CHARTING THE COURSE II
1998

A San Diego County
Health Needs Assessment

Executive Summary

Community Health Improvement Partners

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ACKNOWLEDGMENTS

A number of people and organizations have contributed to this document, whether through direct planning, funding, data review, writing, proofreading, or informal conversations. For all of these contributions, the Community Health Improvement Partners are deeply grateful.

We would like to specifically thank the members of the **CHIP Executive Partners**, the leaders of health-related organizations who generously supported this project not only through direct funding, but also by lending us the expertise and brainpower within their own organizations to plan and develop this document. By designating representatives from their organizations to the **CHIP Steering Committee**, they gave a voice to their vision and mission that was heard during the monthly steering committee meetings. Steering committee members provided the guidance needed to produce this report and to assure it helped to further the vision of CHIP.

The **Needs Assessment committee,** under the direction of the Steering Committee, began planning this document almost two years prior to its completion. They met monthly to develop a process for gathering information and outlining the type of information that should be included. Careful thought was put into its content and organization, with an emphasis on creating a document that would be useful to health care organizations, community-based health and social services organizations, and others working to improve the health of the community. The San Diego County Health and Human Services Agency, Office of Child, Youth and Family Health Assessment and Planning spent countless hours collecting and summarizing health data for this report. We in San Diego County are fortunate to have a health department that is so active in the community, and that makes such a complete body of data available to other professionals and the community as a whole.

This needs assessment was funded by the **Healthcare Association of San Diego and Imperial Counties**, which is comprised of representatives from hospital and healthcare organizations. San Diego County hospitals and health systems also contributed funding. We greatly appreciated the confidence they have placed in us to conduct a comprehensive needs assessment. The funding was used to hire consultants to write and produce the report. In addition, the **Alliance Healthcare Foundation** and **Kaiser Permanente** provided the funding necessary to conduct the community input portion.

To this collective group of leaders and contributors to this report, CHIP wishes to express our heartfelt thanks.

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INTRODUCTION & BACKGROUND

Charting the Course II represents the most comprehensive assessment of health status in San Diego County to date. It provides a synthesis of detailed countywide health status data by region, ethnic group and age. Fact sheets that describe comparisons to state and national data, factors that increase one's risk of suffering from a particular health problem, model treatment programs, and local, state and national resources that can be tapped to develop targeted health programs. A community input survey was conducted in which members of the community, through 13 different focus groups representing different ages, ethnicities and regions, discussed their health concerns. Finally, the Community Health Improvement Partners (CHIP) engaged in a priority setting process to rank the size, seriousness, and community concern for a number of health issues (see **Appendix A** for an overview of CHIP).

Four documents comprise the full **Charting the Course II** report:

Full Report: Contains comprehensive regional, ethnic and age group analysis of health issues; fact sheets detailing health statistics, risk factors, prevention measures, model programs and resources for each health issue; and a full description of the needs assessment and priority setting process. A brief summary of the community input results are also incorporated. It is intended to be used by organizations who want to finetune or tailor existing health programs, or develop programs in response to community needs. (Approximately 250 pages)

Executive Summary: Briefly summarizes the information contained in the full report. It contains health highlights, but not with the scope and depth of the full report. Fact sheets are not included. It is most useful for individuals who want general information on health issues. (Approximately 40 pages)

Community Input Supplement: Contains a comprehensive description of the process and results of facilitated discussions with 13 focus groups representing different age, ethnic, geographic, and special interest groups. It contains detailed information about the views and opinions of consumers of health care. It is useful for individuals or organizations who need to know the consumer perspective in order to provide services in the most responsive way possible. (Approximately 110 pages)

Statistical Supplement: Represents a report by the San Diego County Health and Human Services Agency, Office of Child, Youth

and Family Health Assessment and Planning. It is comprised of numerous detailed tables of health statistics organized by region and sub-regional areas, age groupings, ethnicities, and in some cases gender. Data sources include birth and death records, communicable disease reports, emergency medical services data, child abuse reports and referrals, and school data. It details all of the health issues mentioned in the full report, as well as other health issues not reviewed. It is, therefore, extremely useful in describing health problems and concerns on a community-specific level. (Approximately 500 pages)

This report is the second edition of a countywide health needs assessment, the first of which was completed in December 1995. Initially the project was undertaken to comply with statewide community benefit legislation (SB 697) requiring private not-for-profit hospitals to conduct an assessment of health in their areas in order to better respond to community health needs. California requires the needs assessment to be updated every three years. Members of the Community Health Improvement Partners, many of whom are required to comply with this legislation, decided to collaborate and produce one comprehensive needs assessment in order to develop a more comprehensive report and to maximize resources.

In addition to fulfilling the requirements of SB 697, the needs assessment can serve a number of functions. It can become a springboard for the mobilization of resources, both economic and human, needed to confront the multitude of serious and confounding public health issues facing any community. In addition, it can be used to:

- Provide a community resource for individuals, agencies, and institutions to use to identify health concerns of their constituencies, neighborhoods, or geographic region;

- Monitor changes and trends in health status in San Diego as they compare to state and national trends and goals;

- Provide the basis upon which community health programs and interventions can be targeted, developed and evaluated; and ultimately

- Improve the health of the community and its members.

The project has evolved into one that goes well beyond the state requirements and is broadly distributed to health care organizations, schools, libraries, businesses, policymakers and others who have an interest in health. It represents the best effort of CHIP, given limited resources, to display community health status in terms that both health professionals and the broad community can utilize.

Process and Approach

This health status assessment uses information from four primary sources:

- Health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency
- Health-related scientific literature
- Results of facilitated discussions held with 13 focus groups representing a cross-section of age, ethnic, geographic and special interest groups
- Results of a process used with CHIP members to set priorities among competing health issues, using objective rating scales related to a health issue's size, seriousness, and level of community concern

The CHIP Needs Assessment Committee, under direction of the CHIP Steering Committee, decided on the approach and methodology for the needs assessment. Once finalized, the Needs Assessment Committee obtained the necessary funding and identified who would be responsible for the various aspects of the report. They hired consultants to write and produce the full report and executive summary, and to conduct and report upon the community input process. The County of San Diego Health and Human Services Agency produced the health status statistical supplement. The final reports were approved by the Needs Assessment committee prior to production and distribution.

The results are presented in a variety of formats to facilitate their utility. Health issues that are of concern to specific age groups, ethnic groups, and geographic communities can be identified. Recommendations on how to use the information to develop community benefit plans are also included. A definition of terms such as "mortality rate," "age adjusted," "incidence," "years of productive life lost," and other technical terms are included in **Appendix B**.

Community Input

From May through July 1998, a total of 13 focus groups were conducted with health care consumers, facilitated and documented by a contracted consulting firm. A comprehensive report of their methodology and findings is presented in the companion report.

Focus groups were conducted with representatives of the following:

- Latinos
- Asian/Pacific Islanders
- African Americans
- Parents of children under age 12 (Group was conducted in Spanish)
- Adolescents
- Seniors
- African American seniors
- Consumers of substance abuse services
- Five geographic regions (North Inland, North Central, North Coastal, Central, and South County).

