



HOSPITAL ASSOCIATION
of San Diego and Imperial Counties
2013 Community Health Needs Assessment

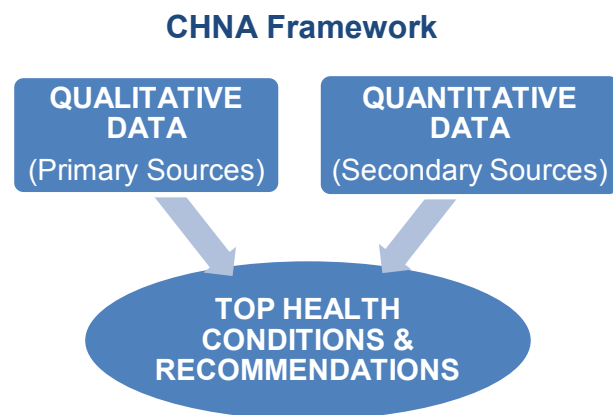


Executive Summary

Grounded in a longstanding commitment to address community health needs in San Diego, seven hospitals and healthcare systems came together under the auspices of the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct a triennial Community Health Needs Assessment (CHNA) that identifies and prioritizes the most critical health-related needs of San Diego County residents. Participating hospitals will use the findings to guide their community programs and to meet IRS regulatory requirements that not for profit (tax exempt) hospitals conduct a health needs assessment in the community once every three years.

Per guidance from an advisory group of hospital representatives, HASD&IC contracted with the Institute of Public Health (IPH) at San Diego State University to design and implement the CHNA. The IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in San Diego County.

San Diego County is a socially and ethnically diverse community with a population of 3.2 million people. Although the study area for this CHNA is the entire County, each hospital has the ability to use the county-wide findings or adapt the findings to reflect the communities they serve, as much of the data is available at zip code level.



In order to prioritize the community health needs, the IPH developed a methodology that included both qualitative and quantitative data sources. Quantitative Data included hospital discharge data, statistics from the San Diego County Health and Human Services Agency, the U.S. Census Bureau, the Centers for Disease Control, and others. The IPH also sought direct input from the community through an electronic survey to health experts and community leaders, key informant interviews, and community forums.

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. Residents in five of these neighborhoods were asked to provide input in a community forum setting.

When the IPH combined the results of all the data and information gathered, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order):

- Cardiovascular Disease
- Diabetes (type 2)
- Mental/Behavioral Health
- Obesity

Five broad categories of recommendations for hospitals to improve community health included:

- Access to Care or Insurance
- Care Management
- Education
- Screening Services
- Collaboration

This document provides a high-level summary of the HASD&IC 2013 CHNA methodology and findings. Upon completion of the HASD&IC 2013 CHNA process, the IPH created a CHNA Toolkit with in-depth information and data which allows participating hospitals and healthcare systems to evaluate the health needs of their patients and determine, adapt, or create programs or service changes at their facilities. Links throughout this document allow interested parties, including participating hospitals and healthcare systems and members of the community, a mechanism to access the full spectrum of information relative to the development of the HASD&IC 2013 CHNA.

The summary of the HASD&IC 2013 CHNA and the CHNA Toolkit are available online at www.hasdic.org or by contacting Lindsey Wade (lwade@hasdic.org or 858-614-1553).

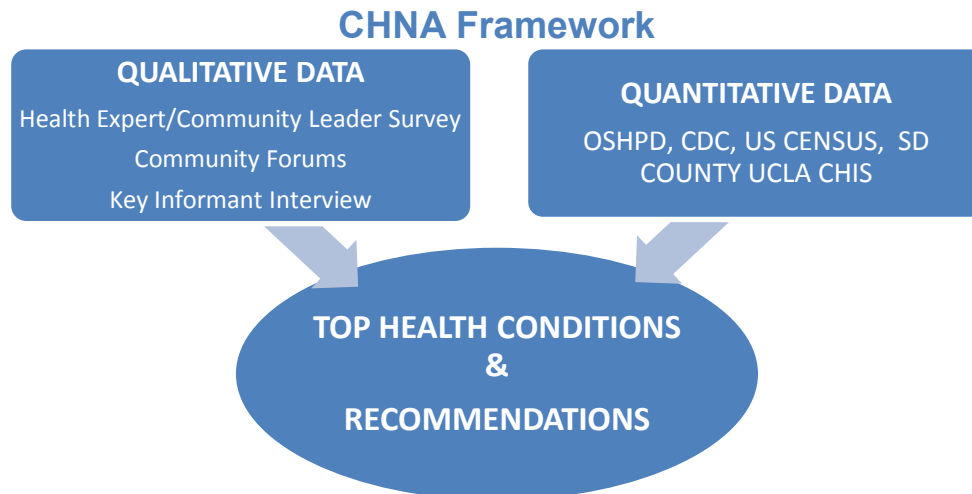
Hospital Association of San Diego and Imperial Counties 2013 Community Health Needs Assessment

Background & Introduction

Hospitals and healthcare systems in San Diego County have a long history of responding to health needs in the communities they serve. This commitment extends beyond traditional hospital care to community health programs that provide services to the region's most vulnerable populations. Community health programs are created based on an assessment of needs identified through hospital data, community input, and major trends (national, state and local statistics). Previous collaborations among not for profit hospitals and other community partners have resulted in numerous well-regarded Community Health Needs Assessment (CHNA) reports.

Beginning in late 2012, not for profit and district hospitals embarked on an eight month process, facilitated by the Hospital Association of San Diego and Imperial Counties (HASD&IC), to complete a hospital focused CHNA with three main components:

1. County-wide data, including publicly available hospital discharge data, which can be broken down by zip code to allow for scalable measures and the development of customizable regional reports.
2. In depth community and health expert feedback collected through research proven strategies.
3. Guidance for hospital development of programs to meet the needs of patients and the community—both County-wide and in targeted regions.



HASD&IC staff worked with a CHNA Advisory Workgroup comprised of representatives appointed by the seven participating hospitals and healthcare systems. A Request for Proposal process began in May 2012, and the CHNA Advisory Workgroup selected the Institute for Public Health (IPH) at San Diego State University (SDSU) to provide assistance in the implementation and interpretation of a community health needs assessment (CHNA).

Beginning in September 2012 with completion in April 2013, the IPH managed the design, implementation and interpretation of the CHNA process. Participating hospitals and healthcare systems were all represented in the CHNA Advisory Workgroup:

- Kaiser Foundation Hospital – San Diego
- Palomar Health
- Rady Children's Hospital – San Diego
- Scripps Health
- Sharp HealthCare
- Tri-City Medical Center
- University of California San Diego Health System

CHNA Advisory
Workgroup

IPH
CHNA Team



The IPH was founded in 1992 and functions as an Institute of the Graduate School of Public Health in the College of Health and Human Services at SDSU. The mission of the IPH is to bridge the academic resources of SDSU with the considerable resources of the public health practice community in equal partnership to improve the health of our communities. The IPH specializes in community-engaged scholarship involving research, teaching, and service to promote the dissemination and implementation of evidence-based best practice for the improvement of health.

CHNA Objective

The objective of the Hospital Association of San Diego and Imperial Counties 2013 Community Health Needs Assessment (HASD&IC 2013 CHNA) was to identify and prioritize health issues and health needs in San Diego County. Participating hospitals and healthcare systems will use the CHNA information to guide and inform their community health programs; some will also use the CHNA to develop individual reports and community benefit implementation plans as required by state and federal law.

The HASD&IC 2013 CHNA responds to IRS regulatory requirements that not for profit (tax-exempt) hospitals conduct a health needs assessment in the community once every three years. Although only not for profit 501(c)(3) hospitals and health systems are subject to state and IRS regulatory requirements, the HASD&IC 2013 CHNA collaborative process also included district hospitals who are not subject to the federal requirement, but are deeply engaged in the communities they serve. The findings from this process are designed for hospitals and healthcare systems to plan community health programs internally, as well as together with other health providers, community based organizations, and consumer groups.

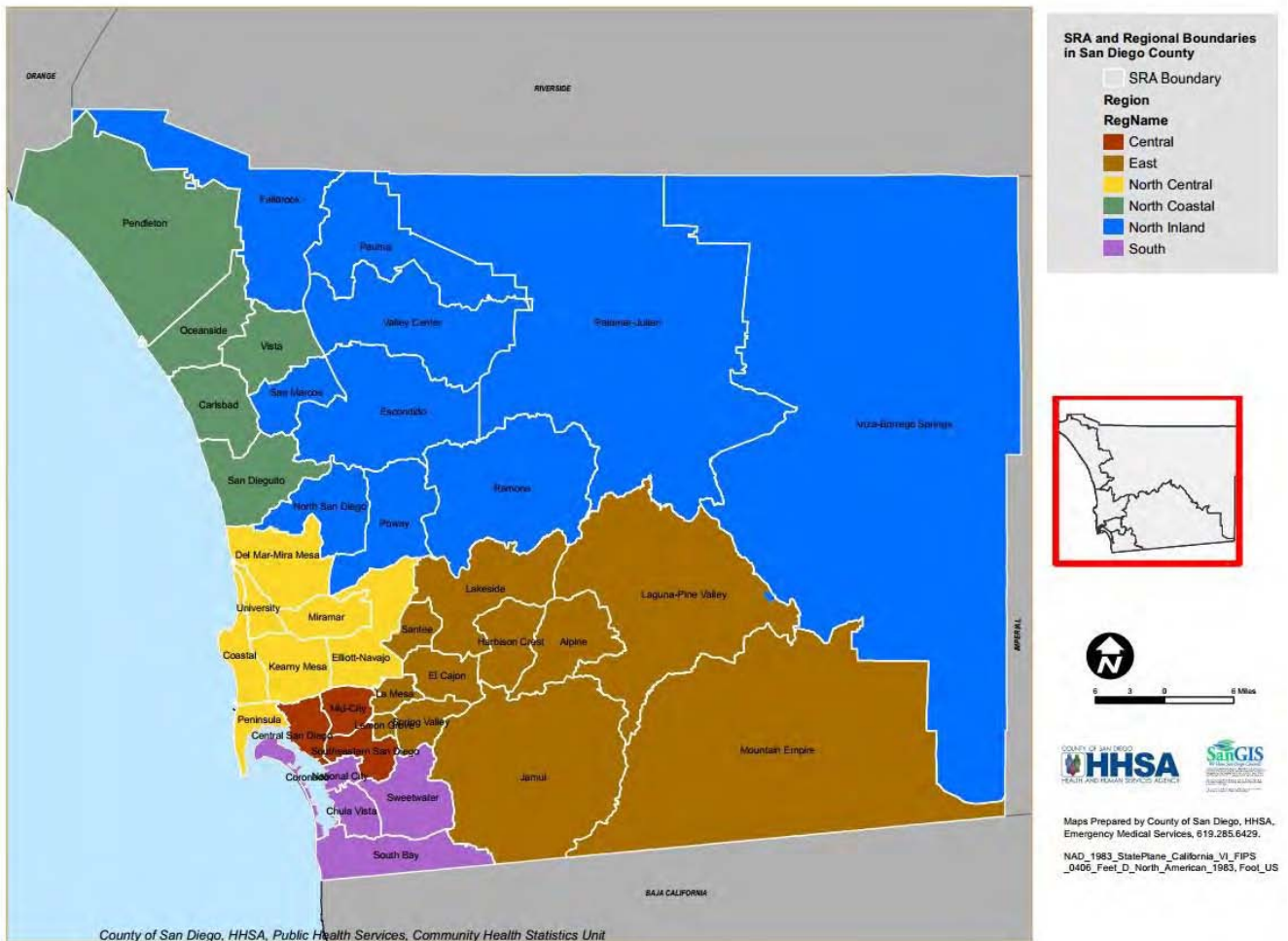
Purpose of this Document

This document provides a high-level summary of the HASD&IC 2013 CHNA methodology and findings. Upon completion of the HASD&IC 2013 CHNA process, the IPH created a CHNA Toolkit with in-depth information and data that participating hospitals and healthcare systems could use to evaluate the health needs of their patients and determine, adapt, or create programs at their facilities. Links throughout this document allow interested parties, including participating hospitals and healthcare systems and members of the community, a mechanism to access the full spectrum of information relative to the development of the HASD&IC 2013 CHNA.

The detailed IPH documents regarding the methodology, collected data, and findings are available in the CHNA Toolkit ([Click here](#) to view).

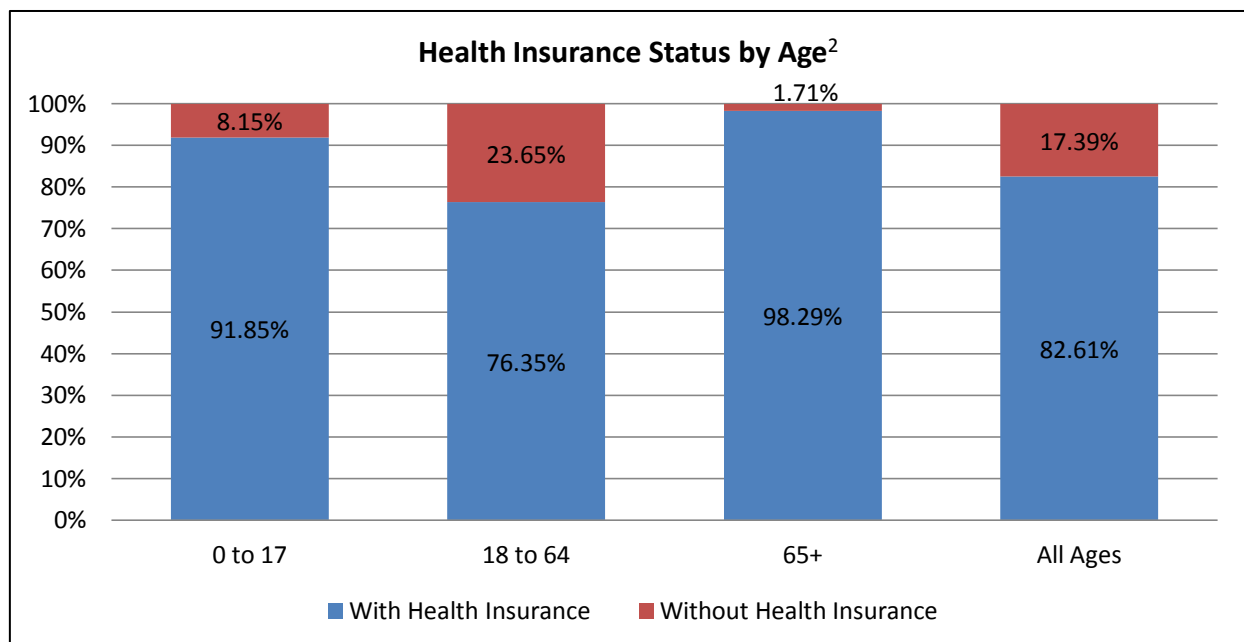
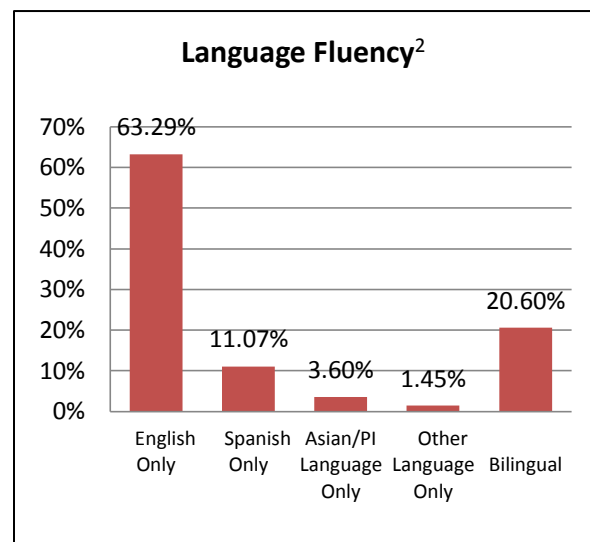
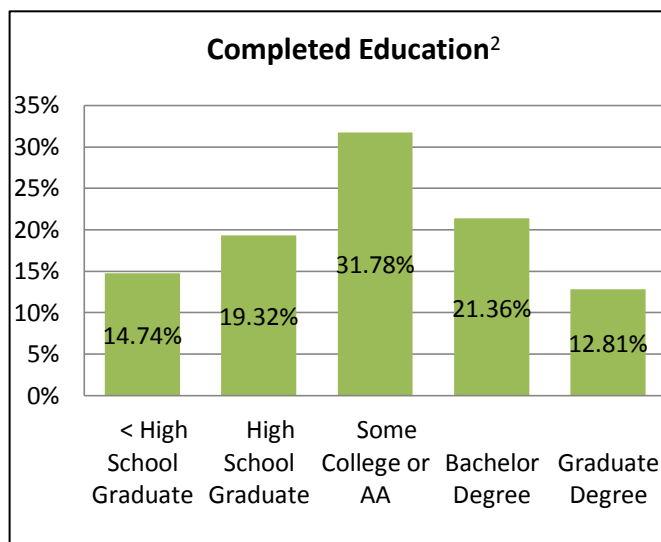
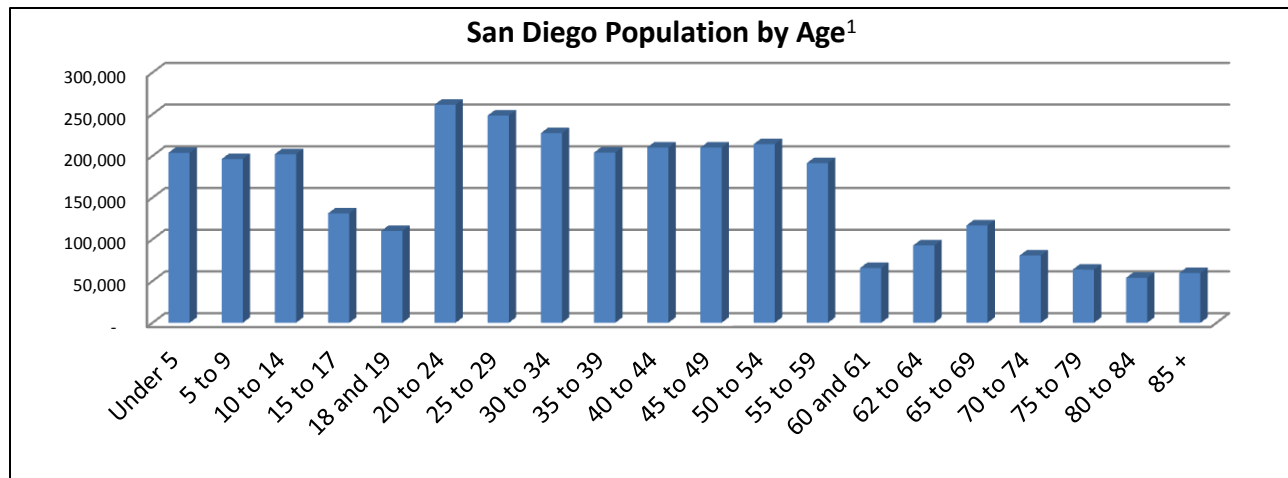
Study Area

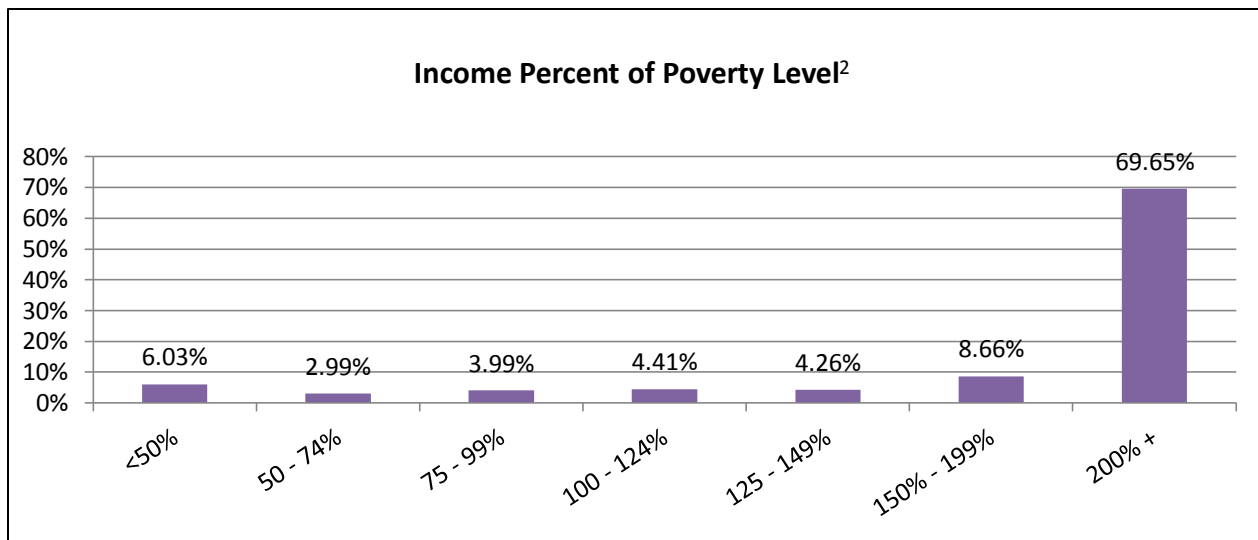
The study area for the HASD&IC 2013 CHNA is the County of San Diego, which is an international border community, composed of 3.2 million people (50.16% female, 49.84% male) representing multiple ethnic groups. It is geographically dispersed across 4,207 square miles¹ of land. San Diego County is included in its entirety in the U.S. Census San Diego-Carlsbad-San Marcos, CA Metropolitan Statistical Area (MSA).



A clearer image of this map can be viewed [here](#) on page 9.

The following charts display demographic information of San Diego County residents:





As indicated in the charts, San Diego is both a socially and ethnically diverse population. In 2011, 22.76% of the population was foreign-born, 10.62% of which were considered Naturalized Citizens². While a majority of San Diego County residents' income was above the poverty level in 2011, 5.27% of families with children and 3.97% households without children required assistance via food stamps (SNAP) benefits². In addition, 14.91% of families with children and 2.45% of households without children utilized the Cash Public Assistance program².

To provide community level data on the health needs across this large and diverse county, data was analyzed at the ZIP code level whenever possible.

References:

¹SANDAG <http://profilewarehouse.sandag.org/profiles/est/reg999est.pdf>

²San Diego County Health and Human Services Agency Community Health Statistics Unit, Demographics Profiles available at: http://www.sdcounty.ca.gov/hhsa/programs/phs/community_health_statistics/index.html#RegionalCommunityData

Community Prioritization Process (CHNA Methodology)

The IPH employed a six step methodology to assess community health needs in San Diego County. Click on each step for the detailed description. (Graphic adapted from [IPH document](#))

CHNA Methodology

Step 1:

Analyze Quantitative Data Sources

- Evaluated quantitative data using hospital discharge data from inpatient, emergency department, and ambulatory care; as well as other county, state and federal data sources..

Step 2:

Identify Health Conditions Affecting Hospital Patients

- Identified 15 health conditions that are measurable, prevalent, disproportionately impact vulnerable communities, reflect a Countywide need, and can be addressed by hospitals.

Step 3:

Identify Vulnerable Communities

- Determined the health vulnerability of every zip code in San Diego County through use of the Community Need Index (CNI) data.

Step 4:

Identify Health Drivers

- Developed list of 26 health drivers through a review of public health literature and other national CHNA resources.

Step 5:

Collect and Analyze Primary Data

- Gathered and analyzed Community Input (Qualitative & Primary Data) collected data through an Electronic Survey, Key Informant Interviews, and Community Forums.

Step 6:

Identify and Prioritize Health Conditions

- Combined results from all data collection methods to identify the top health conditions, as well as recommendations to address them.

[Click here](#) to read the IPH Methodology Summary

Findings from Analysis of Hospital Discharge Data & Other Health Data

Step 1 - Analyze Quantitative Data Sources (Secondary Data)

Step 2 - Identify Conditions Affecting Hospital Patients

The first step in the CHNA process was to analyze numerous sources of quantitative data. The IPH reviewed hospital discharge data by diagnosis, using data from inpatient, emergency department, and ambulatory care from all hospitals and healthcare systems within San Diego County. Because hospital data is not representative of all the health conditions present in the community, the IPH used additional data sources including the San Diego County Health and Human Services Agency Community Health Statistics Unit, the UCLA California Health Interview Survey (CHIS), Community Commons, County Health Rankings, Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS), and others.

Primary Data vs. Secondary Data

Primary data is collected by the investigator during a study or project. In this CHNA, the information collected through the Electronic Survey, the Community Forums, and the Key Informant Interviews is considered primary data.

Secondary data is information collected by someone other than the user (data that is already available). Secondary Data is essential in most studies due to resource constraints and the need to have past information for comparison purposes. In this CHNA, the IPH used secondary quantitative data, including: OSHPD data, CDC data, County mortality data, etc.

To provide a similar base level of information on each of the health conditions, the IPH created detailed briefs on each of the health conditions. The briefs were later provided as background information to electronic survey participants (details in Step 5).

[Click here](#) to view the health condition briefs.

Health Conditions

- | | |
|---------------------------------|----------------------------------|
| 1. Acute Respiratory Infections | 9. High Risk Pregnancy |
| 2. Asthma | 10. Lung Cancer |
| 3. Back Pain | 11. Mental Health/Mental Illness |
| 4. Breast Cancer | 12. Obesity |
| 5. Cardiovascular Disease | 13. Prostate Cancer |
| 6. Colorectal Cancer | 14. Skin Cancer |
| 7. Dementia and Alzheimer's | 15. Unintentional Injuries |
| 8. Diabetes (type 2) | |

The Community Need Index

Step 3 – Identify Vulnerable Communities

The IPH used the Dignity Health/Truven Health Community Need Index (CNI) to identify vulnerable communities within San Diego County. The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. [Click here](#) for detailed description of CNI.

