



**SAN DIEGO STATE UNIVERSITY  
GRADUATE SCHOOL OF PUBLIC HEALTH  
COMMUNITY NEEDS ASSESSMENT**

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December 16, 2008

# **THE COMPREHENSIVE HEALTH CENTER COMMUNITY NEEDS ASSESSMENT**

## **PURPOSE AND SIGNIFICANCE**

The health of Californians, and San Diegans, is a dynamic and continually evolving state that is being reshaped by a number of significant forces. These forces include the external economic and federal changes occurring in the rapidly changing healthcare market that is characterized by the “paradox of public devaluation and private consolidation” and a decreasing number of sources, both of which threaten the community basis of health care—specifically, safety net providers and the populations they serve. New challenges have arisen out of these changes for San Diego’s underserved populations. Moreover, the health needs of California and San Diego are shifting as the population grows in age and diversity. Due to these shifts and, in particular, the statewide and countywide population surge of Hispanics, cultural and lifestyle factors influencing health are at the center of understanding the health needs of many San Diegans. To understand how Comprehensive Health Center (CHC) can best address these shifts and challenges for the future, a comprehensive study of national, regional and community health trends was completed for the Community Needs Assessment outlined below.

This needs assessment can be seen as the first step in the process of planning for actions and changes that are imperative in properly addressing the needs and challenges which face the communities that CHC serves. The needs assessment is a survey of health issues and challenges of the target communities that serves to identify any gaps in resources that impede CHC’s overall goal of building a healthy community. The next step in this process of planning for change is formulating a plan of action, which will build from these preliminary findings. As such, the CHC Strategic Plan will also seek to build a healthier community by establishing priorities and goals that will strengthen internal systems to maximize efficiency in management and revenues as well as increase capacity-- not only by managing a variety of programs, but through an increased capacity to handle a growing patient load to maintain a competitive edge.

## **BACKGROUND**

San Ysidro Health Center (SYHC) has provided high-quality and culturally proficient primary health care services in the South Region of San Diego County, California since 1969. Recently, SYHC acquired the NMA Comprehensive Health Center (NMA CHC) and will expand its services to include the Central Region of the County. Please note that all information provided below addresses the target patient population of the Central Region service area.

San Diego County's Central Region is the most culturally diverse and underserved area in the County. The population is characterized by low income, large families, low education levels, and non-English speaking heads of households. Unserved and underserved Central Region residents include low-income individuals and families in all lifecycles, including the working poor, the unemployed, the uninsured/underinsured, the disabled, minority populations (predominately Latinos and African Americans), newly immigrated Latinos, people living with HIV/AIDS, at-risk school children, low-income pregnant women, and undocumented individuals.

Census data reports that 49 percent of the 499,309 Central Region residents (244,661) are estimated to be in the low-income, at risk category, of which the majority are Latino or African American (County of San Diego Health and Human Services Agency, Community Health Statistics Unit, 2007). In 2007, SYHC's three Central Region clinics served 13,277 unduplicated patients, representing 3% (13,277/244,661) of the targeted low-income population. Clearly, a high level of need exists to continue SYHC's ongoing outreach and marketing of available culturally proficient and affordable health services, particularly in the Central Region of the county, resulting in an increased number of low-income patients receiving care at SYHC's three Central Region clinic sites.

In 2007, the patient population profile of SYHC's three Central Region clinics was highlighted by the following demographics:

- 61% of patients were Latino (7,757/12,642);
- 24% of patients were African American (3,037/12,642);
- 87% of patients lived below 200% of the Federal Poverty Level (11,001/12,642);
- 54% of patients were uninsured (6,796/12,642);
- 38% of patients were ages 0-19 (4,742/12,642); and,
- 4% of patients were age 65 or over (455/12,642).

The Central Region is composed of 105 census tracts, all of which are within the San Diego Unified School District. A total of 55 census tracts are designated primary care Health Professional Shortage Areas (HPSAs), and 47 census tracts are designated Medically Underserved Areas (MUAs). 28 census tracts are designated as both a HPSA and MUA. San Diego County's

Central Region is approximately 20 miles north of the U.S./Mexico international border. Please see Attachment 1 for SYHC's service area map.

The following outlines the age and gender demographic characteristics of the Central Region service area population:

**Age** – Based on San Diego Association of Governments (SANDAG) population estimates, the median age of Central Region residents is 32.5 years. Adults 25–44 years account for 34 percent of the population by age group (169,454/499,309) followed by children and adolescents 0–14 years at 22 percent of the population (108,372/499,309). Young adults 15–24 years make up 16 percent of the population (80,792/499,309) and adults 45–64 account for 20 percent of the population (98,236/499,309). Seniors, 65 and older, account for the remaining 8 percent of the population by age (42,455/499,309).

**Gender** - Based on SANDAG population estimates, the Central Region population is 49 percent female and 51 percent male.