Focus group participants were asked to discuss health issues generally, and were also asked to rank a list of health concerns. The following health issues received a significant amount of attention in the focus groups:

- Access to health care and barriers to access, including cost, availability of services and medical insurance coverage;

- Promotion of healthy lifestyles, addressed by many as the key to creating healthy communities;

- Access to mental health services;

- Access to substance abuse prevention and treatment services;

- Adequate health education, specifically related to chronic illness and preventive care;

- Language and cultural barriers to health care access;

- Issues related to quality of care and the impact of managed care on personalized care and consumer confidence in health care providers;

- Teenage pregnancy;

- HIV/AIDS;

- Violence, specifically youth violence; and

- Childhood immunizations.

Priority-Setting Process

In order for CHIP to set priorities among the multitude of serious health concerns facing San Diego County, the Needs Assessment Committee with the help of its consultants developed a schema for priority-setting based on models in the literature and community-based experience and needs. The model consisted of the following components:

- Identification of health status indicators and issues (see **Figure 1**);

- Identification of priority-setting criteria, as follows:

  Size: incidence and/or prevalence; number of persons affected.

  Seriousness: level of severity as indicated by case fatality rate, years of productive life lost, economic or social impact.

  Community concern: the level of concern as evidenced by the results of focus group discussions or other surveys.

- Development of fact sheets presenting health status information needed in order to set priorities (presented in the full report). Information was included pertaining to each of the priority-setting criteria.

- Facilitation of a group process, open to CHIP members, by which health issues were scored and ranked by age group (0-14, 15-24, 25-64, 65 and over). A total of 40 points were possible (10 points for size, 20 for seriousness, and 10 for community concern).

Figure 1: Health Issues

1. **CANCER**
   - Lung
   - Breast
   - Colorectal
2. **CARDIOVASCULAR DISEASE**
   - Coronary heart disease
   - Hypertension
3. **CHRONIC AND DISABLING CONDITIONS**
   - Diabetes
   - Asthma
4. **COMMUNICABLE DISEASES**
   - TB
   - Influenza/Pneumonia
   - Immunizations
5. **HEALTH BEHAVIORS**
   - Nutrition and obesity
6. **HIV/AIDS**
7. **INFANT MORTALITY**
   - Low Birthweight
8. **MENTAL HEALTH AND MENTAL DISORDERS**
   - Suicide
   - Depression
9. **REPRODUCTIVE HEALTH**
   - Sexually Transmitted Infections (Gonorrhea, syphilis, chlamydia)
   - Teen pregnancy
10. **SUBSTANCE ABUSE**
    - Tobacco
    - Alcohol Abuse
    - Drug Abuse
11. **UNINTENTIONAL INJURIES**
12. **VIOLENT AND ABUSIVE BEHAVIOR**
    - Family Violence
      - Child abuse
      - Partner abuse
      - Elder abuse
    - Intentional injuries
      - Homicide
      - Rape/assault
      - Youth violence

Results of the priority setting process are presented in the tables below. Although each age group had their own unique ranking of priorities, certain trends emerged. First, based upon input from virtually every community input group, **access to care** (including long term care) remained an overriding concern for all age groups. Second, there were

The following four issues were major concerns:

Access to Health Care
Mental Health
Violent and Abusive Behavior
Substance Abuse

three health issues that appeared consistently in the top four among the age groups under age 65**: substance abuse, mental health/mental disorders,** and **violent and abusive behavior**. For ages 65 and older, cardiovascular disease and other chronic diseases were of top concern.

INFANTS AND CHILDREN

Table 1: Health Issues Ranked by Score for 0-14 Year Olds

Rank	Health Issue	Total Points*
1st	**Violent and Abusive Behavior**	28
2nd	Infant Health Problems	24
2nd	**Substance Abuse**	24
4th	Other Chronic, Developmental and Disabling Conditions**	23
4th	Communicable Diseases	23
4th	Unintentional Injuries	23
7th	Health Behaviors	21
8th	HIV/AIDS	16

* 40 points possible. 10 for size, 20 for seriousness and 10 for community concern.
**Includes emotional and behavioral disorders

ADOLESCENTS AND YOUNG ADULTS

Table 2: Health Issues Ranked by Score for 15-24 Year Olds

Rank	Health Issue	Total Points
1st	**Substance Abuse**	37
2nd	Reproductive Health	31
2nd	**Violence and Abusive Behavior**	31
4th	**Mental Health and Mental Disorders**	29
5th	Health Behaviors	22
6th	HIV/AIDS	20
7th	Other chronic, developmental and disabling conditions	19
7th	Unintentional injuries	19
9th	Communicable Diseases	7

Table 5 shows a ranking of health issues by total score for all age groups. Substance abuse in the 15-24 age group received the highest score, followed by the same issue for 25-64 year olds. The third ranking health issues by total score were reproductive health and violence for 15-24 year olds, and cardiovascular disease and other chronic diseases for seniors over age 65. Mental health and violence dominated the 4th through 6th positions. Interestingly, health behaviors for 25-64 year olds also filled the 4th slot, reflecting the concern that adults in their healthiest years need to exercise and take in proper nutrition.

ADULTS

Table 3: Health Issues Ranked by Score for 25-64 Year Olds

Rank	Health Issue	Total Points
1st	**Substance Abuse**	35
2nd	**Mental Health and Mental Disorders**	30
2nd	Health Behaviors	30
4th	**Violent and Abusive Behavior**	28
5th	Cardiovascular Disease	25
6th	Cancer	23
7th	Other chronic, developmental and disabling conditions	22
8th	HIV/AIDS	20
9th	Reproductive Health	16
9th	Unintentional Injuries	16
11th	Communicable Diseases	7

SENIORS

Table 4: Health Issues Ranked by Score for 65 Year Olds and Older

Rank	Health Issue	Total Points*
1st	Cardiovascular Disease	31
1st	Other chronic, developmental and disabling conditions	31
3rd	**Mental Health and Mental Disorders**	29
4th	Cancer	28
5th	Health Behaviors	26
6th	**Substance Abuse**	23
6th	**Violent and Abusive Behaviors**	23
8th	Unintentional Injuries	17
9th	Communicable Diseases	14
10th	HIV/AIDS	3

ALL AGE GROUPS

Table 5: Health Issues Ranked by Score Overall

Rank	Health Issue	Total Points	Age Group
1st	**Substance Abuse**	37	15-24
2nd	**Substance Abuse**	35	25-64
3rd	Reproductive Health	31	15-24
	Violence		15-24
	Cardiovascular Disease		65+
	Other Chronic Diseases		65+
4th	**Mental Health**	30	25-64
	Health Behaviors		25-64
5th	**Mental Health**	29	15-24
	Mental Health		65+
6th	**Violent and abusive behavior**	28	0-14
	Violent and abusive behavior		25-64
	Violent and abusive behavior		65+

SUMMARY OF KEY FINDINGS

This section summarizes the key findings of the needs assessment. It identifies some of the most pressing health issues for the priorities identified by CHIP, as well as health issues by ethnicity, age and region. The Executive Summary provides additional information on these topics, with in-depth descriptions and analysis provided in the Full Report. While this section provides a summary of key findings, it is not intended to discuss these complicated issues in depth, but rather to provide a brief synopsis of issues for easy reference.

