

# Charting the Course VI

## Central Region Forum

### Introduction

The Central Regional Forum held on August 25, 2010 at O'Farrell Community School in southeast San Diego, Calif. was attended by 22 community stakeholders representing a wide variety of programs and organizations, including hospitals and clinics, community advocacy organizations, the County of San Diego Health and Human Services Agency, elected official representatives, mental health organizations, social services organizations, community-based organizations, and community healthcare centers.

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

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

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

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

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

At the end of the event, participants were asked to evaluate the forum using a 4-point scale, with 4 being excellent and 1 being poor. Scores ranged from 3 for the location to 3.5 for the presentations and facilitation. Please refer to the evaluation section of this report for detailed evaluation results.

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

### Central Region Data Presentation

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

#### *Demographics*

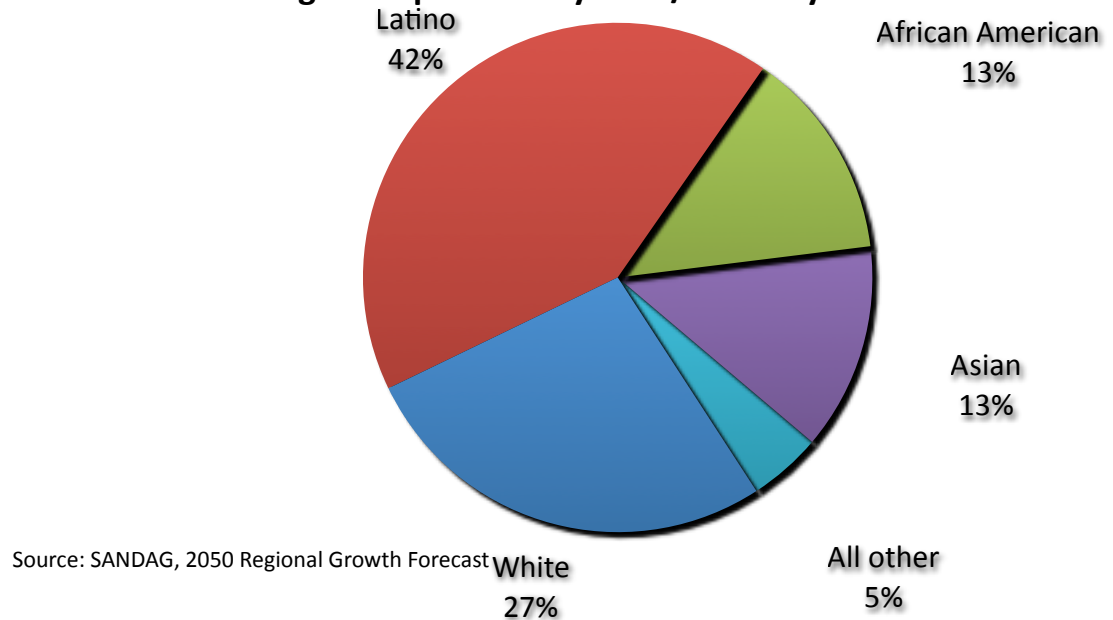
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The following demographic estimates and projections are based on SANDAG 2010 estimates and are available at the zip code level at <http://datawarehouse.sandag.org/>

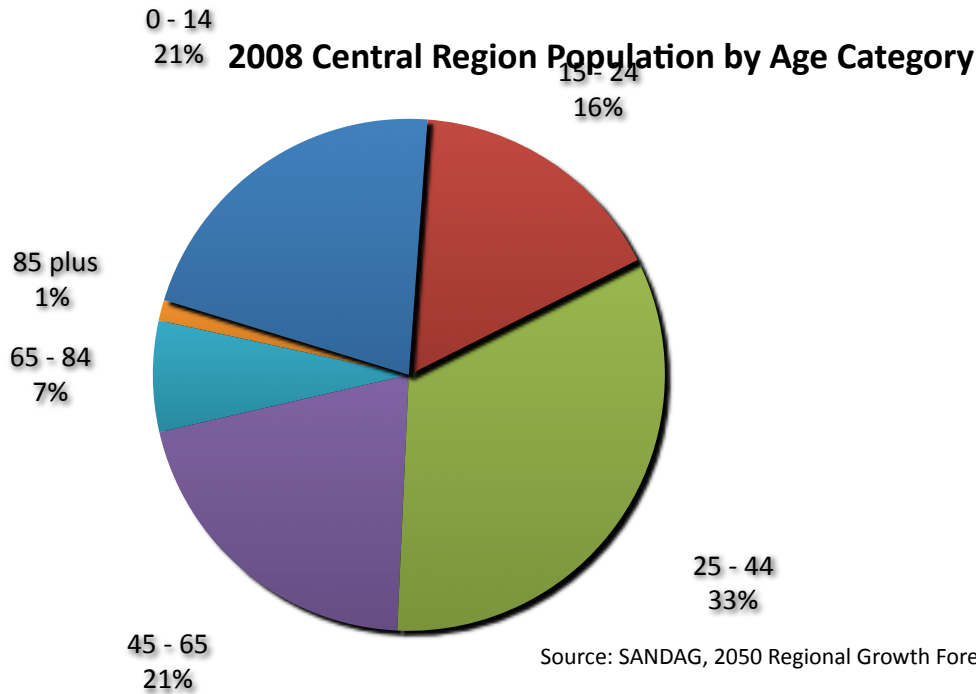
- Current Central Region population estimate – 494,640
- Projected 2020 population – 568,984, a 15% projected growth rate between 2008 and 2020
- While the overall population of the Central Region is expected to grow by 15% by 2020, growth rates among Latinos and American Indians are expected to grow at higher rates, 24.8% and 23.3%, respectively. The African American population is expected to increase by 7.0% while the white and Asian population is expected to increase by 4.5% and 13.4%, respectively.

