Introduction

The East Region Forum was held on August 11, 2010, at the National University facility in La Mesa Calif. The forum was attended by 29 community stakeholders representing a wide variety of programs and organizations, including Head Start, substance abuse agencies, community college, refugee services, adult day care, hospice, hospitals, social service agencies, physical and mental health care providers, County and state government, and several community collaborative groups. Geographic areas represented included El Cajon, Alpine, Santee, Lakeside, Spring Valley, and Borrego.

During the 4-hour forum, Leslie Ray, County of San Diego, Health and Human Services Agency, Public Health Services epidemiologist, presented a health issues briefing with data specific to the East Region. During this briefing, a variety of demographic and health data were 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 more in-depth discussion. A leader took each group through a structured discussion, during which participants developed a vision for the region in relation the group's assigned 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-effect chart 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 it had developed.

At the end of the event, participants were asked to evaluate the forum. Overall, participants scored the event very high, with a mean score of 3.7 on a 4-point scale with 4 being excellent and 1 being poor.

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.

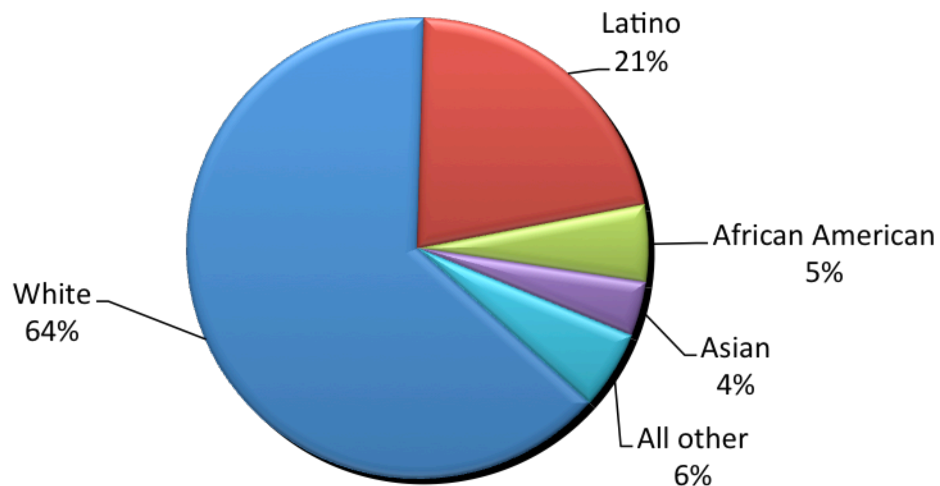
East Region Data Presentation

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

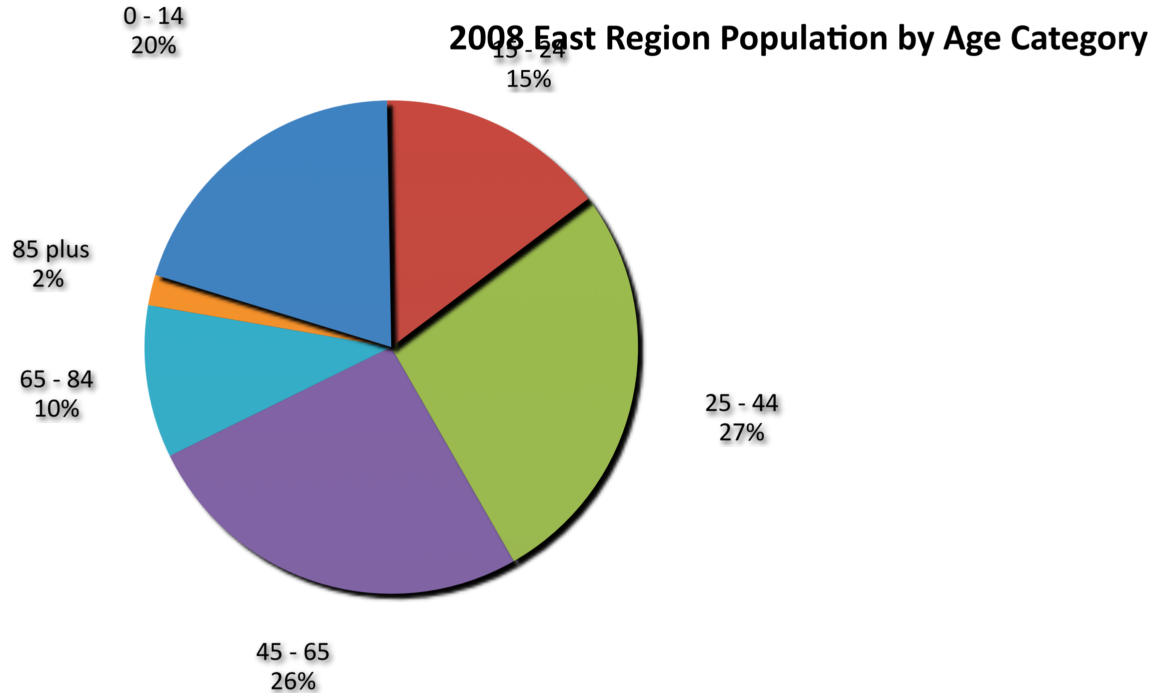
The following demographic estimates and projections are based on SANDAG 2010 estimates and are available at the zip code level at http://datawarehouse.sandag.org/

- Current East Region population estimate – 464,258
- Projected 2020 population – 504,890, an 8.8% projected growth rate between 2008 and 2020
- While the overall population of the East Region is expected to grow by 8.8% by 2020, growth rates among African Americans, Asians and Latinos are all expected to surpass 20%. Among the white population, the expected growth is less than 1% and the American Indian population is expected to decline by over 13%.



