unsafe neighborhoods due to:

- Limited and decreasing funding impacting all aspects of community

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- High-density housing

Lack of engaged communities due to:

- Discouragement from participation in community organizations because of policies, politics and reputation of political leaders with a history of mistreatment

Challenges to encouraging more awareness, outreach and education regarding availability of community services and issues

- Funding restrictions and budget cuts
- Limited collaboration among funders and providers e.g., HHS and First Five

### **Mental Health**

The vision developed during this breakout session focused on creating a community where all residents are mentally and emotionally healthy, fit and thriving.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors, and policies that are believed to be critical to achieve the above vision.

Environmental themes include:

Challenges to expanding the menu of options for mental health diagnosis and treatment so there is “No wrong door”:

- Limited providers in Region
- Issues related to obtaining information on mental health treatment

Challenges to providing culturally and linguistically appropriate preventive and treatment services:

- Limited behavioral health providers and setting
- Limited non-English language providers

Challenges to eliminating the stigma of mental illness:

- Limited outreach to community

Challenges to improving access to behavioral health services:

- Mental health specialists unwilling to accept Medi-Cal or uninsured patients
- Primary providers may not complete comprehensive screening
- Limited collaboration between mental health providers and primary care providers
- Limited behavioral health facilities

People and behavior themes include:

Challenge to expanding the menu of options for mental health diagnosis and treatment so there is “No wrong door”:

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### South Region Forum

- Fear and limited knowledge of mental health diagnosis

Challenges to providing culturally and linguistically appropriate preventive and treatment services:

- Cultural issues related to use of mental health services
- Limited availability of culturally and linguistically competent providers

Challenges to eliminating the stigma of mental illness:

- Current mental health information is often confusing.
- Those with mental health issues often deny or hide their conditions.
- Dealing with dual-diagnosis patients is complex.

Challenges to improving access to behavioral health services:

- Limited knowledge on how to navigate the mental health treatment system
- Cultural norms may cause people to delay treatment or take personal responsibility for their own care.

Policy themes include:

Challenges to expanding the menu of options for mental health diagnosis and treatment so there is “No wrong door”:

- Limited funding and ongoing budget cuts
- Service gaps for persons ages 19 to 25

Challenge to providing culturally and linguistically appropriate preventive and treatment services:

- Unable to attract culturally diverse students into mental health occupations

Challenges to eliminating the stigma of mental illness

- Limited funding for provider education
- Limited health education in school
- Limited understanding of mental health issues impacts funding at all levels

Challenges to improving access to behavioral health services

- Limited funding caused by lack of health insurance and non-acceptance of Medi-Cal
- Medi-Cal only pays for treatment of more severe mental health issues.

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### Breakout Session Detail

The following section presents the details of each breakout session.

#### Weight Status, Nutrition, Physical Activity and Fitness

The weight status, nutrition, physical activity and fitness breakout session was attended by 11 stakeholders and facilitated by Cheryl Moder Director San Diego County Childhood Obesity Initiative. Participants represented a variety of public and private organizations, including the City of Chula Vista, County of San Diego Health and Human Services Agency, hospitals, medical clinics, community benefit organizations, Chula Vista School District and a national voluntary health agency.

#### ***Vision statement***

The vision statement developed by the weight status, nutrition, activity and fitness breakout group was:

“We envision a South Region where policies, physical environment and systems create safe, healthy and equitable communities.”

#### ***Goals***

- Improve access to preventive healthcare
- Enhance culturally appropriate health and nutrition education
- Ensure that city planning policies include access to health, nutrition and physical activity in their general plan

#### ***Root-cause Analysis***

The group selected three effects based on the above goals to complete root-cause analysis. These were:

#### **Effect: Inadequate preventive care and access to preventive care**

#### **Causes:**

##### **Behavior**

- Some people and cultures do not value or prioritize primary care.
- Lack of knowledge of available resources
- Use of EDs for non-emergency care
- Some cultures value herbal and natural medicines.

##### **People**

- Some people and cultures do not value insurance.