Additional unique characteristics of SYHC's Central Region service area include A) cultural and ethnic factors; B) geographic/transportation barriers; and, C) unemployment and educational factors.

## **HEALTH DISPARITIES OF TARGET COMMUNITY**

### **Central and East Region**

The Central and East Regions of San Diego County have a disproportionate rate of health issues when compared to other regions. The East region has higher mortality rates for eight of the 15 health issues examined. The Central region had higher mortality rates for four of the 15 health issues examined. The Central region had higher hospitalization rates for eight of the 13 health issues examined. The East region had higher hospitalization rates for five of the 13 health issues examined. The Central region had higher emergency department utilization rates for six of the 12 health issues examined. The East region had higher emergency department utilization rates for four of the 12 health issues examined.

(PLEASE LOOK AT THE HEALTH ISSUES BELOW)

**San Diego County:**

Health Issues by Age Category & Overall					
Rank	Ages 0 to 14	Ages 15 to 24	Ages 25 to 64	Age 65 & over	Overall
1	Overweight & Obesity	Overweight & Obesity	Overweight & Obesity	Heart & Stroke	Overweight & Obesity
2	Access to Care	Injury & Violence	Cancer	Cancer	Access to Care
3	Oral Health	Substance Abuse	Diabetes	Diabetes	Diabetes
4	Injury & Violence	Infectious Disease	Access to Care	Arthritis	Heart & Stroke
5	Diabetes	Maternal Health	Heart & Stroke	Overweight & Obesity	Injury & Violence
6	Chronic Respiratory Disease	Mental Health	Substance Abuse	Chronic Respiratory Disease	Cancer
7	Maternal Health	Tobacco Use	Mental Health	Mental Health	Mental Health
8	Substance Abuse	Access to Care	Infectious Disease	Access to Care	Substance Abuse
9	Tobacco Use	Diabetes	Tobacco Use	Injury & Violence	Tobacco Use
10	Mental Health	Oral Health	Injury & Violence	Oral Health	Chronic Respiratory Disease
11	Cancer	Chronic Respiratory Disease	Maternal Health	Tobacco Use	Infectious Disease
12	Infectious Disease	Cancer	Chronic Respiratory Disease	Substance Abuse	Maternal Health
13	Heart & Stroke	Heart & Stroke	Arthritis	Infectious Disease	Oral Health
14	Arthritis	Arthritis	Oral Health	Maternal Health	Arthritis

SOURCE: CHIP, 2007

Health Issue	County Mortality Rate*	North Coastal	North Central	Central	South	East	North Inland
Coronary heart disease	133.4	126.9	117.4	122.7	135.2	159.1	134.1
Stroke	47.2	50.5	42.5	40.0	40.8	53.1	52.3
Lung cancer	39.4	38.3	39.1	29.0	34.4	52.4	41.4
COPD	34.6	32.2	31.7	29.4	27.1	47.0	37.8
Unintentional injury-related	28.6	28.2	24.3	26.4	20.9	29.2	28.0
Female breast cancer	23.2	26.9	17.6	23.0	22.1	26.0	22.9
Prostate cancer	17.8	17.9	15.1	14.8	14.7	19.0	24.6
Diabetes	17.6	12.7	13.5	20.5	21.6	22.8	16.1
Colorectal cancer	14.4	12.7	13.7	12.2	12.2	17.8	17.3
Motor vehicle accident-related	10.7	12.9	6.7	7.3	8.3	10.5	12.2
Overdose/poisoning	10.5	8.7	8.1	17.0	7.6	10.1	8.5
Suicide	10.3	8.9	9.1	11.4	6.9	12.9	11.5
Firearm-related	7.1	6.6	3.4	10.8	6.0	9.2	5.8
Infant mortality	5.4	5.5	4.1	6.0	4.9	6.1	5.1
Homicide	4.6	2.8	1.5	10.8	4.1	5.5	1.9

\* The is the actual death rate per 100,000 population and may be slightly different than the age-adjusted death rate shown in other sections of this report.

SOURCE: CHIP, 2007

## **CURRENT TRENDS IN THE HEALTH CARE ENVIRONMENT**

Because of SYHC's historical role of providing health care services to low-income and minority populations, the health center has a comprehensive understanding of the current health care environment and its effect on Central Region patients. Recent health care legislation has had an impact on service delivery, including the following:

### **Implementation of Medicaid 1115 Waivers**

The comprehensive California 1115 Waiver resulted in the creation of a Safety Net Care Pool, making \$766 million available per year for five years to the state of California. Section SB 1448 of this waiver is most applicable to SYHC, which provides health coverage for uninsured adults diagnosed with diabetes or hypertension. However, San Diego County is required to apply for this funding and can only receive funding for up to 5,000 adults. Grant funding was awarded to the County in mid-2007 and provides coverage for 3,200 patients county-wide, and if available, over a 5-year grant period. SYHC is one of six community health centers in San Diego County selected to serve the SB 1448 patient population within its service area.