Source: SANDAG, 2050 Regional Growth Forecast
February 26, 2010

- By 2020, there will be a significant shift in the age distribution of the East Region. The percentage of those ages 65 and over is expected to grow by 43%, accounting for 14% of the population, while those under age 25 are expected to decline by 2%, accounting for 31% of the population.



Health Issues

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

Source: SANDAG, 2050 Regional Growth Forecast
February 26, 2010

- Overall, 54% of the East Region adults ages 18 and older reported their health as excellent or very good, which is slightly lower than the 56% reported for the entire San Diego region.
- Among those ages 65 and older, only 43% reported their health as excellent or very good.
- Among East Region residents, 31% reported being disabled due to a physical, mental or emotional problem. This was higher than the County overall of 27%.
- Among those ages 65 and older, almost 50% reported being disabled, which is lower than the 55% reported for the County overall.

Medical Insurance Coverage

- Overall, 85% of adults ages 18 and older reported they are currently insured, which is similar to the County overall.
- Among those ages 18 to 64 years, 77.8% reported having insurance coverage the entire past year.
- Those least likely to report having insurance include the following:
    - 52.5% among those ages 18 to 24 years
    - 63.3% among Latinos

- 71.8% in households with annual incomes under 100% of the federal poverty level

- Among those ages 18 to 64 years of age, employment-based coverage is the most common source of insurance, accounting for 62.4% of coverage. Medi-Cal and Medicare account for 12% and privately purchased coverage accounted for 5% of coverage.

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

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

These three health issues are major factors in chronic disease and account for a significant number of preventable deaths, hospitalizations and emergency department (ED) visits. Cost 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 US – 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 East Region, six chronic conditions were examined to determine their impact on the population. These six conditions were selected because combined they are the primary contributors to the four major chronic diseases contained in the 3-four-50 chronic disease concept. The following tables present the impact of these six chronic diseases in terms of deaths, hospitalizations and ED discharges. Comparison of East Region rates of death, hospitalization and ED discharges for each of these six chronic conditions to overall San Diego region rates found rates for these conditions in the East Region were higher in all measures (highlighted in yellow).

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.

Deaths (2008)

	East Region		San Diego County	
Disease	**Number of deaths**	**Age-adjusted rate per 100,000**	**Number of deaths**	**Age-adjusted rate per 100,000**
Cancer(All types)	847	176.3	4,715	155.0
Diseases of heart	924	184.7	4,752	146.9
COPD	237	49.4	1,044	33.7
Stroke	205	41.6	1,121	34.9
Diabetes	108	22.4	571	18.4

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

Hospitalizations (2008)

	East Region		San Diego County	
Disease	**Number of hospitalizations**	**Rate per 100,000**	**Number of hospitalizations**	**Rate per 100,000**
Coronary heart disease	1,914	412.3	9,973	317.0
Stroke	1.133	244.0	6,488	206.3
Diabetes	870	187.4	3,972	126.2
Cancer (All types)	1,628	348.6	9,764	310.8
COPD	749	161.3	3,468	110.2
Asthma	486	104.7	2,267	72.0

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)

	East Region		San Diego County	
Disease	**Number of ED discharges**	**Rate per 100,000**	**Number of ED discharges**	**Rate per 100,000**
Asthma	1,390	299.4	9,251	294.0
COPD	1,105	238.0	7,136	226.8
Diabetes	680	146.5	4,302	136.7
Stroke	213	45.9	1,321	42.0
Coronary heart disease	172	37.0	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 East 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.

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)

According to 2007 CHIS information, within the East Region only 69% of adults reported walking for transport, fun or exercise. This is lower 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 70% 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 also 70%, slightly higher than the County's overall average for this age group of 67%.

In terms of physical inactivity, 15% of adults living in the East Region reported that they were involved in no physical activity. This rate is similar to the overall County average of 14%.

A 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+ hours on weekdays
  - 18% of ages 4-11 years (higher than County overall, 15%)
  - 16% of ages 12-17 years (lower than County overall, 25%)
- TV viewing and video gaming, 3+ hours on weekends
  - 47% of ages 4-11 years (same as County overall, 47%)
  - 50% of ages 12-17 years (higher than County overall, 45%)

Weight Status

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

- Reduced risk of heart disease, stroke and type two diabetes
- 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 East Region residents:

- More than half of all adults were overweight or obese
  - Overweight 36.4% (County overall, 33%)
  - Obese 25% (County overall, 22%)
- Among adolescents ages 12-17 years, 25% were overweight or at risk of being overweight (based on age- and gender-specific BMI percentiles)
  - Higher than the County overall (23%)
- Among children, ages 2-11 years, 10% were overweight (based on age- and gender-specific BMI percentiles)
  - Similar to the County overall (9%)

A review of California Department of Education physical fitness reports for 2008-09 for schools in the East Region found 38.5% of children in grades 5, 7 and 9 were overweight or obese. Levels of those overweight or obese ranged from 29.9% among children in grade 5 to 46.5% among those in grade 7. County-wide, only 29.5% of children in grades 5, 7 and 9 were overweight or obese (California Department of Education, 2010).

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 East Region residents found the following nutritional information:

- Only 44% of adults over age 18 consumed five or more servings of fruits and vegetables daily. This rate is slightly lower than the County's overall rate of 47%
- Only 31% of adolescents' ages 12-17 years consumed five or more servings of fruits and vegetables daily. This rate is higher than the County's overall rate of 23%
- Only 54% 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%

In terms of fast food consumption, measured by the number of times a person had eaten fast food during the prior seven days, 21.1% of East Region residents reported eating fast food three or more times during the prior seven days, ranging from 13.4% among those ages 65 and older to 27.4% among those in the 25 to 39 age category.

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 East Region residents indicated the following tobacco use:

- 16.8% of the East Region residents reported they are currently smokers and 26.2% reported they are former smokers. These rates are higher than the County's overall all rate of 14.1% for current smokers and 23.8% for former smokers
- The smoking levels are highest among those with a high school education or less and lowest among those with a college education, 24.8% and 5.6%, respectively.

