

## Introduction and Background

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* 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.

In addition to fulfilling legislative requirements, *Charting the Course VI* provides a resource for individuals, agencies and institutions to identify community health needs and concerns. The report also monitors changes and trends in health status among San Diego County residents. This information provides the basis upon which community health programs and interventions can be targeted, developed and evaluated, with the ultimate goal of improving the health of the community and its members. *Charting the Course VI* is available via the CHIP website ([www.SDCHIP.org](http://www.SDCHIP.org)) and is distributed to many organizations and individuals, including schools, libraries, businesses, policymakers and others who may have an interest in current health issues.

This year, CHIP revised the community input process and conducted forums with community leaders rather than focus groups with individual residents. These community forums were held in each of San Diego County's six geographic regions with a cross-section of stakeholders to discuss three health issues of critical importance to San Diego residents. These issues include:

- Nutrition and weight status, and physical activity and fitness
- Injury and violence
- Mental health and mental disorders

## Process and Approach

The Charting the Course VI process began in August 2009 with an invitation to those community organizations and individuals who had participated in previous assessments to form a 2010 Charting the Course VI – Charting the Course VI Advisory Council. The advisory council spent six months defining the process to be used in executing the Charting the Course VI based on the following timeline.

### Charting the Course VI Timeline



During those initial months the committee also established their vision, mission and set of goals for the Charting the Course VI process.

**Vision:** To be the catalyst for health improvement throughout San Diego County

**Mission:** To produce the primary community health Charting the Course VI document for San Diego County while meeting the non-profit hospital requirements of SB 697

**Goals:**

- Monitor trends in the health status in San Diego County and compare local results to state and national trends and goals
- Provide a community resource for individuals, agencies, institutions and businesses to use in identifying health concerns of their constituencies, neighborhoods or geographic regions
- Prioritize for action the health issues of San Diego County
- Facilitate resource allocation

*Charting the Course VI* uses information from four main sources. These include:

1. Health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by data from the California Health Interview Survey (CHIS), the California Office of Statewide Health Planning & Development, the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System, Behavior Risk Surveillance System, and census data from the San Diego Association of Governments (SANDAG)
2. Health-related scientific literature



3. Results of a community priority-setting scoring process, taking into consideration the information obtained from the preceding two steps
4. Results of the six community regional forums held with a cross-section of the community stakeholders.

### Community Priority Setting Process

The goal of the community priority-setting process for *Charting the Course VI* was to provide an organized, objective method of reviewing and prioritizing the health issues facing San Diego County. The priority-setting and scoring process involved the input of key stakeholders from throughout San Diego County and included the following steps:

#### Step 1. Selecting health issues to investigate

Initially, the Charting the Course VI Committee reviewed the Healthy People 2020 objectives and health data indicators available through the San Diego County HHS. This process resulted in the identification of 17 key health issues felt to be most important to residents of San Diego County.

#### Step 2. Identifying priority-setting criteria

In order to set priorities among competing health concerns, two separate processes were employed. First, and most significant, the Charting the Course VI committee determined that they needed to use a slightly modified scoring process, one originally developed by John J. Hanlon, M.D. A similar method was used in the 1998, 2004 and 2007 Charting the Course VIs. In previous years, this method involved scoring each health issue identified in Step 1 using size, seriousness and community concern. Our revised version included size and seriousness of the problem, and modified community concern into two separate categories: community resources and data availability. The 2010 priority-setting criteria were as follows:

- **Size of the problem**—including the number of people who are personally affected by a health issue, which may be presented as prevalence per 100,000 population, an annual incidence rate or the percentage of people affected. Considerations include increasing or decreasing trends, health disparities and specific populations or regions that are disproportionately affected by the condition and how rates in San Diego compare to state or national rates.
- **Seriousness of the problem**—including mortality, economic costs, the impact on or interrelationship with other health issues and impact on quality of life. Considerations include health disparities, specific populations or regions that are disproportionately affected by the condition and how rates in San Diego compare to state or national rates.
- **Community resources available to address the problem**—the degree to which key stakeholders feel the problem is currently being addressed in San Diego County in terms of funding being applied as well as local, state and national organizations represented in the area.