### 2008 Central Region Population by Race/Ethnicity



- By 2020, there will be a significant shift in the age distribution of the Central Region. The percentage of those ages 65 and over is expected to grow by 50%, accounting for 11% of the population, while the percentage of those under age 25 is expected to grow by less than 6%, accounting for 35% of the population.

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**Health Issues**

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

- Overall, 50% of Central Region adults ages 18 and older reported their health as excellent or very good, which is lower than the 56% reported for the entire San Diego region and the lowest of all six regions.
- Among those ages 65 and older, only 36% reported their health as excellent or very good.
- Among Central Region residents, 25% reported being disabled due to a physical, mental or emotional problem. This was slightly lower than the County's overall rate of 27%.
- Among those ages 65 and older, over 57% reported being disabled, which is slightly higher than the 55% reported for the County overall.

Medical Insurance Coverage

- Overall, 78% of adults ages 18 and older reported they are currently insured, which is lower than the County overall rate of 85%.
- Among those ages 18 to 64 years of age, only 65.6% reported having insurance coverage for the entire past year.
- Those least likely to report having insurance include the following:
  - 60% among those ages 18 to 24 years old
  - 69% among those ages 25 to 39 years old

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- 72% among Latinos
- 60% in households with annual incomes under 100% of the federal poverty level
- 63% among those with a high school education or less
- Among those ages 18 to 64 years of age, employment-based coverage is the most common source of insurance, accounting for 52.6% of coverage. Public programs, including Medi-Cal and Healthy Families, account for 18.8%, and privately purchased coverage accounts for 4.4% of coverage.

Three wide-ranging health topics are explored in detail in this section. These include

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

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

#### Chronic Diseases Profile

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

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

Deaths (2008)

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

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

found many rates for the six conditions in the yellow).

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<i>Disease</i>	<i>Central Region</i>		<i>San Diego County</i>	
	<i>Number of deaths</i>	<i>Age-Adjusted Rate per 100,000</i>	<i>Number of deaths</i>	<i>Age-Adjusted Rate per 100,000</i>
<i>Cancer (All types)</i>	614	163.4	4,715	155.0
<i>Diseases of heart</i>	626	162.9	4,752	146.9
<i>COPD</i>	127	34.6	1,044	33.7
<i>Stroke</i>	147	39.2	1,121	34.9
<i>Diabetes</i>	107	28.0	571	18.4

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

Hospitalizations (2008)

<i>Disease</i>	<i>Central Region</i>		<i>San Diego County</i>	
	<i>Number of hospitalizations</i>	<i>Rate per 100,000</i>	<i>Number of hospitalizations</i>	<i>Rate per 100,000</i>
<i>Coronary Heart disease</i>	1,525	297.6	9,973	317.0
<i>Stroke</i>	996	194.4	6,488	206.2
<i>Diabetes</i>	922	179.9	3,972	126.2
<i>Cancer (All types)</i>	1,365	274.8	9,764	310.8
<i>COPD</i>	570	111.2	3,468	110.2
<i>Asthma</i>	552	107.7	2,267	72.1

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

Emergency Department Discharges (2008)

<i>Disease</i>	<i>Central Region</i>		<i>San Diego County</i>	
	<i>Number of ED discharges</i>	<i>Rate per 100,000</i>	<i>Number of ED discharges</i>	<i>Rate per 100,000</i>
<i>Asthma</i>	2,409	470.1	9,251	294.0
<i>COPD</i>	1,500	292.7	7,135	226.8
<i>Diabetes</i>	1,065	207.8	4,302	136.7
<i>Stroke</i>	159	31.0	1,321	42.0
<i>Coronary Heart disease</i>	104	20.3	827	26.3

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

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

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

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### Physical Activity

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

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

(CDC, 2009)

Within the Central Region, 85% of adults reported walking for transport, fun or exercise. This frequency is higher than the 79% reported by adults in the County overall.

Vigorous activity among children, defined as at least 60 minutes three times per week, was reported for 61% of children ages 5 to 11, which is a lower percentage when compared to the County's overall average of 73%. Among children ages 12 to 17, the percentage was 73%, higher than the County's overall average for this age group of 67%.

In terms of physical inactivity, 10% of adults living in the Central Region reported they were involved in no physical activity. This percentage is lower than the overall County average of 14% and lower than any other region in the County.

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

- TV viewing and video gaming, 3 or more hours on weekdays
  - 17% of ages 4-11 yrs (higher than the County overall, 15%)
  - 31% of ages 12-17 yrs (higher than the County overall, 25%)
- TV viewing and video gaming, 3 or more hours on weekends
  - 46% of ages 4-11 yrs (slightly lower than the County overall, 47%)
  - 42% of ages 12-17 yrs (lower than County overall, 45%)

### Weight Status

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

- Reduced risk of heart disease, stroke and type 2 diabetes

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- Lessened chance of developing many forms of cancer
- Relief of stress on back and joints
- Increased energy levels
- Enhanced self esteem

(CDC, 2009)

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

- Almost 60% of all adults were overweight or obese
  - Overweight 33% (County overall, 33%)
  - Obese 26% (County overall, 22%)
- Among adolescents ages 12-17 yrs, 58% were in the normal weight range
  - Higher than the County overall (77%)
- Among children, ages 2-11 yrs, 91% were in the normal weight range (based on age- and gender-specific BMI percentiles)
  - Same as the County overall (91%)

### **Nutrition**

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

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

- Only 52% of children ages 2-11 years consumed five or more servings of fruits and vegetables daily. This rate is slightly higher than the County's overall rate of 50%.
- Fast food consumption is measured by the number of times a person has eaten fast food during the prior seven days. In the Central Region, 21.1% of residents reported eating fast food three or more times during the previous seven days, ranging from 20% among those ages 40 and older to 35.5% among adolescents and young adults ages 15 to 24.