Unless otherwise noted, all data referred to in the following document was supplied by the County of San Diego, Health and Human Services Agency, Office of Child, Youth and Family Health Assessment and Planning.

Priority Health Issues

Access to care

Uninsured: Approximately 25% of the San Diego County population is uninsured, while 83% of the uninsured are members of working families. An estimated 110,000 children from low-income families in San Diego County are uninsured.[1]

Barriers to care: Barriers include not having a regular source of care, lack of health insurance, lack of accessible facilities or providers, and personal barriers such as culture, language, and knowledge.

Adolescents: As reported in the Community Input Supplement, youth want more information about teen pregnancy prevention, sexual activity, sexually transmitted infections, birth control and prenatal care. Teens that get pregnant do not know where to access prenatal health care services. They believe clinics need to be more youth friendly with sympathetic staff, simple forms, and peer mentors.

Seniors: As reported in the Community Input Supplement, seniors want more education about health issues that impact them, such as diabetes, arthritis, medications, dietary recommendations, or other treatments. They want more education about Medicare, the role of HMOs, and how to negotiate the health system. In-home education, community education, and peer senior-to-senior education would be helpful.

Safe Harbor: Increasing Access to Health Care in San Diego: This CHIP Access to Care workgroup report outlines the access issue in great detail and identifies a number of remedial strategies.

Mental Health

Access to mental health services: Access to services, particularly for those without health insurance, was a primary concern to participants in the community focus groups. Lack of insurance coverage creates significant barriers for people attempting to manage their illness.

Suicide: Suicide rates were highest among seniors over age 65 in 1996. Whites committed suicide at much higher rates than other ethnic groups. Suicide is the third leading cause of death among youth between the ages of 15 and 24. A total of 13.9% of San Diego high school girls surveyed in 1997 said they attempted to commit suicide in the past year, and 29.3% said they thought seriously about suicide.[2]

Substance Abuse

Drug-related deaths: San Diego County experiences a more serious problem than other parts of the nation, with a 1996 rate of drug-related deaths nearly three times as high as the Healthy People 2000 objective.

Whites ages 25-65: In San Diego, the highest number of drug-related deaths in 1996 affected individuals between the ages of 25 and 65, with Whites having the highest rates of any ethnic group. Alcohol is involved in nearly half of all fatal auto collisions, and half of all murders, accidental deaths, suicides, and crimes are linked to alcohol.[3]

Adolescents: Over 47% of youth surveyed in San Diego City high schools in 1997 reported current alcohol use. It places adolescents at higher risk for accidents and unsafe sexual behavior, and increases their risk of developing serious alcohol dependency problems as they mature. Teen smoking is on the increase, with nearly 25% of all high school students reporting current tobacco use in a 1997 survey.[2]

Violence

Child abuse, partner violence and elder abuse: These are persistent problems that are taking their tolls on individuals and families. During fiscal years 1995 and 1996, the Mid City and Kearny Mesa SRAs had the highest average rates of child abuse referrals/reports compared to all other sub-regional areas in the county.

Homicide: Rates have declined in recent years but it is the leading cause of death for African-American and Hispanic men between the ages of 15 and 24 in the US, and the second leading cause of death for all youth between the ages of 15 and 24.[3]

Juvenile crime: Over 37% of high school students in San Diego reported physical fighting and over 18% reporting weapon carrying in 1997.[2]

Health Issues by Ethnicity

Health status is a function of social and economic conditions, personal behavior, access to medical care, and, to a lesser degree, genetics. Therefore, in and of itself, ethnicity is not a determinant of health. Due to social and economic conditions, however, some ethnic groups experience fewer or more health problems than others. **Appendix C** identifies the ethnic differences in health status according to the health issues tracked for this analysis.

Whites

Whites have higher rates of suicide and drug-related deaths than any other ethnic group. When comparing their health status to that of the entire countywide population, Whites have higher than average rates of cancer deaths (including breast and lung cancer), coronary heart disease deaths, influenza and pneumonia-related deaths, and infant mortality. Whites have better health status than the overall countywide population in some areas, however, such as fewer low birthweight babies, fewer teen births, and fewer homicides.

Health Issues for Whites

- Cancer deaths
- Breast cancer deaths
- Lung cancer deaths
- Coronary heart disease deaths
- Influenza and pneumonia deaths
- Infant mortality
- Suicide**
- Drug-related deaths**
- Unintentional injury deaths

** = worse than any other ethnicity

Hispanics

Hispanics in San Diego County have favorable health status compared to other ethnic groups, and have the lowest rates of death of any other ethnic group when it comes to cancer (including breast and lung cancer), coronary heart disease, influenza and pneumonia, suicide, drugs and infant mortality. Hispanics have less favorable health outcomes compared to the countywide population in asthma hospitalizations and homicides. Although Hispanics have the lowest infant mortality rate, they also have the lowest rate of early prenatal care and the highest rate of teen births of all other ethnic groups.

Health Issues for Hispanics

- Asthma hospitalizations
- Lowest percent of women seeking prenatal care in the first trimester**
- Highest percent of women seeking prenatal care in the third trimester or not at all**
- Births to teenagers age 15-17**
- Births to teenagers age 12-14
- Homicide deaths

** = worse than any other ethnicity

Health Issues for African Americans

- Cancer deaths**
- Breast cancer deaths**
- Lung cancer deaths**
- Colorectal cancer deaths**
- Coronary heart disease deaths**
- Asthma hospitalizations**
- Influenza and pneumonia deaths**
- Infant mortality**
- Low birthweight**
- Births to teenagers age 12-14**
- Births to teenagers age 15-17
- Drug-related deaths
- Unintentional injury deaths**
- Homicide deaths**

- ** = worse than any other

Blacks

(Note: "Blacks" refers to African Americans, Black Puerto Ricans, Jamaicans, Nigerians, West Indians, Haitians and others. See **Appendix B** to see how ethnicities/races are defined.)

On the whole, Blacks have poorer health status than any other ethnic group when reviewing a number of health indicators, including deaths related to cancer (including breast, lung, and colorectal cancer), coronary heart disease, influenza and pneumonia, unintentional injuries, homicide, and infant mortality. Blacks also have a higher rate of asthma hospitalizations and low birth-weight babies than other ethnic groups. While the rate of births to teens is higher than the county average, it is not as high as the rate of Hispanics. African Americans have lower rates of suicide than the countywide average.