Injury and Violence

Unintentional injuries and deaths are the result of incidents regarded as 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 2004 and 2008, the number of unintentional injury deaths among East Region residents has increased from 134 (29.1 deaths per 10,000) to 186 (37.5 deaths per 10,000) annually, a 38.8% increase. (CDPH, 2008)

In the East Region, unintentional injuries were the sixth 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=623, 24.0%)
2. Suicide (n=609, 23.5%)
3. Motor vehicle (n=484, 18.7%)
4. Falls (n=388, 15.0%)
5. Homicide (n=178, 6.9%)

Between 2006 and 2008, five causes accounted for almost 70% of injury-related hospital ED discharges. The five leading causes were:

1. Falls (n=24,631, 30.3%)
2. Struck by/against (n=11,760, 14.5%)
3. Overexertion (n=6,897, 8.5%)
4. Motor vehicle occupant (n=6,671, 8.2%)
5. Cut/Pierce (n=6,328, 7.8%)

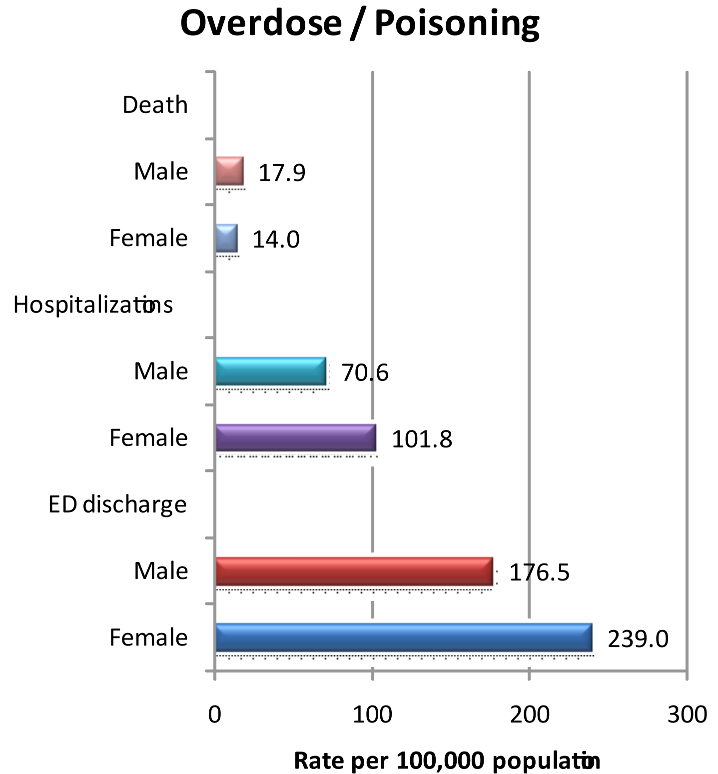
During 2008, there were 3,947 unintentional injury hospitalizations among East Region residents. The rate of unintentional injury hospitalizations during 2008 for East Region residents was 850.2 per 100,000, the highest rate among all San Diego County regions.

Between 2000 and 2008, the number of unintentional injury hospitalizations of East Region residents increased 13.8% from 3,380 (765.1 per 100,000) to 3,947 (850.2 per 100,000).

Overdose and Poisoning
The following provides an overview by gender of who is most impacted by drug overdose and poisoning among East Region residents.

In comparison to other regions and the County overall, the East Region rates rank:

- Deaths: 2nd highest overall
    - 2nd highest among males
    - Highest among females
    - Highest ages 25 – 64
- Hospitalizations: 2nd highest
    - Highest ages 15 - 24
    - 2nd highest ages 25 - 64
- ED discharges: Highest
    - Highest in almost all demographics, i.e., gender, race/ethnicity and age categories.
    - 2nd highest white and African American



Trends

Between 2000 and 2007, the death rate due to overdose and poisoning among East Region residents increased by over 43%, from 11.1 per 100,000 in 2000 to 15.9 in 2007.

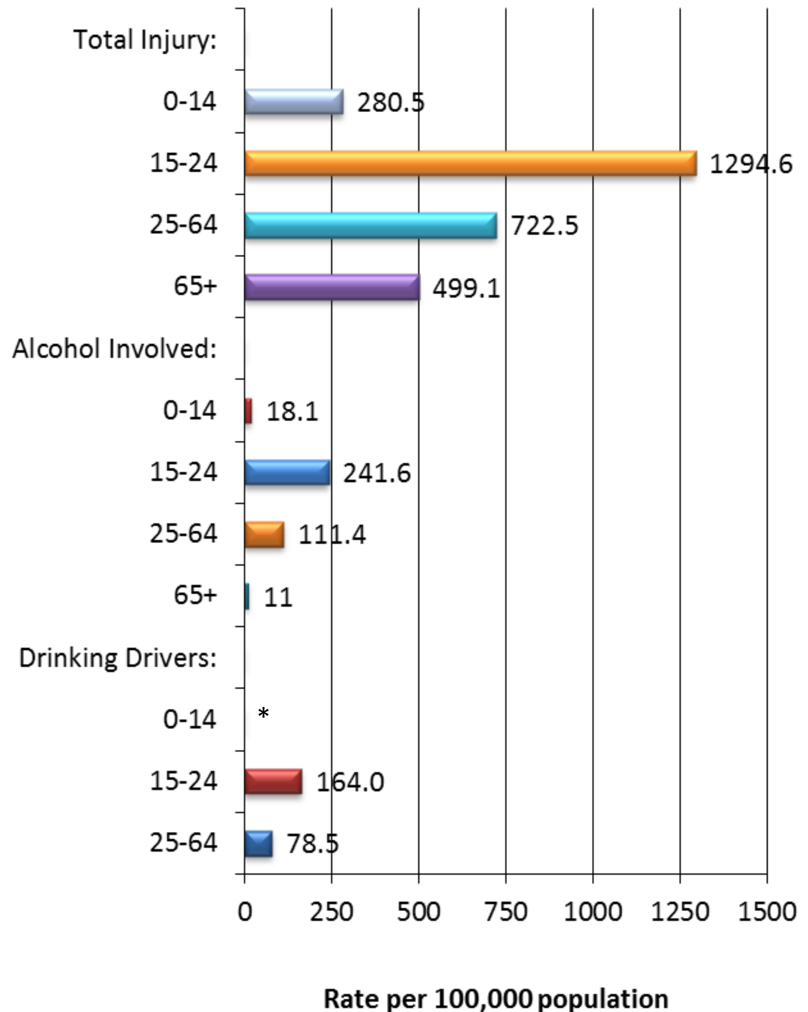
Between 2000 and 2008, the hospitalization rate due to overdose and poisoning among East Region residents decreased slightly from 92.1 per 100,000 to 86.6 per 100,000.