### **Tobacco Use**

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

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

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

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- Smoking levels are highest among those with a high school education or less and lowest among those with more than a high school education, 17.5% and 10.0%, respectively.

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

Unintentional injuries and deaths are the result of incidents that are regarded as being both predictable and preventable. Environmental and behavioral changes help prevent these injuries and deaths.

Examples of unintentional injuries include motor vehicle crashes and falls.

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

Between 2000 and 2008, the number of unintentional injury deaths among Central Region residents has decreased from 159 (30.7 deaths per 10,000) to 144 (31.8 deaths per 10,000), a 15.9% decrease (CDPH, 2008).

In the Central Region, unintentional injuries were the fourth leading cause of death in 2008.

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

1. Drug/alcohol overdose (n=836, 29.9%)
2. Suicide (n=581, 20.8%)
3. Motor vehicle (n=394, 14.1%)
4. Homicide (n=391, 14.0%)
5. Fall (n=288, 10.3%)

Between 2006 and 2008, five causes accounted for two-thirds of injury-related hospital ED discharges. These were:

1. Falls (n=21,707, 28.1%)
2. Struck by/against (n=10,698, 13.0%)
3. Overexertion (n=6,871, 8.6%)
4. Cut/Pierce (n=5,808, 8.3%)
5. Motor vehicle occupant (n=5,232, 8.0%)

During 2008, there were 3,421 unintentional injury hospitalizations among Central Region residents. The rate of unintentional injury hospitalization during 2008 for Central Region residents was 667.7 per 100,000, the fourth-highest rate among San Diego County regions.

Between 2000 and 2008, the number of unintentional injury hospitalizations of Central Region residents decreased slightly from 3,468 (722.2 per 100,000) to 3,421 (667.7 per 100,000) , a 1.4% decline.

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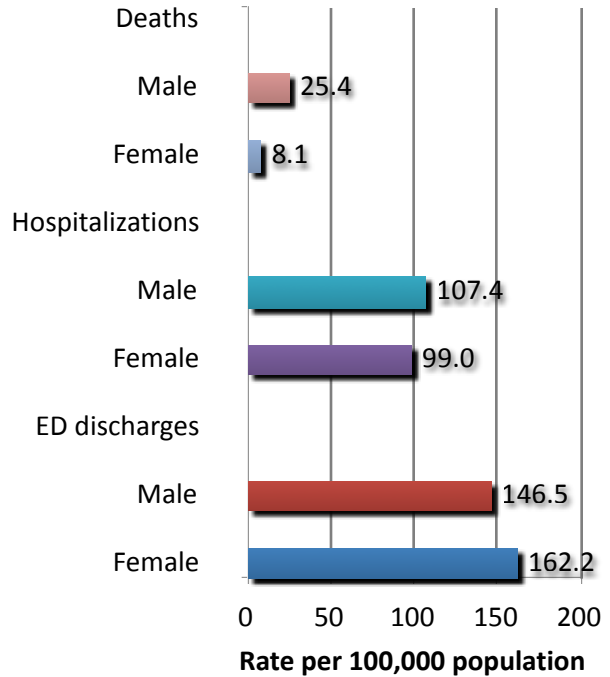
#### Overdose and Poisoning

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

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

- Deaths: Highest overall
  - Highest males
  - Highest whites and African Americans
  - 2<sup>nd</sup> highest ages 25 – 64
- Hospitalizations: Highest overall
  - Highest ages 25 and over
  - Highest males
  - Highest whites and African Americans
- ED discharges: 2<sup>nd</sup> highest
  - 2<sup>nd</sup> highest among males
  - Highest whites
  - 2<sup>nd</sup> highest ages 25-64

#### Overdose / Poisoning



Rate due to overdose and poisoning among Central Region residents 10,000 in 2000 to 16.9 in 2007.

Between 2000 and 2008, the hospitalization rate due to overdose and poisoning among Central Region residents decreased by almost 14% from 119.9 per 100,000 to 103.2 per 100,000.

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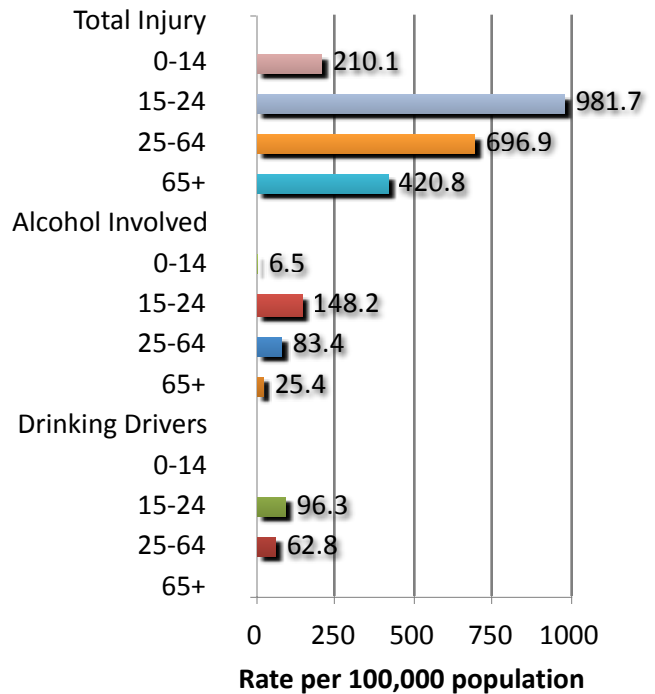
#### Motor Vehicle Injury

