

Southeastern San Diego Community Strategic Health Plan

“Movement for Life”

Developing a Community-Focused, Collaborative Solution

Lead Agency: San Ysidro Health Center

CONTEXT OF OUR PROJECT AND COMMUNITY

Category (per 100,000 people)	San Diego County	Central San Diego	Percent Difference
HIV/AIDS (Rate)*	15	45.3	+202%
STD (Gonorrhea)*	90.2	208.80	+131%
Diabetes (Hospitalizations)	111.8	196.9	+76%
Asthma (Hospitalization)	309.4	458.9	+48%
Infant Mortality	4.5	6	+33%
Heart Disease (Deaths)	162.8	205.5	+26%
Prostate Cancer (Deaths)	23.9	29.5	+23%
Stroke	225.9	274.1	+21%
Health Insurance (Adults)	83.8%	75.4%	-10%
Health Insurance (Kids)	85.4%	75.4%	-12%
Breast Cancer	28.2%	28.2%	0%
Cervical Cancer	1.9%	2.8%	+47%

County of San Diego Health and Human Services Agency, Public Health Services. "Core Public Health Indicators: September 2004. "

* Compiled by Health and Human Services Agency, San Diego County: HIV, STD and Hepatitis Branch and Community Epidemiology Branch . April 2007

CONTEXT OF OUR PROJECT AND COMMUNITY (SAN DIEGO COUNTY)

Category (per 100,000 people)	White	Latino	African American
HIV/AIDS (Rate)*	13.1	17.1	46.9
STD (Gonorrhea)*	53	104	521
Diabetes (Hospitalizations)	88	213	283
Asthma (Hospitalization)	260	347	621
Infant Mortality	4.1	3.6	14.4
Heart Disease (Deaths)	167	141	266
Prostate Cancer (Deaths)	24.2	17.4	59.6
Stroke	209.9	273.6	337.4
Health Insurance (Adults)	90.6	62.5	89
Health Insurance (Kids)	93.1	72.4	96.3
Breast Cancer	30.4	20.4	36.6
Cervical Cancer	1.4	1.9	-

County of San Diego Health and Human Services Agency, Public Health Services. "Core Public Health Indicators: September 2004. "

* Compiled by Health and Human Services Agency, San Diego County: HIV, STD and Hepatitis Branch and Community Epidemiology Branch . April 2007

CENTRAL REGION COMMUNITY INDICATORS

- ✘ Approximately 78% of residents had health insurance in the past year
 - + Region continues to have the lowest rates of insurance within the County
- ✘ Highest proportion of population living below 300% of the Federal Poverty Level
 - + More than 50% of adults within the Central region live below this poverty level, compared to 38% in the County overall
- ✘ Some of the highest rates of obesity, asthma and diabetes

Source: UCLA Center for Health Policy Research, California Health Interview Survey, <http://www.chis.ucla.edu/> (accessed 5/2009); SANDAG, Current Population Estimates, 8/06, 4/08.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics, 6/26/2009

CENTRAL REGION ACCESS TO HEALTH CARE

- ✘ 81% of the population within the Central region has access to a usual source of care, compared to 87% across the County
 - + Represents the lowest rate of any region within the County
- ✘ 57% of the population within the Central region reported a doctor's office as the usual source of care
- ✘ 23% had received care at a clinic (govt, community or hospital) in the past year, in line with the County's average

Source: UCLA Center for Health Policy Research, California Health Interview Survey, <http://www.chis.ucla.edu/> (accessed 5/2009); SANDAG, Current Population Estimates, 8/06, 4/08.

Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics, 6/26/2009.

COMMUNITY MEMBER SURVEYS

COMMUNITY SURVEY OVERVIEW

- ✘ Survey was intended to balance:
 - + Gathering information
 - + Enabling feedback
 - + Respecting privacy
 - + Using a succinct, but informative tool
- ✘ Survey provides an additional source of insight and feedback to complement key informant interviews and other information sources
 - + Ongoing engagement of community members in decision-making, planning and advocacy is the necessary outcome of this first step (the assessment and planning process)

COMMUNITY SURVEY PROCESS

- ✘ Surveys were conducted in the community, through community organizations, neighborhood councils and community events
 - + This may have caused an inherent bias in reaching community members who may be more engaged in their own health and advocacy
 - + Surveys were not conducted door-to-door
- ✘ When possible, surveys were conducted in small groups, where project team members were able to walk through the survey and respond to community member questions
 - + During the survey process, every effort was made in real-time to connect patients with community resources (Certified Application Assistant attended when possible)