Motor Vehicle Injury

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

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

- **Location of Residence**
  - 3rd lowest for deaths and hospitalizations
  - ED discharge rates:
    - Highest overall, and among Hispanics
    - 2nd highest among whites, African Americans
    - Highest among 15- to 24-year-olds
    - 2nd highest among 25-to 64-year-olds
- **Location of Occurrence**
  - 3rd highest for total injury, alcohol-involved and drinking driver accidents
  - 2nd highest for alcohol involved and drinking driver accidents among 25-to 64-year-olds
- **Active restraint use**
  - 4th highest – 91% among those 6 years and older



* Rate not calculated for fewer than 5 events.

Trends

Between 2000 and 2007, the motor vehicle injury death rate among East Region residents increased from 7.7 per 100,000 in 2000 to 11.7 in 2006. The 2007 rate was 10.7 per 100,000.

Between 2000 and 2008, the hospitalization rate due to motor vehicles among East Region residents decreased by over 16%, from 130.8 per 100,000 to 109.6 per 100,000.

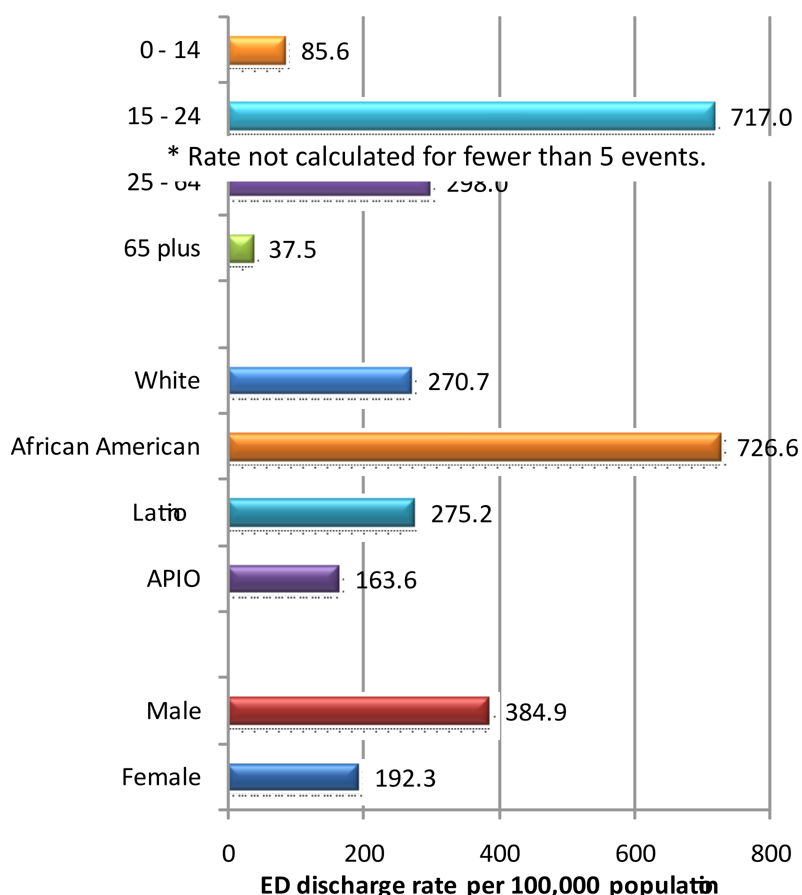
Homicide and Assault

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

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

- **Homicide**
  - 3rd lowest rate
  - Highest among:
    - Males
    - African Americans
    - Persons ages 25 – 64
- **Assault hospitalizations**
  - 3rd lowest rate of hospitalization
  - Hospitalization and ED discharge rates highest among
    - Males
    - African Americans
    - Persons ages 15 – 24
- **ED Discharges**
  - 2nd highest rate of ED discharge

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



Trends

Between 2000 and 2007, the homicide rate among East Region residents has varied between 3.1 per 100,000 in both 2001 and 2005 to 5.5 in 2004. The 2007 rate was 4.4 per 100,000.

Between 2000 and 2008, the assault hospitalization rate among East Region residents increased by over 85%, from 31.5 per 100,000 to 58.4 per 100,000.