Health Issues for Asians and Pacific Islanders

- Low birthweight
- Unintentional injury deaths
- Homicide deaths

Asians and Pacific Islanders

Compared to countywide averages, Asians and Pacific Islanders have favorable health status with regard to cancer (including breast and lung cancer), coronary heart disease, influenza and pneumonia deaths, suicides, and drug-related deaths. Three health indicators for this ethnic group are above the countywide rate: low birthweight babies, homicides, and death due to unintentional injuries.

Health Issues for Native Americans

- Low percent of women seeking prenatal care in the first trimester
- High percent of women seeking prenatal care in the third trimester or not at all
- Low birthweight

Native Americans

Native Americans in San Diego County have favorable health status compared to the county as a whole when reviewing deaths due to cancer, coronary heart disease, unintentional injury, and homicides. However, fewer pregnant Native American women receive prenatal care than the countywide average, and there are more low birthweight babies born to Native American women compared to the countywide average. Native Americans have lower than countywide rates on asthma hospitalizations and births to teens.

Health Issues by Age

This section contains a summary of health issues in four age groupings. General information regarding age-related issues was summarized from the Healthy People 2000 report.[4] Additional information is provided in **Appendix D:** Mortality Rates by Age Groupings, San Diego County, 1996; and **Appendix E:** Years of Productive Life Lost to Age 65, San Diego County, 1996.

Infants and Children (Birth to 14 years old)

Infant Mortality: In 1996, 243 infants died before their first birthday in San Diego County. The infant mortality rate decreased from 6.2 deaths per 1,000 births in 1993 to 5.4 per 1,000 in 1996. The African American infant morality rate in San Diego during the same year was almost twice that of the overall county in 1996.

Low Birthweight: In 1996, 5.8% of all newborns had a low birthweight (less than 2,500 grams) in San Diego County. This is a slight decrease from 6.0% in 1993.

Prenatal care: The key determinant to an infant's well being at birth is the health of the mother during pregnancy and the care the mother receives during the prenatal period.

Unintentional injuries: These are the number one killer of children under 14 years old. Falls account for 30% of unintentional injuries for children, followed by motor vehicle crashes, fires and poison.

Adolescents and Young Adults (Ages 15-24)

Unintentional injuries: These were the number one cause of death for this age group.

Homicide: This the second leading cause of death for this age group. It is the leading cause of death for African-American and Hispanic men between the ages of 15 and 24 in the US.[3]

Suicide: Suicide is the third leading cause of death for adolescents and young adults.

Other health issues: Sexually transmitted infections and teen pregnancy are concerns for the younger ages in this grouping. Adolescents and young adults are developing healthy or unhealthy habits related to diet and nutrition, or use of tobacco and other drugs, that may persist throughout their lives.

Adults (Ages 25-64)

Drug-related deaths: These deaths were higher for this age group than any other age group in 1996.

Leading causes of death: Cancer is the leading cause of death, followed by coronary heart disease and unintentional injuries.

Older Adults (Age 65 and Over)

Leading causes of death: Coronary heart disease was the leading cause of death for seniors, followed by cancer. Seniors had the highest rate of deaths due to influenza and pneumonia, deaths due to unintentional injuries, and suicide in comparison with other age groups.

Health Issues by Region

The county is divided into the six regions indicated below for the purpose of this report. Each region is comprised of a number of communities, which are also referred to as sub-regional areas or SRAs. See **Appendix F** for a Map of Sub-regional Areas.

Central Region: *Includes sub-regional areas of Central San Diego, Southeast, and Mid-City*
This region has more outstanding health issues than any of the other regions. In 1996 it had the highest rates of cancer deaths, coronary heart disease deaths, infant mortality, suicide, drug-related deaths and homicide deaths. It had the highest number of individuals who had positive tuberculosis skin tests. Child abuse reports/referrals were higher than any other region. The region had a greater problem with lung cancer deaths, influenza and pneumonia deaths, and deaths due to unintentional injuries.

North Central Region: *Includes subregional areas of Peninsula, Kearny Mesa, Coastal, University, Del Mar-Mira Mesa, North San Diego, Miramar and Elliot-Navajo*
While the North Central region had lower mortality from most major health problems than the County as a whole, some of the subregions within the region experienced more significant health problems. Peninsula had the second highest rate of deaths due to breast cancer of all county SRAs; Del Mar-Mira Mesa had 19.9 active TB cases per 100,000 (compared to 12.2 countywide). Coastal had a higher rate of suicides and drug-related deaths than countywide. Kearny Mesa had higher than countywide rates on cancer deaths (including lung and breast cancer), coronary heart disease deaths, influenza and pneumonia deaths, infant mortality, and suicide.

South Region: *Includes sub-regional areas of Coronado, National City, Sweetwater, Chula Vista, and South Bay*
In 1996, the South region had the highest rate of breast cancer deaths of all county regions. This region had more deaths due to breast cancer, coronary heart disease, and flu and pneumonia, as well as infection caused by tuberculosis than the countywide average. The Chula Vista SRA had the second highest rate of cancer deaths in general and the highest rate of lung cancer and breast cancer deaths compared to all other county SRAs. In 1996 the National City SRA had the highest rate of coronary heart disease deaths, pneumonia and influenza deaths, and tuberculosis than any other SRA in the county. The tuberculosis rate is four times as high in Baja California than in California, and the impact is seen in the high tuberculosis rates in the South region and other regions of the county (see the Full Report for additional information regarding border health).

North Coastal: *Includes San Dieguito, Carlsbad, Oceanside, Pendleton, and Vista*

The North Coastal region has lower rates of mortality from major causes than other county regions, with the exception of cancer deaths and infant mortality which are above countywide averages. The Oceanside SRA had a higher rate of cancer deaths in 1996 than any other SRA in the county. Between 1993 and 1996, Oceanside was tied with Mid-City for the highest infant mortality rate. Child abuse reports and referrals were also much higher in this region for fiscal years 1995 and 1996 than the rest of the county. The Oceanside jurisdiction had more reported rapes than the county overall with .58 per 1,000 population compared to .32 countywide.

East Region: *Includes sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Crest, Alpine, Laguna-Pine Valley and Mountain Empire*

The East region had a higher rate of lung cancer deaths and deaths from pneumonia or influenza than any other region in the county. It also had higher rates of death due to cancer, coronary heart disease, influenza and pneumonia, suicide and unintentional injury than the county as a whole. El Cajon has significant problems related to violence, as indicated by a high rate of child abuse referrals, homicides, rapes and aggravated assaults. Drug-related deaths and unintentional injuries are also significant concerns.

North Inland Region: *Includes sub-regional areas of Poway, Ramona, Escondido, San Marcos Valley Center, Pauma, Fallbrook, Palomar-Julian, and Anza-Borrego Springs*

The North Inland region has lower mortality rates than the county overall for the health issues tracked, with the exception of breast cancer and unintentional injuries. The sub-regional area of Escondido, however, had a number of additional health concerns, including heart disease, drug-related deaths, influenza and pneumonia deaths, and interpersonal violence (child abuse and rape). Escondido had the highest rate of deaths due to unintentional injuries (34.9/100,000 compared to 22.8 countywide).