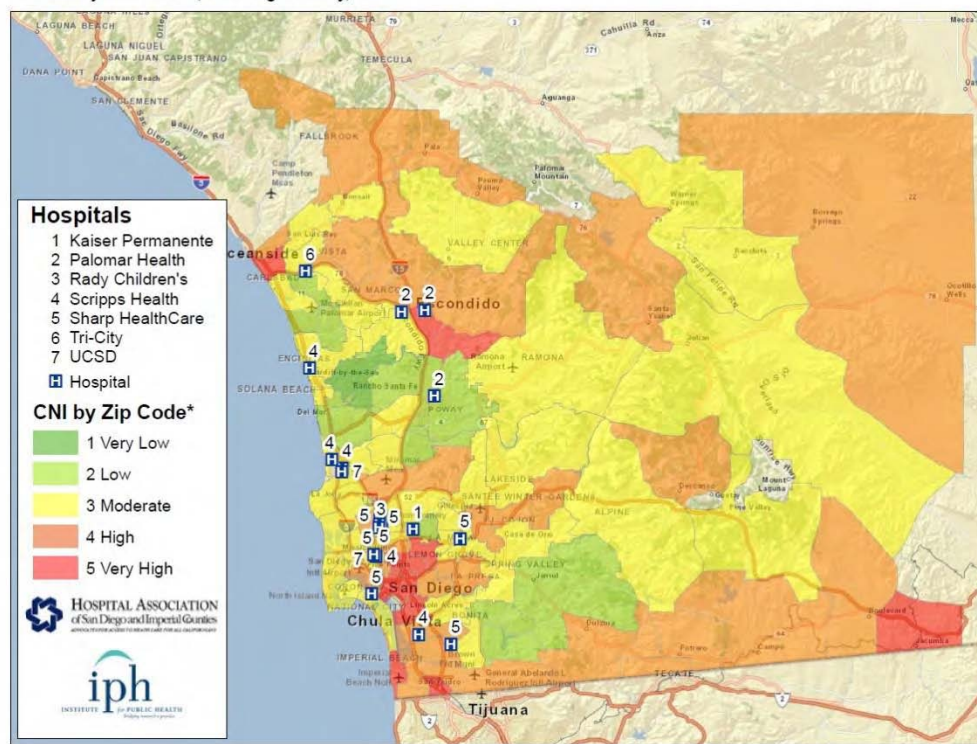
CNI data was mapped by zip code to identify high-risk neighborhoods and communities in San Diego County. The IPH and CHNA Advisory Workgroup then identified five communities with the highest CNI scores (highest levels of health disparity and need) as target regions for community forums. (More details in Step 5)
Click below for CNI maps of SD County or the six HHSA regions.

CNI Maps

- [San Diego County](#)
- [North Coastal Region](#)
- [North Inland Region](#)
- [East Region](#)
- [North Central Region](#)
- [Central Region](#)
- [South Region](#)

We want to acknowledge and thank Dignity Health/Truven Health for creating and sharing this tremendous resource and tool, which is now available to the public:
http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508

Community Need Index*, San Diego County, 2011.



Incorporating Other Factors that Contribute to Poor Health Outcomes

Step 4 – Identify Health Drivers

Data on reported health conditions only represent the manifestation of poor health, and do not include the socioeconomic factors that often contribute to individual and community health. In order to broaden the analysis, the IPH and the CHNA Advisory Workgroup compiled a list of 26 commonly examined health drivers known to contribute to poor health outcomes. The list was developed based on information provided through two publicly available tools that were developed with extensive research:

- Community Commons - Community Health Needs Assessment (CHNA),
<http://assessment.communitycommons.org/CHNA/>
- Kaiser Permanente's CHNA data platform,
<http://www.chna.org/kp/>

The identified health drivers were categorized into four overarching categories. Click graphic below for the full list. Electronic survey respondents were asked to associate these health drivers with the 15 health conditions. (See more in Step 5)

Modifiable Health Drivers Associated with Poor Health Outcomes

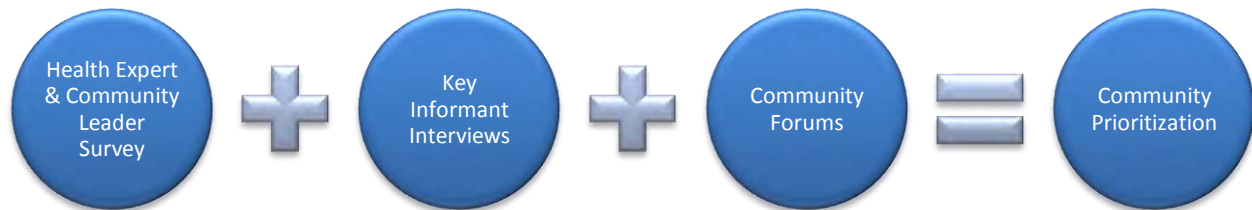


Health Expert, Community Leader and Resident Feedback

Step 5 – Collect and Analyze Primary Data

The IPH and CHNA Advisory Workgroup sought feedback from community leaders, health experts, and residents in vulnerable communities. This was done through three methods: an electronic survey for community leaders and health experts, key informant interviews, and community forums for residents in vulnerable communities throughout San Diego County. [Click here](#) for the IPH complete summary on Primary Data.

Sources of Community Input



Health Expert and Community Leader Electronic Survey

Using the list of 15 health conditions and 26 health drivers, the IPH and CHNA Advisory Workgroup developed an electronic survey that asked community leaders and health experts to help prioritize health conditions that met the following requirements:

- Have a significant prevalence in the community,
- Contribute significantly to the morbidity and mortality in San Diego County,
- Disproportionately impact vulnerable communities,
- Reflect a need that exists throughout San Diego County, and
- Can be addressed through evidence-based practices by hospitals and healthcare systems.

(Above list based on [IPH Prioritization Methodology](#))

The survey also provided respondents with the opportunity to identify additional health conditions or health drivers that may have been overlooked. Eighty-nine people completed the entire survey. The results are discussed in Step 6.

[Click here](#) to see a non-electronic version of survey (includes questions used in electronic survey).

The survey generated a very large data set; please contact HASD&IC if you would like to see more detail.

Key Informant Interviews

The IPH completed five Key Informant Interviews (list of interviewees below). HASD&IC and the participating hospitals were very grateful that each of these experts agreed to share their perspectives. The purpose of the Key Informant Interviews was to:

- Gather more in-depth understanding of the health conditions most affecting San Diego.
- Aid in the process of prioritizing health conditions.
- Make connections between the health conditions and associated health drivers.

- Gain information about the system or policy changes that could potentially impact health conditions.
- Get health conditions specific recommendations as well as overall recommendations.

Key Informant Interviews (Table A)

Name	Description of Leadership	Description of Expertise	Groups they Represent	Date of Interview
Wood, Christine M.D.	Co-Chair of the Childhood Obesity Initiative, Advisory Committee for Local Chapter 3 American Academy of Pediatrics	Chronic Disease, Obesity	Population with chronic diseases	1/11/2013
Dunford, James, M.D.	Head of San Diego City Emergency Medical Services, Professor Emeritus, School Of Medicine, UC San Diego	Chronic Disease, Injury	Low income, medically underserved, minority population, population with chronic diseases	1/23/2013
Hanger, Philip, Ph.D.	Clinical Psychologist, Vice President of Clinical Services at Mental Health Services, Former Head of SD County Behavioral Health Department & Manager of Low Income Health Program	Mental/ Behavioral Health	Low income, medically underserved, minority population, population with chronic diseases	1/31/2013
Knoll, Greg, Esq.	Executive Director/Chief Counsel for Legal Aid Society of San Diego, Inc., Executive Director of Legal Aid Society's Consumer Center for Health Education and Advocacy, Chair, Healthy San Diego		Low income, medically underserved, minority population,	2/7/2013
Wooten, Wilma, M.D., M.P.H.	Public Health Officer for the County of San Diego Health and Human Services Agency	Chronic Disease	Low income, medically underserved, minority population, population with chronic diseases	2/14/2013

Community Forums

The IPH conducted five community forums with local residents who are not affiliated with hospitals. The purpose of the community forums was to gain resident's perspective on the own health needs of their communities, identify health conditions most affecting their communities, and identify community recommendations on how hospitals could help to meet their health needs.

In order to ensure unbiased community feedback, neither HASD&IC nor the participating hospitals attended.

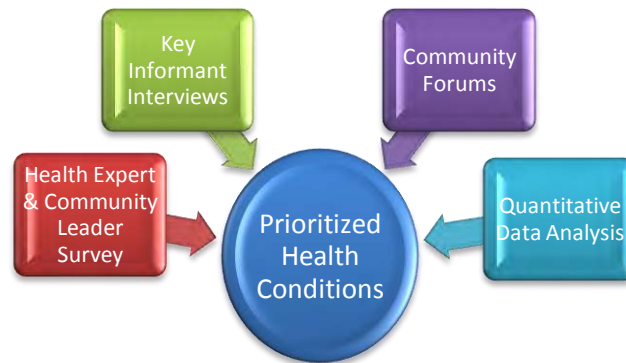
Community Forums (Table B)

City	Region	Date	Time	# of participants
El Cajon	East	2/2/2013	1:00-2:30 pm	58
Oceanside	North Coastal	2/8/2013	5:30-8:00 pm	8
Escondido	North Inland	2/12/2013	3:30-5:00 pm	11
Logan Heights	Central	2/26/2013	5:00-6:30 pm	12
San Ysidro	South	3/27/2013	5:30-7:00 pm	17

The results are discussed in Step 6. [Click here](#) for the list of Questions Asked at Community Forums and the CNI Data that was provided to Community Forum participants.

Results

Step 6 – Identify and Prioritize Health Conditions



When the results of all of the data and information gathered were combined, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order):

1. Cardiovascular Disease
2. Diabetes (type 2)
3. Mental/Behavioral Health
4. Obesity

Table C, Table D, Table E and Table F below show in greater detail how the Health Expert and Community Leader Electronic Survey Respondents, Key Informant Interviewees, and Community Forum participants prioritized the health conditions.

# Rank	Table C* Health Expert & Community Leader Survey Ranking of Health Conditions
1	Diabetes (type 2)
2	Obesity
3	Cardiovascular Disease
4	Mental/Behavioral Health
5	Unintentional Injury
6	High Risk Pregnancy
7	Asthma
8	Dementia & Alzheimer's Disease
9	Breast Cancer
10	Acute Respiratory Infections/Pneumonia
11	Back Pain
12	Colorectal Cancer
13	Lung Cancer
14	Prostate Cancer
15	Skin Cancer

# Rank	Table D* Key Informant Interviews Ranking of Health Conditions
1	Mental/Behavioral Health
1	Obesity
2	Cardiovascular Disease
2	Diabetes (type 2)
3	Acute Respiratory Disease
4	Asthma
4	Back
4	Cancer (general)

# Rank	Table E* Community Forums Ranking of <u>Adult</u> Health Conditions
1	Obesity
2	CVD, heart disease
2	Mental health
3	Alzheimer's/Dementia
3	Diabetes

# Rank	Table F* Community Forums Ranking of <u>Child</u> Health Conditions
1	Obesity
2	Asthma
2	Diabetes
2	Mental Health

Explanation of Health Condition Prioritization Tables

Please see the [IPH Methodology](#) for a more in-depth description.

Table C Health Expert and Community Leader Electronic Survey Ranking

These rankings reflect scores from the matrix methodology used by IPH to analyze the electronic survey responses. The IPH found a very dramatic break in the data, with the top four conditions scoring significantly higher than the next highest health condition. (Full scores available [here](#).) Please contact HASD&IC if you would like to see the entire database of scoring calculations.

Table D Key Informant Interviews Ranking

The five interviewees were given the list of 15 health conditions, and asked the following question: "From your perspective, which of the following are the most pressing health issues for San Diego?" The IPH calculated these rankings by reviewing the individual Key Informant Interview summaries (confidential documents) and noting which health conditions were identified in each interview. Health conditions that were mentioned in one interview were given one point, health conditions that were mentioned at two interviews were given two points, etc. The totals for each health condition were then ranked 1-5, with 1 being the highest priority (emphasized or addressed by the most interviewees).

Table E Community Forums ADULT Ranking & Table F Community Forums CHILDREN Ranking

Community Forum participants at each forum were not given the list of 15 health conditions, but were asked the following question: "What are the five most important health issues for adults and five most important health issues for children in your community?"

These rankings were calculated by reviewing the community forum summaries (located in the CHNA Toolkit) and documenting which health conditions were mentioned at each forum. Health conditions that were mentioned at one forum were given one point, health conditions that were mentioned at two forums were given two points, etc. The totals for each health condition were then ranked 1-5, with 1 being the highest priority (mentioned at the most community forums).

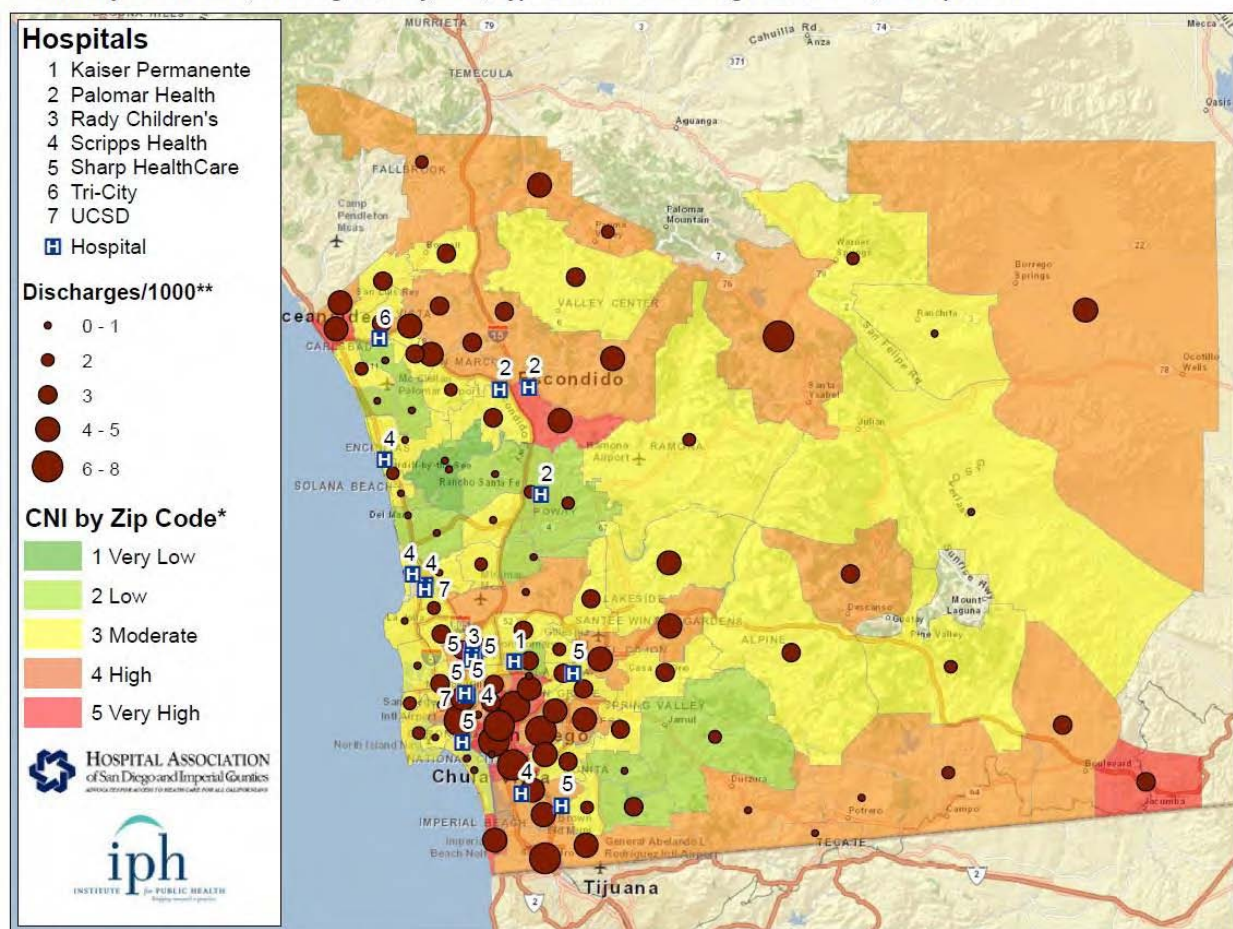
GIS Mapping – Overlaying Discharge Rates with Information about High Need Communities

The IPH created an array of maps that overlay the CNI zip code level data with hospital discharge data (when possible). The County level CNI maps are included in the CHNA Toolkit. In addition to these maps, the IPH generated regional maps with age adjusted discharge rates (overlaying the CNI data (both at zip code level) for the following health conditions:

- Cardiovascular Disease
- Diabetes (type 2)
- Mental/Behavioral Health
- Unintentional Injury

**note-there is no hospital discharge data available for obesity*

Community Need Index*, San Diego County, 2011, Type 2 Diabetes Discharge Rates Per 1,000 Population**



Data Source: *Dignity Health; **OSHPD, SpeedTrack, Inc. Basemap: © 2013 NAVTEQ. All rights reserved.

Community Recommendations to Address Health Conditions

The IPH assimilated all the community input (survey respondents, key interviewees, community forum participants) regarding health drivers and potential recommendations for hospitals to improve community health into five broad categories. Because each method of obtaining community input was different, the results could not be combined numerically. However, the IPH analyzed the results in order to determine the following elements by each type of community input:

- The relative importance of each recommendation (shown by a numerical ranking), and
- The association/alignment of each recommendation with the top four health conditions.

Detailed results are available in the CHNA toolkit, but the highlights are summarized in the tables below.

1. Access to Care or Insurance

Most often this was described as the need to improve access to primary care physicians and referral, and/or increased availability of insurance coverage.

“Continue to assist patients who qualify for health insurance. Advocate for improved coverage for patients. Connect patients to a medical home. Improve care transitions with medical home.” --electronic survey respondent

Table G^ ACCESS TO CARE OR INSURANCE			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* <i>Scale of 1- 5</i> <i>1 =- highest priority</i> <i>5 =- lowest priority</i>	2	3	4
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Access to Care/ Insurance with each of the top 4 conditions. The strongest alignment was with Type II Diabetes and Mental Health/Mental Illness.	Community members at every forum made this recommendation. It was the strongest recommendation from Escondido participants.	Key Informants aligned Access to Care/ Insurance with Cardiovascular Disease and Mental Health/Mental Illness.

2. Care Management

This category included multiple types of programs that would ensure better care management and communication between healthcare providers and patients including outreach workers, promotoras, navigators, translators, culturally competent advocates, etc. This type of care management was described as being needed for both prevention and treatment services.

“Align with primary care providers to provide care coordination on related health issues”
“Patient navigators to follow up with patients after hospital visits”
--electronic survey respondents

Table H^ CARE MANAGEMENT			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	1	2	1
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Care Management with each of the top 4 conditions. The strongest alignment was with Mental Health/Mental Illness and Type II Diabetes.	Community members at every forum emphasized this recommendation.	Every Key Informant emphasized Care Management and there was strong alignment with Mental Health/Mental Illness in particular. Care Management was the strongest overall recommendation.

3. Education

Under this broad category were suggestions that related to how best to educate patients about prevention or about their health condition, e.g. items were mentioned such as literature written in their language in a culturally competent way, small educational classes, health fairs, etc.

“Health information and authorization materials available at low literacy levels.”

“Improved health literacy strategies; for example, stronger methods of communication to patients about how to best care for themselves upon discharge.”

--electronic survey respondents

Table I^ EDUCATION			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	3	1	3
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Education with each of the top 4 health conditions. The strongest alignment was with Type II Diabetes.	This was the strongest recommendation from the Community Forums. There was a particular emphasis on the need for Education at the El Cajon and San Ysidro Forums. In both cases that was the strongest recommendation.	Every Key Informant mentioned Education. The strongest alignment was with Obesity. Education was also emphasized as an overall recommendation.

4. Screening Services

The need for additional screening was expressed for a number of different conditions including cancer and heart disease.

“Hospitals are not primary care providers, however, they are often accessed as such by a particular section of our population. Screening for cancer would help prevent the patient from presenting only when there are symptoms.” –electronic survey respondent

Table J^ SCREENING SERVICES			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	5	5	5
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Screening Services with Type II Diabetes and Mental Health/Mental Illness.	This recommendation was raised at two Community Forums: Escondido and Oceanside.	Not all of the Key Informants mentioned Screening Services; and it was not an overall recommendation.

5. Collaboration

Collaboration to prevent fragmented healthcare was a frequently mentioned need throughout all documented responses. The theme of collaboration was noted across several levels; including collaboration between hospitals and healthcare systems, clinics, community members, and advocacy groups in order to enhance opportunities for education and care management activities.

“Work with community partners to establish standardized protocols for at risk and individuals with chronic conditions.” –electronic survey participant

Table K^ COLLABORATION			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	4	4	2
Strength of Recommendation and/or Alignment with Health Conditions**	Many respondents mentioned the need for collaboration in their open responses.	Community members at the Logan Heights and Oceanside Community Forums emphasized Collaboration.	Key Informants most strongly aligned Collaboration with Mental Health/Mental Illness and Obesity. It was also strongly emphasized as an overall recommendation.

Explanation of Community Recommendation Tables (Tables G, H, I, J & K)

Detailed results are in the [IPH Primary Data Summary Results](#) and in the [IPH Individual Community Forum Results](#).

Electronic Survey: This column provides information on the responses collected through the Community Leader and Health Expert electronic survey. The rankings were calculated by the IPH using a matrix methodology. Respondents entering the survey based on the selection of health drivers were able to associate each driver with a specific health conditions. Respondents entering based on the selection of health conditions provided feedback on health drivers and recommendations through open responses. The IPH categorized all the feedback in the five categories of recommendations.

Community Forum: This column provides information on the input given at the five regional community forums. Totals were calculated by placing key concepts/statements from forum participants into one of the five categories. For example, statements such as “more informational pamphlets” or “classes on how to read nutritional labels” were placed under “Education.”

Key Informant Interview: This column provides information on the responses from the five key informant interviewees. Totals were calculated by placing key concepts/statements from key informant interviews into one of the five categories. For example, statements such as “training for community initiatives” were placed under “Education”, while “partnerships between funding agencies and community resources” were placed under “Collaboration.”

Community Asset List

Kaiser Foundation Hospital - San Diego, in partnership with the CHNA Advisory Workgroup and the IPH, developed a comprehensive list of community assets on the 15 prioritized health conditions and is generously making the list available to other hospitals and community partners.

[Click here](#) for the full list.

Note: Please note this is a survey of local assets and is not an exhaustive list of those resources available in San Diego County. The resources were gathered based on responses to a question in the electronic survey asking the health experts and community leaders to provide information on assets for each condition they addressed in their response.

Additionally, the IPH conducted a review of sites including:

- 2-1-1 San Diego - <http://www.211sandiego.org>
- Military One Source - <http://www.militaryonesource.mil/>
- Scripps Health - <http://www.scripps.org/>
- UC San Diego Health System - <http://www.health.ucsd.edu/>
- Sharp HealthCare - <http://www.sharp.com/>

The healthcare safety net in San Diego County is highly dependent upon hospitals and community health clinics to care for the uninsured and medically underserved communities. Finding more effective ways to coordinate and enhance the safety net is a critical policy challenge. Hospitals and their community partners will use this list to identify gaps in regions and neighborhoods.

Next Steps

HASD&IC member hospitals and healthcare systems that participated in the HASD&IC 2013 CHNA process have varying requirements on next steps. Private, not for profit (tax exempt) hospitals and healthcare systems are required to develop hospital or healthcare system community health needs assessment reports and implementation strategy plans to address selected identified needs. The participating district hospitals and healthcare systems do not have federal or state CHNA requirements, but work very closely with their patient communities to address health needs by providing programs, resources, and opportunities for collaboration with partners.

Every participating hospitals and healthcare system will review the data in accordance with their own patient communities and principal functions, and evaluate opportunities for next steps to address the top identified health conditions in their respective patient communities.

This summary of the HASD&IC 2013 Community Health Needs Assessment is available online at: www.hasdic.org/CHNA2013. Paper copies or electronic files are available upon request. Please contact Lindsey Wade at the Hospital Association of San Diego & Imperial Counties with any questions.

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HASD&IC 2013 COMMUNITY HEALTH NEEDS ASSESSMENT

TOOLKIT

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HASD&IC CHNA 2013 Team

Suzanne Lindsay, Ph.D., MSW, MPH

Dr. Lindsay is an Associate Professor of Epidemiology in the Graduate School of Public Health at San Diego State University and the Executive Director of the Institute for Public Health (iph.sdsu.edu). The mission of the IPH is to bridge the academic resources of SDSU with the considerable resources of the public health practice community to improve the health of our communities. Dr. Lindsay's expertise is the application of the results of scientific research into practice based settings with a focus on health equity and the elimination of health disparities. As such, she has been responsible for dissemination and implementation research, translational research, community-based participatory research, and applied research and evaluation with the goal of adapting and adopting evidence based strategies into diverse community settings in full partnership with community practitioners and community members. She has particular expertise in the development of web-based information systems used to collect research and evaluation data across diverse and geographically distributed sites, and the development of web-based training for health and social service professionals to improve their understanding of evidence based practice. For the last six years Dr. Lindsay has taught a graduate course in health disparities and has mentored numerous internship and field placement opportunities for students interested in health disparities.

Amy Pan, PhD, Senior Research Scientist

Dr. Amy Pan is a research associate at the Institute for Public Health (IPH) at San Diego State University. Dr. Pan provides program evaluation and grant writing support for the IPH. Her primary research interests include violence prevention and other preventative health issues in immigrant and refugee communities. Prior to working at the IPH, Amy worked at the Center for Community Solutions, the Tahiri Justice Center, and the Center for Child Welfare at George Mason University.

Tanya Penn, MPH, CPH

Tanya Penn is an Epidemiologist for the Institute for Public Health in the Graduate School of Public Health, at San Diego State University. Trained in public health with an emphasis in Epidemiology, Ms. Penn also holds a nationally recognized Certification in Public Health. Ms. Penn was the project lead on the 2013 HASD&IC Community Health Needs Assessment working collaboratively with the Hospital Association of San Diego and Imperial Counties (HASD&IC) and the CHNA Advisory Workgroup. She was also an Epidemiologist on the Communities Putting Prevention to Work (CPPW) project that was funded by the Center for Disease Control and Prevention providing evaluations of population based interventions. Her expertise includes: statistical analysis, data management and manipulation, and utilizing large public-use data sets. Her primary research interests include health disparities in underserved populations, health education and community based participatory research. Before joining the IPH, Ms. Penn was part of a team that helped start one of the first free Diabetic Clinics for indigent patients in Wilmington, North Carolina in which Ms. Penn was ultimately the Clinic Director.

Kristine Ortwine, MPH

Kristine Ortwine holds a BS in Chemistry from Old Dominion University, as well as an MPH, in Epidemiology from San Diego State University. She has served as an Epidemiology Research Assistant at the IPH since 2011, and has provided literary and data research support on projects such as Communities Putting Prevention to Work (CPPW) and the 2013 HASD&IC Community Needs Assessment. Her research interests include, border health and zoonotic disease surveillance, health disparities, issues surrounding social determinants of health, as well as establishing best-practices for community-based participatory research methods. She is an active member of both the Latino Caucus of the American Public Health Association, as well as the local San Diego Collaborative, One Border One Health. She was a 2012 APHA Latino Caucus Helen Rodriguez Scholarship recipient and is a UCSD Hispanic Center of Excellence Scholar, 2012-2013.