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

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

- **Location of Residence**
  - Death rates 4<sup>th</sup> highest overall
  - Highest among African Americans
  - Hospitalization rate highest overall
  - Highest among regions for males, females, whites, African Americans, ages 0-14, ages 25 plus
  - ED discharge rate 2<sup>nd</sup> highest overall
- **Alcohol-involved by location of occurrence**
  - Lowest overall

#### Motor Vehicle Injury Crashes, 2007



- **Drinking Drivers**
  - 5<sup>th</sup> Lowest
- **Active restraint use**
  - 75.3% among those 6 years and older (5<sup>th</sup> highest of all regions)
  - 68% among those under 6 years (2<sup>nd</sup> highest of all regions)

\* Rate not calculated for fewer than 5 events.

icle death rate among Central Region residents increased from an increase of almost 6%. Note, during this period the death e Central Region reached highs of 9.7 in 2002 and 9.5 in 2005.

Between 2000 and 2008, the hospitalization rate due to motor vehicles among Central Region residents decreased by almost 24%, from 155.8 per 100,000 to 118.9 per 100,000.

#### Pedestrian Injury

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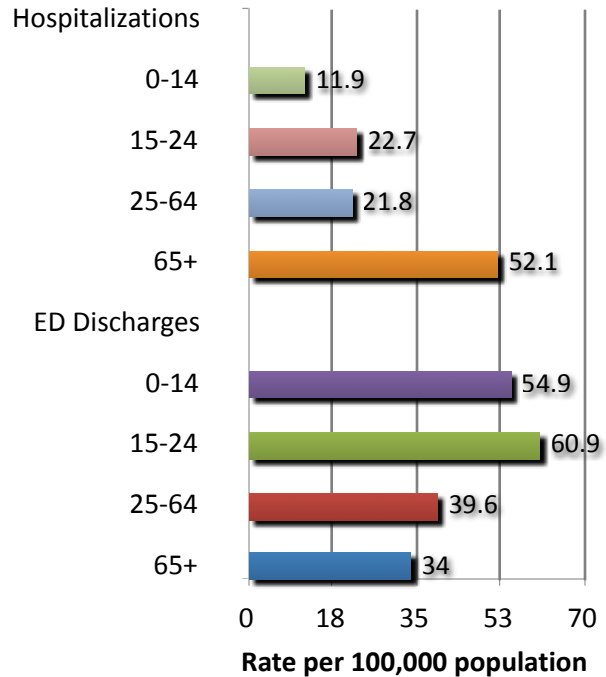
The following provides an overview of who is most impacted by pedestrian injury among Central Region residents by age category, gender and race/ethnicity.

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

- **Location of Residence**

- Death rates highest overall
- Hospitalization rate highest overall
  - Highest among regions for males, females, whites, African Americans, Latinos, and all age categories
- ED discharge rate highest overall
  - Highest among males, females, whites, Latinos, and all age categories

### Pedestrian Injury, 2008



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

pedestrians due to motor vehicle accidents among Central Region residents declined from 3.5 per 100,000 in 2000 to 2.8 in 2007, a 20% decrease. Note, during this period the pedestrian death rates due to motor vehicle accidents in the Central Region reached highs of 4.7 in 2002.

Between 2000 and 2008, the hospitalization rate of pedestrians due to motor vehicle accidents among Central Region residents decreased by almost 17%, from 26.9 per 100,000 to 22.4 per 100,000

### Homicide and Assault

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

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

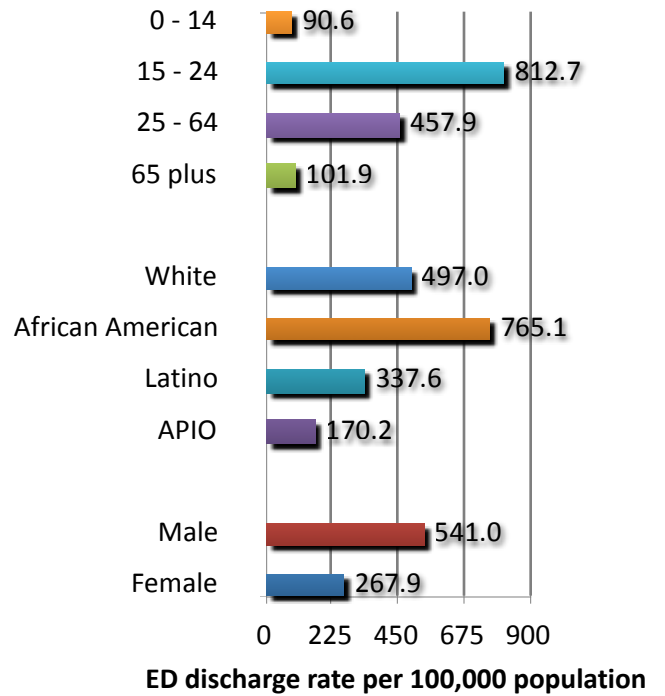
- **Homicides**

- Highest overall
- 86% males
- 79% persons ages 25-64
- Highest among African Americans and Latinos

- **Assault hospitalizations**

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**Assault ED Discharges, 2008**



**Trends**

Between 2000 and 2007, the homicide rate among Central Region residents has varied between 7.5 per 100,000 in 2000 and 2007, to 10.8 in 2004.