OVERVIEW OF HEALTH ISSUES

Access to Care

Access to health care is one of the most pressing health concerns in San Diego County, and it continues to be CHIP's number one priority. Barriers to care include not having a regular source of care, lack of health insurance, lack of accessible facilities or providers, and personal barriers such as culture, language, and knowledge. In regard to lack of health insurance alone, approximately 25% of the San Diego County population are uninsured, while 83% of the uninsured are members of working families. An estimated 110,000 children from low-income families in San Diego County are uninsured.[1]

The CHIP Access to Care workgroup report, **Safe Harbor: Increasing Access to Health Care in San Diego**, outlines this issue in great detail and identifies a number of remedial strategies. There are multiple efforts in San Diego County to address this issue. They include the Kids Health Assurance Network (KHAN), School Health Improvement Project (SHIP), HealthLink, which is an effort ensure all school children have health care, Kaiser Kids, the County Medi-Cal and Healthy Families outreach program, the County Regional Health Care Advisory Council efforts to redesign the indigent care system, and others.

Access to care was the primary concern of most community residents participating in the community input survey conducted for this report, especially seniors and adolescents.

Access to Care

- Number one CHIP priority health issue
- Barriers to access include:
  - Lack of health care insurance
  - Lack of a regular medical provider
  - Different language or cultural background
  - Transportation and child care problems
- 25% of the San Diego population is uninsured.
- 110,000 children in San Diego are uninsured.

Seniors

Generally speaking, seniors participating in focus groups expressed that they wanted more education about health issues that impact them, such as diabetes and arthritis. They felt that physicians are not giving them enough explanation about health problems, medications, dietary recommendations, or other treatments. They would like to be notified when flu shots and other routine preventive health activities are needed. In addition to information about health issues, they want to be educated about the administrative part of health care, such as Medicare and the role of health maintenance organizations. Community members expressed the need for help negotiating the health system, better access to

specialists, and problem solving strategies on how to deal with very limited approved prescription drug lists. In-home education, community education, and peer senior-to-senior education would be helpful.

Adolescents

Adolescents have specialized needs in terms of access to health care. This group is often neglected in health program development activities because there is a general perception that adolescents are healthy and therefore do not need to use the health care system. They do, however, have concerns about access to information and services pertaining to sexual activity and reproductive health. In their focus group, adolescents reported they needed more education about sexually transmitted infections (STIs), birth control and teen pregnancy. They need information about available services, such as where to be tested or treated for STIs, where to obtain low-cost birth control, and for pregnant teens, where to access prenatal care. Focus group participants felt that a resource directory for teens would be helpful. In terms of the clinic services, teens expressed they had difficulty in obtaining transportation to clinics. They said that health care services are not youth friendly, staff act cynically toward youth who request a pregnancy test, and forms are complicated to complete. They recommended that clinics use adolescent peer mentors to help teen patients access the services and information they need.

Other Studies

Access to health care can significantly influence patient use of the health care system, and ultimately improve health outcomes. Individuals without health insurance are less likely to seek medical care when they need it. A recent study by the California Healthcare Foundation concluded that not having a regular physician was an even stronger barrier to access than not having health insurance coverage. The study found that patients without a regular physician were more likely to delay seeking care and to report no physician or emergency department visits within the last year.[5]

A new study by the Robert Wood Johnson Foundation and the Henry J. Kaiser Family Foundation identifies significant socio-cultural barriers to health care for minority and immigrant groups, including a lack of respect among health care providers for patients of diverse cultural backgrounds. The study recommends that health care providers ease communication problems by using interpreters and community health workers, increasing their own cultural understanding, and providing community education and outreach services.[6]

Cancer

Cancer is the second leading cause of death in the United States. Nearly every family has been touched by its impact. Cancer affects the elderly and African Americans at a higher rate than the young and those of other races. The most common cancers that cause death include cancer of the lung, breast, prostate, and colon/rectum.

Overall cancer trends in San Diego reflect national trends: local rates are decreasing slightly for all cancer deaths, including lung, breast, and colorectal cancer. Lung cancer continues to be the most common cause of cancer mortality among men and women in the US, and represents 25% of all cancer deaths in San Diego County.

Breast cancer affects one in eight American women in their lifetime, and is the second most common cause of death from cancer in women behind lung cancer.[3] Black women are at greater risk of death from breast cancer, due in large part to the lack of early detection and adequate treatment. Colorectal cancer is the second leading cause of cancer deaths in the nation, and affects seniors at higher rates than other age groups. Colorectal cancer is extremely curable if detected early.

Cancer

- **Mortality rate**

Overall:	113.1/100,000
Lung:	29.5/100,000
Breast:	19.9/100,000
Colorectal:	10.6/100,000

- Overall mortality rates from cancer decreased between 1993 and 1996
- San Diego County meets the Healthy People 2000 Goal
- Asian and Pacific Islanders in CHIP focus groups expressed concerns about cancer
- African Americans have higher cancer mortality rates than other ethnic groups

Statistics reflect only a portion of the enormous health problem of cancer. Fortunately, there is evidence that the prospect of preventing and surviving cancer continues to improve. An estimated 50% or more of cancer incidence can be prevented through smoking cessation and changed dietary habits. Early detection of breast and colon/rectal cancers can contribute significantly to the chance of survival. Survival rates are continuing to improve due to advances in early detection and treatment.[3]

Cardiovascular Disease

Cardiovascular disease includes: (1) heart disease, which is also called coronary heart disease or ischemic heart disease; (2) stroke, which is a form of cerebrovascular disease that affects the arteries of the central nervous system, and (3) high blood pressure, which is a risk factor for stroke and heart disease.

Cardiovascular Disease

- 25% of all deaths in were related to cardiovascular disease in 1996.
- The rate of heart disease deaths is increasing.
- San Diego meets the Healthy People 2000 goal for cardiovascular disease-related mortality.
- African Americans have a significantly higher rate of mortality from cardiovascular disease than other ethnic groups.

Heart disease is the leading cause of death and a common cause of morbidity in the US. It accounts for 40% of all deaths. Over six million people are hospitalized annually, and the economic costs attributable to cardiovascular disease are estimated at $259.1 billion.[3]

In San Diego County, the heart disease-related deaths are increasing, although the mortality rate in the county is less than the Healthy People 2000 Objective (which are national health status goals set by the US Department of Health and Human Services). Blacks have a much higher rate of deaths from cardiovascular disease than the overall population (155.7/100,000 compared to 93.1/100,000). In San Diego, over 18% of males and 22% of females surveyed were told they had high blood pressure by a health care practitioner.[7] The major risk factors of cardiovascular disease, including smoking, diet, and exercise, are amenable to prevention and intervention.