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HASD&IC Community Health Needs Assessment 2012/2013

CHNA Advisory Workgroup

Hospital	Title
Kaiser Foundation Hospital San Diego	Senior Community Benefit Manager
	Community Benefit Manager - Public Affairs
Palomar Health	Media Relations Manager
	Community Outreach Liaison
	Committee Chair at Palomar Health
Rady Children's Hospital San Diego	Coordinator Government Grants
Scripps Health	Manager, Community Benefit Services Scripps Health
	Senior Director Public & Government Affairs
	Senior Director, Strategic Planning
Sharp HealthCare	Lead Planning & Community Benefits Consultant
	Vice President, Government Relations
	Planning Research and Community Benefits Specialist
Tri-City Medical Center	Director, Market Development
UCSD Medical Center	Director of Government & Community Affairs
HASD&IC	Vice President, Public Policy
	Member Programs Coordinator
	CHNA Consultant
	Executive Director for E Health, Provider Relations and Business Development

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Scores/Ranking of Health Conditions by Survey Respondents

Rank	Health Condition	Overall Survey Score
1.	Diabetes (type 2)	749
2.	Obesity	670
3.	Cardiovascular Disease	602
4.	Mental/Behavioral Health	556
5.	Unintentional Injury	152
6.	High Risk Pregnancy	129
7.	Asthma	125
8.	Dementia & Alzheimer's Disease	118
9.	Breast Cancer	96
10.	Acute Respiratory Infections/Pneumonia	76
11.	Back Pain	39
12.	Colorectal Cancer	26
13.	Lung Cancer	25
14.	Prostate Cancer	22
15.	Skin Cancer	2
	(Cancer in general)	

These rankings reflect scores from the matrix methodology used by the IPH to analyze the electronic survey responses. For full explanation of the matrix methodology and scores, please see the CHNA Methodology.

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Hospital Association of San Diego and Imperial Counties

Community Health Needs Assessment

Methodology

Introduction

In September 2012, the Hospital Association of San Diego and Imperial Counties (HASD&IC) contracted with the Institute for Public Health (IPH) at San Diego State University (SDSU) to provide assistance in the implementation and interpretation of a community health needs assessment (CHNA). The IPH was founded in 1992 and functions as an Institute of the Graduate School of Public Health in the College of Health and Human Services at SDSU. The mission of the IPH is to bridge the academic resources of SDSU with the considerable resources of the public health practice community in equal partnership to improve the health of our communities. The IPH specializes in community engaged scholarship involving research, teaching, and service to promote the dissemination and implementation of evidence-based best practice for the improvement of health. Research strategies include community-based participatory research, translational research, applied research, and evaluation in many different content areas. All practice-based strategies use a collective impact model involving stakeholders at multiple levels to define strategies and interpret research and evaluation results.

The purpose of this CHNA was to identify and prioritize health issues and needs in San Diego County using multiple sources of information. This CHNA involved mixed methods of data collection including the analysis of existing data, as well as primary data collection using 1) an electronic survey of health experts and leaders, 2) key informant interviews, and 3) community focus groups in vulnerable, at-risk communities. Throughout the process, the IPH met bi-weekly with the Hospital Association's Community Health Needs Assessment (CHNA) Advisory Workgroup in a participatory process to define, refine, and interpret results as they were being collected.

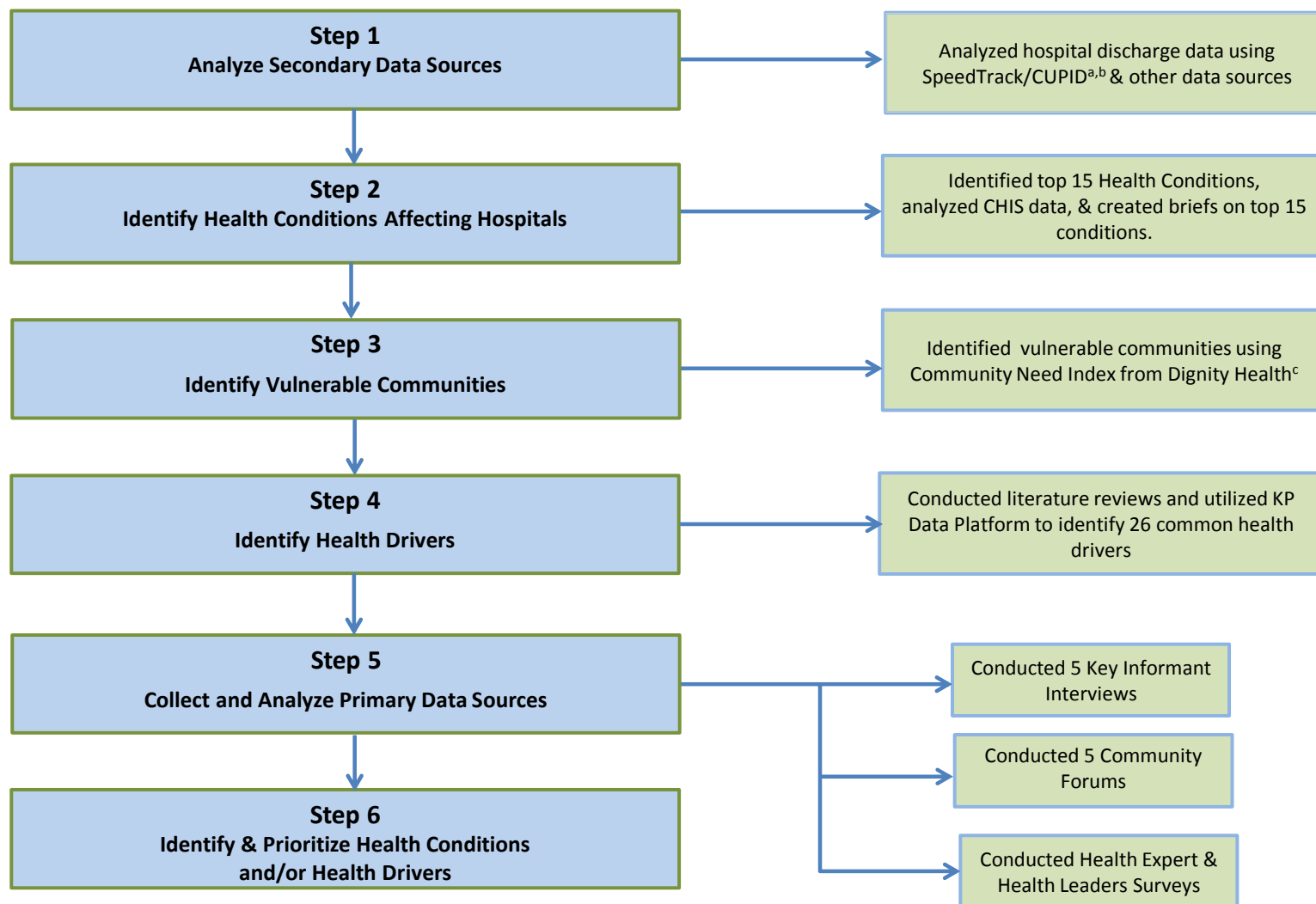
[Click to go back to methodology description](#)

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Prioritization Methodology

The collection of existing data began with the analysis of 2011 Office of Statewide Health Planning and Development (OSHPD) hospital discharge data for the diseases/conditions that San Diego hospitals encountered most frequently. Other sources of existing data (California Health Interview Survey (CHIS), County Health Department Mortality Data, etc.) were also used to describe the health conditions that most affect San Diego's population. It is well-known that health conditions are the end result of many other factors including social determinants of health, population health behaviors, and policy issues such as access to primary care, access to fresh fruits and vegetables, safe neighborhoods, etc. For this CHNA, we used the broad term of "health driver" to describe the factors that contribute to and affect health conditions. For each identified health condition or health driver, we asked health experts and leaders, key informants, and community members to prioritize the condition or driver using a matrix methodology which allowed the respondent to prioritize health conditions and/or drivers by responding to six statements each on a four point scale (0, 1, 2, and 3). The statements addressed the prevalence of the condition or driver, the morbidity and disability it causes, mortality, whether or not it is a significant problem in all regions of San Diego, whether or not it contributes to racial/ethnic disparities, and whether or not there are evidence-based strategies that could be implemented by San Diego hospitals to address the condition or driver. For the online survey this methodology allowed for a quantitative score for each health condition or driver based upon 1) the number of respondents who selected the condition and/or driver as important to the health of San Diegans and 2) the average score that respondents gave to each condition or driver (possible range 0-18). For the key informant interviews and community focus groups, the data was transcribed and a qualitative content analysis was conducted resulting in prioritized conditions and drivers. The methodology and prioritization processes are described in more detail through the CHNA 6 Step Process. Please see Figure 1 for the CHNA Methodology Flow Chart and Figure 2 for the Community Health Need Assessment Data Collection Framework.

Figure 1. CHNA Methodology Flow Chart

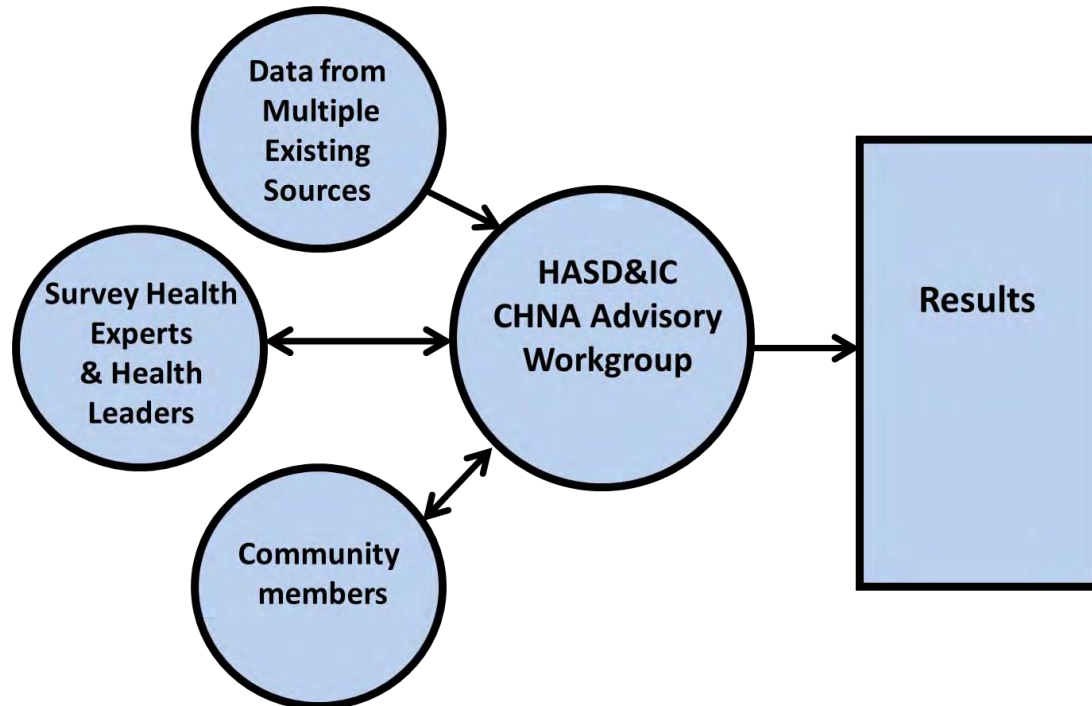


^aCalifornia Universal Patient Information Discovery (CUPID)

^bSpeedTrack, Inc. Retrieved from <http://www.speedtrack.com/>

^cDignity Health. Retrieved from http://www.dignityhealth.org/Who_We_Are/Community_Health/212401

Figure 2. Community Health Need Assessment Data Collection Framework



The CHNA Six Step Process

Step 1: Analyze Secondary Health Data

The first step in the CHNA process was to analyze existing secondary data. The CHNA began with the analysis of 2011 OSHPD discharge data by diagnosis. Data from hospital inpatient, emergency department, and ambulatory care from all hospitals within San Diego County was analyzed through the SpeedTrack® California Universal Patient Information Discovery (CUPID) application. SpeedTrack is a search engine coupled with revolutionary methods of organizing data which contains 4 years of hospital discharge data from multiple sources (<http://www.speedtrack.com>). Patients included in the analysis were those who were discharged from a San Diego County hospital and reported a San Diego County zip code of residence, or were discharged and described as a homeless patient. Those patients who entered through the Emergency Department and then were admitted into the hospital were counted as an inpatient discharge.

In addition, it is well known that hospital data does not necessarily represent all health conditions in a community, therefore other secondary data sources were also examined

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including data from the San Diego County Health and Human Services public website, data from the California Health Interview Survey (CHIS), Community Commons, County Health Rankings, Center for Disease Control and Prevention (CDC), the Behavioral Risk Factor Survey (BRFSS) and others.

Step 2: Identify Top Health Conditions

The analysis of secondary data incorporated the following criteria for inclusion as an identified community health needs:

1. Frequency of diagnosis, from OSHPD hospital discharge data.
2. High mortality rate in San Diego.
3. Community concern.

Eight health conditions were identified from OSHPD hospital discharge data as having a large impact on hospitals in terms of frequency of diagnosis: acute respiratory infections, asthma, back pain, cardiovascular disease, type 2 diabetes, high risk pregnancies, mental/behavioral health, and unintentional injury. In addition, by examining the other sources of data (CHIS, County Health Department Mortality data, etc.) and using the criteria of a high mortality rate in San Diego, a high community concern and in consultation with the CHNA Advisory Workgroup, seven other conditions were added to the list including obesity, dementia/Alzheimer's, lung cancer, colorectal cancer, breast cancer, skin cancer, and prostate cancer.

This list of 15 conditions was then used as a starting point to solicit input from the health experts and leaders, key informants, and community members. To help educate and inform respondents, 15 one-page health condition briefs were created describing each condition, including the epidemiology of the condition, i.e. incidence, prevalence, morbidity, mortality, health disparities, trends over time and a comparison of San Diego data against Healthy People 2020 national benchmarks when available. In addition, comparisons across the regions, county, state and nation were made when possible. By starting the CHNA process with a detailed description of the conditions as they exist in San Diego it provided respondents with information to help them focus on areas San Diego County hospitals could potentially assist the communities they serve.

Step 3: Identify Vulnerable Communities within San Diego County

In preparation for primary data collection from members of the community, it was important to identify communities within San Diego County which were potentially at-risk for greater health needs. To identify these communities, literature searches were conducted to find appropriate

methodologies to identify vulnerable communities. Dignity Health's Community Need Index (CNI) was identified and ultimately used to categorize the health needs of San Diego communities by zip code.

Dignity Health, formerly Catholic Healthcare West, developed the nation's first standardized Community Need Index (CNI) in partnership with Solucient, LLC². The CNI identifies the severity of health vulnerability for every zip code in the United States based on specific barriers to healthcare access including education, income, culture/language, insurance, and housing. In doing so Dignity Health has demonstrated the link between community need, access to care and preventable hospitalization for conditions that, if effectively diagnosed and managed, should be treatable in an outpatient setting².

The IPH used Dignity Health's CNI to analyze and map all zip codes in San Diego County by their CNI score and to identify high-risk neighborhoods in which to conduct focus groups. Large scale maps of San Diego County and each San Diego HHSA region were displayed and discussed at the community focus groups.

The CNI tool is publicly accessible at

http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508

References:

²Roth R, Presken P, Pickens G. "A standardized national community needs index for the objective high-level assessment of community health care" CHW Community Needs Index. Accessed on Sept 2, 2012 at:

http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/084757.pdf

Step 4: Identify Health Drivers

A list of 26 commonly examined health drivers known to contribute to poor health outcomes was also compiled based on a literature review and review of websites such as Community Commons - Community Health Needs Assessment (CHNA), <http://assessment.communitycommons.org/CHNA/> and Kaiser Permanente's CHNA data platform, <http://www.chna.org/kp/>. "The CHNA tool is a web-based platform designed to assist hospitals and organizations seeking ways to understand the needs and assets of their communities."³ Kaiser Permanente had the most comprehensive list of health drivers; the

consultation with representatives from Kaiser in compiling the list was appreciated. The list of the 26 health drivers can be found in Appendix A.

³Community Health Needs Assessment (n.d.). Community Needs Assessment Toolkit. Retrieved October 15, 2012, from <http://www.chna.org/Home.aspx>

Step 5: Collect & Analyze Primary Data

Health Experts and Leaders Survey

In order to prioritize the Health Conditions and Health Drivers identified in Step 2 and 4, the IPH and the CHNA Advisory Workgroup developed a list of over 100 possible community health experts and leaders. A health expert or leader was defined as a person with special knowledge of or expertise in public health. The list was compiled to ensure representation of experts in both the 15 health conditions and 26 health drivers that had been identified. Health experts and leaders were identified from hospital settings, community-based organizations, government policy, legal, and health advocacy organizations. Contact information was verified and initial emails were sent to the list of health experts and leaders in San Diego in order to gauge potential interest in participating in the CHNA health prioritization survey. At the time of this initial e-mail, interested respondents were asked which conditions they had expertise in, what populations they served and what regions they worked in. This initial feedback gave the IPH and the CHNA Advisory Workgroup an idea of the coverage of data that would ultimately be gathered on health conditions, regions and populations served. Targeted outreach to additional health experts and leaders was then initiated to fill gaps of under-represented conditions, regions, or vulnerable populations.

The CHNA survey was emailed to over 120 health experts and leaders, with 88 people completing the survey. When designing the survey it was taken into account the diversity of the knowledge of the respondents. Some respondents had knowledge of specific diseases or conditions and the health drivers affecting those diseases. Others had a much more general knowledge of health drivers and how they might affect multiple health outcomes. To accommodate these different perspectives, the survey was created so that the respondents could answer the survey from one of the two perspectives. Both perspectives allowed respondents to comment on poor health conditions and health drivers as they completed the survey. As part of the survey, participants were provided with electronic links to the 15 condition briefs and the opportunity to review those briefs, comparing data across the conditions prior to answering the survey.

Key Informant Interviews

Key informant interviews were conducted with Dr. Wilma Wooten, Dr. James Dunford, Dr. Christine Wood, Dr. Philip Hanger, and Greg Knoll, Esq. Each interview lasted no longer than one hour. These leaders were chosen based on their discipline and knowledge of health issues affecting San Diego. Key informants were also selected based on their ability to understand health policy, and their knowledge of issues throughout San Diego County. The 15 health conditions were shared with the participants during the interviews.

Community Focus Groups

Communities of high health need, based on their Community Need Index score were selected for conducting focus groups with community members. The IPH partnered with neighborhood community collaborative agencies or organizations within each neighborhood to recruit community members to participate in the focus groups. Recruitment included the stipulation that focus group participants were living in the neighborhood and were not affiliated with local hospitals and health centers. Target® \$10 gift cards were offered as incentives for participation in the focus groups. Focus groups were conducted in El Cajon, Oceanside, Escondido, Logan Heights, and San Ysidro. During the focus groups, Geographical Informational Systems (GIS) maps displaying CNI scores by zip code in San Diego County as well as the HHSA region of the neighborhood were displayed and hand-outs in both English and Spanish explaining the CNI score were distributed to each participant. We also took the opportunity of the focus group to provide information to community members of the health resources available to them in their neighborhoods.

Step 6: Identify & Prioritize 3-5 Health Conditions and/or Health Drivers

The criteria for prioritizing the health needs in the health expert and leader survey were:

1. A matrix methodology applied to responses to the following six statements:
 - a. **Prevalence:** There are a large number of people affected in San Diego with (condition or driver).
 - b. **Morbidity:** (Condition or Driver) contributes significantly to poor health conditions and disability in San Diego.
 - c. **Mortality:** (Condition or Driver) contributes significantly to mortality in San Diego.
 - d. **County-wide problem:** (Condition or Driver) is a problem in all regions of San Diego.
 - e. **Health Disparities:** There are significant racial/ethnic and socioeconomic health disparities in San Diego for (Condition or Driver).

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- f. **Evidence-based Strategies:** There are evidence-based strategies that could be implemented by San Diego hospitals for (Condition or Driver).
2. Tallied responses from three additional survey questions.

For the matrix methodology the participants were asked whether or not they strongly agreed, agreed, somewhat agreed or disagreed with the statement on their condition or driver. A score was calculated for the overall condition or driver in which there was a maximum score of 18 per condition or driver (6*3) possible.

Scoring was as follows:

- Strongly agree = 3
- Agreed = 2
- Somewhat agreed = 1
- Disagreed = 0

For the additional survey questions, scores were calculated for each survey participant on each specific condition or driver they responded to, and then participant responses were combined together for overall scores on the condition or driver. For example, the average prioritization score was calculated for all survey respondents who selected obesity as a significant health condition. Individuals could select among the top 15 health conditions and the 26 health drivers, or could comment on conditions or drivers not identified on the survey.

The criteria for prioritizing the health needs in the key informant interviews and the community focus groups were:

- Frequency the key informants identified a health need as high priority in San Diego County.
- Frequency the focus group members identified a health need as high priority in their community.

For the key informant interviews and community focus groups, the data was transcribed and a qualitative content analysis was conducted resulting in prioritized conditions and drivers.

By combining the results of all of the methods employed, i.e. secondary data sources, electronic health expert and leader surveys, key informant interviews, and community focus groups, the top 4 health conditions that were identified by this community health needs assessment were:

1. Diabetes (type 2)
2. Obesity

3. Cardiovascular Disease
4. Mental/Behavioral Health

The following five categories were described with consistent frequency among all respondents as activities that hospitals could implement to improve the health of their neighborhoods. Any of these activities could be used with any of the four health conditions listed above.

1. Care Management

Within this category we have included multiple types of programs that would ensure better care management and communication between health care providers and patients including outreach workers, promotoras, navigators, translators, culturally competent advocates, etc. This type of care management was described as being needed for both prevention and treatment services.

2. Access to Care or Insurance

Most often this was described as access to primary care physicians and referral, and/or increased availability of insurance coverage.

3. Education

Under this broad category were suggestions that related to how best to educate patients about prevention or about their health condition, i.e. items were mentioned such as literature written in their language in a culturally competent way, small educational classes, health fairs, etc.

4. Collaboration

Across all documented responses, collaboration to prevent fragmented health care was a frequently mentioned need. The theme of collaboration was noted across several levels, including collaboration between, hospitals, clinics, community members, and advocacy groups, in order to enhance opportunities for education and care management activities.

5. Screening Services

The need for additional screening was expressed for a number of different conditions including cancer and heart disease.

A more detailed summary of the primary data analysis can be found in the “Primary data summary” section of the results document.

Appendix A: List of Modifiable Health Drivers Associated with Poor Health Outcomes

Clinical Care

1. Lack of access to a primary care physician (whether or not insured)
2. A shortage of health professionals (HPSAs)
3. Lack of access to health screening services (such as cancer screening, HIV testing...)
4. Lack of access to immunizations
5. Lack of access to chronic disease management
6. Lack of the availability of dental care
7. Insufficient community health workers
8. Difficulty with patient communication including language and cultural issues
9. Lack of effective patient education about specific health conditions

Health Behaviors

1. Poor dietary habits
2. Tobacco use
3. Substance abuse
4. Lack of physical activity
5. Lack of breastfeeding
6. Insufficient prenatal care

Physical Environment

1. Limited accessibility to healthy food options
2. Limited access to parks and recreation facilities
3. Poor neighborhood walkability
4. Poor neighborhood safety
5. Poor air quality

Social and Economic Factors

1. Poverty
2. Unemployment or underemployment
3. Lack of education and/or literacy challenges
4. Lack of health insurance
5. Lack of social or emotional support
6. Exposure to community violence, intimate partner violence and/or child abuse

Health Briefs

Acute Respiratory Infections/Pneumonia

Asthma

Back Pain

Breast Cancer

Cardiovascular Disease

Colorectal Cancer

Dementia and Alzheimer's Disease

Type 2 Diabetes

High Risk Pregnancy

Lung Cancer

Mental/Behavioral Health

Obesity

Prostate Cancer

Skin Cancer

Unintentional Injury

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Acute Respiratory Infections/Pneumonia

Influenza, also known as the “flu”, is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. Complications of flu can include bacterial pneumonia (particularly for older and immunocompromised individuals), ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Clinical symptoms include fever, cough, sore throat, chills, muscle and body aches, runny or stuffy nose, and congestion.

Some facts about Acute Respiratory Infections and Pneumonia:¹

- *Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually.*
- *On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year.*
- *The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.†*

†At the time of this release, the pandemic was not yet over; hospitalizations and deaths were still occurring.

The populations at higher risk for complications due to Acute Respiratory Infections and Pneumonia:

- *Children younger than 5, but especially children younger than 2 years old.*
- *Adults 65 years of age and older.*
- *Pregnant women.*
- *Also, American Indians and Alaskan Natives seem to be at higher risk of flu complications.*

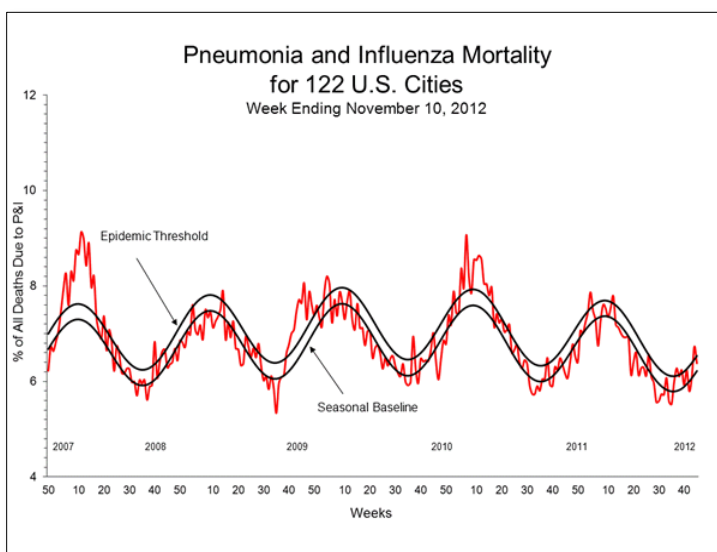
Flu/Pneumonia-Associated Costs:

- *Pneumonia and the flu cost \$6 billion in direct medical care and another \$34.2 billion in projected lost earnings in 2007, according to the American Lung Association. This represented an increase of nearly 50 percent from 2003, the previously reported year.²*

Health Disparities in Influenza:

- *Hispanic children younger than 18 years of age account for 27% of 210 reported 2009 H1N1 influenza- associated deaths in the United States.³ Their representation in the US population is 21%.⁴*

Pneumonia and Influenza Mortality:⁵ Trends **



Source: CDC, Nationally Notifiable disease Surveillance System

**During week 45 of the 2012-2013 flu season, 6.4% of all deaths reported through the 122-Cities Mortality Reporting System were due to Pneumonia and Flu. This falls below the epidemic threshold of 6.5% for week 45.