Between 2000 and 2008, the assault hospitalization rate among Central Region residents increased by 3.6%, from 106.2 per 100,000 to 106.9 per 100,000. During this time period, the highest rate occurred in 2003 and was 112.9.

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#### Suicide and Self-Inflicted Injury

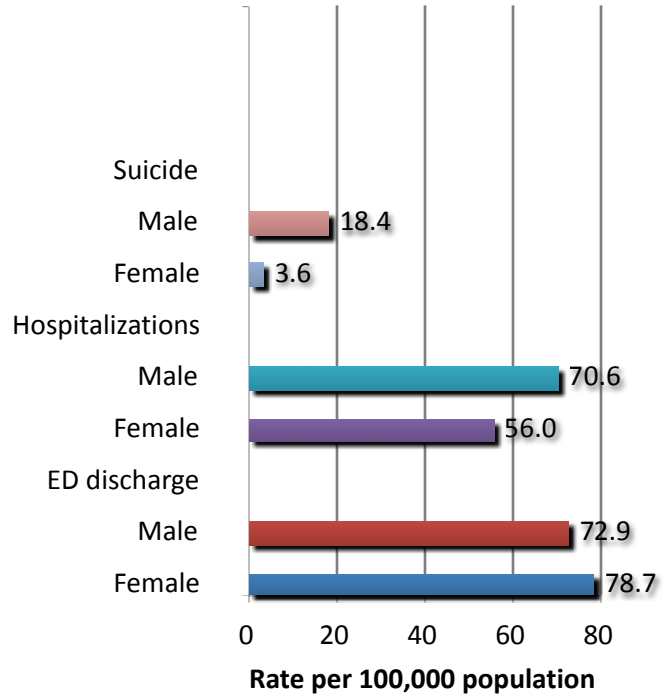
The following provides a brief overview of those most impacted by suicide and self-inflicted injury by gender and age category among Central Region residents and a comparison to County-wide rates.

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

- **Suicide**
  - Highest rate among persons age 65 plus years, compared to other ages
  - Higher among males than females
  - Higher among whites
- **Self-inflicted Injury**
  - Highest hospitalization rate
    - Higher rates among those ages 15-24 years, males and whites
- **Self-inflicted Injury ED Discharges**
  - Highest ED discharge rate
    - Higher rates among those ages 15-24 years, females and whites

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

### Suicide and Self-inflicted Injury



Rate among Central Region residents increased by 4.3% from 11.2 per 100,000 to 11.7 per 100,000.

Between 2000 and 2008, the hospitalization rate related to self-inflicted injury among Central Region residents decreased by over 28%, from 88.1 per 100,000 to 63.4 per 100,000.

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#### Violence

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

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

17% of adults reported they had experienced physical or sexual violence by an intimate partner since age 18. The rate of reported violence was higher among females than males, 13% and 21%, respectively.

Females age 40–64 reported the highest rate of physical or sexual violence by an intimate partner, 30%.

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

7% of adults reported they had experienced violence by an intimate partner in the previous year, which is higher than the County's overall rate of 4.9%.

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

13.6% of adolescents ages 12-17 reported they were involved in physical fights during the previous year. This rate was slightly higher than the County's overall rate of 13%.

#### Mental Health

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

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

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

#### Emotional Well-being

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- Almost 7.7% of adults had likely psychological distress in the past year slightly lower than 8% for the County overall. (This is based on the Kessler 6 scale, which measures psychological distress, including sadness, nervousness, restlessness, hopelessness, worthlessness and effort)
- Almost 4% of adolescents and adults likely had psychological distress in past month.

#### Access and Utilization

- 14% of adults saw a healthcare provider for emotional-mental and/or alcohol-drug issues in past year.
- 16.2% of adults felt they needed help for emotional/mental and/or alcohol/drug issues in the past year. Of those who felt they needed help, 63.5% reported receiving treatment, slightly lower than the overall County rate of 65%.
- Almost 8% of adults had taken prescription medicine for emotional/mental health issues, for at least two weeks during the past year, similar to the overall County rate of 10%.

#### Alcohol Use and/or Abuse

- 67% of adults reported they drank alcohol during the past month, higher than the County overall rate of 65%
  - Ages 18-20: 27% (County 31%)
  - Ages 21 plus: 68% (County 66%)
- Binge drinking (number of drinks in one setting) among adults (males: 5+ drinks, females: 4+ drinks)
  - 24% engaged in binge drinking during the past month (County 18%)
  - 34% engaged in binge drinking during the past year (County 31%)

#### Substance Abuse ED Discharges

During 2008, there were 2,173 ED discharges with a principal diagnosis of substance use or abuse among Region residents.

- The Central Region had the highest rate in the County, with 429.8 discharges per 100,000 compared to the rate of 294.0 for the County overall.
- 50% (n=1,085) of the discharges were for nondependent abuse of alcohol and/or drugs, including
  - 85% binge drinking
  - 4.6% amphetamine use

#### Mental Illness ED Discharges

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During 2008, there were 3,116 ED discharges of Central Region residents with a principal diagnosis of mental illness.

- Central Region ED discharge rate was 616 per 100,000 compared to the overall County rate of 516 per 100,000.
- 14.1% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness. (County 19.2%)
- 20.7% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse. (County 21.6%)

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

During 2008 in the Central Region:

- 14.1% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness, which was lower than the County's overall rate of 19.2%
- 20.7% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse, lower than the County's overall rate of 21.6%.

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### **Breakout Sessions**

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

### **Breakout Session Summary**

The following presents a summary of the Central Region breakout session for the three health issues. For more detailed information about the regional forum, refer to the introduction, data presentation and detailed breakout sections.