Chronic and Disabling Conditions

Over 90 million Americans live with a chronic or disabling condition, including arthritis, heart disease, back conditions, diabetes, cancer, hearing or visual impairments, asthma, speech and hearing impairments, and physical disabilities. Over 60% of the nation's medical costs are spent on chronic ailments.[8]

Chronic and Disabling Conditions

- African Americans and seniors responded in focus groups that chronic diseases were prevalent in their communities, but they were not receiving adequate care.
- The estimated prevalence of diabetes in San Diego is over twice the Healthy People 2000 objective.
- African Americans and Latinos have asthma hospitalization rates that are much higher than other ethnic groups.

Diabetes affects an estimated 170,000 individuals in San Diego County, and the rates of diabetes are higher among minority groups than Whites. Nearly one-third of the individuals that have diabetes are unaware of the condition, and approximately half of all diagnosed cases are among persons over age 65. Diabetes can cause serious complications including vision impairments, kidney disease, nerve disease, and cardiovascular disease. The risk of diabetes increases significantly with age, affecting 18.4% of all seniors.[9]

In San Diego County, the estimated prevalence of diabetes is more than twice the Healthy People 2000 goal. Risk factors for diabetes include

family history, obesity, sedentary lifestyle, poor diet, and age; however, diabetes can be effectively controlled with medication and lifestyle changes.

Asthma affects nearly 5% of the US population, and is a primary cause of hospitalizations. In 1996, hospitalizations due to asthma were much higher for African Americans and Hispanics than for Whites in San Diego County. While asthma rates appear to be rising nationwide, asthma-related hospital admissions decreased in San Diego County between 1995 and 1996. Young people under age 17, especially those of African or Hispanic origin, have the highest rates of asthma-related hospital admissions.

Communicable Diseases

Although many experts predicted that the public health significance of infectious diseases would continue to wane this century in the United States, they remain major sources of morbidity and mortality in this country. Between 1980 and 1992, data show that overall mortality from infectious diseases rose 58% in the United States. A significant proportion of this increase is accounted for by the increasing burden of HIV-associated disease. However, even when HIV-associated diagnoses are removed, mortality from infectious diseases still increased 22% during this time.[3]

In San Diego County, **tuberculosis** is a serious concern. While the trend in the county has decreased from 17.9 cases per 100,000 population to 12.2 from 1993 to 1997, the rate is still significantly higher than the Healthy People 2000 objective of 3.5. San Diegans with the highest tuberculosis infection rate are those from the Philippines and Mexico, and individuals over age 65. Tuberculosis is most often curable, but strict medication regimens must be adhered to. Since tuberculosis rates are four times higher in Baja California than California, cooperation is needed between the two states to alleviate the problem in the border region.

Pneumonia and influenza are also infectious diseases which take their toll primarily on seniors and individuals with chronic health

Tuberculosis

- San Diego County's rate of active tuberculosis (12.2) is much higher than the Healthy People 2000 objective (3.5).
- The trend of active TB cases decreased between 1993 and 1997.
- Central San Diego and National City have the highest rates of active TB.

Influenza and Pneumonia Deaths

- The rate of pneumonia and influenza-related deaths increased from 1993 to 1996.
- Over 17 average years of productive life are lost for each influenza and pneumonia-related death.
- National City and Escondido have the highest rates of influenza and pneumonia-related deaths.

problems. In San Diego, the rate of deaths from pneumonia and influenza is increasing (from 32.0/100,000 in 1993 to 35.1/100,000 in 1996), and is higher than the California rate. African Americans in San Diego have a higher influenza and pneumonia-related death rate than other ethnic groups. Individuals over age 65 are the most significantly affected, with a rate of 281.9 deaths/100,000 in 1996. Influenza immunizations for high-risk and senior populations are an extremely effective prevention method.

Immunizations

- San Diego does not meet the Healthy People 2000 goal in immunizations.
- In 1996, only 78% of 2-year-olds were adequately immunized.

Childhood immunizations have been a serious concern in San Diego, although the percent of two year olds that have been adequately immunized has increased from 65% to 78% in the last five years. This increase can be attributed in large part to intensive public health efforts, including education. San Diego County does not meet the national Healthy People 2000 objective of 90% however.

Health Behaviors

Health Behaviors

- The San Diego County percentage of adults who said they participated in physical activity during the past month is lower than the Healthy People 2000 goal.
- Diet and exercise were major concerns among Asians and Pacific Islanders participating in CHIP focus groups, as was obesity among African American women.

Good nutrition and physical activity are the keystones to good health. Healthy eating and exercise contribute significantly to a longer and higher quality life, and are fundamental to the prevention of cardiovascular disease, cancer, diabetes, and a host of other chronic as well as acute health conditions. In San Diego County the percentage of adults surveyed who say they participate in regular physical activity is less than the Healthy People 2000 objective (80.4% compared to the goal of 85%). In addition, the percentage of adults who say they exercise three out of seven days decreased between 1993 and 1997.[7]

HIV/AIDS

The HIV/AIDS epidemic is a relatively recent public health phenomenon in the United States and globally. The disease was first recognized in 1981, and the primary population group affected was white homosexual men. However, other AIDS cases quickly followed, soon appearing among persons with hemophilia, persons who injected illegal drugs, and ethnic and racial minorities.[3]

Since the early 1980s, it has become clear that there are at least four distinct HIV/AIDS epidemics of public health significance:

- An epidemic among men who have sex with men, facilitated by frequent changes of sex partners in highly infected sexual networks and high-risk sexual practices.
- An epidemic among injecting drug users facilitated by the multi-person use of needles and syringes that are contaminated with HIV-infected blood.
- An epidemic among heterosexual persons (principally in minority communities) facilitated by high rates of other sexually transmitted diseases that can increase both susceptibility to and transmissibility of HIV infection, and high-risk sexual practices. Female partners of male injection drug users have contracted HIV in ever-increasing numbers.
- A perinatal epidemic among infants caused by undetected and untreated HIV infection in pregnant women.[3]

HIV/AIDS

- As of February, 1998, a total of 9,200 AIDS cases have been diagnosed. Of those, 3,713 are currently living with AIDS
- The trends in the number of AIDS cases reported per year decreased from 1992 to 1996.
- The local rate of diagnosed AIDS is lower than the Healthy People 2000 objective

In San Diego County, the number of new AIDS cases reported each year has decreased between 1992 (1,088) and 1996 (717). The rate of new AIDS cases in 1996 in San Diego was 27/100,000, which is higher than the rate in California (22/100,000), but lower than the Healthy People 2000 objective (39/100,000). African Americans have the highest incidence of diagnosed AIDS cases in San Diego and California. Effective public health prevention techniques include education, use of condoms, safe sex practices, needle exchange programs, and pre-pregnancy testing.

Infant Mortality and Low Birthweight

Improving the health of mothers and infants is a national and local priority. Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well being. As of 1993, the US infant mortality rate ranked 25th among industrialized nations. In San Diego the rate of infant mortality (5.4/100,000 in 1996) was lower than the state rate, and meets the Healthy People 2000 goal of 7.0. However, the infant mortality rate among African Americans in San Diego (10.6/100,000) is almost twice that of the overall county. Low infant birthweight is also an important indicator of maternal and child health. In San Diego, the

Infant Mortality and Low Birthweight

- Infant mortality in San Diego County is decreasing, and meets the Healthy People 2000 goal.
- The African American infant mortality rate in San Diego in 1996 was almost twice that of the overall county rate.
- Low birthweight in San Diego County (5.8%) exceeds the Healthy People 2000 goal

rate of low birthweights, under 5.5 pounds at birth, does not meet the Healthy People 2000 goal for all babies and more specifically for African American babies.