Age-Adjusted Influenza and Pneumonia Mortality Rates, 2009^{a,b}

Geographical Area	Death Rate ^{a,b}
United States ⁶	16.2
California ⁶	17.9
San Diego County ⁷	10.4
N. Coastal	8.0
N. Central	9.5
Central	9.8
South	13.1
East	12.5
N. Inland	10.5
HP 2020 Target	Unavailable

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Acute Respiratory Infections/Pneumonia References

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Asthma

Asthma is a chronic breathing condition due to inflammation of the air passages in the lungs. Asthma affects the sensitivity of the nerve endings in the airways causing them to become easily irritated. During an asthma attack, the lining of these passages swell causing the airways to narrow thereby reducing the flow of air in and out of the lungs. Asthma attacks can range in severity from mild to life-threatening. Clinical symptoms include coughing, shortness of breath, wheezing, and tightness or pain in the chest.¹

Triggers of asthma attacks include:

- *Allergens (like pollen, mold, animal dander, and dust mites)*
- *Exercise*
- *Occupational hazards*
- *Tobacco smoke*
- *Air pollution*
- *Airway infections*

Some risk factors for developing Asthma include:

- *Demographic variables such as gender, age, race/ethnicity*
- *Educational level*
- *Income level*
- *Smoking*
- *Obesity*

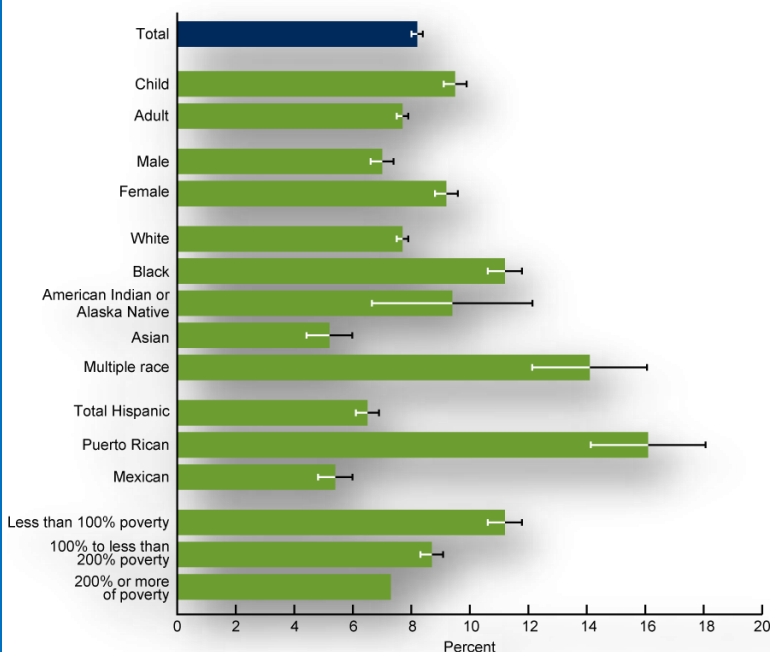
Asthma-Associated Costs:

- *In 2009, it was estimated that asthma related costs exceeded \$56 billion dollars per year. The average yearly cost of care for a child with asthma was \$1,039 in 2009.¹*

Asthma Prevalence:

- *U.S. Age-adjusted prevalence rates for current diagnosed asthma for the year of 2010 were 8.4%, as compared to a rate of 7.3% in 2001.² The state of California and San Diego both reported a rate of 7.7% for adults in 2010³. California reported a rate of 5.9% for children for the year of 2010.³*

Asthma Prevalence differences by selected demographic characteristic: United States, 2008-2010²



Age-Adjusted Asthma Mortality Rates,⁴ 2007-2009^{a,b}

Geographical Area	Death Rates
United States	1.1
By various demographics:	
Male	1.2
Female	1.6
White	1.3
Black	2.3
Child	0.3
Adult	1.9
65+ years	5.8
HP 2020 Target	2.2

^aDeath Rate per 100,000 Population

^bRates are Adjusted to 2000 U.S. standard population.

Asthma References

1. Centers for Disease Control and Prevention (CDC), Asthma Fact Sheets. http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf
2. Centers for Disease Control and Prevention (CDC), NCHS Data Brief. <http://www.cdc.gov/nchs/data/databriefs/db94.htm>
3. Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey (BRFSS). http://www.cdc.gov/brfss/data_tools.htm
4. Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey (BRFSS). <http://www.cdc.gov/asthma/brfss/2010/brfsschilddata.htm>
5. Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey (BRFSS). http://www.cdc.gov/nchs/data/databriefs/db94_tables.pdf#5

Back Pain

Most people in the United States will experience lower back pain at least once during their lives.¹ Back pain is one of the most common reasons people go to the doctor or miss work.¹ Some causes of back pain include muscle or ligament strain, bulging or ruptured disks, arthritis, skeletal irregularities and osteoporosis.¹

Risk Factors for back pain include:¹

- *Excess weight or obesity*
- *Lack of exercise*
- *Improper lifting*
- *Those with psychological issues, such as depression and anxiety (reasons unknown)*

Disparities in the United States (NHIS, 2010):²

- *Adults without a high school diploma were more likely to have lower back pain.*
- *Adults in poor families were more likely to experience lower back pain.*
- *Women are more likely than males to have experienced pain in the lower back (30.0% versus 26.0%).*

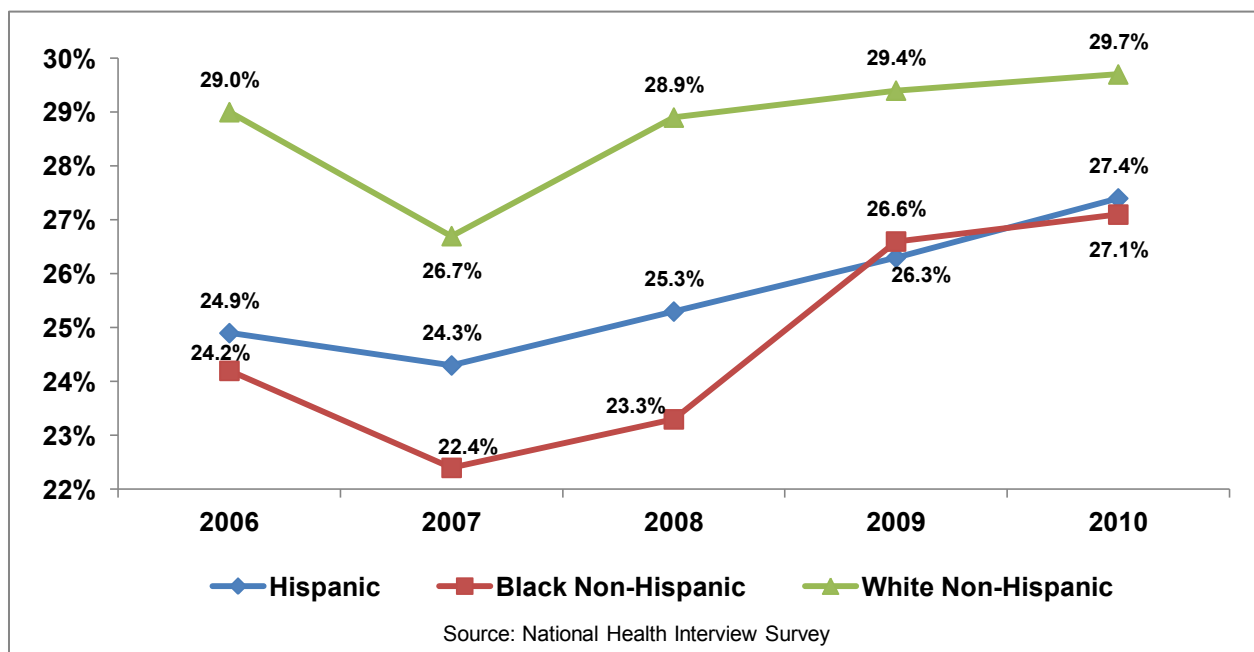
Healthy People 2020:

- *Goal: Reduced activity limitation due to chronic back conditions.*
- *Target: 27.6 per 1,000.*
- *Baseline: 30.7 in 2008²*

Burden:

- *Lower back pain has been reported as the 6th most costly condition in the United States.³*
- *29% of adults over the age of 18 have pain in the lower back.²*
- *Back pain affects 60% to 80% of people in their lifetime.⁴*

United States Age-Adjusted Prevalence of Lower Back Pain, 2006-2010



Back Pain References

1. Mayo Clinic, Back Pain. <http://www.mayoclinic.com/health/back-pain/DS00171>
2. Centers for Disease Control and Prevention (CDC), NCHS, National Health Interview Survey, 2010.

Schiller JS, Lucas JW, Ward BW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, 2010. National Center for Health Statistics. Vital Health Stat 10(252). 2012.

Pleis JR, Lucas JW, Ward BW. Summary health statistics for U.S. adults: National Health Interview Survey, 2008. National Center for Health Statistics. Vital Health Stat 10(242). 2009.

Pleis JR, Lucas JW, Ward BW. Summary health statistics for U.S. adults: National Health Interview Survey, 2008. National Center for Health Statistics. Vital Health Stat 10(242). 2009.

Pleis JR, Lucas JW. Summary health statistics for U.S. adults: National Health Interview Survey, 2007. National Center for Health Statistics. Vital Health Stat 10(240). 2009.

Pleis JR, Lethbridge-Çejku M. Summary health statistics for U.S. adults: National Health Interview Survey, 2006. National Center for Health Statistics. Vital Health Stat 10(235). 2007.
3. B. Druss, Marcus, S., Olfson, M., and Pincus, H.A. (2002). "The Most Expensive Medical Conditions in America." Health Affairs, 21(4): 105-111.
4. C. Asche, C. Kirkness,. (2007) "The Societal Costs of Low Back Pain: Data Published Between 2001 and 2007" Journal of Pain & Palliative Care Pharmacotherapy, 21(4) 25-33. doi: 10.1300/J354v21n04_06

Breast Cancer

Breast Cancer is defined as any cancerous growth that inhabits the tissues in the breast. In this type of cancer, the cells in the breast region grow abnormally and in an uncontrolled way. Though Breast Cancer is mostly found in women, in rare cases it is also found in men. In the U.S. alone, one out of every eight women has this disease. Common types include: Ductal Carcinoma Breast Cancer and Lobular Carcinoma Breast Cancer, named for the location of the breast in which they began.

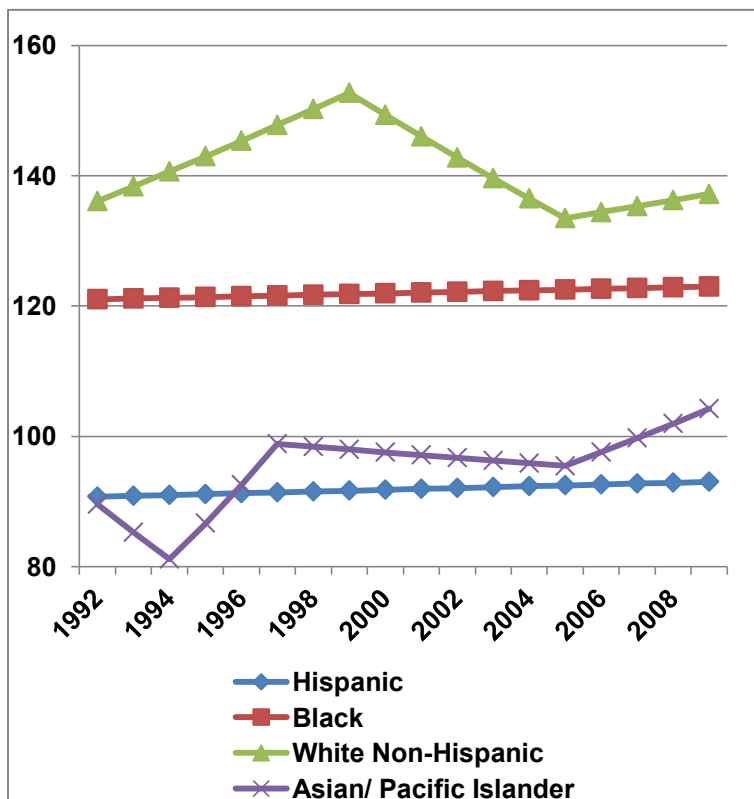
Not counting some kinds of Skin Cancer, Breast Cancer in the United States is:

- The most common cancer in women, no matter your race or ethnicity.
- The most common cause of death from cancer among Hispanic women.
- The second most common cause of death from cancer among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women.¹

Breast Cancer Disparities in the United States:²

- Although the incidence of Breast Cancer in white, non-Hispanic females is greater than that of black females, the mortality rates among black females is much greater than that of white, non-Hispanic females.

US Age-Adjusted Female Breast Cancer Incidence Rates³ by Race/Ethnicity, All Ages, Trends: 1992-2009



Incidence source: SEER 13 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry and Rural Georgia).

Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).

Hispanics and Non-Hispanics are not mutually exclusive from Blacks and Asian/Pacific Islanders.

Age-Adjusted Breast Cancer Incidence³ (Rate Period 2005-2009)

Geographic Area	Annual Incidence Rate ^{a,b} , (95% CI)
United States	122.0 (121.8 - 122.2)
California	123.3 (122.6 - 124.0)
San Diego County	128.7 (126.2 - 131.3)
Imperial County	104.2 (93.9 - 115.3)

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Age-Adjusted Female Breast Cancer Mortality Rates, 2009

Geographical Area	Death Rate ^{a,b}
United States ⁴	22.2
California ⁴	22.6
San Diego County ⁴	24.7
San Diego Regions ⁵	
Central	25.4
N. Central	22.9
N. Coastal	26.8
N. Inland	25.3
East	26.7
South	21.6
HP 2020 Target	20.6

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Breast Cancer References

1. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012.
2. Howlader N, Noone AM, et al. SEER Cancer Statistics Review, 1975-2009 (Vintage 2009 Populations), National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2009_pops09/, based on November 2011 SEER data submission, posted to the SEER web site, April 2012.
3. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission.
4. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission: <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>
5. County of San Diego, Mortality Data. http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Cardiovascular Disease

The World Health Organization defines cardiovascular disease (CVD) as a group of disorders of the heart and blood vessels that include coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism.¹ Coronary Heart Disease is the most common form of Heart Disease². High blood pressure, high cholesterol, and smoking are all risk factors that could lead to CVD and stroke. About half of Americans (49%) have at least one of these three risk factors.¹

Risk Factors for Cardiovascular Disease:²

- *Behaviors: Tobacco use, obesity, poor diet that is high in saturated fats, and excessive alcohol use.*
- *Conditions: High cholesterol levels, high blood pressure and diabetes.*
- *Heredity: Genetic factors likely play a role in heart disease and can increase risk.*

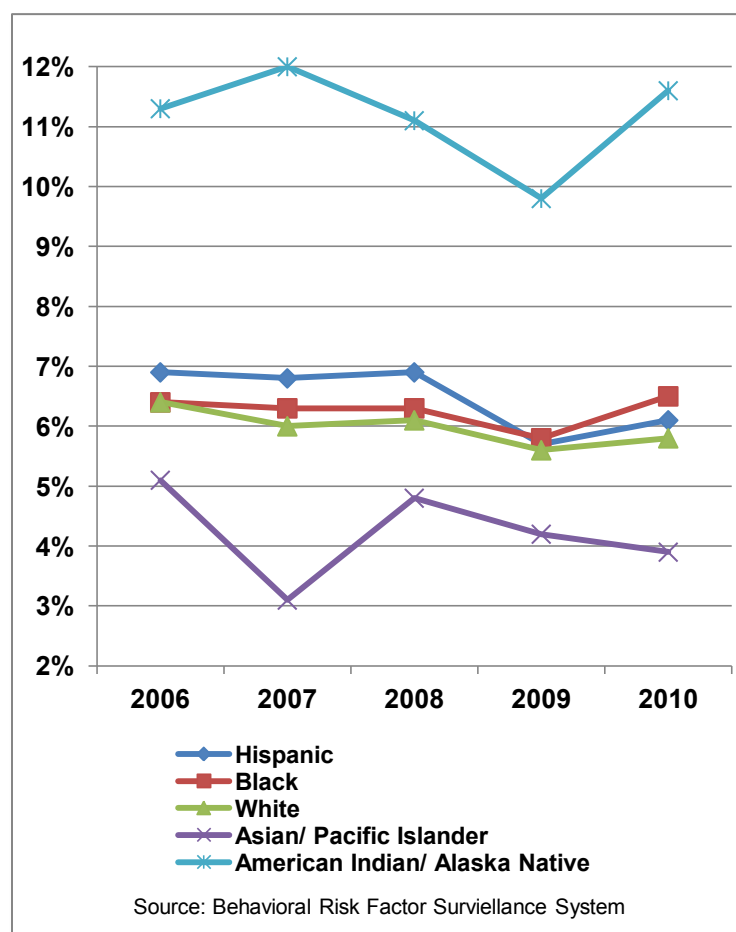
Heart disease is the leading cause of death in the United States.³

- *Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and whites.*
- *Between 70% and 89% of sudden cardiac events occur in men.*
- *About two-thirds (64%) of women who die suddenly of coronary heart disease have no previous symptoms.*

Prevalence Data:⁴

- *In 2010 4.1% of adults living in San Diego had ever had Coronary Heart Disease.*
- *In 2010 3.6% of adults living in California had ever had Coronary Heart Disease.*

United States Age-Adjusted Prevalence of Coronary Heart Disease,⁴ 2006-2010



Age-Adjusted Coronary Heart Disease Mortality Rates, 2006 & 2010

Geographical Area	Death Rate ^{a,b} 2006	Death Rate ^{a,b} 2010
United States ⁵	166.4	unavailable
California ⁵	187.2	unavailable
San Diego County ⁶	110.5	104.3
San Diego Regions		
Central	138.3	136.5
East	126.7	116.9
N. Central	89.8	84.2
N. Coastal	103.8	93.2
N. Inland	93.0	90.8
South	124.0	119.2
HP 2020 Target	100.8	100.8

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Cardiovascular Disease References

1. WHO, Cardiovascular Diseases. <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/cardiovascular-diseases/definition>
2. Centers for Disease Control and Prevention (CDC), Health Disease Facts. <http://www.cdc.gov/heartdisease/facts.htm>
3. Centers for Disease Control and Prevention (CDC), NCHS Data Brief. <http://www.cdc.gov/nchs/data/databriefs/db103.htm>
4. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006-2010. <http://apps.nccd.cdc.gov/BRFSS/>
5. Division for Heart Disease and Stroke Prevention: Data Trends & Maps Web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2010. Retrieved from <http://www.cdc.gov/dhdsp/>
6. County of San Diego, Mortality Data. http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Colorectal Cancer

National Cancer Institute (NCI) defines Colorectal Cancer as any cancer “that forms in the tissues of the colon or rectum.” Most Colon Cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids). Of cancers that affect both men and women, Colorectal Cancer is the second leading cause of cancer-related deaths in the United States.¹ Colorectal Cancer also is one of the most commonly diagnosed cancers in the United States; among all men and women it is the third most common cancer in the US today. Clinical symptoms include blood in/on the stool, persistent cramping, pains, and aching in the stomach, and unexplained weight-loss.

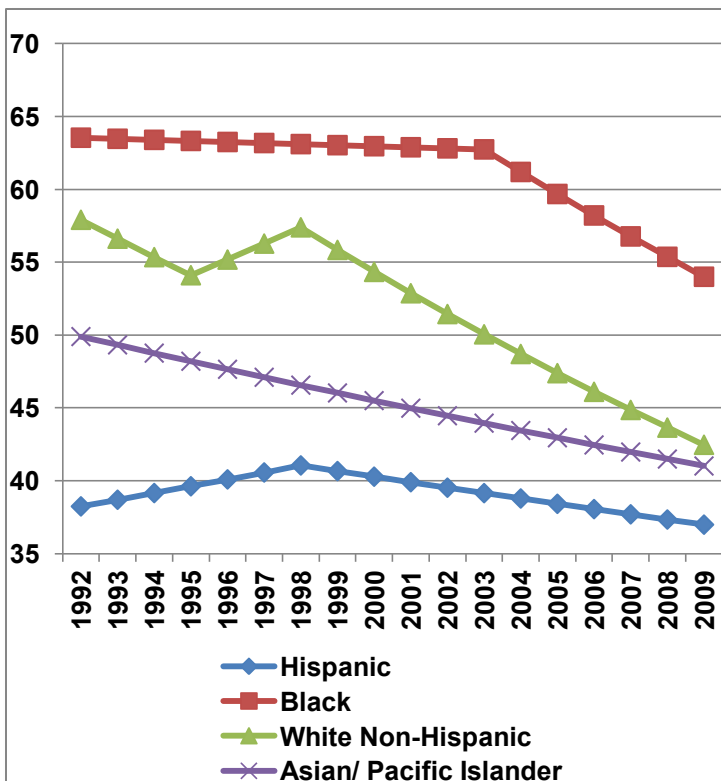
Risk factors for Colorectal Cancer include:

- *Age: 90% of all cases diagnosed are in people above the age of 50 years.*
- *Inflammatory bowel disease.*
- *A personal or family history of Colorectal Cancer or colorectal polyps.*
- *A genetic syndrome or hereditary non-polyposis Colorectal Cancer (Lynch syndrome).*
- *Lifestyle factors such as, lack of regular physical activity, low fruit and vegetable intake, low-fiber and high-fat diets, alcohol consumption, tobacco use, and being overweight or obese.²*

Colorectal Cancer prevalence in the United States:

- *Surveillance Epidemiology and End Results (SEER) estimates that 1,140,161 men and women currently have been diagnosed with Colorectal Cancers.³*

US Age-Adjusted Colorectal Cancer Incidence Rates, All Ages, Both Genders, Trends: 1992-2009³



Age-Adjusted Colorectal Cancer Incidence⁴

Geographic Area	Annual Incidence Rate ^{a,b} , (95% CI)
United States	46.2 (46.1 – 46.3)
California	43.7 (43.4 – 44.7)
San Diego County	41.4 (40.4 – 42.5)
Imperial County	39.2 (34.6 – 44.1)

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Age-Adjusted Colorectal Cancer, Mortality Rates 2005-2009

Geographical Area	Death Rate ^{a,b}
United States ⁵	16.7
California ⁵	15.2
San Diego County ⁵	14.7

San Diego Regions

Central	unavailable
N. Central	unavailable
N. Coastal	unavailable
N. Inland	unavailable
East	unavailable
South	unavailable
HP 2020 Target	13.9

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Incidence source: SEER 13 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry and Rural Georgia).

Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).

Hispanics and Non-Hispanics are not mutually exclusive from Blacks and Asian/Pacific Islanders.

Colorectal Cancer References

1. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012. Retrieved from: <http://www.cdc.gov/uscs>.
2. Centers for Disease Control and Prevention (CDC), Colorectal Cancer: http://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm
3. National Cancer Institute, Surveillance Epidemiology and End Results (SEER), November 2011 submission. US Estimated Prevalence counts were estimated by applying US populations to SEER 9 Limited Duration Prevalence proportions.
4. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR- CSS) January 2012 data submission and SEER November 2011 submission. <http://statecancerprofiles.cancer.gov/incidencerates>
5. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR- CSS) January 2012 data submission and SEER November 2011 submission. <http://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates>

Dementia and Alzheimer's Disease

Dementia is a clinical syndrome of decline in memory and other thinking abilities. It is caused by various diseases and conditions that result in damage to brain cells and lead to distinct symptom patterns and distinguishing brain abnormalities. Alzheimer's Disease (AD) is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities such as bathing and eating.¹

Alzheimer's is the sixth leading cause of death in the United States.¹

- *AD is the most common form of dementia accounting for 70% of all causes of dementia.*¹
- *Most people with AD are diagnosed at age 65 or older.*¹
- *Women are more likely than men to have AD.*¹
- *People living with dementia are at greater risk for general disability and experience frequent injury from falls.*²
- *Older adults with dementia are 3 times more likely to have preventable hospitalizations.*³

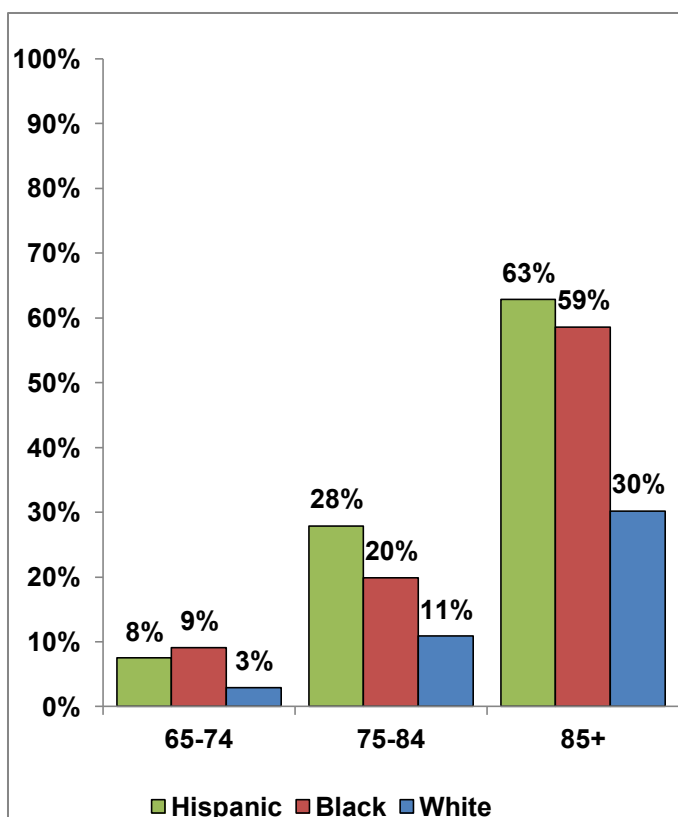
Financial Burden:

- *Payments for AD care are estimated at \$200 billion in 2012 within the United States.*⁴

Prevalence:¹

- *There are more than 5.2 million people in the United States living with AD. As the population ages the number is expected to triple by 2050.*
- *In California there are 588,208 people 55 years and older living with AD. One tenth of AD patients live in California.*

United States Proportion of Adults Age 65 and Older with Alzheimer's Disease⁴



Source: Washington Heights-Inwood Columbia Aging Project

Age-Adjusted Alzheimer's Disease Mortality Rates, 2009

Geographical Area	Death Rate ^{a,b}
United States ⁵	23.5
California ⁶	27.1
San Diego County ⁷	31.5
San Diego Regions	
Central	24.2
East	43.3
N. Central	26.6
N. Coastal	27.4
N. Inland	37.3
South	26.4
HP 2020 Target	**

**** Increase diagnosis awareness and reduce the proportion of preventable hospitalizations in persons with diagnosed AD and other dementias.**

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Dementia and Alzheimer's Disease References

1. California Department of Public Health (CDPH).
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Alzheimer%27sDiseaseProgram.aspx>
2. *Healthy People*. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=7>
3. California Department of Public Health (CDPH).
<http://www.cdph.ca.gov/programs/alzheimers/Documents/CADataReport-full-corrected3-2.pdf>
4. Alzheimer's Association, 2012 Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, Volume 8, Issue 2
5. Centers for Disease Control and Prevention (CDC), NCHS Mortality Data.
<http://www.cdc.gov/nchs/data/hus/2011/024.pdf>
6. California Department of Public Health (CDPH).
<http://www.cdph.ca.gov/data/statistics/Pages/DeathStatisticalDataTables.aspx>
7. County of San Diego. Mortality Data.
http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Type 2 Diabetes

Type 2 diabetes, once known as adult-onset or noninsulin-dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), which is your body's main source of fuel. With type 2 diabetes, your body either resists the effects of insulin — a hormone that regulates the movement of sugar into your cells — or does not produce enough insulin to maintain a normal glucose level. If left untreated, type 2 diabetes can be life-threatening. Clinical symptoms can include: frequent urination, excessive thirst, extreme hunger, sudden vision changes, unexplained weight loss, extreme fatigue, sores that are slow to heal, and increased number of infections.¹

Some alarming facts about Type 2 Diabetes:¹

- About 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010 in the U.S.
- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States.
- Diabetes is a major cause of heart disease and stroke, and is the 7th leading cause of death in the United States.