- **Outcomes data** – In addition to these three criteria, a fourth was added to indicate how much information is available to evaluate outcomes within the health issue.

Second, each evaluator was asked to rank each health issue within its category (see overarching issues, health-related behaviors and health outcomes below).

### Step 3. Creating health issues briefs

Health issues briefs were developed to provide information about each of the previously identified 17 health issues. This document summarized local, state and national data and statistics for each health issue. To the extent possible, each topic covered in the health issues briefs included details pertaining to the scoring criteria (size, seriousness and other relevant information) for easy reference during the scoring process. When available, information included prevalence, incidence, impact, trends and populations most affected by the health issue or concern.

### Step 4. Scoring of health issues by category

Next, the health issues briefs were distributed to 379 community leaders from throughout San Diego County, along with a priority-setting worksheet, which allowed participants to rate each issue based on the four criteria. (For additional information about the evaluation process, please refer to Appendix 2 – Health Issue Priority Setting Exercise in the 2010 Health Issues Briefs.)

Each of the 17 health issues were scored separately within the following three categories:

- **Overarching Issues (4 Issues)** — considered overarching because they potentially impact all of the other issues in this report. These include topics related to access to health services, health communications and health information technology, public health infrastructure, and the social determinants of health.
- **Health-Related Behaviors (6 Issues)** — behaviors that are important components in long-term health, such as immunization, tobacco use, nutrition, physical activity, weight status, oral health and violence and injury.
- **Health Outcomes (7 Issues)** — looks 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; and respiratory diseases.

The scoring process was conducted electronically via an Internet-based survey. Each participant was provided with written scoring sheets and sent several reminders via e-mail, which included a link to an online scoring survey and health issue briefs for each of the 17 topics. Several reminders were sent to individuals who had expressed a desire to participate but did not return their scoring information. In total, 72 individuals participated in the scoring process (a 50% increase over the number who participating 2007 priority-setting survey).

## Step 5. Reaching consensus on scoring results

The project consultant compiled and analyzed scoring results and presented the findings by category and overall to the Charting the Course VI Committee for review and discussion.

## Step 6. Selection of priority health issues

One of the key outcomes from the community priority-setting process was identification of which health issues to bring forward for discussion in the community forums and expand upon in the Charting the Course VI report. The committee members used the Spectrum of Prevention Framework to help them visualize which issues are most impacted by prevention activities as opposed to treatment. Based on a review of the community priority-setting results and utilizing the Spectrum of Prevention Framework to associate select behaviors with potential health outcomes issues, the Charting the Course VI committee designated the five health issues to be the focus of the in-depth report, and selected three issues as topics to be brought forward for discussion in the community forums.

## Step 7. Input from key stakeholders during community forums

During August and September 2010, six community forums were held with key stakeholders, one in each of the six San Diego County regions. In total, 201 persons participated in the forums, with attendance ranging from 22 to 54 persons per forum. All of the forums were conducted in English.

The forums were designed to provide regional level information about each of the three health issues, begin the process of better understanding each issue from a regional perspective and identify some of the potential root causes related to the issues. (For additional information about the community forums, please refer to Appendix 1 – Regional Community Forum Reports.)

## Health Issue Profiles

The final phase was an in-depth analysis for each of the five health issues selected to be highlighted in this year's health Charting the Course VI:

- Health access and delivery
- Social determinants of health
- A combination of nutrition, weight status, physical activity and fitness
- Injury and violence
- Mental health and mental disorders



Developed by the consultant, each analysis adds to the previously produced fact sheets used for each health issues brief. Each highlighted health issue profile is self-contained and, depending on the topic and available data, includes:

- Overview of the health issue
- Why the health issue is important
- Seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status
- Who is most impacted by the health issue in terms of incidence and prevalence of both morbidity and mortality
- The local impact of the health issue
- References