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

The vision developed during this breakout session focused on a Central Region where everyone has access to fresh, affordable, high quality, healthy food and safe places to engage in physical activity.

During the root-cause analysis completed during this breakout session, several themes related to the availability and affordability of fresh fruits and vegetables, and access to safe and affordable physical activities were identified as being critical in achieving the above vision.

Environmental themes include:

Limited access to fresh fruits and vegetables due to:

- Lack of advocacy
- Higher costs of fresh fruits and vegetables

Limited access to affordable fresh fruits and vegetables due to:

- Limited land for growing food
- Easy access to inexpensive fast food
- Transportation costs associated with fresh food

Limited access to safe and affordable physical activities due to:

- Gang violence
- Limited support for cultural diversity
- Inadequate resources for people with disabilities

People and behavior themes include:

Limited access to fresh fruits and vegetables due to:

- Low incomes creating a barrier to demand for fresh foods

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- Need for advocacy training

Increase of affordable fresh fruits and vegetables stymied by:

- Low demand
- Need for more education about fresh food preparation and nutrition

Increased access to safe and affordable physical activities stymied by:

- Need to train community members to advocate for their needs

Policy themes include:

Limited access to fresh fruits and vegetables due to:

- Limited business incentive to sell healthy food options
- Government subsidizes unhealthy foods

Increase the amount of affordable fresh fruits and vegetables available in the community

- Current policies don't support community gardens

Increased access to safe and affordable physical activities stymied by:

- Limited private investment in region
- Lack of policies that promote a safe environment
- Disenfranchised communities

### **Injury and violence**

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

The root-cause analysis completed during this breakout session identified several themes related to the empowerment of community members through access to programs and services, to economic and neighborhood development and improved infrastructure that are believed to be critical in achieving the above vision.

Environmental themes include:

Limited access to programs and services due to:

- Need for prevention services for targeted populations such as GBT youth
- Limited cultural competency and relevance

Slowed economic and neighborhood development due to:

- Low-performing schools
- Gangs
- Limited entrepreneurial opportunities

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### Central Region Forum

- Limited transportation

Infrastructure improvement challenges:

- Poor street lighting
- High number of liquor stores
- Lack of transportation
- Shopping in community limited to small markets
- Limited parks and recreation facilities

People and behaviors themes include:

Reduced access to programs and services due to:

- Fear that accessing physical and mental healthcare services may result in being reported to social services agencies or the INS
- Limited awareness of programs and services
- Lack of knowledge about prevention care

Slowed economic and neighborhood development due to:

- Community residents don't shop locally.
- Gang activity distracts from economic activity.
- High levels of poverty

Infrastructure improvement challenges:

- Limited community pride
- Fear of reporting criminal behaviors

Policy themes include:

Limited access to programs and services due to:

- Fragmented funding does not sustain needed programs and services

Economic and neighborhood development

- Limited incentives to encourage new businesses in area
- Redlining, discrimination and racism by financial institutions

Infrastructure improvement barrier:

- Limited public-sponsored home improvement projects

# Charting the Course VI

## Central Region Forum

### **Mental health**

The vision developed during this breakout session focused on creating a Central Region where all families and individuals have easy and prompt access to quality, culturally competent, integrated health services within an environment that fosters health and prevention activities.

The root-cause analysis completed during this breakout session identified several themes related to removing the stigma regarding mental illness. Adequate funding to support the community and better communication between policy makers, mental health providers and community members are believed to be critical to achieve the above vision.

#### Environmental themes include:

Stigma associated with mental or behavioral health issues

- People do not want mental health and homeless services located in their neighborhoods
- Media fosters fear of mental illness

Inadequate public funding and policy to support desired programs

- High levels of poverty
- Public focus is on problems with programs, not on opportunities to support needed programs.

Challenges to better communication between policymakers, mental health providers and consumers

- Communication via Internet is always in English
- Elected officials face many competing priorities

#### People and behavior themes include:

Stigma associated with mental or behavioral health issues

- Lack of tolerance for behavioral differences
- Limited education about mental health
- Cultural perspective of mental health and language barriers are different among immigrants

Challenges to adequate public funding and policy to support desired programs

- Community apathy and less value placed on the poor, mentally ill and homeless
- Lack of leadership to deal with mental health issues

Challenges to better communication between policymakers, mental health providers and consumers

- Current communication efforts ineffective
- Need for training on how to effectively communicate with and advocate mental health issues with policymakers

#### Policy themes include:

Challenges to reducing stigma associated with mental or behavioral health issues:

## Charting the Course VI

### Central Region Forum

- Resistance among non-mental-health providers to engage in mental health treatment
- Limited family support and difficulty accessing mental health services

Challenges to adequate public funding and policy to support desired programs

- Low income regions not well represented

Challenges to better communication between policymakers, mental health providers and consumers

- Language barriers and limited communications opportunities to provide input to the political process

# Charting the Course VI

## Central Region Forum

### Breakout Session Detail

The following section presents the details of each breakout session.

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

The weight status, nutrition, physical activity and fitness session was attended by six stakeholders and facilitated by Cheryl Moder, Director of the San Diego County Childhood Obesity Initiative. Participants represented a variety of organizations including County of San Diego Health and Human Services Agency, clinics, a County supervisor and a community collaborative organization.

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

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

“We envision a Central Region where everyone has access to fresh, affordable, high-quality, healthy food and safe places to engage in physical activity.”