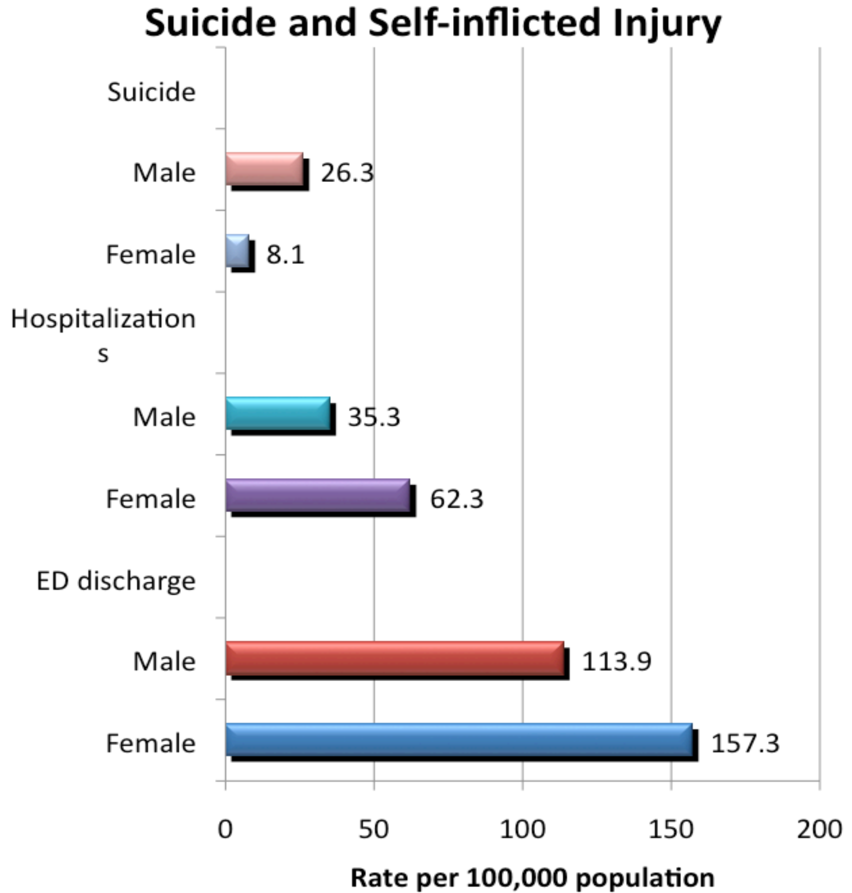
Suicide and Self-Inflicted Injury

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

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

- **Suicide**
    - Highest rate of all regions
    - Highest rate among persons ages 25-64, compared to other ages
- **Self-inflicted Injury**
    - Hospitalizations highest
        - Among those ages 15-24 years and 25-64
        - Among females
- **Self-inflicted Injury ED Discharges**
    - Highest of all regions
        - Among those ages 15-24 years
        - Among females

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



Trends

Between 2000 and 2008, the suicide rate among East Region residents increased by almost 9% from 12.7 per 100,000 to 13.8 per 100,000.

Between 2000 and 2008, the hospitalization rate related to self-inflicted injury among East Region residents decreased by almost 29%, from 69.0 per 100,000 to 49.1 per 100,000.

Between 2006 and 2008, the self-inflicted injury ED discharge rate among East Region residents increased by 69%, from 80.5 per 100,000 to 136.1 per 100,000.

Violence

While there are many types of violence, including murder, rape, armed robbery and assault, because of limitation on available CHIS data for the East 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)***

  18.4% of adults reported they had experienced physical or sexual violence by an intimate partner since age 18. The rates of reported violence were almost three times higher among females than males, 25.9% and 9.1%, respectively.

  Violence rates were highest among white females and females age 40 - 64, 29.8% and 29.5%, respectively.

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

  4% of adults reported they had experienced violence by an intimate partner in the previous year, which is slightly lower than the County's overall rate of 5%.

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

  19% of adolescents ages 12-17 reported they were involved in physical fights during the previous year. This rate was 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 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 East 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

- 9% of adults had likely psychological distress in the past year, similar to the 8% for the County overall. (This is based on the Kessler 6 series, which measures psychological distress, including sadness, nervousness, restlessness, hopelessness, worthlessness and effort.)
- Nearly 5% of adolescents and adults likely had psychological distress in past month
  - 4% of adolescents
  - 5% of adults, slightly higher than 3% for the County overall
- 20% of adolescents were at risk for depression, based on the Center for Epidemiologic Studies Depression Scale (CES-D8). This was slightly lower than the 22% for the County overall.

Access and Utilization

- 15% of adults saw a healthcare provider for emotional-mental and/or alcohol-drug issues in past year.
- 16% 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, 77% reported receiving treatment, higher than the overall County rate of 65%.
- 13% of adults had taken prescription medicine for emotional/mental health issues, for at least two weeks during the past year, higher than any of the other regions and the overall County rate of 10%.

Alcohol Use and/or Abuse

- 57% of adults reported they drank alcohol during the past month — lower than the County overall rate of 65%.
- Binge drinking (number of drinks in one setting) among adults (males: 5+ drinks, females: 4+ drinks)
  - 16% engaged in binge drinking during the past month (County 18%)
  - 27% engaged in binge drinking during the past year (County 31%)

Substance Abuse ED Discharges

During 2008, there were 1,256 ED discharges with a principal diagnosis of substance use or abuse among East Region residents.

- The East Region had the 2nd highest rate in the County, with 269.9 discharges per 100,000, which was lower than the rate of 294.0 for the County overall.
- 57% (n=722) of the discharges were for nondependent abuse of alcohol and/or drugs, including:
  - 80% binge drinking
  - 7.4% amphetamines use
  - 5.8% other, mixed, or unspecified drug abuse

Mental Illness ED Discharges

During 2008, there were 2,918 ED discharges of East Region residents with a principal diagnosis of mental illness.

- The East Region ED discharge rate was 627 per 100,000 population, compared to the overall County rate of 516 per 100,000 population.
- The East Region rate was the highest compared to all other regions.

Dual Diagnosis ED Discharges

During 2008, in the East region:

- 23.5% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness, which was higher than the County's overall rate of 19.2%.
- 28.9% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse, which was higher than the County's overall rate of 21.6%.