Low birthweight can result in life-long health problems including mental retardation, cerebral palsy and vision and hearing impairments. Infant deaths and health problems can be significantly impacted by simple yet effective prevention efforts for the mother, including early and regular prenatal care, avoidance of alcohol, tobacco, and other drugs, a nutritious diet, regular exercise, and social support.

Mental Health and Mental Disorders

Mental health is defined as the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral dysfunction. To a greater or lesser degree, mental illnesses affect children, adolescents, adults, and other Americans of all ethnicities and racial groups, both sexes, and all educational and socioeconomic strata. Nationally, an estimated 40 million Americans experienced some type of mental disorder within the past year. An estimated eight million people between the ages of 15 and 54 experienced both a mental disorder and a substance use disorder within the past year. It is estimated that approximately 35% of the population aged 15 to 54 will develop an undiagnosed mental illness over the course of their lifespan.[3] Access to mental health services, particularly for those without health insurance, is a primary concern, and creates significant barriers for people attempting to manage their illness.

Mental Health and Mental Disorders

- Mental health was a priority concern for a majority of CHIP focus group participants, especially related to the lack of access to services.
- A national study showed that 48.4% of adults reported a psychiatric disorder some time in their lifetimes.
- The San Diego County rate of suicide (11.6) is higher than the Healthy People 2000 objective (10.5).
- Whites have a higher suicide rate than other ethnic groups in San Diego.

Suicide is perhaps the most devastating end result of a bout with mental illness. In San Diego, 337 people committed suicide in 1996, which is a decrease from 14.2/100,000 in 1993 to 12.6/100,000 in 1996. However, the local rate is still higher than the Healthy People 2000 objective of 10.5. Suicide is the third leading cause of death among youth between the ages of 15 and 24. In San Diego high schools, 13.9% of girls surveyed said they attempted to commit suicide in the past year, and 29.3% said they thought seriously about suicide.[2]

Reproductive Health

The area of reproductive health includes health problems related to sexually transmitted infections, including chlamydia, gonorrhea, and syphilis, as well as health and social problems related to teen pregnancy.

There are over 20 types of sexually transmitted infections (STIs), with the US having the highest rates of STIs in the industrialized world.[3] They are major concerns for adolescents, and can contribute to infertility, pregnancy complications, adverse birth outcomes, chronic infection, cervical cancer, and even death.

In 1997 there were 6,398 reported cases of chlamydia, 1,508 cases of gonorrhea, and 23 cases of syphilis in San Diego County. Chlamydia affects one out of every ten teenage girls, and can result in infertility. The rates in San Diego County are higher than the California and national rates. For gonorrhea, the reported rate in San Diego County is lower than the Healthy People 2000 objective, and decreased significantly from 1993 to 1997. The reported rate of syphilis is also decreasing and is significantly lower in San Diego County than the Healthy People 2000 objective.

Teenage pregnancy is a serious concern for adolescents. In San Diego there were 1,884 births to girls between the ages of 12 and 17 in 1996, however the rate of births to girls between the ages of 15 and 17 has decreased in recent years. San Diego's teenage pregnancy rate is lower than the Healthy People 2000 objective. Hispanic youth have the highest rates of teenage pregnancy, resulting in a greater impact in some communities with large Latino populations (Central San Diego, Vista, Chula Vista).

Reproductive Health

- In San Diego in 1997, there were 6,398 reported cases of sexually transmitted infections (STIs).
- Age groups most impacted by STIs are adolescents and young adults (15-24). The highest rates of reportable STIs are in the subregional areas of Central and Southeast San Diego.
- The rate of teen pregnancies in San Diego decreased between 1993 and 1996, and meets the Healthy People 2000 objective.
- Hispanic girls have the highest rate of teen pregnancy in San Diego but they have the lowest rate of prenatal care.
- Teen pregnancy was identified as a major concern among the adolescent, Latino, and African American

Substance Abuse

Substance abuse and substance abuse-related problems are among society's most pervasive health and social concerns. Substance abuse includes the misuse and abuse of tobacco, alcohol, and other drugs. Over 100,000 people die each year in the US as a result of alcohol alone. Illicit drug abuse and related AIDS deaths account for at least another 12,000 deaths annually. It costs every man, woman, and child in America nearly $1,000 annually to cover the costs of health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.[3]

Substance Abuse

- Substance abuse is a major concern among San Diegans, particularly among adolescents.
- Teen smoking is increasing. Nearly 25% of high school students reported current tobacco use in 1997.
- Over 47% of youth surveyed in San Diego City high schools reported current alcohol use.
- San Diego has a more serious drug problem than other parts of the nation. The drug-related death rate is nearly three times as high as the Healthy People 2000 objective.

Smoking is a serious concern due to its toll on health. Tobacco use is the leading preventable cause of death in the US and results in more years of productive life lost than any other condition each year. Teen smoking is on the increase, with nearly 25% of all high school students reporting current tobacco use in 1997.[2] Trends for chronic lung disease are also increasing in San Diego County, with the highest rates affecting the white population.

Alcohol use and abuse is a priority concern for adolescents as well as adults. Over 47% of youth surveyed in San Diego City high schools reported current alcohol use.[2] Alcohol is involved in nearly half of all fatal auto collisions and murders, accidental deaths, suicides, and crimes. Alcohol places adolescents at higher risk for accidents and unsafe sexual behavior, and increases their risk of developing serious alcohol dependency problems as they mature.

Drug abuse has declined nationally, although the number of drug-related deaths for adolescents has nearly doubled nationally in the last four years. San Diego County experiences a more serious problem than other parts of the nation, with a rate of drug-related deaths nearly three times as high as the Healthy People 2000 objective. In San Diego, the highest number of drug-related deaths affect individuals between the ages of 25 and 65, with Whites having the highest rates of any ethnic group. Risk factors for adolescent drug abuse include a family history of abuse, low self-esteem, poverty, and low educational achievement. Effective prevention and intervention practices are multi-faceted and complex. However, the science of prevention—which builds on the strengths and assets and ameliorates the risks of individuals, families, and communities—can be effective if soundly and diligently implemented.

Unintentional Injuries

Unintentional injuries are the leading cause of death for people ages 1 to 34. They include motor vehicle accidents, falls, drowning, poisonings, recreational and sports-related injuries, burns, choking, unintentional shootings, and suffocation, and can be effectively addressed through proven prevention techniques. Seniors are particularly vulnerable to falls, and the rate of deaths from unintentional injuries is higher for seniors than any other age group. Death and injury due to motor vehicle accidents are of a particular concern to young people ages 15-24.

