

## Community Health Improvement Partners

### Charting The Course IV 2004 San Diego County Needs Assessment

# Frequently Asked Questions

#### 1. Why are the South and North Coastal regions missing from the Executive Summary?

**Answer:** The section titled “Health Issues by Geographic Region” within the Executive Summary doesn’t provide a summary for each region; rather it highlights the geographic region that has the highest rate of each of the top 17 health issues. For this reason, some of the County’s sub regional areas are not identified within the Executive Summary. That is not to say that there aren’t significant health issues/disparities within the South and North Coastal regions of the County. Page 17 of the needs assessment includes a more in-depth summary of the health issues by geographic region. Regional health issue data is also contained within the tables located in the report appendices. Table 1, for example, lists the rate for the top 15 health issues based upon total number of deaths in each of San Diego County’s six (6) sub regional areas.

#### 2. Is the fact that there are two major hospitals located in the central region the reason that this area has some of the most significant health disparities?

**Answer:** Not necessarily, regional hospitalization data comes from where the patient lives, not from where the hospital is located.

#### 3. Why is suicide not included on the slide for older adults?

**Answer:** Suicide is the 9<sup>th</sup> highest mortality rate (age adjusted) overall in San Diego (10.8,) however the rate is much lower than diseases of the heart (201.9) and cancer (175.7.) Suicide rates are highest among the elderly population – the information on suicides among adults 55+ can be found in Table 17c. A comprehensive report on Suicide in San Diego can be found under publications on the CHIP website, [www.sdchip.org](http://www.sdchip.org).

#### 4. What is the difference between unintentional injury and intentional injury?

**Answer:** The distinction between unintentional and intentional is based on if there was intent to cause harm. For example, motor vehicle accidents and falls are typically unintentional. Injuries resulting from firearms, poison and fires may be either, depending on the circumstances surrounding the injury. Therefore, we rely on the use of various ICD10 codes to categorize each type of injury.



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#### 5. Where would you find Alzheimer's disease in the CHIP report?

**Answer:** Table 1 within the appendices is the only area within the needs assessment where Alzheimer's disease is called out. This table identifies the top 15 causes of death in San Diego County of which Alzheimer's number five (5).

#### 6. Are there more elderly in the north county regions?

**Answer:** There is a higher concentration of older adults (60+) living in the North regions of San Diego County. According to the San Diego County Health and Human Services Agency Department of Aging and Independent Services, the areas with the highest concentrations of older residents include Del Mar (22%), La Mesa (21.1%), Solana Beach (20.6%), Coronado (17.9%), Carlsbad (17%), Oceanside (16%), San Marcos (16.6%), Vista (16.5%), Anza-Borrego (42%) and Julian (27%).

Lower concentrations of older residents are found in the cities of Encinitas, Poway and Santee (approximately 13%), National City (12.4%), and Imperial Beach (9%). Contact the San Diego County Health and Human Services Agency Department of Aging and Independent Services at 800-510-2020 or refer to the HHSA web site (<http://www2.sdcounty.ca.gov/hhsa>) for more information.

#### 7. Why doesn't the CHIP report include a listing of available health care resources so that we can better determine where the services gaps in San Diego County are located?

**Answer:** The intent of the CHIP needs assessment is not to provide a gap analysis but rather to identify the most significant health issues based upon size, seriousness and community concern in San Diego County. This data is segmented by age, ethnicity and region.

It should be noted that the San Diego County Board of Supervisors is planning to commission an assessment of the County's current health care resources and available capacity relative to population growth. Once completed, this assessment should provide a more complete picture of our county's current and future resource gaps.



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#### 8. Where can we go if we need help using the data provided in this report?

**Answer:** For more information regarding the data presented within the needs assessment, refer to the data source. The source of the data is referenced on each table within the appendices as well as at the end of each of the “Health Issue Briefs.”

It may also be useful to access the San Diego County Health and Human Services Community Health Statistics Unit web site [www.sdhealthstatistics.com](http://www.sdhealthstatistics.com).

#### 9. What is CHIP doing to get this information out into the community? What are the next steps?

**Answer:** CHIP is giving many presentations to community groups and organizations across the County. If your group is interested in a presentation, please contact Kristin Garrett at [kgarrett@hasdic.org](mailto:kgarrett@hasdic.org). Additionally, CHIP has formed an Ad Hoc Chronic Disease Task Force in response to the needs assessment (the first goal of the task force is to determine what the needs are for organizations working in the area of chronic diseases.) CHIP also plans to work with the REHDI coalition and 2-1-1 to integrate resource information into the needs assessment on line, i.e. link appropriate resources to each of the priority health issues listed in the needs assessment.

#### 10. Do the poisoning related deaths include lead poisoning?

**Answer:** All forms of poisoning related deaths are included in Table 26a. It should be noted that there have been no lead related deaths in recent years in San Diego County. The poisoning deaths are mostly related to illicit drugs and overdoses.

#### 11. What is included in suffocation? Is it characterized as unintentional or intentional?

**Answer:** Deaths resulting from suffocation are included in unintentional, suicide, homicide and intent undetermined tables. These data points are also included in the broader “violence” and “unintentional” injury tables.

#### 12. Are the drug induced deaths from illicit drug use or prescription drugs?

**Answer:** There was no distinction made between illicit and prescription drug related deaths (both were included).



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#### 13. Are the firearm related injuries unintentional or intentional?

**Answer:** There was no distinction made between unintentional and intentional firearm injuries and deaths (both were included).

#### 14. Is data available relative to the age of those that reported injuries due to falls?

**Answer:** The age breakdown for the Falls is included on Table 8 within the needs assessment appendices.

#### 15. Does the needs assessment include data that specifies if motor vehicle deaths are attributed to not wearing a safety belt?

**Answer:** A distinction was not made as to the root cause of a motor vehicle accident within the presented data tables. It should be noted that the Emergency Medical Service (EMS) agency does have California Highway Patrol (CHP) data that may contain this information.