### **Legislation Changes**

Federal legislation was recently passed that requires all Medi-Cal (California's Medicaid program) recipients to show proof of U.S. citizenship, which may result in a significant number of eligible patients being unenrolled. This new requirement, coupled with the fear of deportation and immigration issues, is likely to result in many low-income minority patients to forego seeking health care. In addition, San Diego's Local Children's Health Initiative has been unable to develop a children's health insurance plan, which involves providing health care coverage to all children regardless of citizenship status, acceptable to the County Board of Supervisors.

All patients are provided assistance in regards to obtaining medical coverage, including Medi-Cal, Medicare, Healthy Families Programs, County Medical Services, and others such as the health center's sliding fee scale. Patient Services Representatives and Certified Application Assistants are available to meet with all patients and provide assistance in explaining health care coverage options, filling out application forms properly, and explaining payment options. Representatives are sensitive to patient's beliefs and concerns and provide services in a culturally and linguistically appropriate manner. Historically, SYHC successfully enrolls 25 to 35 percent of eligible patients into a coverage program, such as those mentioned above.

## **State Budget Cuts**

California's proposed FY 2008/2009 budget threatens core funding resources for community health clinics and safety-net providers. For example, the proposed FY 2008/2009 budget includes a Quarterly Status Reporting (QSR) measure, which requires families to renew their Medi-Cal every three months rather than the current annual renewal. Due to the increased strain on families to keep their Medi-Cal status current, state Administration estimates that the QSR measure will result in 157,400 children losing their Medi-Cal coverage. Further impacts of the proposed FY 2008/2009 state budget include increasing premiums for Healthy Families coverage by 78% for children in families between 151-200% of the Federal Poverty Level, raising the monthly premium to \$16 per child. Additional details of the proposed FY 2008/2009 budget include:

- A cut of \$71.1 million to the General Fund (\$142.2 million total) in Medi-Cal payments, which includes the elimination of funding for eligibility, administrative, and support staff associated with the Medi-Cal eligibility process, resulting in a negative impact on the number of community health center eligibility workers.
- Elimination of optional Medi-Cal benefits, primarily impacting adult dental services.
- Significant cuts to community clinic grant programs, including Expanded Access to Care (EAPC) and Family Planning, Access, Care and Treatment (FPACT) programs.

Such legislative changes will have a significant negative impact on the Central Region's patient population by limiting access, eliminating benefits, and introducing administrative barriers to participation in state programs.

## **COMPREHENSIVE HEALTH CENTER MISSION**

### **Committed To Caring**

- For over 25 years, Comprehensive Health Center has been working hard in the neighborhood to make affordable quality health care available to the community. They understand their communities in San Diego County, and they know how to help the families to remain in good health.

### **Mission**

- Comprehensive Health Center offers high quality health care in a sensitive, respectful manner by promoting health education, safety, prevention of disease and a planned team approach to treating chronic illness.

## **Vision**

- Their vision is a community where people are educated on healthful living; diseases are prevented and chronic conditions are proactively treated by a committed and caring health care team.

## **CHC AND THE COMMUNITY**

Health services offered by CHC:

### **Internal Medicine**

Adult Health Care  
Chronic Disease Management  
HIV Testing, Counseling and Medical Care  
Geriatric Care

### **Pediatrics**

Newborn Care  
Children's Medical Care  
Immunizations  
CHDP Physicals  
Sports Physicals

### **Women's Health Services**

Pregnancy Testing  
Comprehensive Prenatal Care  
Annual Health Screenings  
Screening and Treatment for STI's  
Family Planning and Birth Control  
Menopause Education and Care

### **Dental**

Oral Health Education  
Dental Exams Starting at Age 1  
Teeth Cleaning for Children and Adults  
Fluoride Varnish Treatments  
School Entrance Dental Exams  
Emergency Treatment  
Restorations  
Extractions

### **Other Services**

Health Education  
Lab Tests  
Pharmacy  
X-Rays  
Evening Teen Clinic  
Work and DMV Physicals

## **PLANNING GOALS AND OBJECTIVES DEFINING PRIORITY AREAS**

1. Maintain CHC as a financially sound and growing non-profit organization;
2. Seek opportunities for the expansion of existing programs and services and the development of new ones;
3. Provide high quality medical, dental and mental health services in a timely manner;
4. Meet and surpass community standards of excellence for services, personnel and facilities;
5. Assist consumers to take responsibility for maintaining their own health through education and appropriate health care seeking behaviors in a cost effective manner; and

6. Provide expertise and leadership within the community with a health care delivery system that will improve the health status of area residents.

In accordance with these goals and objectives, the 2008 Community Needs Assessment seeks to identify the challenges facing the CHC community and barriers to healthcare delivery by focusing on 7 priority areas that follow the patient Life-Cycle model of care. A summary of major national, regional and CHC-specific findings and data are included that provide a preliminary basis for analysis of the challenges identified. Recommendations follow that support and carry out the CHC mission as well as providing the necessary capital by which to continue the achievement of the above goals.