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- Perception of the need for immigration documentation prior to receiving care
- Lack of culturally specific, in-depth study of health disparities
- Lack of a medical home
- Lack of medical insurance

#### **Environment**

- Language barriers between patients and physicians
- Lack of healthcare providers and facilities
- Lack of transportation
- Need for more locations that are easily accessible

#### **Policies**

- Inadequate reimbursement for physicians
- Lack of incentives for preventive measures (e.g., pay for performance)
- Lack of adequate insurance coverage for prevention

### **Effect: Inadequate culturally appropriate health and nutrition education**

#### **Causes:**

##### **Behaviors**

- Cultural food and health practices
- Fatalismo (a belief that fate or other external forces determine health)
- People don't make health a priority.

##### **People**

- Language barriers
- Low literacy levels
- Community does not value health educators

##### **Environment**

- Too much public information causing confusion
- Providers not culturally sensitive

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### South Region Forum

- Health education not available in “my neighborhood”
- Information is not user-friendly
- Transportation to get to classes is a barrier.
- Education isn’t tailored (issues related to culture, cost, access and availability).
- Delivery of health education isn’t appropriate for all cultures.
- Inadequate translators for health messages

#### **Policies**

- Medical standards don’t address cultural and ethnic differences.
- School-based health education not funded

**Effect: City planning policies don’t include access to health, nutrition and physical activity**

#### **Causes:**

##### **Behaviors**

- Lack of advocacy
- Lack of enforcement of policies
- Business organization missions don’t make connection between health and productivity.

##### **People**

- People can’t afford to eat healthy foods, many on a fixed income.
- Residents don’t realize they have a voice.
- Advocacy is time consuming.

##### **Environment**

- “Pay to play” needs money to access physical activity.
- Lack of time for physical activity while in school (physical activity vs. academic time)
- Fast food is profitable.

##### **Policies**

- Policy makers aren’t listening to community residents.

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- Policy makers don't understand or consider the health impact of their decisions.
- Lack of funding for school health curriculum
- Lack of sustainable funding

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## South Region Forum

### Injury and Violence

The injury and violence breakout session was attended by 10 stakeholders and facilitated by Dana Richardson, Senior Director of Advocacy and Community Health. Participants represented a variety of public and private organizations, including hospitals, clinics, community benefit organizations, community coalitions and the County of San Diego Mental Health Services.

#### ***Vision statement***

The vision statement developed by the injury and violence breakout group was:

“We envision a South Region that is committed to being injury and violence free for people of all ages.”

#### ***Goals***

- Safe neighborhoods
- Engaged communities
- More awareness, outreach and education regarding availability of community services and issues

#### ***Root-cause Analysis***

The group selected three effects based on the above goals to complete root-cause analysis. These included:

#### **Effect: Unsafe neighborhoods**

##### **Causes:**

##### **Behaviors**

- Disregard for laws
- Unresponsiveness in communities to criminal activity, e.g., apathy
- Anti-snitching attitudes toward violence
- Fear of retaliation if neighbors voice concern/report problems
- Neighbors don't communicate — isolation
- More extrinsic rewards for breaking laws
- Peers reward bad behaviors and good behaviors are not acknowledged.

##### **People**

- Cultural misunderstanding of what is sage and legal and what are a citizens rights (age, economics and language)

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### South Region Forum

- High levels of tardiness and truancy in schools

#### **Environment**

- High levels of unemployment
- Poverty
- Low levels of education
- Lack of high skilled jobs in South Region
- Community planning and design has created isolated communities.
- Lack of sidewalks
- Poor lighting
- Unsafe routes to schools
- Over-crowded schools

#### **Policy**

- Lack of schools and funding
- Lack of teachers
- Congestion caused by high density housing
- Budget driven policies have resulted in unsafe neighborhoods, budget cuts and lack of resources.

#### **Effect: Lack of community engagement**

##### **Causes:**

#### **Behaviors**

- Lack of time for community engagement
- Lack of interest in community engagement
- Lack of motivation
- Lack of guidance or understanding about how to be engaged in a community

#### **People**

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- Some seniors are unable to use current technology, making it difficult for them to partake in surveys, some forms of community engagement and assessments.
- Attitude of “its not my problem” results in people not wanting to get involved in other people’s problems/community issues.
- Not-getting-involved attitude is complex and includes issues related to age, privacy and cultural considerations.
- Residents feel lack of civic engagement.

