

## INTRODUCTION & BACKGROUND

The Community Health Improvement Partners' 2001 triennial Health Needs Assessment provides a snapshot of community health status and needs in San Diego County. As with the 1995 and 1998 Needs Assessments, the 2001 report presents the most recent available data about priority health issues.

This report also explores the multidimensional nature of health and well-being. Understanding the relationships among risk factors across multiple disease states can provide insights relative to the major determinants of health. This understanding can also guide community health improvement efforts toward effective planning and deployment of resources. This report is intended as a resource for the San Diego community and as a catalyst for mobilizing the community toward a more unified vision and approach for a healthy San Diego.

This report includes two distinct components: (1) a discussion of *community health* from a multidimensional perspective, and (2) an *overview and data summary* of select health indicators for San Diego County. The following parameters shaped the content of these two components and help guide the reader.

### COMMUNITY HEALTH – A DIFFERENT PERSPECTIVE

- Generally, community health needs and priorities change slowly. The emphasis of this report, therefore, includes a process for validating—rather than reconstructing—the major health priorities identified in the 1998 report.
- In many ways, this report serves to broaden and extend—rather than replace—the information in the 1998 Needs Assessment. The 1998 report catalogued useful reference and resource information and should be consulted. Both reports can be found on the CHIP web site at <http://www.sdchip.org/Publications/publications.html>.
- The desire to see improvements is fundamental to measuring community health status. This report takes a step in that direction by suggesting ways the community might better deploy resources to improve the community's overall health status.
- Community health is multifaceted and complex. A conceptual model can help make better sense of health status indicators and report cards. This report, inspired by the *California Health Report* produced by the RAND Corporation, attempts to:
  1. Identify the determinants or risk factors for each of the key health indicators by age group using a multi-determinant model of community health.
  2. Isolate the risk factors that appear to pervade and recur across multiple key health indicators, designated as "High-Leverage Health Issues" (HLH Issues).
  3. Provide an overview of select components for each HLH Issue.

## OVERVIEW & DATA SUMMARY

The 1998 Needs Assessment utilized an extensive process to identify priority health issues for San Diego County. Because health concerns are different across the life course, health issues were ranked in the 1998 report according to age groups (0-14, 15-24, 25-64, 65+ years). This report provides updated data for these previously identified priority health issues by age group.

Some additions and modifications to the priority health issues have been made to account for both emerging health issues and health issues that encompass all age groups (overarching). These priority health issues were validated through the following process in preparation for this report:

1. Members of the CHIP Needs Assessment Committee attended various community partnership meetings, forums, and workshops to record expressed community health needs. Additionally, the Committee collected a range of reports and strategic plans from which community health needs were documented.
2. The CHIP Steering members were surveyed to identify additional health priorities that were of either emerging importance or of broad consequence.
3. The Committee processed input from community forums and survey results, then compared, validated, and adjusted the 1998 health priorities by age group. Selected priority health issues reviewed in this report include the following:

### **Overarching Issues**

Access to medical care  
Access to dental care

### **Infants/Children (0-14)**

Infant health  
Violent/abusive behaviors  
Unintentional injuries  
Chronic conditions  
Healthy behaviors

### **Adolescents/Young**

#### **Adults (15-24)**

Reproductive health  
Unintentional injuries  
Violent/abusive behaviors  
Mental health  
Healthy behaviors

### **Adults (25-64)**

Substance abuse  
Mental health  
Healthy behaviors  
Violent/abusive behaviors

### **Seniors (65+)**

Cardiovascular disease  
Chronic conditions  
Mental health  
Cancer  
Unintentional Injuries

When available, data and trends are presented by age, gender, race/ethnicity, and region. Also when available, national comparative data as well as *Healthy People 2010* goals are noted. Data tables for each key indicator can be found in Appendix A, arrayed by health topic rather than by age for easy reference.

None of the data were tested for statistical significance. Therefore, caution should be used when interpreting whether differences between years are significant or are within the range of random variation.

## IMPORTANT TERMS & DEFINITIONS

**Critical Pathway:** A simplistic but informative model for identifying and categorizing risk factors for a particular health indicator. The critical pathway depicts the relationship between risk factors and a health outcome.