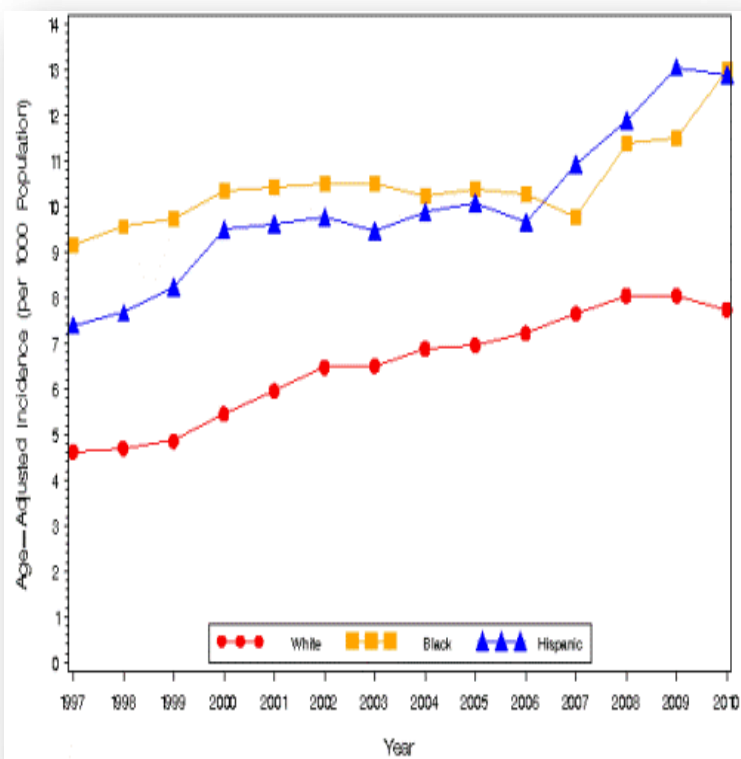
Some risk factors for developing Diabetes include:

- Being overweight or obese.
- Having a parent, brother, or sister with diabetes.
- Having high blood pressure measuring 140/90 or higher.
- Being physically inactive—exercising fewer than three times a week.

Diabetes Prevalence:

- U.S. Age-adjusted prevalence rates for adult diagnosed diabetes for the year of 2010 were 8.7%, as compared to a rate of 3.7% rate in 1980.² The state of California reported a rate of 8.9% for the same year.

US Age-Adjusted Incidence of Diagnosed Diabetes Aged 18–79 Years, by Race/Ethnicity, Trends: 1997–2012³



Age-Adjusted Diabetes Mortality Rates, 2010

Geographic Area	Death Rate ^{a,b}
United States ⁴	20.8
California ⁴	19.8
San Diego County ⁴	19.1
San Diego Regions ⁵	
Central	26.1
N. Central	12.2
N. Coastal	11.8
N. Inland	17.0
East	26.6
South	26.5
HP 2020 Target^c	65.8

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

^cThis Healthy People goal represents all types of diabetes.

Type 2 Diabetes References

1. Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
2. Centers for Disease Control and Prevention (CDC), National Statistics for Diabetes:
<http://apps.nccd.cdc.gov/ddtstrs/Index.aspx?stateId=30&state=Montana&cat=prevalence&Data=map&view=TO&trend=prevalence&id=>
3. Centers for Disease Control and Prevention (CDC), www.cdc.gov/diabetes/statistics/incidence_national.html
4. State Health Facts Website: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=74&cat=2>
5. County of San Diego. Mortality Data.
http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

High Risk Pregnancy

High Risk Pregnancy can be the result of a medical condition present before pregnancy or a medical condition that develops during pregnancy for either mom or baby and causes the pregnancy to become high risk. A high risk pregnancy can pose problems before, during or after delivery and might require special monitoring throughout the pregnancy.¹

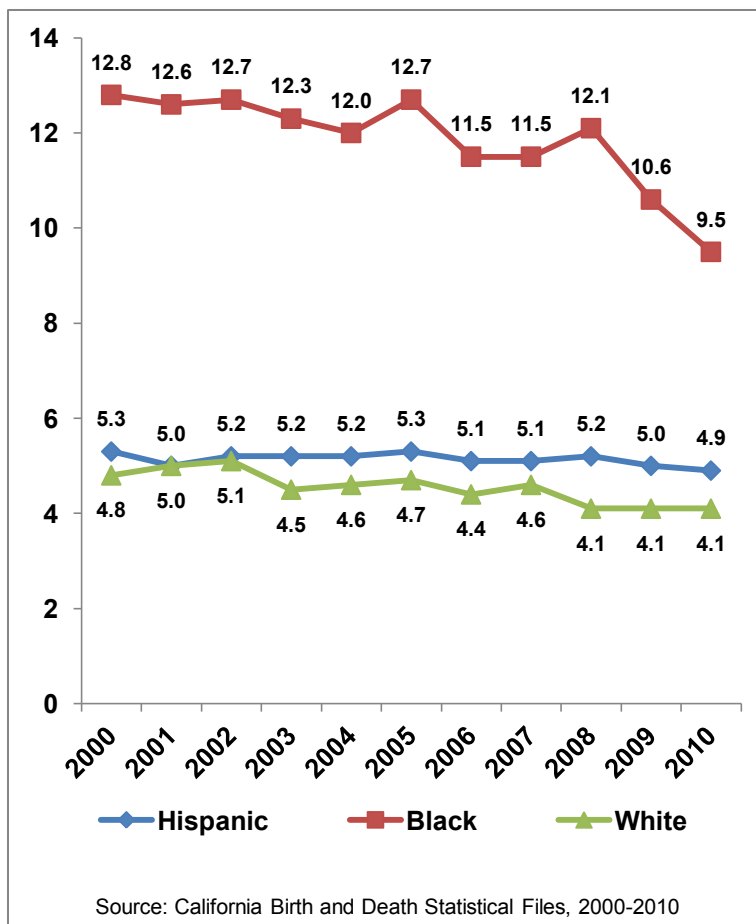
Risk Factors:¹

- *Advanced maternal age: increased risk for mothers 35 years and older.*
- *Lifestyle choices: smoking, alcohol consumption, use of illegal drugs.*
- *Medical history: prior high risk pregnancies or deliveries, fetal genetic conditions, family history of genetic conditions.*
- *Underlying conditions: diabetes, high blood pressure and epilepsy.*
- *Multiple pregnancy.*
- *Obesity during pregnancy.*

United States General Statistics:²

- *The number of births declined by 3% from 2009 to 2010.*
- *General fertility rate also declined by 3%.*
- *Teenage birth rate fell 10% from 2009 to 2010.*
- *The birth rate of women aged 40-44 years continued to rise.*
- *Cesarean delivery rate was down for the first year since 1996, to 32.8%.*

California Infant Mortality Rate by Race/Ethnicity, 2000-2010



Age-Adjusted Infant Mortality Rates^{a, b}, 2009

Geographical Area	Death Rate ^{a, b}
United States ³	6.39
California ⁴	4.9
San Diego County ⁴	4.4
Central	6.4
East	4.7
N. Central	3.7
N. Coastal	4.2
N. Inland	4.6
South	3.3
HP 2020 Target	6.0

^aNote: Infant mortality rates are deaths under 1 year per 1,000 live births in specified group.

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

High Risk Pregnancy References

1. Mayo Clinic, Pregnancy week by week. <http://www.mayoclinic.com/health/high-risk-pregnancy/MY01923>
2. National Vital Statistics Reports, Births: Final Data for 2010. Volume 61, number1
3. Centers for Disease Control and Prevention (CDC), National Vital Statistics System. Mortality Data. <http://www.cdc.gov/nchs/deaths.htm>
4. California Department of Public Health (CDPH). Statewide Infant Mortality Data 2009. <http://www.cdph.ca.gov/search/results.aspx?k=infant%20mortality%20data>

Lung Cancer

Lung Cancer is the leading cause of cancer death and the second most diagnosed cancer in both men and women in the United States.¹ In 2008, 14% of all cancer diagnoses and 28% of all cancer deaths were due to Lung Cancer.¹ Lung Cancers usually are grouped into two main types called small cell and non-small cell.² These types of Lung Cancer progress in different manners, and therefore require different courses of treatment. Non-small cell lung cancer is more common than small cell Lung Cancer. Clinical symptoms can include, chest pain, shortness of breath, wheezing, coughing up blood, constant fatigue, unexplained weight loss, and coughing that progressively worsens and does not subside.

Some facts about Lung Cancer in 2008:*

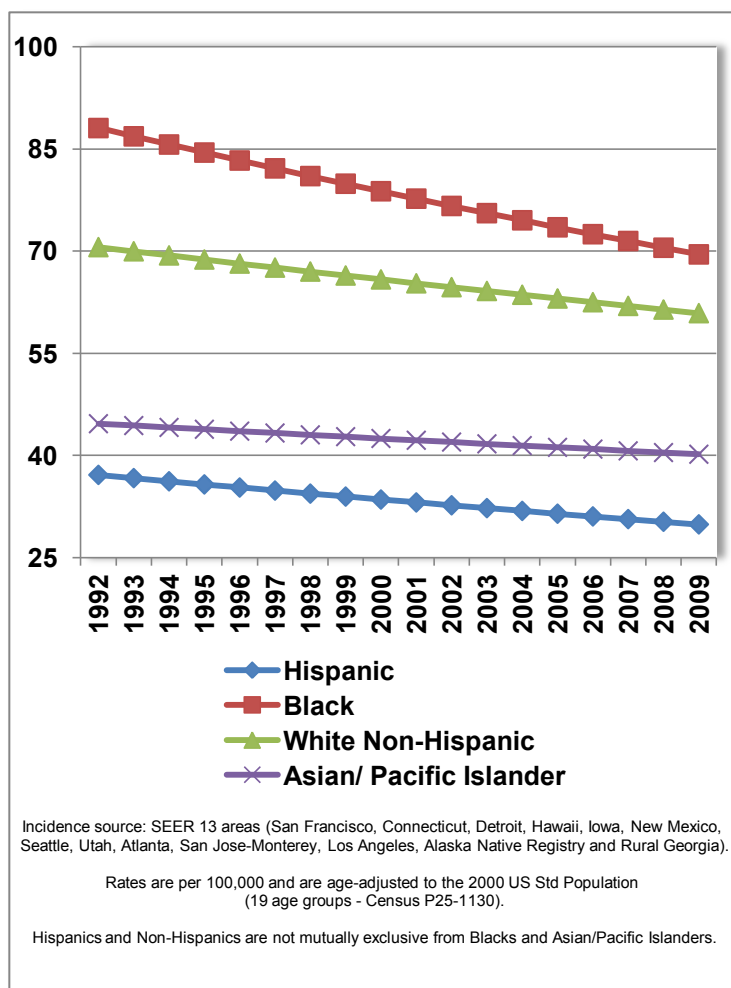
- 208,493 people in the United States were diagnosed with Lung Cancer, including 111,886 men and 96,607 women.¹
- 158,592 people in the United States died from Lung Cancer, including 88,541 men and 70,051 women.¹

*2008 represent the most recent data available; incidence and death counts represent ~100% of US population.

Lung Cancer Prevalence in the United States:²

- On January 1, 2009, in the United States there were approximately 387,762 men and women alive who had a history of cancer of the lung and bronchus -- 178,490 men and 209,272 women.

US Age-Adjusted Lung Cancer Incidence Rates³ by Race/Ethnicity, All Ages, Both Genders Trends: 1992-2009



Age-Adjusted Lung and Bronchus Cancer Incidence,³ 2005-2009

Geographic Area	Annual Incidence Rate ^{a,b} , (95% CI)
United States	67.2 (67.1 – 67.4)
California	52.4 (52.1 – 52.8)
San Diego County	54.1 (52.9 – 55.4)
Imperial County	48.5 (43.4 – 54.1)

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Age-Adjusted Lung and Bronchus Cancer Mortality Rates, 2010

Geographical Area	Death Rate ^{a,b}
United States ⁴	50.6
California ⁴	39.9
San Diego County ⁵	36.5
San Diego Regions⁵	
N. Coastal	31.0
N. Central	35.0
Central	36.8
South	41.8
East	44.3
N. Inland	32.3
HP 2020 Target	44.9

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Lung Cancer References

1. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012. Retrieved from: <http://www.cdc.gov/uscs>
2. Johnson DH, Blot WJ, Carbone DP, et al. Cancer of the lung: non-small cell lung cancer and small cell lung cancer. In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG. *Clinical Oncology*. 4th ed. Philadelphia, Pa: Churchill Livingstone Elsevier; 2008
3. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission.
4. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission: <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>
5. County of San Diego. Mortality Data. http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Mental/Behavioral Health

Mental Health is defined as “a state of complete physical, mental and social well-being, and not merely the absence of disease”.¹ Mental Illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning”.²

Depression:

- *Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population.*²
- *It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.*²

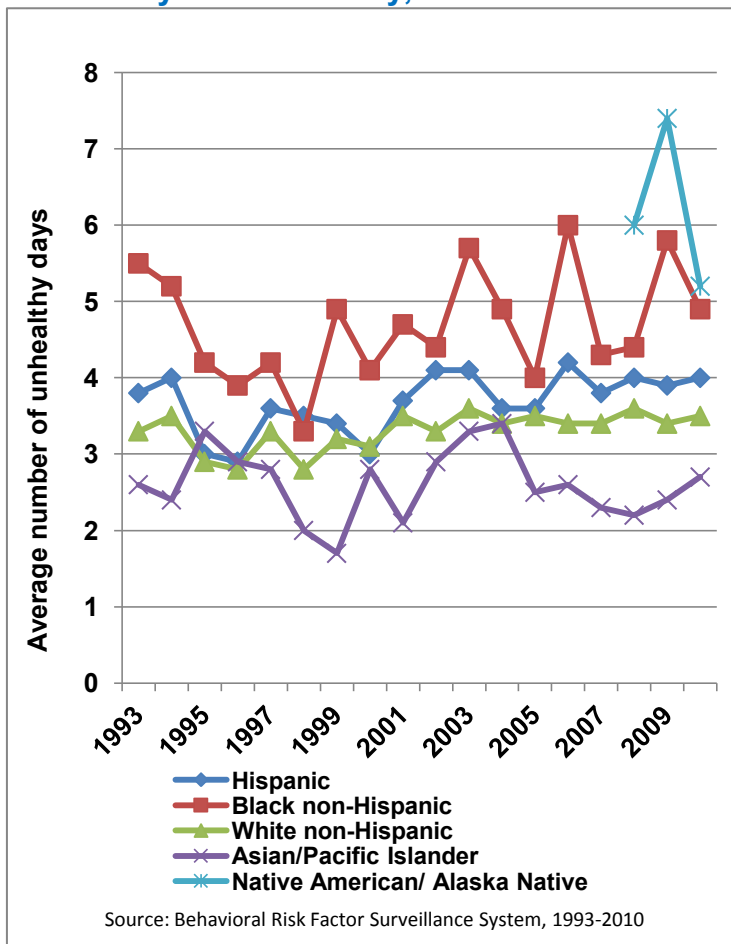
Disparities:³

- *Males commit suicide four times more than females.*⁴
- *Younger American adults, aged 18-24 years, suffered the most mental health distress.*
- *Adults with the lowest income or education report more unhealthy days than those with higher income or education.*
- *Mental Illness is associated with chronic diseases such as cardiovascular disease, diabetes, and obesity.*

Prevalence:

- *About 25% of U.S. adults have a mental illness⁵ (BRFSS, 2004).*
- *Nearly 50% of U.S. adults will develop at least one mental illness during their lifetime.*⁶

California Mean Mentally Unhealthy Days by Race/Ethnicity,⁷ 1993-2010



Age-Adjusted Suicide Mortality Rates, 2009

Geographical Area	Death Rate ^{a,b}
United States ⁸	11.8
California ⁹	9.6
San Diego County ¹⁰	11.6
San Diego Regions	
Central	14.0
East	15.0
N. Central	12.1
N. Coastal	11.0
N. Inland	9.9
South	8.3
HP 2020 Target	10.2

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Mental/Behavioral Health References

1. World Health Organization. Strengthening Mental Health Promotion. Geneva, World Health Organization (Fact sheet no. 220), 2001
2. Centers for Disease Control and Prevention (CDC), Mental Health Basics.
<http://www.cdc.gov/mentalhealth/basics.htm>
3. Centers for Disease Control and Prevention (CDC), Key Findings. http://www.cdc.gov/hrqol/key_findings.htm
4. Centers for Disease Control and Prevention (CDC), Suicide.
http://www.cdc.gov/ViolencePrevention/pdf/Suicide_DataSheet-a.pdf
5. Centers for Disease Control and Prevention (CDC), Mental Illness Surveillance.
<http://www.cdc.gov/mentalhealthsurveillance/>
6. Centers for Disease Control and Prevention (CDC), Fact Sheet.
http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html
7. Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey (BRFSS), Trend Data. <http://apps.nccd.cdc.gov/HRQOL/>
8. Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/nchs/data/hus/2011/024.pdf>
9. California Department of Public Health (CDPH).
<http://www.cdph.ca.gov/data/statistics/Pages/DeathStatisticalDataTables.aspx>
10. County of San Diego. Mortality Data.
http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Obesity

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health. Overweight and obesity ranges are determined using weight and height to calculate a number known as "body mass index" (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese.¹ For children and adolescents aged 2-19, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex, while obese is defined as a BMI at or above the 95th percentile for children of the same age and sex.²

Some facts about Obesity in the United States:³

- In 2009, more than one-third of U.S. adults (35.7%) were obese and 16.9% of children and adolescents were considered obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, which are some of the leading causes of preventable death.

Health Consequences due to Overweight and Obesity:

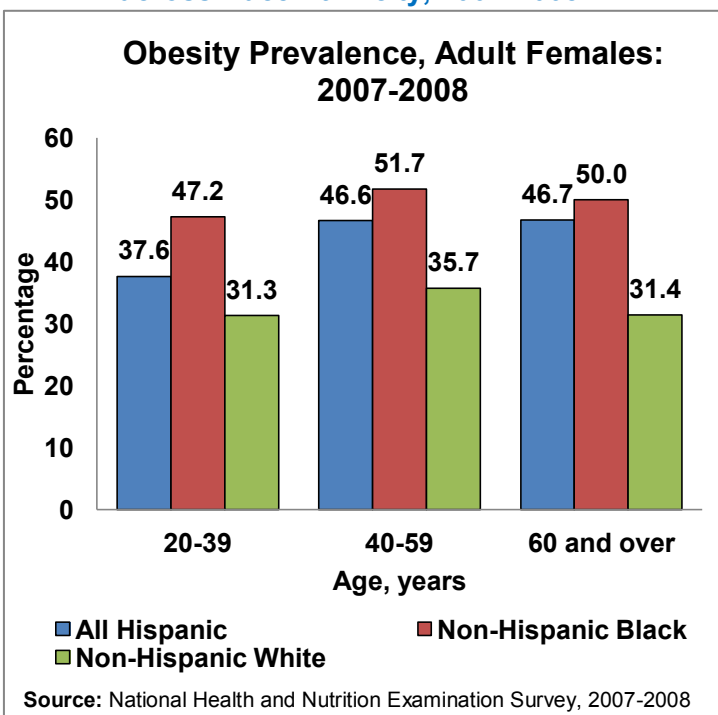
Research has shown that as weight increases to reach the levels of "overweight" and "obesity," the risks for the following conditions also increases:⁴

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis

Overweight and Obesity Associated Costs:

- In 2008, medical costs associated with obesity were estimated at \$147 billion; the medical costs for people who are obese were \$1,429 higher than those of normal weight.¹

Disparities in Obesity Prevalence Rates across Race/Ethnicity, 2007-2008⁵



Age-Adjusted Self-Reported Obesity Prevalence Rates, 2009^a

Geographical Area	Prevalence Rate (%)
United States ⁶	35.7
California ⁷	24.0
San Diego County ⁷	21.9
Central	29.3
East	26.4
N. Central	14.4
N. Costal	19.9
N. Inland	19.0
South	24.8
HP 2020 Target	30.5

^aRates are Adjusted to 2000 U.S. Standard Population.

Obesity References

1. Centers for Disease Control and Prevention (CDC), Def. Obesity and Overweight:
<http://www.cdc.gov/obesity/defining.html>
2. Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007;120 Supplement December 2007:S164—S192.
3. Centers for Disease Control and Prevention (CDC), Adult Obesity facts:
<http://www.cdc.gov/obesity/data/adult.html>
4. National Institutes for Health (NIH), NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults:
http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf
5. Centers for Disease Control and Prevention (CDC), NCHS Factsheet:
http://www.cdc.gov/nchs/data/factsheets/factsheet_disparities.htm
6. Centers for Disease Control and Prevention (CDC), Centers for Disease Control and Prevention. Adult Obesity facts: <http://www.cdc.gov/obesity/data/adult.html>
7. County of San Diego HHSA, Community Health Statistics Unit, Regional Profiles, CHIS 2009:
http://www.chis.ucla.edu/main/DQ3/output.asp?_rn=0.9208795

Prostate Cancer

National Cancer Institute (NCI) defines Prostate Cancer as a cancer that forms in tissues of the prostate, a gland in the male reproductive system found below the bladder and in front of the rectum.¹ While cancerous cells within the prostate itself are generally not deadly on their own, as a cancerous tumor grows some of the cells can break off and spread to other parts of the body through the lymph or the blood, through the process of metastasis. Prostate Cancer usually occurs in older men. Clinical symptoms include: difficulty starting urination, weak/interrupted flow of urine, pain/burning during urination, frequent urination, blood in urine or semen, and unspecified pain in the back, hips or pelvis.²

Not counting some forms of Skin Cancer, Prostate Cancer in the United States is:

- *The most common cancer in men, no matter your race or ethnicity.*
- *The second most common cause of death from cancer among white, African American, American Indian/Alaska Native, and Hispanic men.*
- *The fourth most common cause of death from cancer among Asian/Pacific Islander men.*

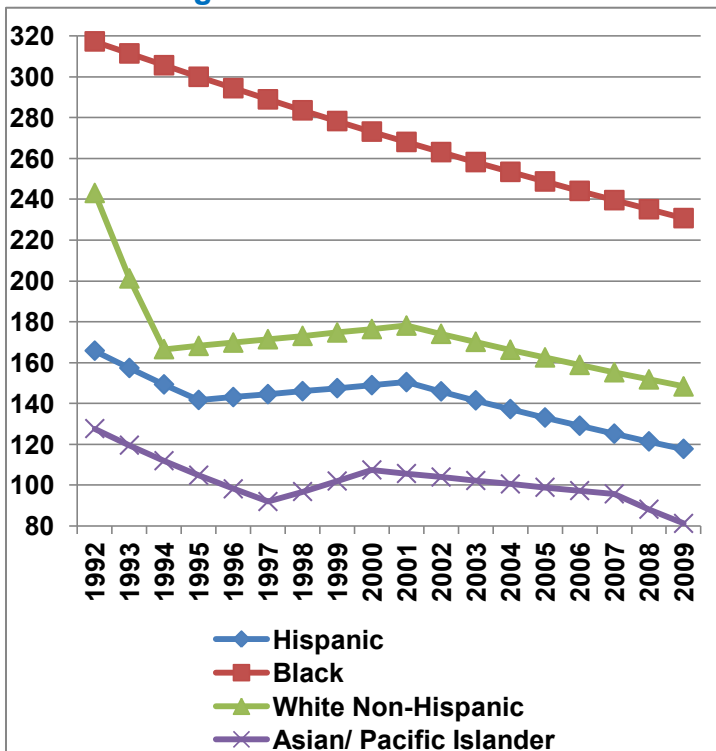
Risk factors for Prostate Cancer include:

- *Age: The older a man is, the greater his risk for getting Prostate Cancer.³*
- *Family history: A man with a father, brother, or son who has had Prostate Cancer is two to three times more likely to develop the disease himself.³*
- *Race: Prostate Cancer is more common in some racial and ethnic groups than in others.*

Prostate Cancer Prevalence in the United States:

- *SEER estimates that 2,496,784 males currently have been diagnosed with cancer of the prostate.⁴*

US Age-Adjusted Male Prostate Cancer Incidence Rates⁵ by Race/Ethnicity, All Ages Trends: 1992-2009



Incidence source: SEER 13 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry and Rural Georgia).

Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).

Hispanics and Non-Hispanics are not mutually exclusive from Blacks and Asian/Pacific Islanders.