#### **Environment**

- Lack of transportation
- Lack of youth services
- Geographic segregation – people tend to stay in their own communities
- Communities are labeled
- Jurisdictions function within silos and do not communicate/collaborate with other jurisdictions.

#### **Policy**

- Politics
- Lack of funding to support development of safer neighborhoods, infrastructure that supports activity, engaged communities
- People are discouraged from participating in community organizations because of policies, politics and reputation of political leaders with a history of mistreating people.

**Effect: Lack of awareness, outreach and education regarding available services and community issues**

#### **Causes:**

##### **Behaviors**

- No collaboration between community organizations and community members

##### **People**

- Cultural hesitance, lack of trust and resistance to governmental programs

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- Recent immigrants don't know about available community services or how to become involved in community issues
- Literature is not linguistically and culturally appropriate
- Lack of resources is causing a "digital divide" for those without technology. It is difficult for those without computer access/knowledge to participate in community activities/ receive new and notifications regarding community issues.
- Lack of quality, long-term employment opportunities
- People are stressed and over-extended, causing them to be apathetic towards community engagement or they have no time to engage in the community.
- People are working more and making less.
- Low literacy levels impact ability to read in any language.

#### **Environment**

- Community needs are greater in low-income communities.
- Lack of transportation
- Geographic isolation

#### **Policies**

- Funding restrictions
- Narrow focus of schools – less emphasis on life skills
- Lack of system integration (systems don't talk with each other e.g., Health and Human Services Agency and First Five)
- Funding not available for outreach and education
- The first items to be cut from budgets are prevention efforts.

#### **Mental Health**

This group was attended by 12 stakeholders and facilitated by Kristin Garrett CHIP President and Chief Executive Office. Participants represented a variety of types of organizations including the, County of San Diego Health and Human Services Agency, hospitals, medical clinics, community benefit organizations and a community collaborative organization.

#### ***Vision statements***

The vision statement developed by the mental health breakout group was:

“We envision a South Region that is a community where all residents are mentally and emotionally healthy, fit and thriving.”

# Charting the Course VI

## South Region Forum

### **Goals**

Goals developed by this group included the following:

- Provide a greater menu of options for mental health diagnosis and treatment — “No wrong door”
- Provide preventive and treatment services that are culturally and linguistically appropriate
- Improve the education for everyone (all constituencies) to eliminate the stigma related to mental illness
- Improve timely and appropriate access to behavioral health services

### **Root-cause Analysis**

The group selected four effects based on the above goals to complete root-cause analysis, namely:

#### **Effect: Lack of options for mental health diagnosis and treatment**

##### **Causes:**

##### **People**

- Fear of privacy issues
- Lack of knowledge and understanding of the diagnosis

##### **Environment**

- Drug companies driving priorities for treatment and diagnosis
- Difficult for people to access information on the treatment of mental health problems
- Not enough providers to address mild to moderate mental health problems and follow-up following discharge from the hospital

##### **Policies**

- Lack of funding and budget cuts at both the County-wide and state levels
- Grant funding not prioritized for mental health and behavioral health issues (misaligned incentives)
- Lack of research related to best mental health practices
- Gap in services for persons ages 19 to 25
- Use of creative DSM coding required to get reimbursement

#### **Effect: Lack of preventive and treatment services that are culturally and linguistically appropriate**

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## South Region Forum

### **Causes:**

#### **People**

- Within the African American community, if you see a mental health practitioner, “you’re crazy.”
- There are not providers available to cater to every culture, religion, gender, sexual orientation and generation.

#### **Environment**

- Not enough non-traditional settings
- Lack of behavioral health settings
- Lack of practitioners who speak all of the needed languages
- Lack of college programs producing graduates that speak multiple languages

#### **Policies**

- Lack of funding to attract culturally diverse students to mental health education programs
- Lack of knowledge about mental health education scholarships
- Lack of research for all populations

### **Effect: Lack of public education to help reduce stigma related to mental health**

### **Causes:**

#### **Behaviors**

- Lifestyles effect mental health
- People need to take personal responsibility for self-help.

#### **People**

- Lack of knowledge and information related to mental health issues such as bipolar disorders
- Information provided is confusing
- People do not want to reveal their mental health issues.