SURVEY RESULT TABULATION

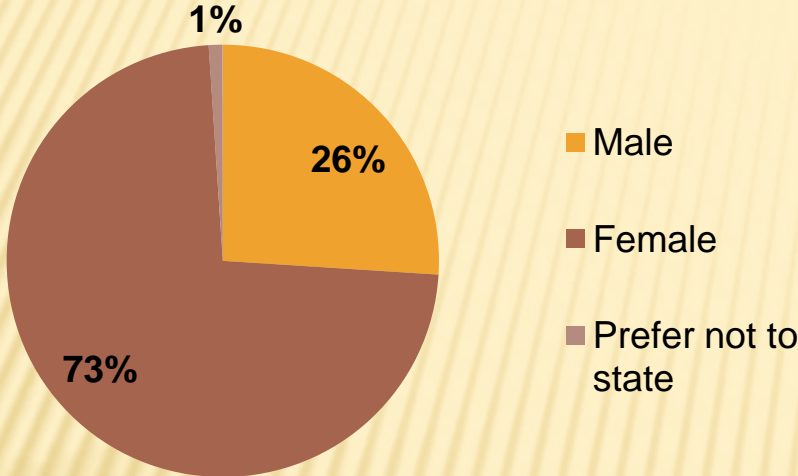
- ✘ The following summary provides an overview of several key survey question findings
- ✘ Over the next 1-2 weeks, responses will be tabulated by several variables, including:
 - + Ethnicity, age, gender, insurance status and primary source of care
 - + Organizing the responses in this way will help us link or develop proposed solutions to specific population needs
 - + As Tabulation is complete, the full set of survey responses will be provided via email and posted on-line

OVERVIEW OF RESPONSES AND IMPORTANT CAVEATS

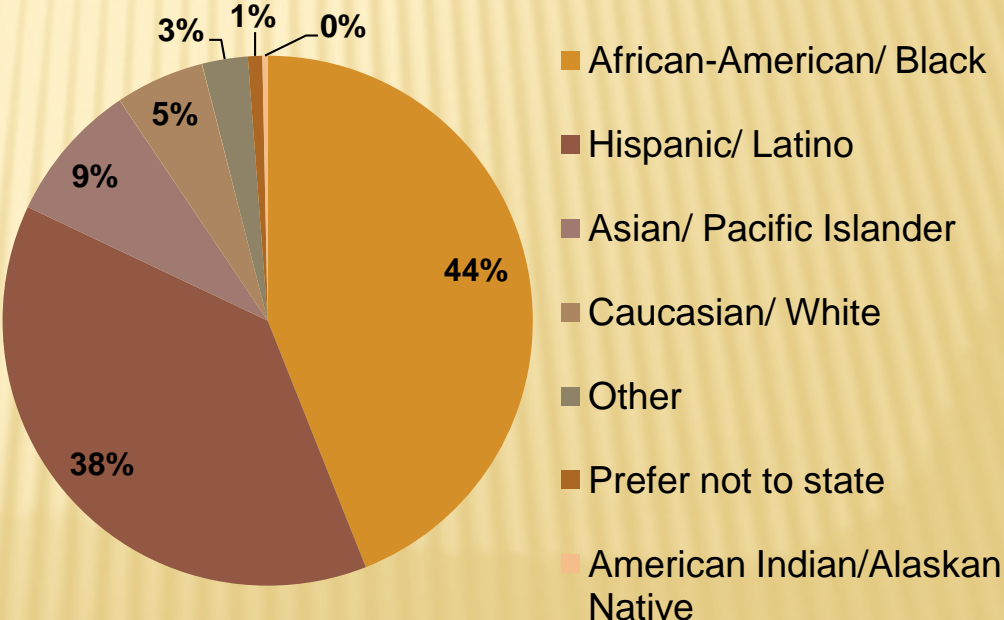
- ✘ Over a period of approximately 6 months, more than 1,200 community members were surveyed
- ✘ Not all respondents answered all questions
- ✘ A large proportion of respondents did not respond to questions on the second page (back page)
 - + Questions may not have applied
 - + Questions may have not been clear
 - + Respondents may have preferred “not to state”