While motor vehicle accidents and deaths are a major concern on San Diego freeways, San Diego County has met the Healthy People 2000 goal of 14.2/100,000 (the San Diego rate was 9.9/100,000 in 1996). San Diego County data points to an increasing trend in deaths due to falls in recent years, which disproportionately affect the frail and elderly population.

Unintentional Injuries

- This is the leading cause of death for people aged 1-34.
- Seniors have a higher rate of deaths from unintentional injuries than any other age group.
- Deaths due to falls are increasing.
- Environmental prevention (helmets, safety belts, speed limits, pool covers) are effective.

Environmental methods of prevention have been shown to be extremely effective in reducing deaths due to unintentional injuries. Examples include the use of helmets while participating in sports activities and while operating motorcycles or bicycles; mandatory fencing around swimming pools; child safety caps on medication, pesticides and home cleaning chemicals; reduction of the speed limit and sanctions against driving while under the influence of drugs or alcohol; and architectural modifications on homes and buildings to use more ramps, railings, and slip resistant flooring.

Violence and Abusive Behavior

Violence and abusive behavior includes family violence against children, partners, and elders, as well as intentional injuries such as homicide, rape and assault, and youth violence. Violence is pervasive in society and has changed the quality of life for those it directly impacts, as well as for those who exist in an environment and social milieu of violence. Americans are shocked by reports of children killing other children in schools. Intimate partner violence and sexual assault threaten women in all walks of life. On an average day in America, 70 people die from homicide and a minimum of 18,000 people survive interpersonal assaults.[3]

Poverty, discrimination, and a lack of education and employment opportunities are important risk factors for violence. Multidisciplinary strategies for reducing violence need to begin early in life, before violent behavioral patterns are adopted.

Child abuse is particularly devastating, although the overall rate of reported abuse is remaining fairly stable in San Diego County. In 1996, 15 children under the age of 14 were murdered due to child abuse; four of these were under the age of one. There were over 120 child abuse reports made for every 1,000 children under age 18. Most of these referrals were made for neglect (52%), physical abuse (24%), or sexual abuse (12%).

Partner violence is also pervasive, with up to one in four women being subjected to partner abuse in their lifetimes according to some studies.[10] In San Diego, there were a total of 26,327 incidents of domestic violence

Violence and Abusive Behavior

- Over 120 child abuse reports are made for every 1,000 children under 18 in San Diego.
- There were 26,327 incidents of domestic violence reported in San Diego in 1996.
- Homicides rates are declining, but are still the leading cause of death for African American and Hispanic men between 15 and 24.
- Rapes among juveniles are on the rise in San Diego, while trends for many other violent crimes are on the way down.
- Over 18% of high school students surveyed reported carrying a weapon to school one or more times during the last 30 days.
- Approximately 78% of rapes are committed by a person the victim knows.

reported in 1996. The problem is generational, with boys who witness spousal violence having a higher statistical chance of being an abusive adult, and girls who witness this abuse having a higher chance of being battered.

Elder abuse has recently been recognized as a major public health problem. Although it is estimated that elder abuse is significantly under-reported, there were 1,358.6 reports/100,000 seniors in 1997-98 in community settings in San Diego and 87.0/100,000 in institutional settings. It is estimated that only 1 in 14 cases of elder abuse are reported.[11]

Intentional injuries are a major cause of mortality in the US (50,000 deaths per year), and are closely associated with drug and alcohol use and ownership of weapons. While a major problem in San Diego, **homicide** rates have declined in recent years (from 9.4/100,000 in 1993 to 6.2/100,000 in 1996). Still, homicide is the leading cause of death for African American and Hispanic men between the ages of 15 and 24 in the US, and the second leading cause of death for all youth between the ages of 15 and 24.

Although many violent crimes are on the decrease locally, **rapes** among juveniles in San Diego continue to rise. There is an average of two rapes per day reported regionwide, with 882 women reported being raped in San Diego in 1997. It is estimated that only 10-16% of rapes are ever reported. Young women are the most affected, with women between the ages of 16 and 24 being three more times likely to be raped than women in other age groups. Approximately 78% of rapes are committed by a person the victim knows.[12]

Juvenile crime has become an all too common part of American culture. Over 37% of high school students in San Diego reported physical fighting one or more times during the 12 months preceding a survey, and over 18% reported weapon carrying (gun, knife, or club) one or more times in the 30 days preceding a survey.[2] While juvenile arrest rates are at unacceptably high levels, especially for African American and Hispanic youth, the arrest rate has decreased in recent years from 80.3/100,000 juveniles in 1992 to 71.6/100,000 in 1996.

Public health interventions for violence of all types are being designed, implemented, tested, and evaluated at many levels in society today. Most effective methods address the multi-factorial mechanisms that contribute to violence on an individual, family, community, and societal level.

NEXT STEPS

Charting the Course II represents a first step toward improving the health of the community. The assessment documents the problems, identifies high-risk populations and geographic areas, and points to potential preventive approaches (refer to the **Full Report**). The next steps—putting the information into action—are the most critical.

Individual communities, organizations, hospitals, consumer groups, and others can use this information to establish and monitor preventive health programs in their communities. Some of the critical steps involved in developing an effective community health program are:

- Determine underlying conditions that contribute to an unsatisfactory health outcome, whether behavioral, social, economic, or other;
- Focus prevention/intervention efforts on underlying conditions, such as diet and exercise for heart disease; or family support and alcohol/drug prevention for child abuse or domestic violence prevention;
- Identify community resources and existing efforts focused on the health concern;
- Identify gaps in services, underserved populations, or communities;
- Establish coalitions and network with other groups and individuals with similar concerns;
- Involve representatives of the "target" group, such as patients, consumer representatives, and/or community residents, to gather input and perspective on the proposed intervention; ensure that the program is culturally appropriate;
- Develop an effective program plan that encompasses state-of-the-art knowledge and information, identifies measurable outcomes, establishes milestones and a monitoring system, identifies a realistic timeline, and specifies who is responsible for what.

There are numerous models that can be used as a framework for health program planning. Commonly used models include:

- PRECEDE (predisposing, reinforcing, and enabling causes in educational diagnosis and evaluation);
- PATCH[8] (planned approach to community health);
- Healthy Communities[14]
- Asset Building[15]
- Planning for Community-Oriented Health Systems[16]

The data contained in the health status assessment, along with specific mortality and morbidity data contained in the **Statistical Supplement** can be analyzed to yield community-specific information on a regional or community level. Focus group findings for specific populations can also be used to further define the issues and their underlying causes or contributing factors.

It is anticipated that the findings of **Charting the Course II** will provide a framework for communities, institutions, coalitions, and others to identify specific health concerns, work with their communities to establish effective health improvement efforts, and monitor and evaluate their health improvement activities. Through the commitment of individuals and organizations in a number of sectors, the health of San Diegans of all ethnic groups, ages, and income levels will gradually improve, and ultimately reach optimal levels.

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