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### South Region Forum

- People do not participate in multicultural research studies and studies lose funding dollars.
- Denial by the individual about their condition
- Dealing with persons having both mental health issues and substance abuse issues is complex.
- Fear of privacy issues i.e., employers can access
- Fear of pre-existing conditions

#### **Environment**

- Lack of outreach to the community
- Lack of forceful and innovative outreach

#### **Policies**

- FDA requires publication of the negative effects of drugs in their advertising, which scares potential users.
- Lack of money needed to provide education
- Health education not required in schools
- Lack of funds to support research related to treatments
- Lack of advocacy for mental and behavioral health
- Stigma of mental health is preventing funding.

**Effect: Lack of timely and appropriate access to mental and behavioral health services**

#### **Causes:**

##### **Behaviors**

- People delay seeking treatment because they lack an understanding of the consequences and/or severity of their condition.
- People are unaware of their individual responsibility — impacted by cultural norms, lack of education and confusion about policies.

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### South Region Forum

- People don't know where to go or how to use existing coverage. (Having insurance does not mean a person will access services if they don't know how to navigate the system. This may be the result of inexperience or cultural issues.)

#### **People**

- Lack of culturally appropriate professionals
- Dual diagnosis of substance abuse and mental illness

#### **Environment**

- Lack of mental health specialists that accept Medi-Cal and the uninsured in the South Region
- Largest number of people eligible for Medi-Cal in South Region, but not enrolled
- Primary care providers do not do comprehensive screenings
- Lack of behavioral health settings
- Primary care providers don't work with pre-existing mental health infrastructure, including providers, access/crisis hotlines and hospitals.

#### **Policies**

- Lack of funding
- Lack of affordable healthcare
- Lack of medical insurance
- Medi-Cal only treats the more severe cases.
- Lack of data to help demonstrate need and prioritize funding
- Confusing insurance policies

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South Region Forum

**Forum Evaluation**

**1. How would you rate each of the following (scores based on a scale of 1-4, with 4 being “excellent”):**

a. Event location	3.6
b. Event time	3.4
c. Food	2.9
d. Presentations	3.6
e. Facilitators	3.7
f. Overall Event	3.7

**2. Please tell us your level of agreement with the following statements (scores based on a scale of 1-5, with 5 being “strongly agree with the statement”):**

<b>Statement</b>	
a. I found the day energizing and/or inspirational.	4.4
b. The data presentations provided useful, clear information about the Region and were useful to the day’s process.	4.4
c. The event facilitated open and honest discussion about the issue areas in our community.	4.6
d. I personally gained knowledge and/or skills that I can apply in my work.	4.4

**3. What was your favorite part of the Regional Event?**

- Breakout session- (14)
- Discussion and collaboration
- Stats from Holly
- Wonderful-thanks for lunch! Very well shepherded to get the most from the group.
- Intense discussion in the breakout session
- Data presented and discussion during breakout sessions
- Seeing and hearing what's going on in SD
- Visioning and goal setting
- Having the opportunity of interacting and learn from others

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#### **4. What was your least favorite part of the Regional Event?**

- The day was jammed with activities and needed more time and more breaks.
- No real "results." Felt like we didn't accomplish anything other than good conversation.
- Room was too cold-(5)
- Breakout reporting
- Work groups
- Lack of time
- Presentation on statistics-helpful, but some info we could have read (and sent out before the event)
- Direction confusion
- Lots of info at end of presentation but important
- Reporting of the breakout sessions

#### **5. How interested would you be receiving a print/hardcopy version of the final Needs Assessment Report?**

23 people reported interest in receiving a hard copy of the Needs Assessment Report; one person indicated willingness to pay for a copy; 18 people would prefer it be in a digital form.

#### **6. If you have any additional comments, please include them below.**

- Would have been nice to add an hour to better the process
- Lovely facilitators
- I am so happy we came.
- Suggest using "world café" style to provide feedback in other areas
- Excellent! Great information shared.

#### **7. What type of organization are you from? (*Please mark one*)**

- Mental Health Organization
- Hospital or clinic
- Nonprofit
- Other Social Services Agency
- County Department
- Education

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South Region Forum

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