#### ***Goals***

- More availability of locations offering fresh fruits and vegetables
- Increased abundance of affordable fresh fruits and vegetables
- More clean, safe and affordable places and programs for physical activity

#### ***Root-Cause Analysis***

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

#### **Effect: Lack of availability of fresh fruits and vegetables**

#### **Causes:**

##### **Behavior**

- Lack of demand because of low income

##### **People**

- Barriers to participation in advocacy
- Lack of income
- Lack of places that support culturally diverse foods
- Lack of training for advocacy

##### **Environment**

- Lack of advocacy

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### Central Region Forum

- Inadequate resources for people with disabilities
- Lack of values alignment between decision makers and community
- Higher cost for business to produce fresh fruits and vegetables

#### **Policies**

- Government-subsidized unhealthy food
- Lack of incentives for businesses to sell healthy food options

#### **Effect: Lack of fresh and affordable fruits and vegetables**

#### **Causes:**

##### **People**

- Inadequate education related to nutrition and food preparation
- Lack of income
- Lack of values alignment between decision makers and the community

##### **Behavior**

- Low demand
- Convenience of fast food

##### **Environment**

- Inadequate transportation for people to purchase food
- Lack of adequate land for growing food
- Easy access to fast food
- Cheaper cost of fast food
- Cost of healthy food production to farmers
- Cost of food distribution to community

##### **Policies**

- Policies don't support community gardens
- Government subsidizes unhealthy food

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## Central Region Forum

### **Effect: Inadequate clean, safe and affordable places and programs for physical activity**

#### **Causes:**

##### **People**

- Lack of knowledge about how to advocate
- Barriers to participating in advocacy efforts
- Lack of awareness about the real issues in the community
- Lack of values alignment between decision makers and community

##### **Environment**

- Lack of places that support cultural diversity
- Inadequate resources for people with disabilities
- Gang violence

##### **Policies**

- Few policy makers who come from the Central Region
- Resources that don't follow the need
- Disenfranchised communities
- Lack of policies that promote a safe environment
- Budget cuts for public safety and facilities
- Lack of private investment

### **Injury and Violence**

The Injury and Violence session was attended by six stakeholders and facilitated by Dana Richardson, Senior Director of Advocacy and Community Health. Participants represented a variety of organizations, including hospitals, a drug company and faith-based community collaborative.

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

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

“We envision a Central Region that is violence and injury free.”

#### ***Goals***

- Empowerment through access to programs and services.
- Empowerment through economic and neighborhood development. (People live, work, shop and play in their community.)

## Charting the Course VI

### Central Region Forum

- Empowerment through improved infrastructure. (Safe parks, housing, bricks and mortar and less exposure to hazards.)

#### **Root-Cause Analysis**

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

**Effect: Lack of access to programs and services, including healthcare resources, youth alternative programs, mental health programs and substance abuse rehabilitation programs**

#### **Causes:**

##### **Behaviors**

- Alcohol and drug use
- Fear among some associated with accessing mental health
- Fear among single mothers of losing their children
- Belief that being honest may lead to social services intervening in family
- Concern over deportation among Somali and East African community
- Sense of pride resulting in people not using programs for which they are eligible
- Fear and distrust related to INS. If the INS parks its car in the neighborhood, everyone stays indoors.
- Asian population looks within the family to find services.
- LGBT youth engaging in drug use and not using services
- Issues related to coming out
- Bullying
- Some immigrant populations go to traditional resources, including community leaders and healers.

##### **People**

- Lack of knowledge about available programs and services
- Lack of awareness about existing programs and services
- Lack of understanding related to prevention
- Mental health seen as a foreign concept to new immigrants, especially Somali women and those from southeast Asia

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## Central Region Forum

### **Environment**

- Lack of prevention services targeting GBT youth population
- Lack of services because of stigma and lack of program scope (City Heights and South Eastern area)
- Lack of cultural relevancy and competency (being in a place where no one looks or talks your language)

### **Policy**

- Lack of funding
- No continuum of care services (foundations, government)
- Structure of funding contributes to fragmentation
- California Endowment in City Heights only
- Periodic funding; no sustainability
- Fragmented funding system (state, county, CDC) “different silos”
- Fear of lack of privacy among government agencies

### **Effect: Lack of economic viability and neighborhood reinvestment**

#### **Causes:**

##### **Behaviors**

- Community residents don't shop locally.
- Gangs provide opportunities for making money.
- People spend money on gang related activities (i.e., drugs and prostitution) rather than other neighborhood business.

##### **People**

- Gangs challenge family cohesion.
- Poverty related to single parent households
- Lack of initial capital

##### **Environment**

- Low performing schools
- Gangs change perception of the community.

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### Central Region Forum

- Businesses don't see area as a business opportunity because it's perceived as low income and offers limited housing for employees.
- Lack of access to entrepreneurial opportunities
- Limited transportation (public and private) to travel to and from work outside the area

#### **Policy**

- Lack of incentives and stimulus to encourage new business in area
- Lack of loan opportunities
- Institution not allowing access: redlining, discrimination and racism
- Government policies encourage poor loaning policies/practices.
- Local government spends more on fighting drugs and gangs than in other communities (chicken and egg paradigm).