DEMOGRAPHICS OF SURVEY RESPONDENTS

Gender Distribution

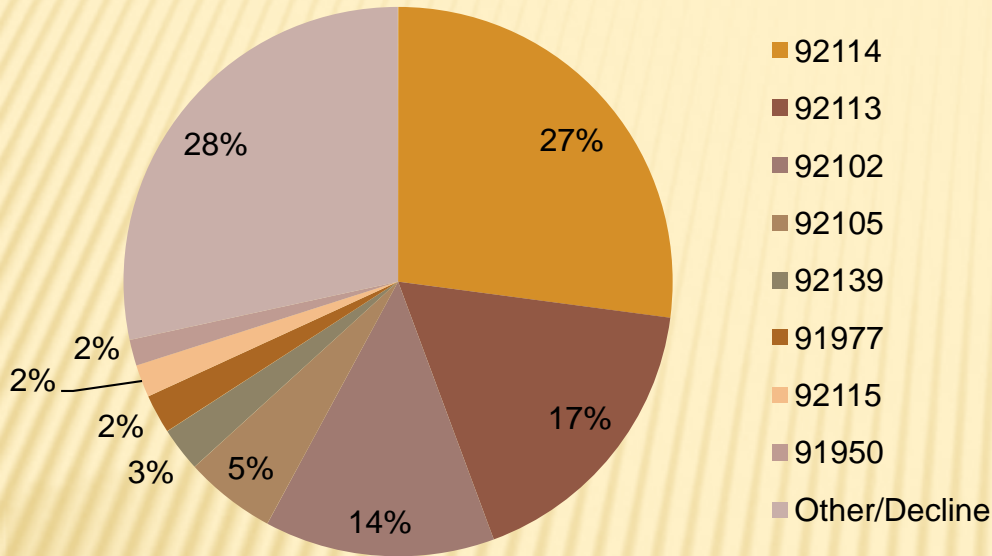


Distribution of Ethnicity

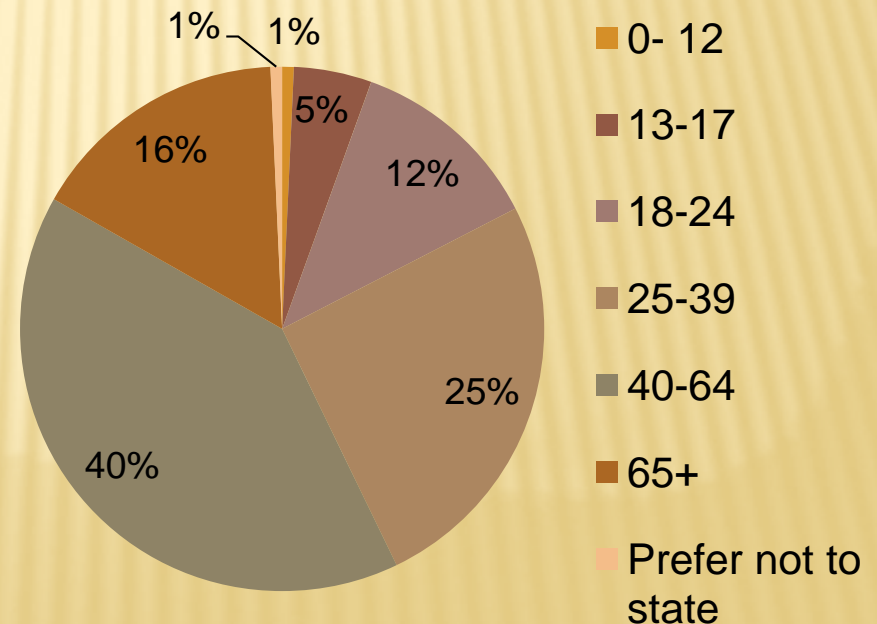


DEMOGRAPHICS (CONT'D)

Distribution by Zip Code



Age Distribution



RESPONSE SUMMARIES

How many times have you received health care or services from a physician, hospital, clinic or other provider in the year?

# Visits	% of Respondents	With Insurance	W/o Insurance
0	14%	6%	30%
1	17%	13%	27%
2	22%	23%	20%
3+	47%	58%	23%

# Visits	Usual Source of Care		Ethnicity		
	Physician	Comm. Clinic	Latino	African Amer.	Asian/Pac. Islander
0	4%	9%	19%	9%	15%
1	15%	24%	21%	16%	18%
2	25%	21%	22%	23%	15%
3+	57%	46%	39%	52%	52%

RESPONSE SUMMARIES

If you received health care services in the year, where did you receive this care or service?

Community Clinic	31%
Doctors Office (Private Physician)	45%
Emergency Department or Urgent Care	9%
Alternative or Traditional Healing Center	1%
Other	14%

Source of Care	Insurance Status		Ethnicity		
	With Insurance	W/o Insurance	Latino	African Amer.	Asian/Pac. Islander
Comm. Clinic	21%	57%	49%	18%	29%
Pvt. Physician	57%	16%	27%	57%	49%
ED/Urg. Care	6%	16%	13%	6%	10%
Alt. Med.	1%	1%	1%	2%	0%
Other	15%	10%	10%	17%	11%

ENOUGH PROVIDERS IN YOUR NEIGHBORHOOD THAT YOU HAVE ACCESS TO?