Age-Adjusted Male Prostate Cancer Incidence Rates, 2005-2009

Geographic Area	Annual Incidence Rate ^{a,b} , (95% CI)
United States	151.4 (151.1 – 151.7)
California	143.0 (142.1 – 143.9)
San Diego County	141.1 (138.1 – 144.1)
Imperial County	125.4 (113.0 – 138.6)

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Age-Adjusted Male Prostate Cancer Mortality Rates, 2005-2009

Geographical Area	Death Rate ^{a,b}
United States ⁵	23.6
California ⁶	23.2
San Diego County ⁶	24.2
San Diego Regions ⁷	
Central	31.5
N. Central	23.3
N. Coastal	26.2
N. Inland	18.7
East	26.1
South	21.7
HP 2020 Target	28.8

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Prostate Cancer References

1. National Cancer Institute, National Institutes of Health (NIH). <http://www.cancer.gov/cancertopics/types/prostate>
2. Centers for Disease Control and Prevention (CDC), Prostate Cancer. http://www.cdc.gov/cancer/prostate/basic_info/symptoms.htm
3. Bostwick DG, Burke HB, Djakiew D, Euling S, Ho SM, Landolph J, Morrison H, Sonawane B, Shifflett T, Waters DJ, Timms B. Human prostate cancer risk factors. *Cancer* 2004;101 (10 Suppl):2371–2490.
4. Prevalence Source: SEER November 2011 submission. US Estimated Prevalence counts were estimated by applying US populations to SEER 9 Limited Duration Prevalence proportions
5. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR- CSS) January 2012 data submission and SEER November 2011 submission: <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>
6. California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Death Statistical Master Files; SANDAG January 1 population estimates (2001-2010 estimates released July 2012). <http://seer.cancer.gov/faststats/selections>
7. County of San Diego, Mortality Data. http://www.sdcounty.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Skin Cancer

Skin Cancer is a cancer that forms in the various tissues of the skin, and is the most common form of cancer in the United States. The two most prevalent types of Skin Cancer—basal cell (forms in the lower part of the epidermis) and squamous cell (forms in the flat cells that form the surface of the skin) carcinomas—are highly curable. However, the third most common Skin Cancer, melanoma, forms in the cells that make the pigment melanin and are considered more dangerous. About 65%–90% of melanomas are caused by exposure to ultraviolet (UV) light.¹ Clinical symptoms include moles that are asymmetrical, have irregular borders, uneven coloration, experience increases in diameter, or have evolved or changed in recent weeks or months.

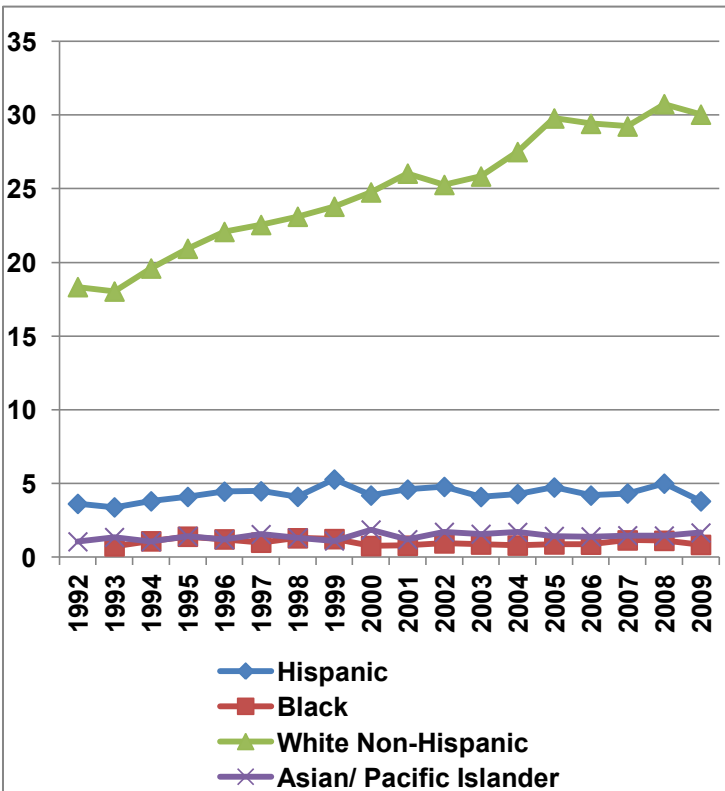
Risk factors for the three most common types of Skin Cancer:

- *Sunlight*
- *Severe, blistering sunburns*
- *Lifetime sun exposure*
- *Tanning*

Melanoma of the Skin Prevalence in the United States:^{2,3}

- *SEER estimates that 876,344 persons currently have been diagnosed with melanoma of the skin⁴*

US Age-Adjusted Melanoma of the Skin Incidence Rates⁵ by Race/Ethnicity, All Ages, Both Genders, Trends: 1992-2009



Incidence source: SEER 13 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry and Rural Georgia).

Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).

Hispanics and Non-Hispanics are not mutually exclusive from Blacks and Asian/Pacific Islanders.

Age-Adjusted Melanoma of the Skin⁵ Incidence Rates, 2005-2009

Geographic Area	Annual Incidence Rate ^{a,b} , (95% CI)
United States	19.2 (19.2 – 19.3)
California	20.7 (20.5 – 20.9)
San Diego County	27.6 (26.7 – 28.4)
Imperial County	8.5 (6.5 – 11.0)

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Age-Adjusted Melanoma of the Skin⁶, Mortality Rates, 2005-2009

Geographic Area	Death Rate ^{a,b}
United States ⁵	2.7
California ⁵	2.6
San Diego County ⁵	3.1
San Diego Regions	
Central	Unavailable
N. Central	Unavailable
N. Coastal	Unavailable
N. Inland	Unavailable
East	Unavailable
South	Unavailable
HP 2020 Target	2.3

^aDeath Rate per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Skin Cancer References

1. Armstrong BK, Krickler A. How much melanoma is caused by sun exposure? *Melanoma Research* 1993;3(6):395–401.
2. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012.
3. Howlader N, Noone AM, et al. SEER Cancer Statistics Review, 1975-2009 (Vintage 2009 Populations), National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2009_pops09/, based on November 2011 SEER data submission, posted to the SEER web site, April 2012.
4. National Cancer Institute, Surveillance Epidemiology and End Results (SEER), November 2011 submission. US Estimated Prevalence counts were estimated by applying US populations to SEER 9 Limited Duration Prevalence proportions.
5. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission: <http://statecancerprofiles.cancer.gov/incidencerates/index.php>
6. Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) January 2012 data submission and SEER November 2011 submission: <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

Unintentional Injury

An injury is defined as “a body lesion at the organic level, resulting from an acute exposure to energy mechanical, thermal, electrical, chemical or radiant) in amounts that exceed the threshold of physiological tolerance. In some cases (e.g. drowning, strangulation, freezing), the injury results from an insufficiency of a vital element”.¹ The most basic classification of injury is whether the injury was intentional or unintentional. Unintentional injury can be characterized by unintended events that cause injury.

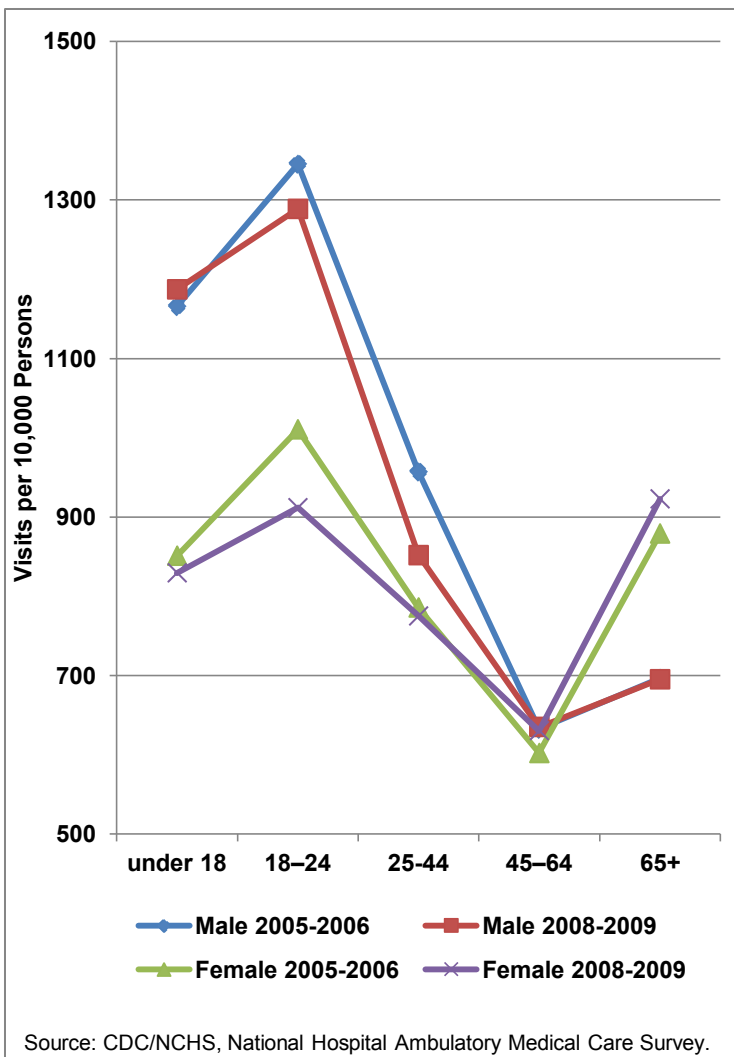
Unintentional Injury is the leading cause of death in the United States for those ages 1-42²

- 63% of injury deaths were unintentional.²
- Among children and adolescents aged 5 to 19 years, 68% of unintentional injury deaths are due to motor vehicle crashes.³
- Elderly people are at the greatest risk for both fatal and nonfatal injuries. In 2009, falls were the leading mechanism of injury death for people ages 65 and over.²
- Persons living in rural counties have a higher risk of death caused by unintentional injuries, when compared to persons living in urban counties.²

Financial Burden:⁴

- Lifetime costs of medical and loss of work for Unintentional Injury totaled \$312 billion in 2005 (death, hospitalizations and ED visits).
- Medical cost only for Unintentional Injury totaled \$57 billion in 2005 (deaths, hospitalizations and ED visits).

United States Unintentional Injury Related Visits to ED, 2005-2009



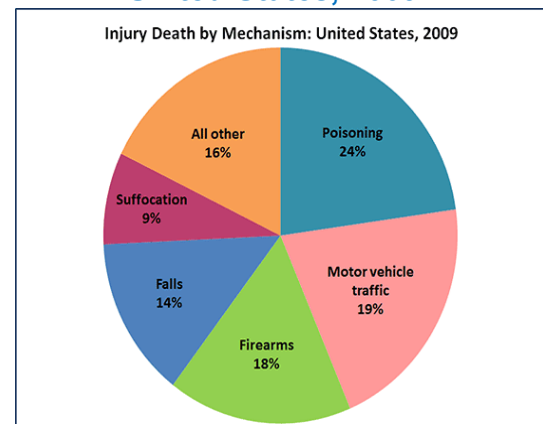
Age-Adjusted Unintentional Injury Mortality Rates, 2009

Geographical Area	Death Rate ^{a,b}
United States ⁵	37.3
California ⁶	29.4
San Diego County ⁷	30.4
San Diego Regions	
Central	34.1
East	38.2
N. Central	24.8
N. Coastal	27.6
N. Inland	32.8
South	24.8
HP 2020 Target	36.0

^aIncidence Rates per 100,000 Population.

^bRates are Adjusted to 2000 U.S. Standard Population.

Injury Death by Mechanism, United States, 2009²



Source: National Vital Statistics system, 2009²

Unintentional Injury References

1. Baker. The injury fact book. *Lexington, MA, Lexington Books*. 1984.
2. Centers for Disease Control and Prevention (CDC), NCHS Fact Sheet. May 2012
http://www.cdc.gov/nchs/data/factsheets/factsheet_injury.htm
3. Centers for Disease Control and Prevention (CDC), Unintentional Injuries, Violence, and the Health of Young People.
<http://www.cdc.gov/HealthyYouth/injury/>
4. NCHS Vital Statistics System for numbers of deaths. NEISS All Injury Program operated by the U.S. Consumer Product Safety. <http://www.cdc.gov/injury/wisqars/index.html>
5. Centers for Disease Control and Prevention (CDC), NCHS Data. <http://www.cdc.gov/nchs/data/hus/2011/024.pdf>
6. California Department of Public Health (CDPH), Mortality Data.
<http://www.cdph.ca.gov/data/statistics/Pages/DeathStatisticalDataTables.aspx>
7. County of San Diego, Mortality Data.
http://www.sdcountry.ca.gov/hhsa/programs/phs/community_epidemiology/epi_stats_mortality.html#regional_tables

Community Need Index

Dignity Health, formerly Catholic Healthcare West, developed the nation's first standardized Community Need Index (CNI) in partnership with Solucient, LLC. The CNI identifies the severity of health vulnerability for every zip code in the United States based on specific barriers to healthcare access. In doing so Dignity Health has demonstrated the link between community need, access to care and preventable hospitalization for conditions that, if effectively diagnosed and managed, should be treatable in an outpatient setting.

Five socioeconomic indicators known to contribute to health vulnerability:

1. **Income :**
 - What % of population is elderly and in poverty?
 - What % of population is a child and in poverty?
 - What % of population is a single parent household and in poverty?
2. **Cultural/language:**
 - What % of population is considered a minority?
 - What % of population does not speak English, or has limited proficiency in English?
3. **Educational:**
 - What % of the population does not have a high school diploma?
4. **Insurance:**
 - What % of the population does not have medical insurance?
 - What % of the population is unemployed?
5. **Housing:**
 - What % of the population rents their home? (house, apt, condo...etc.)

Based on these 5 categories and 9 total criteria, every zip code in the US was assigned an index number:

- Scale of 1 – 5
- 5 represents the most vulnerable communities; 1 the least vulnerable

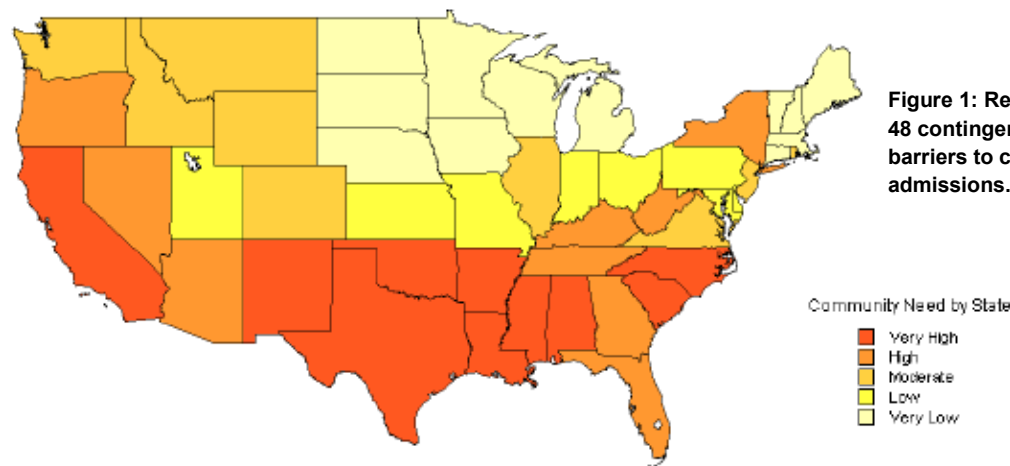


Figure 1: Representation of CNI scores grouped by state for the 48 contingent states. The highest quintile represents the most barriers to care and the largest number of preventable hospital admissions.¹

The CNI tool is publicly accessible at http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508

References:

1. Roth R, Presken P, Pickens G. "A standardized national community needs index for the objective high-level assessment of community health care" CHW Community Needs Index. Accessed on Sept 2, 2012 at: http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/084757.pdf

[Click to go back](#)

Prioritizing Health Indicators

1. Indicators should reflect a health need/condition with significant prevalence in the community such that community implementation plans can reach the largest number of people for the greatest effect.
2. If the reduction of health disparities is a high priority, indicators should be selected that demonstrate health disparities.
3. Indicators should be selected that are derived from high-quality data as current as possible. Each indicator should be evaluated with an understanding of what it describes and what it does not describe. Different sources of data describe different aspects of the same phenomenon, but they are often not the same, i.e. hospital based data, population survey data, census data etc.
4. Indicators should be selected that describe diseases or conditions have a well-described scientific intervention evidence base such that interventions to address them have the best chance of success. Interventions that are prevention focused are optimal.
5. Indicators should be selected that describe a health need/condition that falls within the role and ability of hospital systems to address.
6. Indicators should be selected that address health concerns throughout San Diego County.

List of Modifiable Health Drivers Associated with Poor Health Outcomes

Clinical Care

1. Lack of access to a primary care physician (whether or not insured)
2. A shortage of health professionals (HPSAs)
3. Lack of access to health screening services (such as cancer screening, HIV testing...)
4. Lack of access to immunizations
5. Lack of access to chronic disease management
6. Lack of the availability of dental care
7. Insufficient community health workers
8. Difficulty with patient communication including language and cultural issues
9. Lack of effective patient education about specific health conditions

Health Behaviors

1. Poor dietary habits
2. Tobacco use
3. Substance abuse
4. Lack of physical activity
5. Lack of breastfeeding
6. Insufficient prenatal care

Physical Environment

1. Limited accessibility to healthy food options
2. Limited access to parks and recreation facilities
3. Poor neighborhood walkability
4. Poor neighborhood safety
5. Poor air quality

Social and Economic Factors

1. Poverty
2. Unemployment or underemployment
3. Lack of education and/or literacy challenges
4. Lack of health insurance
5. Lack of social or emotional support
6. Exposure to community violence, intimate partner violence and/or child abuse



HASD&IC

Community Health Needs Assessment

Community Forum Questions

1. What are the five most important health issues for adults and five most important health issues for children in your community?
2. How would you rate these health issues from most important to least important?
3. What do you think are the most important things that you and other people in your community can do to address these health conditions?
 - a. What currently prevents you from doing this?
4. Do you go to the hospital?
 - a. If yes, what do you go to the hospital for?
5. What can hospitals do to help you more with your health issues?
6. Is there something that you need in your neighborhood that would help you be healthier?



Individual Community Forum Results

El Cajon Forum

Participation

Region	Date of Forum	# of Participants
El Cajon	2/02/2013	58

Top Health Concerns for Adults

Obesity
Heart Disease
Diabetes
Cancer
Asthma

Top Health Concerns for Children

Obesity
Asthma

Needs

Education and training
Increased awareness about health in the community
Information to schools on nutrition
Culturally and linguistically appropriate materials
Students from community studying medicine, nutrition
Economic issues including housing, transportation, insurance

What Hospitals Can Do To Help

Transportation
Translation/Interpretation
Health education/forums/fairs

- How to talk to providers
- How to navigate hospital/insurance systems
- Educational materials that are culturally and linguistically appropriate
- How to read food labels
- Vaccine information
- Education for mothers

Better communication with patients
Staffing and patient flow issues
Patient advocates
Hospitals in rural areas
Make services more affordable

Oceanside Forum

Participation

Region	Date of Forum	# of Participants
Oceanside	2/08/2013	8

Top Health Concerns for Adults

Obesity
Language and culture
Lack of insurance
Mental Health
Nutrition

Top Health Concerns for Children

Obesity
Parenting skills
Violence
Accessing services for special needs children

Needs

Reduce gang violence
Translation
Funding so we can help ourselves
Trust building with larger entities to decrease fear
Organized physical activity for children

What Hospitals Can Do To Help

Invest in community

- Partner with neighborhood associations
- Provide funds for community projects

Make services more affordable
Improve patient relations
More urgent care facilities
Patient flow especially in ERs
Translation
Exercise programs
Incentives for healthy behaviors
Health Education

- How to use insurance
- Value of Primary Care Provider
- Parenting skills
- Nutrition

Escondido Forum

Participation

Region	Date of Forum	# of Participants
Escondido	2/12/2013	11

Top Health Concern for Adults

Obesity

Top Health Concern for Children

Obesity

Needs

Economic issues

- Too expensive to eat healthy foods
- Fast food is too accessible

Health education

- At schools
- Nutrition
- Culturally and linguistically appropriate

Exercise programs

Increased safety in community

More healthy food stores

Community facility with free services for families

Low/No cost screenings and physicals

What Hospitals Can Do To Help

Educational materials in multiple languages

Online health education information

Translation

Patient flow

Improve communication with patients

Social workers to help patients navigate hospital system

Prevention program

More screening services

Local health fairs

Link screening, prevention education, health fairs with schools

Exercise classes

Insurance

- Healthy Families for adults
- How patients can get services insurance does not cover

Logan Heights Forum

Participation

Region	Date of Forum	# of Participants
Logan Heights	2/26/2013	12

Top Health Concerns for Adults

Mental health including depression, anxiety, PTSD, post-partum depression
Substance use and chronic pain
Diabetes
Cardiovascular health
Skin infections
Alzheimer's
Dental
Vision

Top Health Concerns for Children

Obesity
Juvenile Diabetes
Asthma
Learning disabilities/ADHD
Mental health
Sexual abuse

Needs

Community education
Transportation
Art programs to help with healing
Bicycle trails
Youth centers
Senior centers
Food banks
Community gardens
Adult education (GED, women's career center)
Affordable day care
Mobile clinics
Fewer liquor licenses
More parks

San Ysidro Forum

Participation

Region	Date of Forum	# of Participants
San Ysidro	3/27/2013	17

Top Health Concern for Adults

1. Diabetes
2. Hypertension
3. Depression
4. Heart Disease
5. Alzheimer's Disease

Top Health Concern for Children

1. Diabetes
2. Asthma
3. Depression
4. Obesity
5. smoking/drug addiction

Needs

Education and training
Hospital or urgent care in the area
Cleaner, safer neighborhood
More usable green space
Dog park
Pollution control and information

What Hospitals Can Do To Help

Train staff in customer service/empathy
More face time with provider
Better communication from Administration to clinical/support staff
Better interpretation services
More educational materials



Hospital Association of San Diego and Imperial Counties

Community Health Needs Assessment

Primary Data Summary of Results

Health Experts and Leaders Survey

The electronic pre-survey was fielded on November 8, 2012 and closed on December 10, 2012. During the four week period feedback, 92 respondents were received who said they would be willing to take the Community Health Needs Assessment (CHNA) survey. The information gathered from this pre-survey, including the list of respondents, their affiliation, content areas of expertise, and San Diego County regions served were used to compile the final comprehensive list of persons who would be e-mailed a link to the CHNA survey. Additional names were added to fill in gaps of expertise that were not represented in the initial responses.

The electronic CHNA survey was fielded on December 14, 2012 and closed on January 28, 2013. Participants were emailed the CHNA survey up to January 22, 2013. Respondents in the sample received up to 5 email reminders to take the survey during the open period. Over 120 people were emailed the survey and a total of 88 people fully completed the survey. All 88 completed surveys were included in the analysis.

Summary of Survey Respondents

The CHNA survey collected data from health experts and leaders with a wide range of expertise and knowledge. There was a broad representation of the types of organizations that survey participants currently worked for including organizations such as non-profits and community based organization, health care providers and community health centers. In addition participants reported extensive knowledge on the different vulnerable populations in San Diego as well as experience working in all six San Diego county regions. Please see Table 1 for a full list of the broad categories and the frequency with which the participants responded. Please see Appendix A for the full list of survey respondents' names, organization, and title of position.

[Click to go back to primary data description](#)

[Click to go back to tables](#)

Table 1. Description of the Health Experts and Leaders Who Participated in the CHNA Survey

Type of Organization of Current Position	Frequency
Healthcare Consumer Advocate	17
Non-profit Organization	56
Academic Expert	13
Local Government Official	1
Community Based Organization Focused on Health Issues	28
Private Business	1
Health Insurance and Managed Care Organizations	2
Health Care Provider	33
Community Health Center	17
Provider Focused on Medically Underserved, Low-income, Minority Groups	22
Expert Knowledge on Vulnerable Populations	
Low-income	84
Medically Underserved	75
Minorities	76
People with Chronic Disease	50
Others	23
Regions Participants Have Experience Working In	
All Regions	26
North Coastal	40
North Inland	46
North Central	45
Central	63
South	54
East	46

To gather as much information as possible and account for the diversity of knowledge of the respondents the CHNA survey was created to allow respondents to comment on both poor health conditions and health drivers as they completed the survey. Respondents were able to comment on statements which addressed the prevalence of the condition or driver, the morbidity and disability it causes, mortality, whether or not it is a significant problem in all regions of San Diego, whether or not it contributes to racial/ethnic disparities, and whether or not there are evidence-based strategies that could be implemented by San Diego hospitals to address the condition or driver. A synthesis of the responses from all CHNA survey questions is presented in the section titled ‘Summary of all Primary Data’.

Community Forums

Community forums were conducted in El Cajon, Oceanside, Escondido, Logan Heights, and San Ysidro between February 2nd and March 27th of this year. Participants for each forum were recruited by a regional workgroup comprised of HASD&IC staff and hospital representatives or by collaborating with a community organization or group. A total of 106 community residents participated in the forums. Please see Table 2 for details about participation in the forums.

Table 2. Community Forums

City	Region	Date	Time	Community Organization	# of participants
El Cajon	East	2/02/2013	1:00-2:30pm		58
Oceanside	North Coastal	2/08/2013	5:30-8:00pm	East Side Collaborative	8
Escondido	North Inland	2/12/2013	3:30-5:00pm		11
Logan Heights	Central	2/26/2013	5:00-6:30pm	Family Health Centers of San Diego Community Core Group	12
San Ysidro	South	3/27/2013	5:30-7:00pm	San Ysidro Health	17

Key Informant Interviews

Health experts who had a deep understanding of issues affecting San Diego as a region were identified by the CHNA Workgroup. Face-to-face or phone interviews were conducted with five key informants between January 11th and February 14th of this year. Please see Table 3 for a description of key informants. The top health concerns identified by the key informants were:

1. Obesity
2. Cardiovascular health
3. Diabetes
4. Mental Health
5. Acute Respiratory Infection/Pneumonia
6. Asthma
7. Cancer
8. Back pain

Overall, key informants emphasized the importance of collaboration among hospitals and across sectors to address regional health needs. In addition, key informants recommended the following:

- Improved data exchange across hospitals
- More outreach in communities
- Address environmental issues that impact health
- Increase access to primary care
- Coordinated prevention education at multiple access points
- Screen and treat all patients who are at risk.

Table 3. Description of Key Informant Interview Participants

Expertise/Group	Name	Title/Organization	Date Completed Interview
Chronic Disease & Injury	Dr. James Dunford, MD	Head of San Diego City Emergency Medical Services (EMS)	1/23/2013
Chronic Disease/Obesity	Dr. Christine Wood, MD	Co-Chair of the Childhood Obesity Initiative, Advisory Committee for Local Chapter 3 American Academy of Pediatrics	1/11/2013
Mental Health	Dr. Philip Hanger, PhD	Clinical Psychologist. VP of Clinical Services at Mental Health Services. Former Head of County Behavioral Health & Manager of LIHP program	1/31/2013
County Public Health	Dr. Wilma Wooten, MD, MPH	Public Health Officer for the County of San Diego Health and Human Services Agency	2/14/2013
Community Leader	Greg Knoll, Esq.	CCHEA LASSD - Lawyer Executive Director/Chief Counsel Legal Aid Society of San Diego	2/7/2013

Summary of all Primary Data – Key Informant Interviews, Forums and Surveys

By combining the results of all of the methods employed, i.e. secondary data sources, online health experts and leaders surveys, key informant interviews, and community focus groups, the top 4 health conditions identified as priorities for San Diego County hospitals by this community health needs assessment were:

1. Diabetes (type 2)
2. Obesity
3. Cardiovascular Disease
4. Mental/Behavioral Health

Survey respondents were also asked what socio-demographic health drivers were associated with these priority health conditions, and how San Diego County hospitals could better contribute to the prevention and treatment of health conditions in San Diego County including the four prioritized conditions. Respondents provided extensive advice about resources available in the community related to the above four conditions (and many others), evidence-based best practices for the prevention and treatment of those conditions, and recommendations for hospitals. A content analysis of that information was then conducted and the information was sorted into five primary categories of activities described with consistent frequency among all respondents as activities that hospitals could implement to improve the health of their neighborhoods. Any of these activities could be used with any of the four health conditions listed above (or other conditions). Table 4, 5 and 6 show the connections between the four conditions listed above and the five categories: care management, access to care or insurance, education, collaboration and screening services.