## **PRIORITY AREA #1: MATERNAL AND PRENATAL HEALTH CARE**

### **NATIONAL AND REGIONAL STATISTICS**

The leading causes of death for:

#### **All Children <1 year of age are:**

1. Congenital Abnormalities
2. Short Gestation
3. SIDS
4. Maternal Pregnancy Comp.
5. Unintentional Injury
6. Placenta Cord Membranes
7. Respiratory Distress
8. Bacterial Sepsis
9. Neonatal Hemorrhage
10. Circulatory System Disease

#### **Hispanic Children 0-4 years are:**

1. Accidents (Unintentional Injuries)
2. Congenital Malformations, deformations, and chromosomal abnormalities
3. Malignant neoplasms
4. Assault (Homicide)
5. Diseases of Heart
6. Influenza and pneumonia
7. Septicemia
8. Certain conditions originating in the perinatal period
9. Chronic lower respiratory diseases
10. In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior

Source: National Vital Statistics System, National Center for Health Statistics, CDC.

Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC, 2004.

<ftp://ftp.cdc.gov/pub/ncipc/10LC-2004/JPEG/10IC-byAgeGrp.jpg>

National Vital Statistics Report, Vol. 50, No. 16, September 16, 2002

### **MATERNAL HEALTH AND PRENATAL HEALTH**

The general fertility rate is one of the best indicators of reproductive behavior and success. In San Diego County, the general fertility rate is 73.2 live births per 1,000 females aged 15-44 years, which is slightly above the national general fertility rate of 68.8 (California Public Health department, 2006). The population with the highest fertility rate is Latinas who accounted for 44% of the births in 2005 in San Diego (Community Health Improvement Partners, 2007). In order to maintain San Diego's general fertility rate, maternal and prenatal health must be at the top of the health priority list.

Maternal health before, during, and after pregnancy is a critical factor in determining infant outcome. Many studies have found that having good maternal health is linked to giving birth to healthy babies. It is important for community health clinics to have consistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions, and risk factors (CDC, 2006). Low-nutrient diet, smoking, substance abuse, obesity, and gestational diabetes are most commonly associated with

**LOCAL – SAN DIEGO**

<b>Leading Causes of Death: 2002 Central Region*</b>	<b>Health Issues by Age Category and Overall: 2007 Seniors 65+ Age Group</b>
1. Diseases of Heart	1. Diseases of Heart and Cerebrovascular Diseases
2. Malignant Neoplasms	2. Malignant Neoplasms
3. Cerebrovascular Diseases	3. Diabetes
4. Chronic Lower Respiratory Diseases	4. Arthritis
5. Unintentional Injury	5. Overweight and Obesity
6. Alzheimer’s Disease	6. Chronic Respiratory Diseases
7. Diabetes Mellitus	7. Mental Health
8. Influenza and Pneumonia	8. Access to Care
9. Drug Induced Deaths	9. Injury and Violence
10. Poisoning	10. Oral Health

\* Could not find leading cause of death by age group or race

**HEALTH AND AGING IN UNITED STATES**

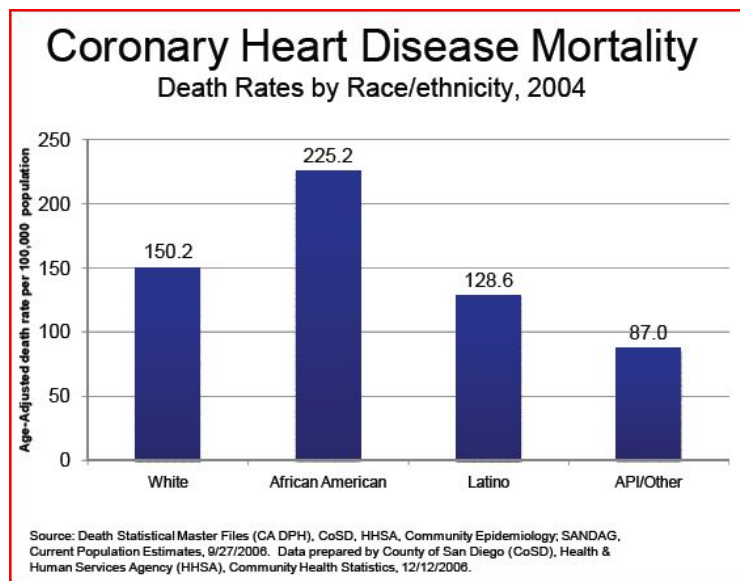
Within a generation, 70 million American older people will constitute 20% of the entire U.S. population (CDC and Merck, 2007). Improved healthcare and prevention efforts have significantly increased life expectancy in United States over the past century. This has led to a shift from infectious diseases and acute illnesses to chronic disease and degenerative illnesses. Presently, there are about 80% of older Americans living with one chronic condition. The older American growth population has increased over time as compared to the past. The next 25 years the population of Americans of older will double due to longer life spans and aging baby boomers (2007).