Breakout Sessions

This section of the report presents a Session Summary and a Session Detail of each breakout session. These sessions were lead by Community Health Improvement Partners (CHIP) facilitators using a facilitation 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 time each group presented their vision, goals and root-cause analysis.

Breakout Session Summary

The following presents a summary of the East Region breakout session for the three health issues. For more information about each session, refer to the Breakout Session Detail section of this report.

Weight status, nutrition, physical activity and fitness

The vision developed during this breakout session focused on increasing the healthy choices available to East Region residents by increasing opportunities for physical activity; better access to affordable, local fresh food and produce; and increasing workplace wellness.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors and policies that are believed to be critical in achieving the above vision.

<u>Environmental themes</u> include:

Physical activity challenges

- Fear of crime and safety issues related to being physically active in neighborhoods and parks
- Outside physical activity restrictions caused by heat and smog during the summer
- Affordability of public transportation
- Community planning that does not always support physical activities such as walking and biking

Food challenges

- Unhealthy foods heavily marketed
- Limited access to fresh and healthy food

Workplace issues

- Economic recession

<u>People and behavior themes</u> include:

Physical activity challenge

- Fear of crime and strangers keeping adults and children inside

Food challenges

- Unhealthy foods heavily marketed

- Perception that fresh food costs more than fast food
- Lack of knowledge about how to prepare fresh foods

Workplace challenges

- Employees concerned about sharing health information with employers
- Employers focus on short-term return on investment

Policy themes include:

Physical activity challenges

- Cost of participation
- Lack of funding in schools for physical education

Food challenges

- Land use policies
- Regulations against fresh food sales
- Food distribution not local

Workplace challenges

- No employer incentives
- Employer-based wellness programs lack successful models and are poorly implemented.

Injury and violence

The vision developed during this breakout session focused on increasing the feeling of safety among East Region residents by reducing violence and preventable injury.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors and policies that are believed to be critical in achieving the above vision.

Environmental themes include:

Challenges to supporting those with history of trauma and violence with appropriate services

- Lack of public transportation
- Lack of knowledge about how to navigate behavioral care system

Community indifference and helplessness due to:

- Unsafe environment (gang violence, drug use, unsafe parks)
- Distrust of neighbors and community leaders
- Negative impact of economic recession

Infrastructure issues

- Strong “car culture”

- Aging and poorly maintained facilities and streets
- Public transportation issues related to safety and accessibility

People and behaviors themes include:

Challenges to supporting those with history of trauma and violence with appropriate services

- Stigma, fear and denial create barriers to seeking services.
- Poor coping skills
- Lack of trust and knowledge of existing services

Community indifference and helplessness due to:

- Bad behavior being normalized and lack of good behavior role models
- Fear of retaliation
- Cultural isolation
- Distrust and lack of understanding of government

Infrastructure issues

- People don't feel empowered to make changes in their neighborhoods and communities.
- Isolation caused by lack of transportation

Policy themes include:

Challenges to supporting those with history of trauma and violence with appropriate services

- Lack of public resources for services and lack of political will to address issues
- Competing interests and turf wars

Community indifference and helplessness due to:

- Conservative political environment in region that focuses on personal choice rather than public health

Infrastructure issues

- Planning issues, including zoning, growth and funding of infrastructure

Mental health

The vision developed during this breakout session focused on providing readily accessible mental, emotional and supportive services to East Region residents.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors, and policies that are believed to be critical to achieve the above vision.

Environmental themes include:

Challenges to integration of physical and mental health services

- Facilities do not support treatment of people in need of both physical and mental care.

- Clinics lack appropriate referral processes.

Limited access to effective and culturally competent mental health services due to:

- Lack of support services, including transportation and childcare
- High Medi-Cal case loads
- Need for more mental health specialists
- Need for more collaboration and communication between providers

Challenge to using evidence-based mental health treatment methods

- General lack of understanding of evidence-based mental health care

People and behavior themes include:

Challenge to integration of physical and mental health services

- Primary care providers not trained nor interested in providing mental health services

Limited access to effective and culturally competent mental health services due to:

- Workforce issues, including the need for more culturally competent bilingual mental health workers

Stigma related to mental health problems due to:

- Limited knowledge of mental health problems, which results in fear and stigma for individuals and families
- Cultural norms that impact perception of mental illness

Challenges to using evidence-based mental health treatment methods

- Need for leadership in terms of data collection, evaluation and dissemination of results
- Need for information and best practices sharing

Policy themes include:

Challenges to integration of physical and mental health services

- Reimbursement issues
- Concerns about liability and litigation

Limited access to effective and culturally competent mental health services due to:

- Need for better funding and more providers
- Need for more prevention and early intervention
- Need to make access to mental health care easier

Stigma related to mental health problems due to:

- A need for better funding

Challenges to using evidence-based mental health treatment methods

- Need for more advocacy, funding and policies requiring evidence-based mental health practices

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 10 stakeholders and facilitated by Katie Shultz, Director, Communications & Resource Development. Participants represented a variety of community collaborative organizations, Head Start providers, medical clinics and other community service organizations.

Vision statement

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

> "We envision an East Region where residents relish participation in healthy choices because the most accessible and affordable choices are the easiest and healthiest."