Private physicians	#	%
Yes	499	47%
No	574	53%
Clinic providers		
Yes	562	54%
No	485	46%
Specialists		
Yes	282	28%
No	727	72%

WHO DO YOU SEE AS AN ADVOCATE OR HEALTH CARE CHAMPION?

- ✘ AARP
- ✘ Community Clinic (unspecified)
- ✘ Dr. Hood & Dr. Kelley
- ✘ Paradise Valley Hospital
- ✘ Pastor (unspecified)
- ✘ Planned Parenthood
- ✘ San Diego Youth Action Board
- ✘ San Ysidro Health Center
- ✘ San Diego Organizing Project (*SDOP*)
- ✘ UAAMAC

IF YOU COULD CHANGE THREE THINGS ABOUT HEALTH CARE?

Area of Change	#	%
Lower Cost	322	28%
Less Wait Time (for appts. and on day of visit)	130	11%
More Education (patient-focused)	119	10%
More Personal Service (personable/friendly)	110	10%
More Clinics	81	7%
Coverage for Uninsured	76	7%
More Hours (expanded hours)	58	5%
Location (more sites or closer proximity)	57	5%
Customer Service	46	4%
More Diversity (within provider settings)	43	4%
Transportation	32	3%
Speak Spanish	29	3%
Better Technology	23	2%
Cleaner Facilities	14	1%
Offer Alternative Medicine	11	1%

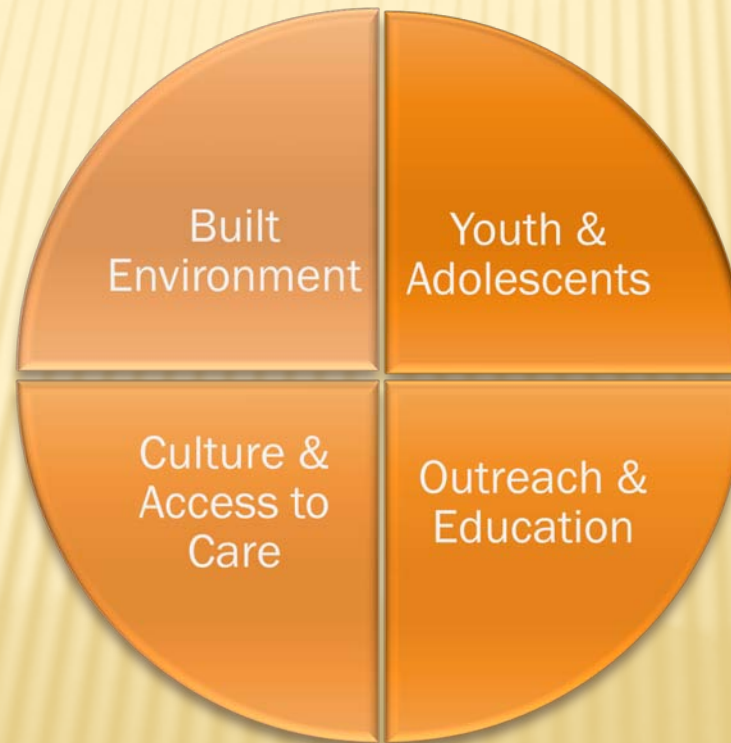
DEVELOPING THE STRATEGY

GUIDING PRINCIPLES

- ✘ Throughout the planning process, several core guiding principles have been highlighted as critical to the success of ongoing work and any community strategy:
 - + Advocacy
 - + Empowerment
 - + Accountability & Responsibility (Individual, Community and System level)
 - + Collaboration
 - + Coordination

KEY THEMES

- ✘ Through discussions with community stakeholders, four key themes (areas of focus) have been identified for the strategic plan:



THE FINAL DELIVERABLE

✘ Assessment

- + Breakdown of survey responses complemented by community data and key informant interviews to frame specific community needs and opportunities

✘ Community Strategic Health Plan

- + Short and Long-term Opportunities
- + Discussion of model strategies from other communities
- + Recommended process for ongoing collaboration, community engagement and organizing
- + Identification of potential funding opportunities

NEXT STEPS

- ✘ **Aggregate and tabulate survey responses**
- ✘ **Convene Committee meeting focused on “Outreach & Education”**
 - + Mid-November
- ✘ **Refine proposed solutions, to include online feedback from committee members and community providers**
 - + November
- ✘ **Disseminate draft Community Strategic Health Plan to Community Advisory Committee**
 - + Mid-December
- ✘ **Reconvene Community Advisory Committee**
 - + December 14th

Q&A