According to the US Census (2000), California reported 3,595,658 persons of age 65 and over in 2006. Furthermore, the central region of San Diego County estimated 42,550 persons of 65 and over in 2002 (CHIP, 2007). Of the 3,141 counties in the United States in 2000, 11 had 250,000 or more people 65 years old and over (He et al., 2005). These counties are located in Arizona (Maricopa), California (Los Angeles, Orange, and San Diego), Florida (Broward, Miami-Dade, and Palm Beach), Illinois (Cook), New York (Queens and Kings), and Texas (Harris) (2005). There is a need to focus on improving the health of older adults by encouraging them to adopt healthier behaviors and obtain regular health screenings that can reduce the risk for many chronic diseases, help decrease health disparities, and lower health care costs.

## CARDIOVASCULAR DISEASES

In 2005, San Diego County had a prevalence of coronary heart disease (CHD) among persons 18 years and over was 5.9% and this is estimated to be 134,084 persons with CHD. California reported a prevalence of CHD among persons 20 years and over was 7.3% which is approximately 1,726,400 persons with CHD. The national prevalence of CHD among persons 20 years and over was 7.3%, which are about 15,700,000 persons (CHIP, 2007).

In the San Diego County, those who are at higher age adjusted rate for CHD were males who had a 67.4% higher mortality rate in 2004 than females, at 186.6 and 111.5 deaths per 100,000 age-adjusted population, respectively. African Americans had a 56.0% higher mortality rate in 2004 than the overall county rate, at 225.2 and 144.4 deaths per 100,000 age-adjusted population, respectively (CHIP, 2007).



SOURCE: CHIP, 2007

For the nation, the Healthy People 2010 objective is to reduce CHD deaths to 162 deaths per 100,000 population. In 2004, San Diego County calculated the age-adjusted death rate from CHD was 144.4 per 100,000. In California, from 2000-2004, the CHD death rate resulted in a decrease of 21.3% from CHD deaths (197.1 per 100,000 to 155.2 per 100,000) (CHIP, 2007). According to the Health People 2010 objective for CHD, California met the objective but more improvement can still be made.

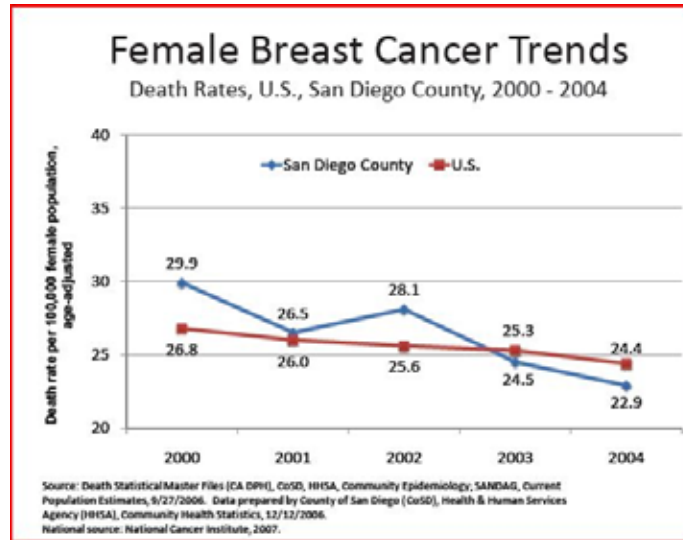
## CANCERS

An estimated 1,444,920 Americans in 2007 will be diagnosed with cancer and an estimated 559,650 will die as a result of cancer. Lung, breast, colorectal and prostate cancers accounted for 53% of all new cases of cancer and 50% of all cancer deaths. In San Diego

County, the American Cancer Society estimated that the expected number were 11,630 new cases and 4,735 deaths (CHIP, 2007).

## BREAST CANCER

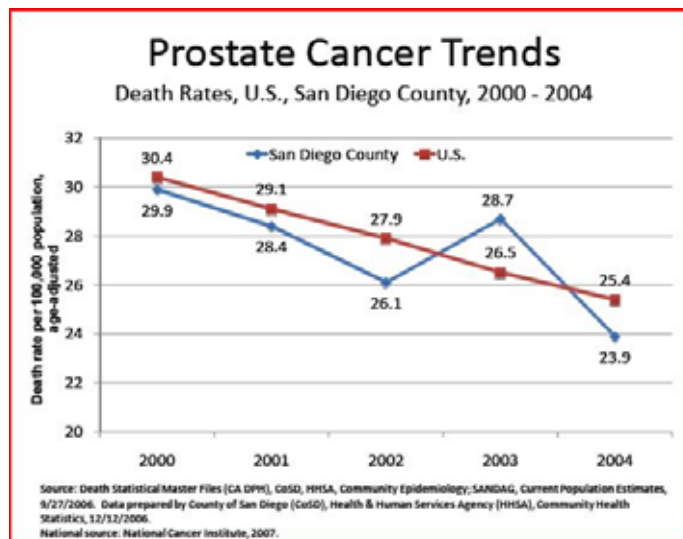
In San Diego County, the American Cancer Society reported an estimated 1,840 new breast cancer cases and 375 deaths. In California, the breast cancer incidence rate between 1999 to 2003 was 129.8 per 100,000 age-adjusted population.