Goals

- Increase community opportunities for physical activity
- Increase access to affordable, local fresh food and produce
- Employers provide support and incentives within the workplace for employee wellness

Root-cause Analysis

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

Effect: Lack of community opportunities for physical activity

Causes:

Behavior

- Perception of "stranger danger" — parents don't allow their children out to walk and bike
- Children would rather play video games than play outside

Environment

- Community-specific issues include:
  - El Cajon – Safety issues in parks
  - Back country – Lack of parks
- Heat and smog factors during the summer
- Safety issues related to crime
- Lack of safe and affordable public transportation

- High population density areas caused by apartments
- Under-utilization of available spaces

Policies

- Cost of participation
- Lack of funding within communities and schools
- Poorly planned cul-de-sac communities
- Over-regulated recreation – lack of pickup games

Effect: Poor access to affordable, local, fresh food and produce

Causes:

People

- Perception that fresh food is expensive
- Perception that fast food is cheap and easy

Behaviors

- Lack of exposure to fresh foods
- Lack of knowledge about how to prepare fresh foods

Environment

- Too many fast food restaurants
- Limited access to grocery stores in rural areas
- Omnipresent marketing of unhealthy behaviors and unhealthy food choices

Policies

- Food distribution center is too far away
- Fresh food does not have an advocate
- Too many restrictions against informal fresh food sales
- Land use policies
- Inconsistency in the occurrence of affordable fresh food in the East Region

Effect: Lack of incentives and support within the workplace for employee wellness

Causes:

People

- Employees do not drive request
- People do not like to talk about their health with their employers (i.e., privacy issues)
- Lack of understanding that wellness is holistic

Policies

- No employer incentives
- Fear of workers' compensation issues
- Not enough models
- Privacy laws work against wellness in the workplace
- Lack of family friendly policies
- Wellness programs poorly implemented

Behaviors

- Employers do not look at long-term return on investment
- No follow through at the executive level in terms of participation
- Too much time invested in program development and not enough time in participation

Environment

- Bad economy, employers are looking at their bottom line and short-term cost reduction
- Lack of dedicated space
- Lack of sensitivity related to breastfeeding in the workplace

Injury and Violence

The injury and violence session was attended by 11 stakeholders and facilitated by Dana Richardson, Senior Director of Advocacy and Community Health. Participants represented a variety of community-based organizations, advocacy organizations, healthcare organizations and community coalitions.

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

> "We envision an East Region without violence or preventable injury where residents know they are safe."

Goals

- Provide access to appropriate interventions and services for those exposed to trauma and a history of violence
- Empower community to be steward of its own well-being and influence leadership to advocate for their community
- Improve infrastructure to support safe environments

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 appropriate interventions and services for those exposed to trauma and a history of violence.

The group focused the discussion on three populations, including elders, those with a history of violence, and those involved with alcohol and drug use.

Causes:

Behaviors

- Denial of at-risk behavior by families
- At-risk behaviors have become normalized
- Poor coping skills
- Perception that some behaviors related to drug and alcohol abuse are a "rite of passage" for young adults

People

- Stigma of being abused
- Fear of reporting because of dependency on the abuser
- People don't know what services exist and what services are available locally.
- Among those without documentation, fear of asking for help
- Lack of translation services, including Spanish and Aramaic, spoken by Chaldean Catholics from Iraq
- Foreigners do not feel empowered to advocate for change
- Lack of trust in the government or "the system"
- Lack of personal resources

- New immigrants don't know the laws (Chaldean liquor store owners)

Environment

- Lack of public transportation
- Unable to access services due to lack of childcare
- Behavioral health system difficult to navigate
- Don't know how to access behavioral health resources

Policy

- Lack of public resources for services
- Lack of political will to address policies that will offend hospitality
- Competing interests – turf wars among service providers (service providers that work with victims can't work with perpetrators due to perception that it is adversarial to their reputation)

Effect: People feel helpless and feel the problems are not their responsibility

Causes:

The focus of this discussion was on four populations, including elders, immigrants, those with a history of violence and those involved with alcohol and drug use.

People

- Not enough role models of good behavior — those who do serve as role models become worn out.
- Perception of unequal voices
- People don't understand the democratic process
- Fear — people are afraid to stand up when they live in a violent environment, afraid of retaliation. (Spring Valley, Lemon Grove, El Cajon and Lakeside mentioned)
- Disconnected with neighbors and leadership
- Immigrant populations have unique set of causes, including different gender roles, conflict and cultural isolation between new and old immigrant populations
- Don't trust or understand government. Some immigrant men don't seem to understand that it's illegal to abuse their wives.
- Perceive law enforcement as adversarial

Behaviors

- Bad behavior is normalized through media.
- Wild West mentality in some of the unincorporated areas

Environment

- Gang violence
- Substance use
- Unsafe parks
- Current recession and high unemployment displacing the importance of advocacy as a priority.
- Lack of trust in leaders and neighbors

Policy

- Conservative political approach in unincorporated areas has placed the focus on individual choice rather than on public health

Effect: Lack of infrastructure to support safe environments

Causes:

The geographic focus of this effect was Spring Valley and Lemon Grove.

Behaviors

- Lack ability to see long-term benefits of community planning
- Stigma of using public transportation (perception that users of public transportation can't afford a car)
- Perception of increased crime rates and drug use/dealing on public transportation
- Perception that youth are not being educated to use public transportation

People

- People feel helpless to make change due to being exposed to a poor community long-term
- Due to lack of public transportation, seniors are becoming isolated

Environment

- East County has a strong “car culture”
- People don’t feel safe using public transportation and parks due to lack of upkeep, due to a perception of high crime rates, drug use, and frequent at-risk behavior
- Aging facilities and streets, lack of ongoing maintenance
- Reduced access to public transportation due to cancelled bus routes
- Lack of vital resources for the East County

Policies

- Lack of neighborhood planning
- Developers not fulfilling required improvements. Developers would rather pay a fine than provide the improvement.
- El Cajon is over-zoned for apartments
- Growth and lack of resources are putting a strain on the social services infrastructure
- Zoning for liquor stores, smoke shops and medical marijuana shops

Mental Health

The mental health group was attended by 10 stakeholders and facilitated by Kristin Garrett, CEO of CHIP. Participants represented a wide variety of community-based organizations and healthcare organizations.

Vision statements

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

> "Everyone in the East Region receives the mental, emotional and support services they need in readily accessible settings."