**Determinants:** A term used interchangeably with risk factors, which increase an individual's likelihood of a poor health outcome or other deleterious event or occurrence.

**High-Leverage Health Issue:** A revised term for a Meta-Risk Factor, which connotes the notion that certain risk factors are more consequential than others and that focused efforts on such risk factors can potentially produce a larger margin of improvement in overall health status.

**Key Health Indicators:** Select indicators or measures for each health issue (e.g., percent receiving prenatal care, teen birth rates, suicide rates, percent physically active, cancer death rates, etc.).

**Meta-Risk Factor:** A determinant or risk factor that appears in multiple critical pathways and, thus, plays a role as a determinant in multiple health outcomes.

**Multi-Determinant Model:** A broad, comprehensive framework that accounts for the various determinants of health (e.g., biological, social, environmental, institutional).

**Overarching Health Issues:** Priority health issues of consequence for all age groups (e.g., insurance coverage, oral health, access to appropriate care).

**Priority Health Issues:** Health issues (e.g., access to care, substance abuse, chronic disease, healthy behaviors) determined to be priorities in San Diego County based upon the 1998 Needs Assessment community input and ranking process.

**This report is divided into the following sections:**

**SECTION I: A Conceptual Model of Community Health**

Adapted from the RAND study, this discussion includes the development of critical pathways for each key indicator by age group, along with the identification of meta-risk factors or high-leverage health (HLH) issues. Since further analysis of the HLH issues provides additional resource information, this section also depicts the process of selecting a component or sub-issue for each HLH issue for focused analysis.

**SECTION II: Overview of High-Leverage Health Sub-Issues**

This section presents a summary analysis of each of the targeted HLH sub-issues:

- Alcohol abuse
- Depression
- Poor nutrition and sedentary lifestyle
- Health system complexity

An overview of each of these sub-issues includes a digest of the global impact and fact sheet, economic cost, description of determinants and consequences, guidelines for effective planning, and local model initiatives and resources.

**SECTION III: Conclusions**

A brief discussion of major findings from the first two sections is presented accompanied by guidelines for future action.

**SECTION IV: Prioritized Health Issues & Key Indicators (Charts and Tables)**

This section provides a comprehensive review of select key health indicators by age group. When available, data are presented as an overall trend, then by age, gender, race/ethnicity, and region. Key health indicators reviewed in this report include:

**Overarching Indicators**

- Health Insurance Coverage-Adults
- Health Insurance Coverage-Children
- Dental Insurance Coverage-Adults
- Dental Insurance Coverage-Children
- Unmet Need for Dental Care-Adults
- Reg. Primary Care Provider-Adults
- Reg. Primary Care Provider-Children
- Prenatal Care

**Infant Health (0-14)**

- Infant Mortality
- Low Birth Weight
- Child Abuse & Neglect
- Drowning
- Asthma Hospitalizations
- Overweight Children

**Adolescents/Young Adults (15-24)**

- Teen Alcohol Consumption
- Teen Tobacco Use
- Teen Marijuana Use
- Teen Births
- Teen Sexual Intercourse
- Unintentional Injury Deaths
- Motor Vehicle Related Deaths
- Homicide
- Teen Suicide Attempts
- Teen Physical Activity

**Adults (25-64)**

- Adult Smoking
- Adult Alcohol Abuse
- Drug-Induced Deaths
- Adult Physical Activity
- Adult Obesity
- Domestic Violence
- Depression

**Seniors (65+)**

- Coronary Heart Disease Deaths
- Stroke Deaths
- Diabetes Deaths
- Suicide
- Overall Cancer Deaths
- Colorectal Cancer Deaths
- Lung Cancer Deaths
- Breast Cancer Deaths
- Prostate Cancer Deaths
- Deaths from Falls

## **SECTION V: Appendices**

- A. **Data Tables:** Key health indicators arrayed by health topic.
- B. **Summary of Regional Demographic Data:** Age, race, and gender by region.
- C. **Key Health Indicators at a Glance:** Key health indicators at a glance noting trends, disparities, and populations at risk.
- D. **Technical Notes:** Data sources, limitations, and definitions.