SOURCE: CHIP, 2007

## PROSTATE CANCER

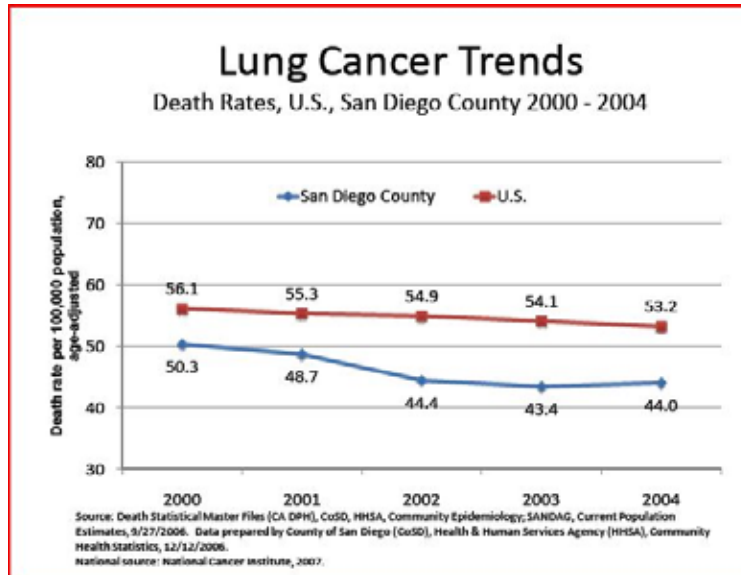
According to the American Cancer Society, San Diego County may account for 1,420 new cases and 300 deaths in prostate cancer. In California, the prostate cancer incidence rate between 1999-2003 was 158.3 per 100,000 age-adjusted population.



SOURCE: CHIP, 2007

## LUNG CANCER

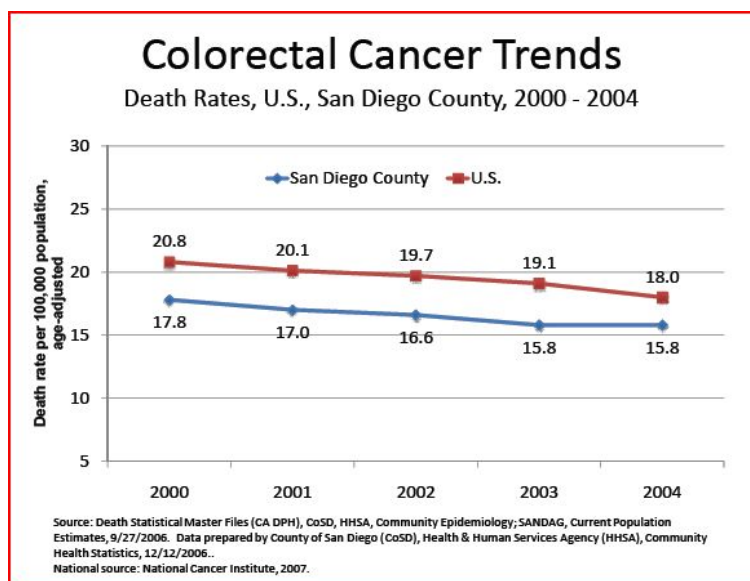
San Diego County was estimated to expect 1,465 new cases and 1,145 deaths in lung cancer. The lung cancer incidence rate in California between 1999-2003 was 70.8 for males and 78.4 for females per 100,000.



SOURCE: CHIP 2007

## COLORECTAL CANCER

The American Cancer Society estimated the expected new colorectal cancer cases were 1,150 and 420 deaths. Between 1999-2003, the incidence rate in California was 56.6 for males and 41.5 females per 100,000.