Goals

Goals developed by this group included the following:

- Integrated mental and physical health services
- Timely and affordable access to effective and culturally competent mental health services
- Elimination of stigma of mental health illness so all members of the population are of value to the community
- Provision of adequate research and evaluation to identify best practices in mental health treatment

Root-cause Analysis

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

Effect: Lack of physical and mental health service integration

Causes:

People

- Primary care providers are not trained to, nor are they interested in, providing mental health services
- Physicians perceive physical and mental health as separate health issues

Environment

- There are no facilities that treat both mental and physical health problems (co-location)
- Clinics do not have appropriate referral processes

Policies

- Because mental health services require more time, physical health providers face time constraints

- Concern related to liability and litigation among physicians and providers

Effect: Lack of friendly, timely and affordable access to effective and culturally competent mental health treatment services

Causes:

Behaviors

- Consumers lack consistency and follow through in terms of completing paperwork, following their treatment plans and taking their medications

People

- Mental health providers in the East Region do not have enough culturally competent employees to meet the population needs.
- Mental health patients/clients/consumers do not understand the "system."
- Providers do not speak the languages of the consumers and translation services are not available.

Policies

- Lack of Medi-Cal funding for specialty care, including psychiatrists and LCSWs
- Lack of prevention and early intervention services, i.e., parenting classes
- Lack of school counselors (La Mesa and Spring Valley counselors cut first)
- Limited advocacy for mental health consumers, funding and policy change
- Lack of funding for mental health resources
- Medi-Cal reimbursement rate needs to be improved
- Medi-Cal process is too complicated and not user friendly
- Gap in insurance coverage between private and Medi-Cal. There are no gap services (free) for people without insurance coverage who are unable to afford care.

Environment

- Lack of affordable transportation
- Lack of childcare for parents while in treatment
- Lack of mental health specialists in the East Region
- Lack of communication and collaboration between providers
- Medi-Cal case loads too high

Effect: There is stigma related to having a mental health problem resulting in members of the population not being equally valued.
Causes:

Behaviors

- People fear mental illness and do not understand it.
- People assign values to others; those with mental illness are perceived as low value and "no longer contributing."

People

- Cultural norms within some families allow viewing mental illness as evil. (Middle Eastern, Asian, African and Hispanic cultures)
- People do not understand the correlation between substance abuse and mental illness, and homelessness and mental illness.
- Lack of understanding regarding environmental influences on mental illness. People believe that choices are individual only and have nothing to do with the environment.
- The definition of mental health/illness is very broad and the general public doesn't understand it.

Policies

- Inadequate federal, state and local funding of mental health treatment
- Federal, state and local government have not prioritized mental health treatment

Effect: Lack of adequate program evaluation (research) to identify best practices for mental health treatment

Causes:

Behaviors

- Under reporting of mental illness because of stigma
- Selective data tracking, and agencies may not be open to reporting results

People

- Lack of leadership to conduct evaluation and disseminate results
- Researchers are territorial and frequently don't share findings with other organizations.
- No one is keeping track of the refugee population.
- Research is focused on the big population issues and not focused on East County issues.

Policies

- Lack of funding
- Lack of advocacy
- Lack of policies that require research-based practices
- Lack of providers

Environment

- General lack of understanding of what program evaluation/research entails, e.g., research IRB, hypothesis based, ethical, peer review, evidence based or outcomes based
- Lack of oversight and case management
- Lack of identification of best practices happening locally and how to integrate into practice
- Lack of clear understanding of what types of research help establish a best practice

Forum Evaluation

The following presents the results of the forum evaluation questionnaire completed by each stakeholder at the end of the event.

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

a. Event location:	3.8
b. Event time:	3.6
c. Food:	3.6
d. Presentations:	3.6
e. Facilitators:	3.7
f. Overall Event:	3.7

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"):

Statement	
a. I found the day energizing and/or inspirational	4.27
b. The data presentations provided useful, clear information about the region and were useful to the day's process	4.4
c. The event facilitated open and honest discussion about the issue areas in our community.	4.8
d. I personally gained knowledge and/or skills that I can apply in my work	4.4

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

- Break out was excellent — 5
- Sharing of info in break out group
- The openness and sharing
- Hearing from other reps about their experiences, some of which reinforced experiences we have had
- Presentations and discussions with other participants
- Well run and organized
- Cross threading
- Set the Vision and Gaps discussion
- Facilitator kept the group on track
- Getting the regional data, also the break out groups
- Gap and root-cause analysis
- Overall statistics and report on East Region
- Fish-bones
- Statistics provided
- Problem Solving Process
- The work group. We had a great facilitation team and enthusiastic participants.
- Data

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

- Not enough time! Could have been a full day.
- Feeling so time pressured
- Most issues focused on young adults
- Need bigger room
- Wrap-up
- Not having time to follow up with other participants about issues they raised
- Hard to keep individuals focused (I don't exclude myself)
- In smaller group setting-inability of facilitator to move discussion forward
- The breaks

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

- 24 people reported being interested in receiving a print/hard copy version.
- 1 person reported they would be willing to pay for a print/hard copy version.
- 16 people reported they prefer a digital copy of the Needs Assessment.

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

- Appreciate this effort and the opportunity to participate
- Uncertain how this information gets used going forward, would like to know how East Region is focused in "final report"
- Thanks for an informative day!
- Great event. Very glad I was able to participate.
- The time limits were well planned and kept us focused. Thank you, great and worthwhile session.

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

- Community Collaborative
- Hospital or Clinic
- Other Social Services Organization
- Adult Day Health Care
- State
- Education/Health Workforce Initiative
- Umbrella group of East Region service providers
- Education
- Hospital or Clinic/ Mental Health and Community Services
- Substance abuse prevention organization
- Non-profit organization
- Education-Fitness/Wellness
- Hospice
- Consumers/ Consumer Groups

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