1. Care Management

Within this category we have included multiple types of programs that would ensure better care management and communication between health care providers and patients including outreach workers, promotoras, navigators, translators, culturally competent advocates, etc. This type of care management was described as being needed for both prevention and treatment services. Again, the survey data from the health experts connected the need for care management with mental/behavioral health and diabetes most often. Key informants described a need for greater care coordination and discharge planning especially for mental health issues. Community residents described a need for translation/interpretation services and patient advocates and navigators.

2. Access to Care or Insurance

Most often this was described as access to primary care physicians and referral, and/or increased availability of insurance coverage. Health leaders and experts most frequently described the need for access to care for those with mental/behavioral health issues followed by those with type 2 diabetes. Key informants described a need for access to primary care. Community residents described a need for access to primary care and increased availability of insurance coverage.

3. Education

Under this broad category were suggestions that related to how best to educate patients about prevention or about their health condition, i.e. items were mentioned such as literature written in their language in a culturally competent way, small educational classes, health fairs, etc. Health experts and leaders most often mentioned the need for education for both diabetes as well as cardiovascular disease. A common theme

throughout the forums was education related to how to eat in a healthy way in communities that have limited access to healthy foods.

4. Collaboration

Collaboration to prevent fragmented health care was probably the most frequently mentioned need among all of respondents. Among many other issues, health experts and leaders noted the need for collaboration among hospitals and primary care facilities particularly to reduce the use of the emergency room, and to prevent re-admissions to hospitals. Key informants mentioned collaboration in policy development and working across large organizations and health care sectors. Community members requested that hospitals collaborate with community members and advocacy groups in the enhancement of educational and care management activities to ensure that the materials and methods are appropriate for local cultures, languages and literacy.

5. Screening Services

The need for additional screening was expressed for a number of different conditions including cancer and heart disease. However the most frequently mentioned was screening for obesity, diabetes, and mental health/behavioral conditions.

Table 4. Summary of Health Expert and Leaders Survey (N=88)

Major Themes	CVD	Diabetes (type 2)	Mental Health/ Mental Illness	Obesity	Conditions Subtotal	Open Response	Total Score
Care Management							
Total by Condition	36	44	48	30	158		205
Total in Open Response						47	
Access to Care or Insurance							
Total by Condition	43	51	52	22	168		176
Total in Open Response						8	
Education							
Total by Condition	28	37	19	21	105		156
Total in Open Response						51	
Collaboration							
Total in Open Response						50	50
Screening Services							
Total by Condition	1	8	6	1	16		21
Total in Open Response						5	
Total	108	140	125	74		156	

Table 5. Summary of Community Forums (N=106)

Major Themes	El Cajon (n=58)	Escondido (n=11)	Logan Heights (n=12)	Oceanside (n=8)	San Ysidro (n=17)	Total Score
Education	10	5	5	4	7	31
Care Management	5	5	5	4	4	23
Access to Care or Insurance	5	6	4	3	1	19
Collaboration	1	2	5	4	1	13
Screening Services	0	2	1	0	0	3
Total by Forum Site*	21	20	20	15	13	

*Note: Totals were calculated by placing key concepts/statements from forum participants into one of above categories, e.g., statements such as "more informational pamphlets" or "classes on how to read nutritional labels" were placed under "Education". Total numbers were then summed across both site and category

Table 6. Summary of Key Informant Interviews (N=5)

Major Themes	CVD	Diabetes (type2)	Mental Health/ Mental Illness	Obesity	Overall Recommendations	Total Score
Care Management	3	0	5	2	4	14
Collaboration	1	1	4	3	4	13
Education	1	1	1	2	5	10
Access to Care or Insurance	1	0	1	0	2	4
Screening Services	1	1	1	0	0	3
Total by Health Condition*	7	3	12	7	15	

*Note: Totals were calculated by placing key concepts/statements from key informant interviews into one of above categories, e.g., statements such as "training for community initiatives" were placed under "Education" while "partnerships between funding agencies and community resources" were placed under "Collaboration". Total numbers were then summed across both condition and category

Limitations of this CHNA

The most significant limitation to this CHNA was the short timeline and somewhat limited resources due to this timeline. In order to conduct a comprehensive community health needs assessment, multiple mixed methods are required including secondary data analysis, as well as

primary data collection. In order to combat a portion of these limitations, an electronic survey format for health experts and leaders was utilized which provided a large volume of comprehensive data. However, due to time constraints only five community focus groups were conducted. Although the five community forums were conducted in the highest need areas, there is still a need to conduct more focus groups in other neighborhoods in San Diego County. These five focus groups were neither representative of San Diego County or of the high-need neighborhoods as a whole.

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Appendix A. Names, Organization and Title of Position of Survey Respondents

Name	Organization	Title of Position
Atkinson, Shelly	ThinkFirst Sharp Healthcare	Community Health Educator
Baggett, Margarita	UC San Diego Health System	Chief Nursing Officer
Bailey, Kitty	North County Health Services (NCHS)	Vice President of Strategic Initiatives
Barnett, Joanne	Pomerado Hospital	Director of Adult Inpatient and Emergency Services
Beck, Bud	Community Health	
Binder, Jeanette	Sharp	RN Manager
Boganey, Rae	SCPMG/Kaiser Permanente	Physician
Brown, Valerie	Ed Brown Senior Center	Board of Directors
Budge, Nan		
Byrant Wallis, Nancy	Family Health Centers of San Diego	Director, Systems Implementation
Carmichael, Hoagy	AARP, ECAN,AIS Advisory, etc.	Community Volunteer
Carr, Michael	SAY, San Diego	Chief Executive Officer
Carrillo, Angela	Sharp Health/ Mesa Vista	Community Relations Specialist
Cazares, Norma	Southwestern Community College	Counselor
Chase, Diana	Rady Children's Hospital	Nurse Practitioner
Colombo, Carmen	Sharp Mary Birch Hospital for Women and Newborns	Chief Nursing Officer
Concho-Hayes, Kelly	American Diabetes association	Native American Outreach Manager
Connelly, LaVonna	El Cajon Collaborative	Coordinator
Cox, Susan	Rady Children's Hospital, San Diego	Director Trauma and Volunteer Services
Decker, Stephanie	Scripps Whittier	RN, CDE
Elbling, Halle	Palomar Health	Outpatient Education
Eldred, Steve	The California Endowment	Coordinator Diabetes Services
Garbanzos, Joe	School of Global and Community Health, Claremont Graduate School	Program Manager
Garcia, Felipe	Family Health Centers of San Diego	MPH/MSAM student
Garrett, Kristin	Community Health Improvement Partners	Clinic Director
Gidwani, Pradeep	American Academy of Pediatrics, California Chapter 3	Chief Executive Officer
Gold, Jerry	Scripps	Project Manager
Griffin, Dawn	Alliant International University	Administrator Behavioral Health
Hajek, Agnes	Union of Pan Asian Communities	Program Director, Forensic Psychologist
Hanger, Philip	Mental Health Systems	Program Manager
Heightman, Betsy	Vista Community Clinic	Exec Vice President
Jacobsen, Helen	Neighborhood House Association	Revenue Cycle Director
Jones, Lauren	Tri City Medical Center	Nutrition Coordinator
Knapp, George	Regional Perinatal System	Psych Liaison
Lam, Walter	Alliance Health Clinic	Director
Lawrence, David	SDSU Center for Injury Prevention Policy and Practice	Family Nurse Practitioner
		Director

Name	Organization	Title of Position
Lawrence-Shay, Jennette	Family Health Centers of San Diego	Director of Government & Community Relations
Linback, Susan	Palomar Health	Director - Behavioral Health
Lortscher, Janine	Sharp Hospice Care	Business Development
Lozada, Ana Rosa	Harmonium	Chief Executive Officer
Martinez, Ed	San Ysidro Health Center	President/CEO
McBrayer, Sandra	The Children's Initiative	Chief Executive Officer
McCabe, Karen	Scripps Health	Director, Community Benefit
Melgoza, Ana	San Ysidro Health Center	Director of Public Affairs and Government Relations
Moder, Cheryl	Community Health Improvement Partners	Senior Director, Collective Impact
Norman, Carole	San Diego Black Nurses Assn	Member
Nunez, Arcela	National Latino Research Center	Research Director
Nunez, Luis	Southwestern College	Program Director
Ohanian, John	2-1-1 San Diego	Specialty Programs Coordinator
O'Kane, Steve	Council of Community Clinics	Chief Executive Officer
Olson, Maria	American Heart Association	Past President Board
Oswald, Bill	WT Oswald Consulting	Consultant
Parra, Mary	Scripps Health	Management
Prath, Bob	American Association of Retired Persons (AARP)	State Executive Council
Price, Barbara	Scripps Health	Senior Vice President
Resendes, Kerrie		
Rodriguez, Aracely	Planned Parenthood of the Pacific Southwest	Binational Affairs/ Latino Engagement Manager
Rosenberg, Christy	Council of Community Clinics	Director
Rossio, Gary	San Diego Vets Coalition	Board Member
Roy, Nancy	Palomar Health	Community Outreach
Ruiz, Monica	Scripps Whittier Diabetes Institute	Sup. Community Programs and Research
Sahid, Ramla	Mid-City Community Advocacy Network	Community Organizer
Salazar, Holly	Scripps Health	Director
Sanchez, Olga	Por :La Vida	Coordinadora
Sangrey, Harriet	Sharp Coronado	RN Patient Relations
Sanudo, Fernando	Vista Community Clinic	Chief Medical Officer
Schultz, Jim	Council of Community Clinics/Neighborhood Healthcare	Chief Medical Officer
Schultz, Sharon	Tri City Medical Center	Chief Nurse Executive
Seligman, Fe	Operation Samahan	Director of Program & Fund Development
Silva, Esther	SDCOE Migrant Program	Migrant Health and Support Services Specialist
Sinay, Patricia	Sinay	
Smith, Kristen	Aging & Independence Services	Health Promotion Manager
Spencley, Jan	San Diegans for Healthcare Coverage	Executive Director
Stone, Susan	Sharp Memorial Hospital	Board of Directors
Stuckhard, Kay	Palomar Health	Community Outreach Liaison
Suarez, Angelina	Neighborhood Healthcare	Outreach Coordinator/ Health Educator

Name	Organization	Title of Position
Suarez, Micha	Operation Samahan	Marketing Coordinator
Tesch, Stephanie A.	Neighborhood House Association	Family and Community Partnership Coordinator
Tracy, Jennifer	San Diego Hunger Coalition	Executive Director
Tseng, William	Kaiser Permanente	Physician
Tsimikas, Athena	Scripps Whittier Diabetes Institute	Corporate Vice President
Weber, Linda	San Diego Workforce Partnership	Business services
Willis, Winnie	SDSU-GSPH, retired	Professor, retired
Wooters, Jacqueline		Registered Nurse
Writer, Susan	Aurora Behavioral Health Care	Community Outreach Liaison
Yadow, Debbie	Grossmont College	Dean of Nursing & Allied Health
Zeitz, Aimee	United Way of San Diego County	Community Impact Manager
Ziemer, Patrick	Alvarado Parkway Institute	Chief Executive Officer

CHNA Survey Guide

Introduction

Online surveys allow the ability to collect a significant amount of valuable information from busy professionals in a short amount of time. We have designed this survey such that your responses to one question will prompt additional questions. Here are a few helpful hints about navigating the survey. The survey should take less than 15 minutes to complete. You can stop completing the survey at any time by either manually closing your browser or by selecting the Save & Close button provided at the top of every page. To return to the survey you will need to reopen the link that was emailed to you to be brought back to the page you closed off on (Please note when you reopen the survey you will be given the option to start over from the beginning of the survey). To navigate within the survey, please only use the buttons provided from within the survey. DO NOT click on your browser's back arrow while completing this survey. This will disengage you from the survey. If this does happen, simply re-enter the survey through the link again. Please click on the Health Condition Briefs button at the top of the page if you would like to view or download information on each of the 15 Health Conditions. If you have technical problems accessing the survey, please contact the survey programmer at rosalez@rohan.sdsu.edu. Thank you very much for your valuable time. Please note, due to federal laws and regulations the Hospital Association of San Diego and Imperial Counties will report the names and organizations of all public health experts and community leaders who participated in the survey. However the information collected from you in this survey will not be linked to your identifying information, and thus will be anonymous.

For this Community Health Needs Assessment (CHNA) a community need has been defined as either 1) a poor health condition with significant morbidity, mortality and health disparities OR 2) a health driver that is associated with poor health outcomes. A health driver would include things such as demographics, social and economic factors, health behaviors, the physical environment, and access and delivery of quality health care. You have unique and valuable knowledge to contribute to this needs assessment. Some respondents have knowledge of specific diseases or conditions and the health drivers affecting those diseases. Others have much more general knowledge of health drivers and how they might affect multiple health outcomes. To accommodate these different perspectives, we have arranged for you to be able to answer this survey from one of the two perspectives. Both perspectives will allow you to comment on poor health outcomes and health drivers as you complete the survey.

Would you like to begin the survey focusing on poor health outcomes or health drivers? (Please hover over the options below to read more thorough definitions)

[IF s1=POOR HEALTH CONDITIONS ASK q1cond thru q6cond. IF s1=HEALTH DRIVERS ASK q1driver thru q6drv]

Question 1-condition:

Please select up to 3 health conditions below that you feel you have expert knowledge of. (You will be asked a series of follow-up questions for each of the health conditions that you select)

Question 1-condition _other:

If you have expert knowledge of a condition not on this list that you feel presents a significant health need in San Diego, please also add it to the list.

Question 1-driver:

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Please select 5 health drivers below that you feel **most** directly contribute to poor health outcomes for people who reside in San Diego County.

(You will be asked a series of follow-up questions for each of the health drivers that you select)

Question 1-driver_other:

Please include any other health drivers that you feel should be added to the list.

Question 2-condition and Question 2-driver:

Please respond to the questions in the matrix table as they relate to [pipe in responses from question1 - condition or question1-driver]:

Matrix Questions	Strongly agree	Agree	Somewhat agree	Disagree
There are a large number of people affected by [pipe in responses from q1cond or q1driver].				
[pipe in responses from q1cond or q1driver] contributes significantly to poor health conditions in San Diego.				
[pipe in responses from q1cond or q1driver] contributes significantly to mortality in San Diego.				
There are significant racial/ethnic and socioeconomic health disparities of [pipe in responses from q1cond or q1driver] in San Diego.				
There are evidence-based strategies that could be implemented by San Diego hospitals to improve [pipe in responses from q1cond or q1driver].				
[pipe in responses from q1cond or q1driver] is a problem in all regions of San Diego.				

Question 3-condition:

Please select up to 5 health drivers that you feel contribute **most** directly to poor health outcomes related to [pipe in responses from q1cond].

Question 3-driver:

Please select 3 health conditions below that you feel are **most** affected by [pipe in responses from q1driver].

Question 4-condition:

The Hospital Association of San Diego and Imperial Counties is interested in developing programs that will improve poor health outcomes. Among the health drivers that you feel contribute **most** directly to

CHNA Survey Guide

poor health outcomes related to [pipe in responses from q1cond], which driver(s) do you feel the hospitals in San Diego County could affect the most?

Question 4-driver:

How could the hospitals in San Diego County affect [pipe in responses from q1driver].

Question 5_part1-condition and Question5_part1-driver:

Are you aware of any community resources that are currently being used in San Diego County to address [pipe in responses from q1cond or q1driver].

Question 5_part2-condition and Question5_part2-driver:

Please describe the community resources that you are aware of that are being used in San Diego County to address [pipe in responses from q1cond or q1driver].

Question 6_part1-condition and Question 6_part1-driver:

Can you recommend any strategies, policies, practices, and/or partnerships that hospitals in San Diego County could implement to address [pipe in responses from q1cond or q1driver].

Question 6_part2-condition and Question 6_part2-driver:

Please describe the strategies, policies, practices, and/or partnerships that hospitals in San Diego County could implement to address [pipe in responses from q1cond or q1driver].

Demographic 1

We have a few background questions to ask before the survey is concluded. Please select any of the categories below that best describes your current position. (Select all that apply)

Demographic 2

Please select the San Diego County Region(s) that you have experience with. (You may select more than one region).

Demographic 3

Please select the categories that represent populations you have experience working with. If you have expert knowledge of vulnerable populations other than those described below, please add to the list. (Select all that apply)

Demographic 4

Would you be interested in joining our CHNA Advisory Workgroup to examine and interpret the results of this survey at one or more in-person meetings?

Demographic 5

The Hospital Association of San Diego and Imperial Counties (HASD&IC) values your responses to this survey. HASD&IC would like to ask your permission to quote your open ended anonymous responses in its final CHNA report if helpful to illustrate a specific point.

CHNA Survey Guide

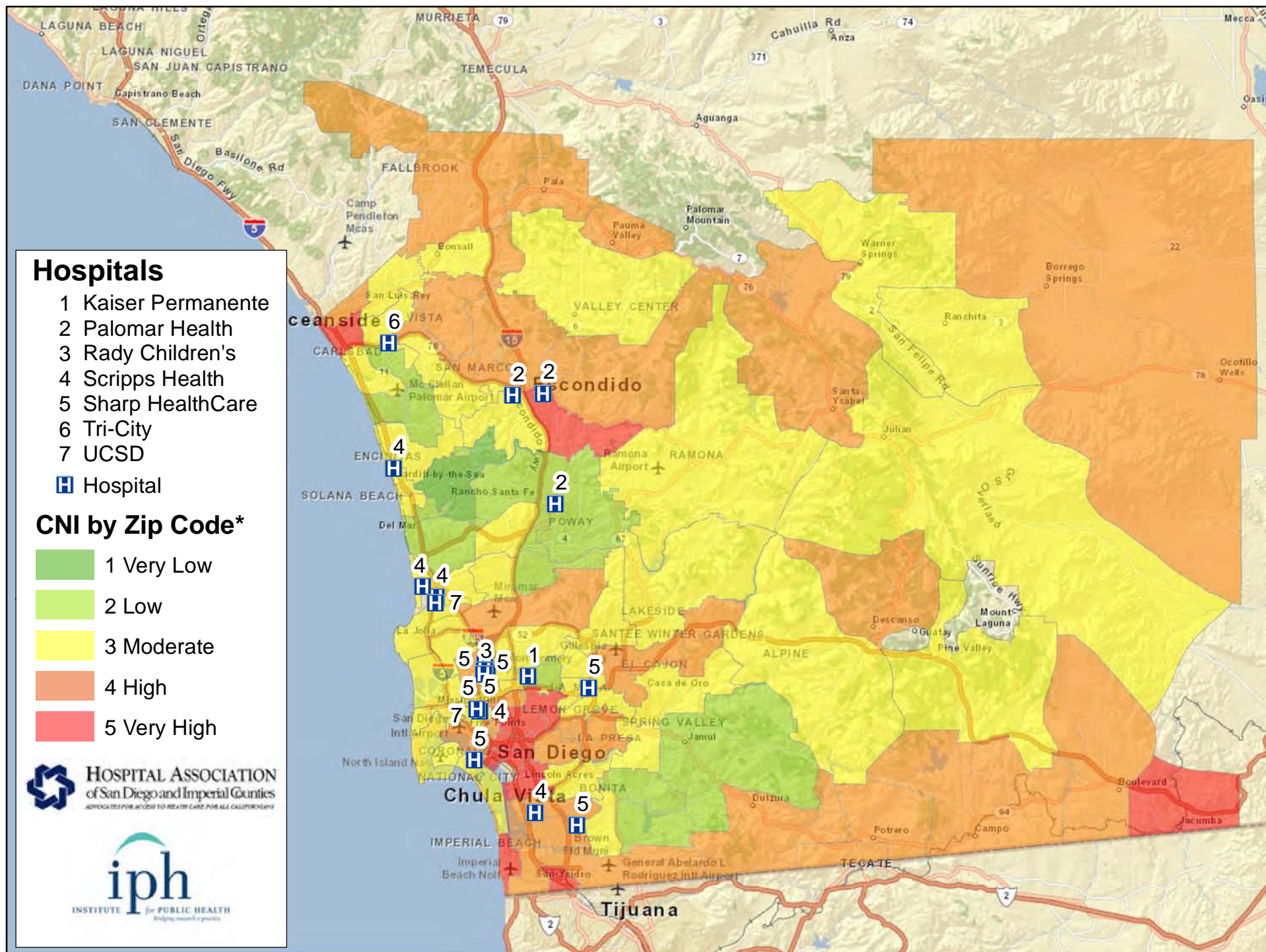
Contact

Those are all the questions we have for you. {contact information box} Please note, due to federal laws and regulations the Hospital Association of San Diego and Imperial Counties will report the names and organizations of all public health experts and community leaders who participated in the survey. However the information collected from you in this survey will not be linked to your identifying information, and thus will be anonymous.

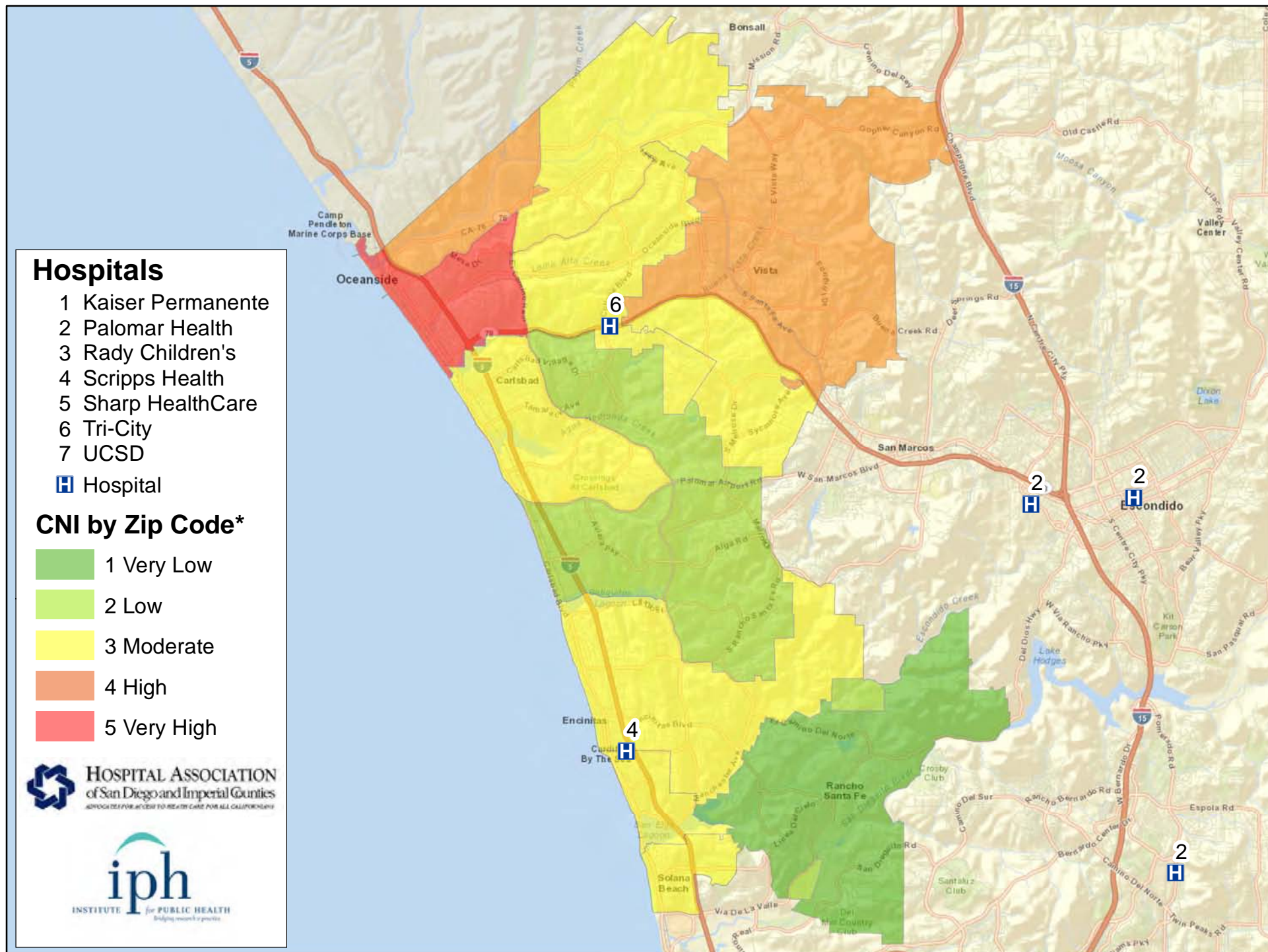
End

The Hospital Association of San Diego and Imperial Counties would like to thank you for your participation in the San Diego County Community Health Needs Assessment! Please select the forward button on the lower right hand corner to have your responses recorded.