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## Central Region Forum

### **Effect: Lack of infrastructure to support safe environments**

#### **Causes:**

##### **Behaviors**

- People don't want to report criminal behaviors (not wanting to "snitch")

##### **People**

- Low level of community pride

##### **Environment**

- Large number of liquor stores
- Large number of small "mom-and-pop" businesses, including fast food, dry cleaners, beauty salons and barber shops
- Lack of neighborhood watch programs
- Some neighborhoods - poor street lighting at night
- Schools not part of the community; no joint use sharing of facilities or after school programming
- Lack of safe transportation (MTS just shut down routes)
- Lack of public parks and other recreational opportunities
- Lack of places to shop in the community: "If you want a drink you can get it. Everything else you have to go somewhere else."
- Lack of cohesive balance in business community
- Poor quality housing in older neighborhoods (City Heights)
- Limited access to emergency services despite high population density

##### **Policies**

- Lack of public-sponsored home improvement projects

### **Mental Health**

The mental health breakout session was attended by eight stakeholders and facilitated by Aron Fleck, CHIP Director of Programs. Participants represented a variety of types of organizations, including clinics, faith-based organizations, community benefit organizations, San Diego County Mental Health Services and San Diego County Health and Human Services.

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

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

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### Central Region Forum

“We envision a Central Region where all families and individuals have easy and prompt access to quality, culturally competent, integrated health services within an environment that fosters health enhancing, illness preventing programs, activities and policies.”

#### **Goals**

Goals developed by this group included the following:

- No stigma for self or others regarding mental health or behavioral health issues
- There is public will to provide adequate funding and policy to support the desired environment.
- Improved communication between policy makers, mental health providers and consumers at all levels.

#### **Root-Cause Analysis**

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

#### **Effect: Negative stigma for self and others regarding mental health and behavioral health issues**

##### **Causes:**

##### **Behaviors**

- Lack of education regarding mental health issues, especially those among children
- Lack of tolerance for behavioral difference
- Feeling like mental health issues are a burden on the family

##### **People**

- Cultural stigma (especially among East African cultures; mental health issues are kept within the family)
- Religion
- Gender stereotypes – tolerating partner violence between males and females
- Language barriers
- Stigma from healthcare providers

##### **Environment**

- NIMBYism (Not in My Back Yard) – People don't want services for the homeless and mentally ill in their neighborhoods.
- Dumping syndrome
- Media fosters a fear of mental illness and creates stigma.

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## Central Region Forum

### **Policies**

- Resistance of medical community to engage in mental health treatment (This refers to non-mental-health providers.)
- Access to mental health services is difficult – people lose hope “why bother.”
- Families don’t get needed support and get worn out through the process.
- Inconsistent information regarding service ability

**Effect: Public will does not support adequate funding for the desired environment**

### **Causes:**

#### **Behaviors**

- Less value placed on the poor, mentally ill and homeless
- Community apathy - good mental health does not appeal to the public’s self interest
- Hopelessness and fear stay under the radar – abundant misinformation related to mental illness.

#### **People**

- In the Central Region people are judgmental and not tolerant
- Lack of leadership in governmental roles
- Transition Aged Youth (T.A.Y.) population not targeted
- Certain adults who have been taken care of all of their life may need special care.

#### **Policies**

- Central Region not well represented because of low income
- Difficult for those with mental illness to vote or participate in the process to create desirable mental health policies
- Categorical funding is a barrier to integration. Two-thirds vote required to pass budget of services.

#### **Environment**

- Business of life is a distraction to harnessing the public will.
- Poverty
- Public focus is on “bad stones” and sensationalism, not on encouraging support.

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### Central Region Forum

**Effect: Lack of communication between policy makers, mental health providers and consumers**

**Causes:**

**Behaviors**

- Politicians not fully educated on mental health topics
- Those who make the most noise get attention – “Squeaky wheels get the grease”
- Hopeless feeling regarding California state funding

**People**

- Mental health providers think they know best and policymakers think they know best.
- People don't know how to communicate with elected officials.
- People don't know how to communicate effectively.
- People don't understand the mental health system.
- There is no support to train people how to communicate with policy makers.

**Environment**

- Power struggles between municipalities
- Elected officials are faced with many competing priorities.
- Communication by computer: Surveys are only sent in English via computer.

**Policies**

- No convenient mechanism to provide input into political process
- Policymakers only enter into the community when they need to get something done, not present everyday
- Language access/barriers

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## Central Region Forum

### Forum Evaluation

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

a. Event location:	3.0
b. Event time:	3.3
c. Food:	3.1
d. Presentations:	3.5
e. Facilitators:	3.5
f. Overall Event:	3.4

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

<i>Statement</i>	
a. I found the day energizing and/or inspirational.	3.9
b. The data presentations provided useful, clear information about the region and were useful to the day’s process.	4.3
c. The event facilitated open and honest discussion about the issue areas in our community.	4.7
d. I personally gained knowledge and/or skills that I can apply in my work.	4.2

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

- Gaps and root causes (3)
- The fishbone exercise was great!
- Hearing from other people in the community that I usually don't collaborate with often
- Appreciate keeping within the time frame on the agenda.
- Brainstorming
- Interpersonal discussions
- All

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### Central Region Forum

- Break out session (2)
- Everyone respecting each other's comments and willing to discuss them
- Diversity of thought that was brought to the meeting
- The ending plenary
- Reports from break out groups were excellent.

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

- The heat! But the rooms felt great! Also, I hate that more community stakeholders did not attend.
- Report back at the end of the day was too quick!
- Lack of signage for event location.
- Finding the location

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

- 12 people reported being interested in receiving a print/hard copy version
- 0 people reported they were would be willing to pay for a print/hard copy version
- 5 people reported they prefer a digital copy of the Needs Assessment

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

- Thank you for bringing this to the region!
- Data were presented for one year only. It would be helpful to see data over multiple years to see trends.
- It was all worthwhile.
- All parts meaningful

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

- Hospital or Clinic
- Community Organization/Advocacy
- County Department
- Elected official
- Mental Health Organization
- Other Social Services Organization
- Community based-privately funded
- Community Health Center

# Charting the Course VI

## Central Region Forum

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