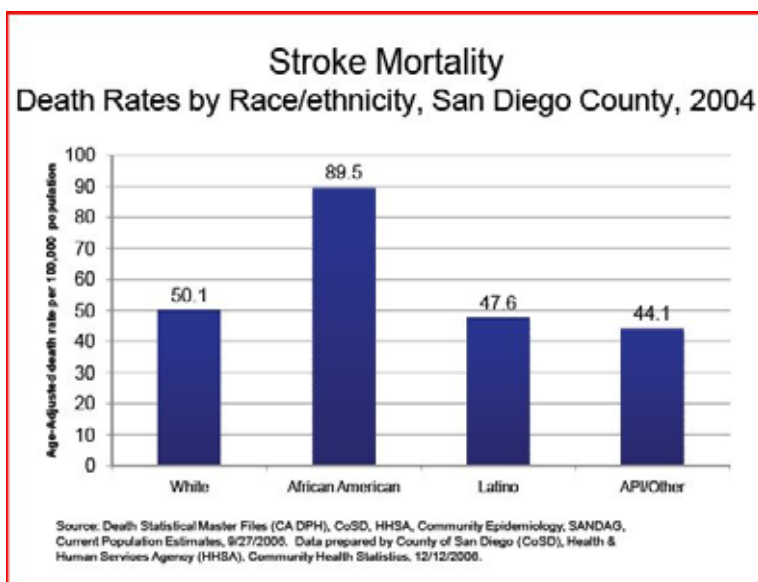
SOURCE: CHIP, 2007

Cancer is the second leading cause of death in the local, state, and national statistics. Cancer incidence and death rates increase with age, and rates for people 65 and older are generally several times higher than those for younger people (He et al., 2005). Improved medical care and prevention efforts may contribute to an increase in cancer life expectancy.

## CEREBROVASCULAR DISEASES

Cerebrovascular disease is third leading cause of death; stroke is a leading cause of serious, long-term disability in the U.S. "In terms of recovery, 50% to 70% of stroke survivors regain functional independence, but 15% to 30% are permanently disabled and 20% require institutional care at three months after onset" (CHIP, 2007).

According to the CHIP (2007) database, San Diego females had a 4.7% higher mortality rate in stroke in 2004 than males (51.2 and 48.9 deaths per 100,000 age adjusted population, respectively). The overall county rate was 50.8 deaths per 100,000 in San Diego County, while the African Americans mortality rate was 89.5 in 2004. This is a 76.2% higher mortality rate than the county rate.



SOURCE: CHIP, 2007

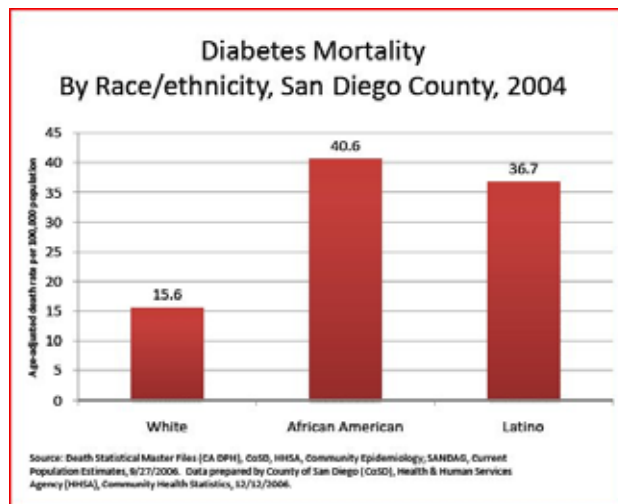
## DIABETES

The prevalence of diabetes increased from 5.1% in 1997 to 7.8% in 2006. It is the sixth leading cause of death in America. In 2004, diabetes was responsible for 3.1% (73,138) of deaths. Over six million Americans are unaware that they have diabetes.

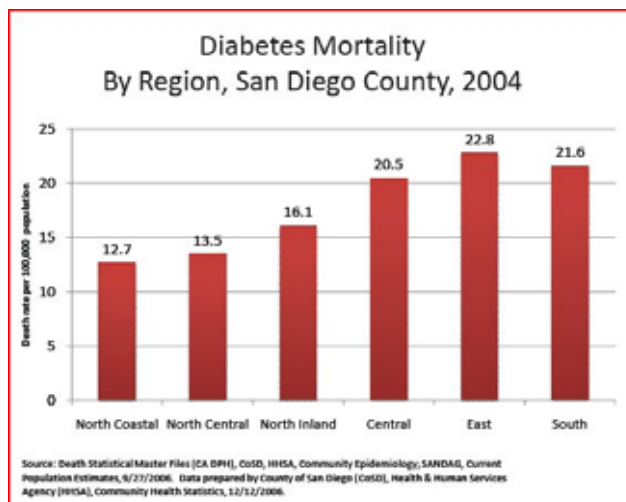
In San Diego County, the prevalence of diabetes during 2005 was 5.8 persons per 100 people (age-adjusted rate) or an estimated 131,812 persons. For California, the diabetes prevalence was an estimated 1,468,100 or 7.1 persons per 100 people (age-adjusted rate).

The national rate for adults aged 18 and over diagnosed with diabetes was 7.8%. The highest prevalence of diagnosed diabetes was among African American (11.9%) and Hispanics (10.3%) (CHIP, 2007).

Diabetes was the seventh leading cause of death in San Diego County, accounting for 529 deaths. Males had a 35.9% higher age-adjusted mortality rate from diabetes than females, at 22.7 and 16.7 deaths per 100,000 population, respectively. In San Diego County, African American had more than twice the age-adjusted mortality rate from diabetes than the overall county. The highest mortality rates from diabetes were in the Central, East and South regions, 20.5, 22.8 and 21.6 per 100,000 population, respectively.



SOURCE: CHIP 2007



SOURCE: CHIP, 2007

## MENTAL HEALTH

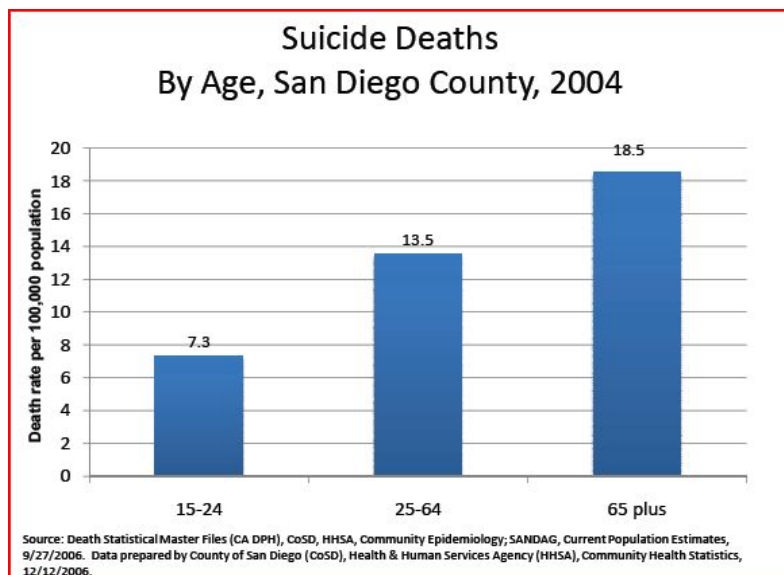
Mental disorders are common in the United States. According to CHIP (2007), the National Association of State Mental Health Program Directors (NASMHPD) found that people with mental illness were:

- 3.4 times more likely to die of heart disease than the general population,
- 3.4 times more likely to die of diabetes,
- 3.8 times more likely to die due to accidents,
- 5 times more likely to die due to respiratory ailments and
- 6.6 times more likely to die due to pneumonia or influenza.

It is important to address mental health issues among older adults of age 65 and over because these findings had at least one health condition. The CHIP database (2007) also indicated that about 80% of older Americans may be living with one chronic condition. Therefore, older people may need a close monitoring of their mental health status to prevent any unhealthy choices.

## SUICIDE

One major consequence of undiagnosed, untreated or undertreated mental illness is suicide. Over 90% of suicides in the United States are associated with mental illness and/or alcohol and substance abuse (CHIP, 2007). The consequences of serious mental illness can impact older adults, which increased disability, suicide, and institutionalization.



SOURCE: CHIP, 2007

## **COMPREHENSIVE HEALTH CLINIC SENIOR HEALTH STATUS/ACTIVITIES**

Racial and ethnic diversity within the elderly population will continue to increase. According to He et al. (2005), the proportion of the elderly that is White, non-Hispanic is projected to decline from 87 percent in 1990 to 67 percent in 2050. San Diego County has a large population of Latinos; hence, the Comprehensive Health Clinic is located in a diverse community mainly of Latinos. Spanish speakers will become an increasing share of the elderly population that speaks a language other than English at home.

## **CHALLENGES**

The challenges that the health clinic may be faced with are:

- Geriatric health costs
- Improving older peoples' quality of life
  - Social contacts
  - Increasing mild and moderate forms of physical activity
  - Catching disease at early stages
  - Vaccinations to prevent disease
  - Reducing fall injuries
- Transportation needed to the clinic
- Decreased cognitive functioning
- Decrease hearing and reading capability
- Level of acculturation
- Tailoring health messages to Latinos and African Americas 65+

## **RECOMMENDATIONS**

The following recommendations are:

- Need to identify and market to patients – Latinos and African American 65+
- Need to increase leisure time physical activity
- Promote vaccinations to prevent diseases
- Create a nutrition program to encourage eating fruit and vegetables daily
- Develop an intervention for obesity
- Create an oral health program: complete tooth loss
- Develop safety practices to prevent injuries such as falls
- Create a screening and preventative care of chronic diseases
- Provide psychiatric help

## **CONCLUSION**

San Diego County, which is comprised of six regions – North Coastal, North Central, North Inland, Central, South, and East – is home to ethnically and racially diverse populations. Throughout the past decade, San Diego County's population has increased tremendously, in part, due to immigration from its bordering country of Mexico, the rise of fertility rates, and the early detection of curable/manageable diseased conditions. Unfortunately, based on the various resources, locations, and demographics of the regions, some regions experience more health disparities than others. Specifically, the Central region, which has encountered major disparities unlike any of the other five regions of San Diego County.

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