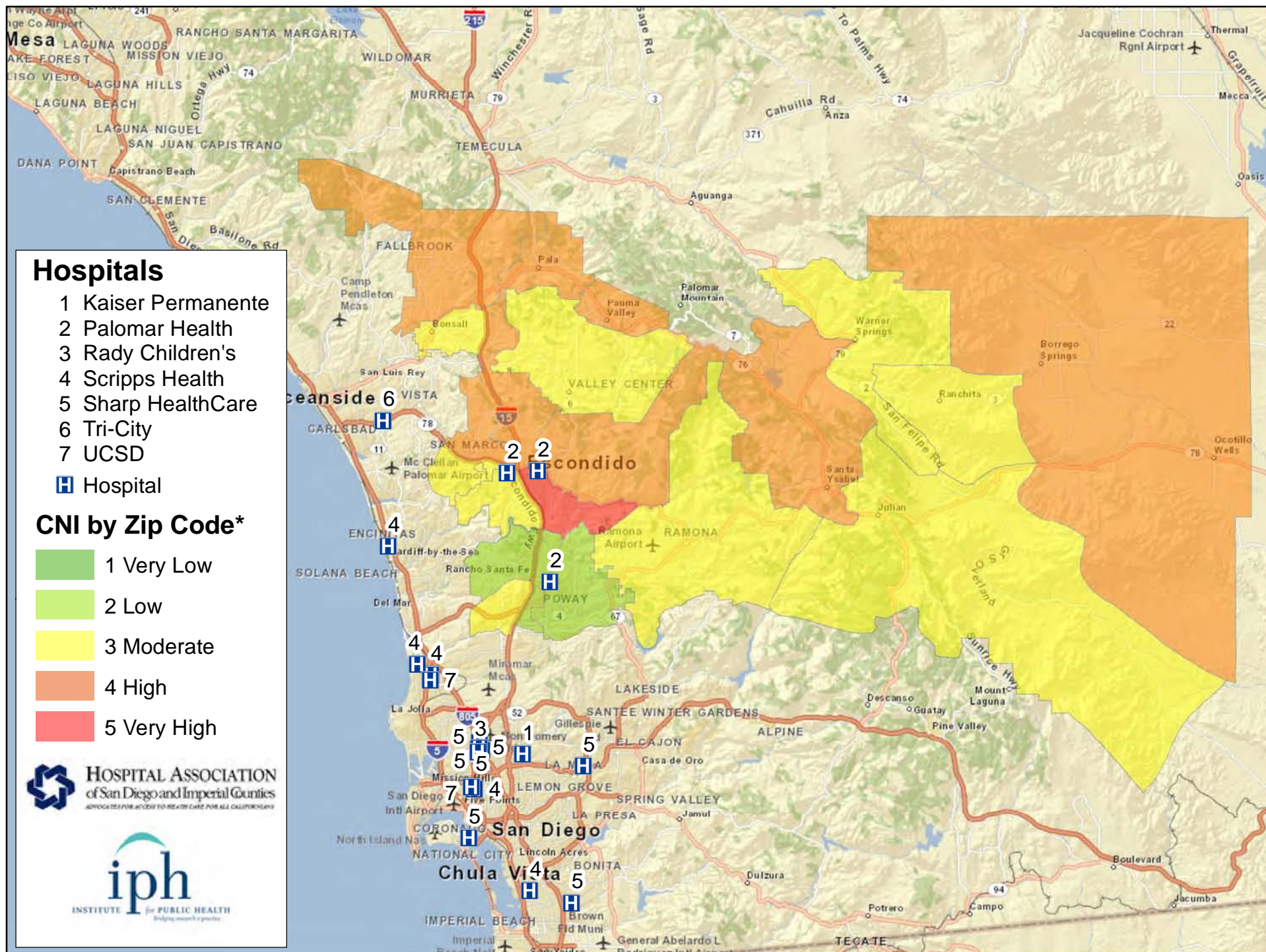
Community Need Index*, San Diego County, 2011.



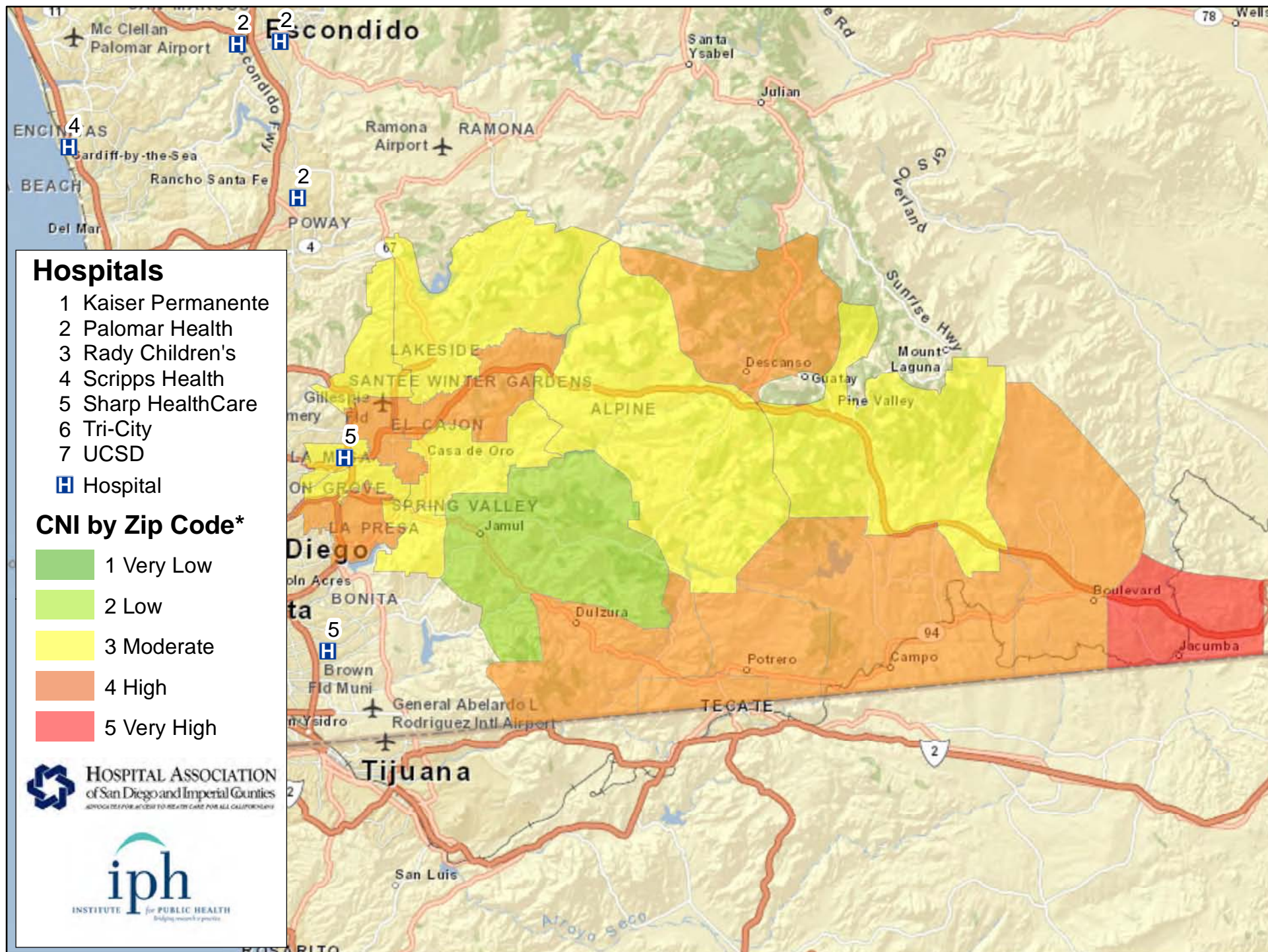
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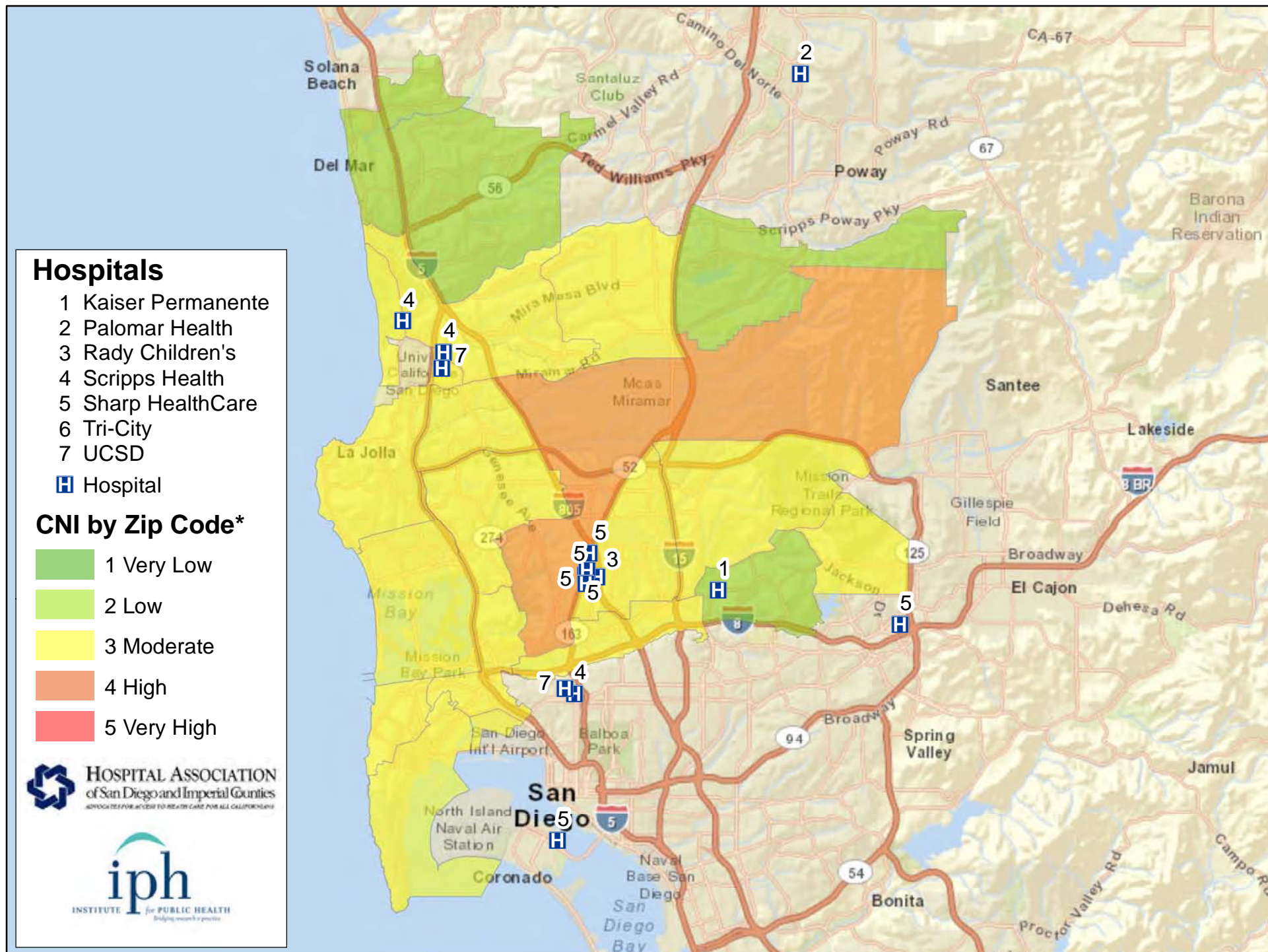
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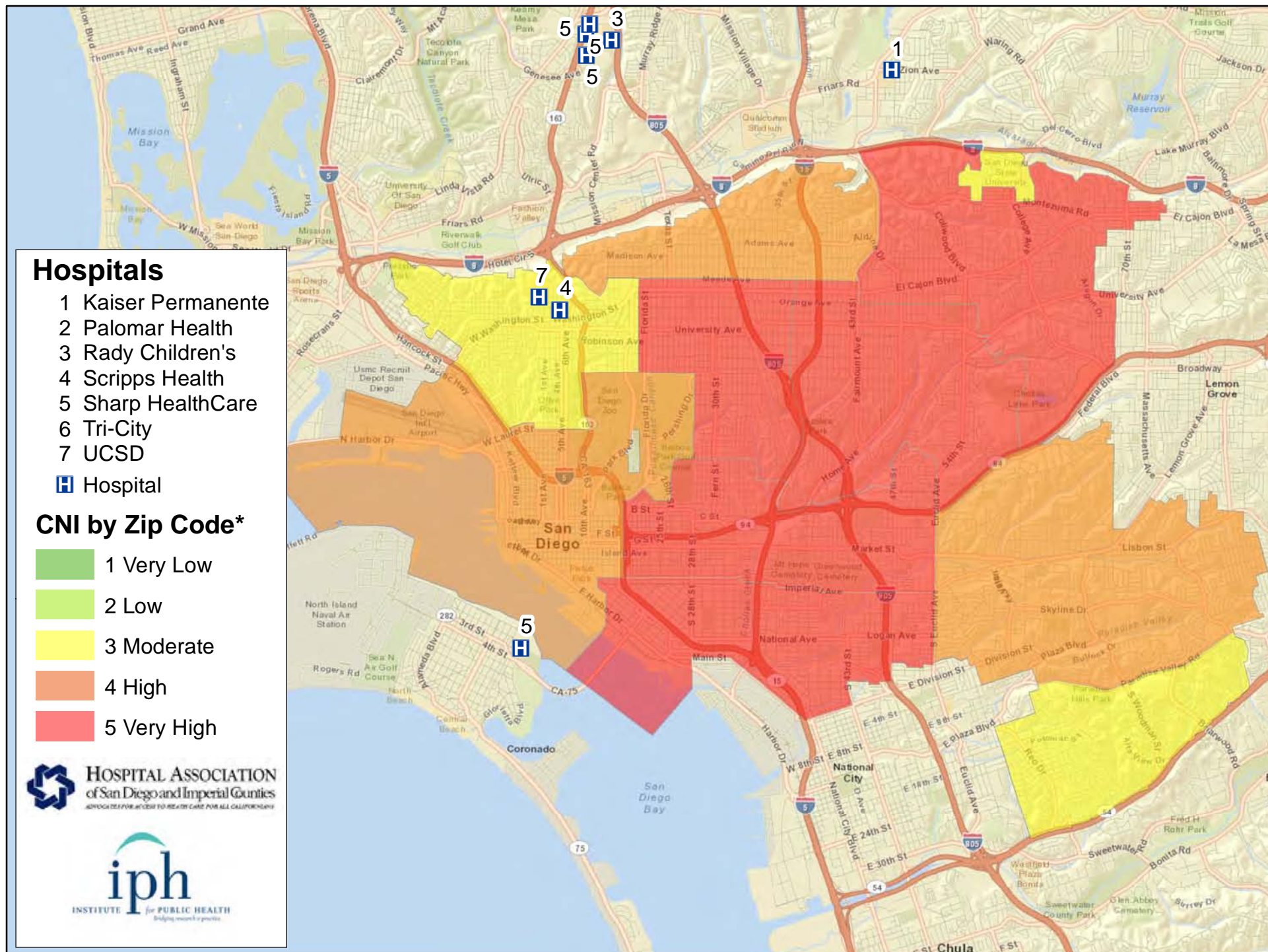
Community Need Index*, San Diego County, 2011, East Region**



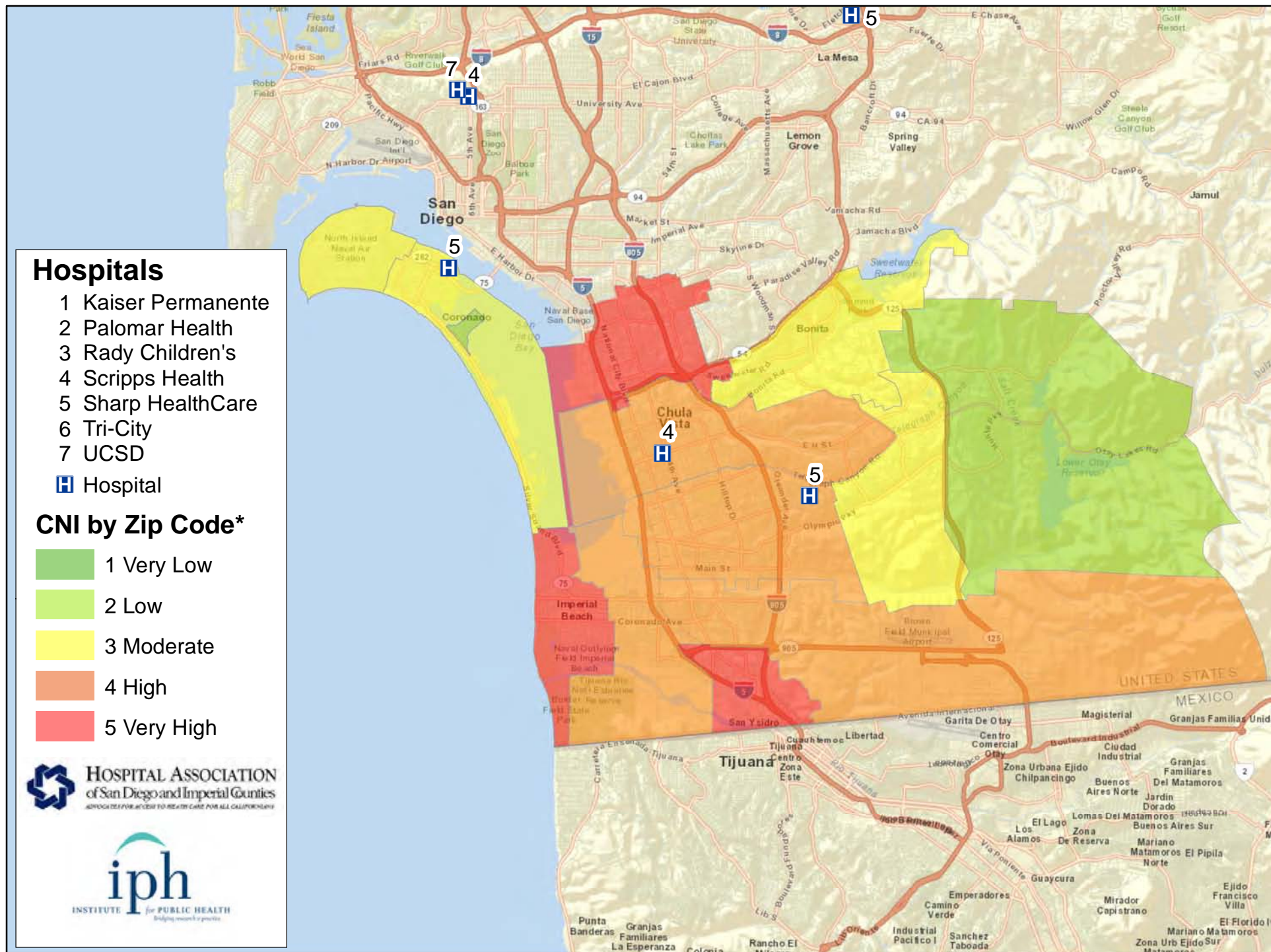
Community Need Index*, San Diego County, 2011, North Central Region**



Community Need Index*, San Diego County, 2011, Central Region**



Community Need Index*, San Diego County, 2011, South Region**



San Diego County Community Asset List

Courtesy of: Kaiser Foundation Hospital – San Diego

Federally Qualified Health Centers in KFH – San Diego Medical Service Area

	Name	Address	City	State	Zip Code
1.	Alpine Family Medicine	1620 Alpine Blvd, Suite 119	Alpine	CA	91901
2.	Southern Indian Health Council Incorporated	4058 Willows Road	Alpine	CA	91901
3.	Southern Indian Health Council	36350 Church Road	Campo	CA	91906
4.	Mountain Empire Family Medicine	31115 Hwy 94	Campo	CA	91906
5.	Carlsbad Family Medicine	3050 Madison Street	Carlsbad	CA	92008
6.	South Bay Family Health Center	340 Fourth Avenue, Suite 7	Chula Vista	CA	91910
7.	Chula Vista Family Health Center	251 Landis Avenue	Chula Vista	CA	91910
8.	Chula Vista Family Clinic	865 Third Avenue, Suite 133	Chula Vista	CA	91910
9.	Otay Family Health Clinic	1637 Third Avenue, Suite B	Chula Vista	CA	91911
10.	La Maestra Comm Health Ctr - El Cajon	165 S First Street	El Cajon	CA	92019
11.	Centro Medico, El Cajon	396 North Magnolia Avenue	El Cajon	CA	92020
12.	Chase Avenue Family Health Center	1111 West Chase Avenue	El Cajon	CA	92020
13.	Neighborhood Healthcare El Cajon	855 East Madison Avenue	El Cajon	CA	92020

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	Name	Address	City	State	Zip Code
14.	North County Health Services San Dieguito	629 Second St	Encinitas	CA	92024
15.	North County Health Services San Dieguito	629 Second Street	Encinitas	CA	92024
16.	NCHS - Encinitas Women & Children's Health Center	332 Santa Fe Drive, Suite 150	Encinitas	CA	92024
17.	Escondido Community Clinic	460 North Elm	Escondido	CA	92025
18.	Escondido Community Clinic	1001 East Grand Avenue	Escondido	CA	92025
19.	Neighborhood Healthcare - Pediatrics & Prenatal	426 N Date St	Escondido	CA	92025
20.	Neighborhood Healthcare Women's Center	215 S Hickory Street, Suite 212	Escondido	CA	92025
21.	Escondido Family Medicine	255 North Ash Street, Suite 101	Escondido	CA	92027
22.	Fallbrook Family Health Center	1328 South Mission Road	Fallbrook	CA	92028
23.	Imperial Beach Health Center	949 Palm Avenue	Imperial Beach	CA	91932
24.	Julian Medical Clinic	2721 Washington Street	Julian	CA	92036
25.	Neighborhood Healthcare Lakeside	10039 Vine Street, Suite 2	Lakeside	CA	92040
26.	Lemon Grove Family Health Center	7592 Broadway	Lemon Grove	CA	91945
27.	Operation Samahan Health Clinic	2743 Highland Avenue	National City	CA	91950
28.	La Maestra Comm Health Ctr - National City	101 N Highland Ave, Unit A	National City	CA	91950
29.	Juniper Medical Group	2345 E 8th St, #110	National City	CA	91950
30.	Paradise Hills Family Clinic	2400 East 8th St, Suite A	National City	CA	91950
31.	Operation Samahan Community Health Center	2835A Highland Avenue	National City	CA	91950
32.	National City Family Clinic	1136 D Avenue	National City	CA	91950

	Name	Address	City	State	Zip Code
33.	Oceanside - Carlsbad Community Clinic	605 Crouch Street, Bldg C	Oceanside	CA	92054
34.	North County Health Services - La Mission	3220 Mission Avenue #1	Oceanside	CA	92054
35.	NCHS Oceanside Carlsbad Health Center	408 Cassidy Street	Oceanside	CA	92054
36.	NCHS Women's Health Services	2210 Mesa Drive, Suite 5	Oceanside	CA	92054
37.	NCHS - Mission Mesa Pediatrics	2210 Mesa Drive, Suite 12	Oceanside	CA	92054
38.	Vista Community Clinic	4700 North River Road	Oceanside	CA	92057
39.	Mountain Empire School Clinic	3291 Buckman Springs Road	Pine Valley	CA	91962
40.	North County Health Services Ramona	217 East Earlham	Ramona	CA	92065
41.	NCHS Ramona Health Center	217 Earlham Street	Ramona	CA	92065
42.	St Vincent De Paul Village Family Health Center	1501 Imperial Avenue	San Diego	CA	92101
43.	Downtown Family Health Center	1145 Broadway	San Diego	CA	92101
44.	Comprehensive Health Center - Downtown	120 Elm Street, Suite 100	San Diego	CA	92101
45.	Sherman Heights Family Health Center	2391 Island Avenue	San Diego	CA	92102
46.	25th Street Family Medicine	316 25th Street	San Diego	CA	92102
47.	The Comprehensive Health Centers	446 26th St, Ste 101	San Diego	CA	92102
48.	St. Vincent De Paul Village (Mobile) Health Clinic	3350 E Street	San Diego	CA	92102
49.	Logan Heights Family Counseling Center	2204 National Avenue	San Diego	CA	92103
50.	San Diego American Indian Health Center	2630 First Avenue	San Diego	CA	92103
51.	North Park Family Health Center	3544 30th St	San Diego	CA	92104

	Name	Address	City	State	Zip Code
52.	La Maestra Comm Health Ctr - City Heights	4060 Fairmount Avenue	San Diego	CA	92105
53.	Mid-City Community Clinic	4290 Polk Ave	San Diego	CA	92105
54.	Mid-City Community Clinic-Pediatrics	4305 University Ave, Suite 150	San Diego	CA	92105
55.	Beach Area Family Health Center	3705 Mission Blvd	San Diego	CA	92109
56.	Linda Vista Health Care Center	6973 Linda Vista Road	San Diego	CA	92111
57.	Kidcare Express I I I (Mobile Medical Unit)	1809 National Avenue	San Diego	CA	92113
58.	Logan Heights Family Health Center	1809 National Ave	San Diego	CA	92113
59.	Kidcare Express	1809 National Avenue	San Diego	CA	92113
60.	Kidcare Express II	1809 National Avenue	San Diego	CA	92113
61.	Comprehensive Health Center - Metro	3177 Oceanview Boulevard	San Diego	CA	92113
62.	Diamond Neighborhoods Family Health Center	220 Euclid Avenue, Suite 40	San Diego	CA	92114
63.	Comprehensive Health Center - Euclid	286 Euclid Avenue Suite 308	San Diego	CA	92114
64.	City Heights Family Health Center	5379 El Cajon Blvd	San Diego	CA	92115
65.	San Diego Children's Dental Clinic	8110 Birmingham Way	San Diego	CA	92123
66.	Operation Samahan Mira Mesa Outreach Clinic	10737 Camino Ruiz, Suite 235	San Diego	CA	92126
67.	Nestor Community Health Center	1016 Outer Road	San Diego	CA	92154
68.	San Ysidro Health Center	4004 Beyer Blvd	San Diego	CA	92173
69.	North County Health Services	348 Rancheros Drive, #118	San Marcos	CA	92069
70.	North County Health Services	150 Valpreda Road	San Marcos	CA	92069

	Name	Address	City	State	Zip Code
71.	North County Health Services - Grand Avenue Family	727 West San Marcos Blvd, Suite 112	San Marcos	CA	92078
72.	Grossmont Spring Valley Family Health Center	8788 Jamacha Road	Spring Valley	CA	91977
73.	Indian Health Council, Incorporated	50100 Golsh	Valley Center	CA	92082
74.	Vista Community Clinic - Grapevine	134 Grapevine Road	Vista	CA	92083
75.	Vista Community Clinic	981 Vale Terrace	Vista	CA	92084

See table below for a list of the community assets on the 15 prioritized health conditions, please note this is a survey of local assets and is not an exhaustive list of those resources available in San Diego County. The resources were gathered based on responses to a question in the survey asking the health experts to provide information on assets for each condition they responded to and a review of sites such as 2-1-1 San Diego (<http://www.211sandiego.org/>), Military One Source (<http://www.militaryonesource.mil/>), Scripps Health (<http://www.scripps.org/>) and UC San Diego Health System (<http://www.health.ucsd.edu/>).

Prioritized Health Conditions:

- A. Acute Respiratory Infections/Pneumonia
- B. Asthma
- C. Back Pain
- D. Breast Cancer
- E. Cardiovascular Disease
- F. Colorectal Cancer
- G. Dementia and Alzheimer's Disease
- H. Type 2 Diabetes
- I. High Risk Pregnancy
- J. Lung Cancer
- K. Mental/Behavioral Health
- L. Obesity
- M. Prostate Cancer
- N. Skin Cancer
- O. Unintentional Injury

Community Assets for 15 Health Conditions

A. ACUTE RESPIRATORY INFECTIONS	
San Diego Family Care	
<i>Address</i>	Linda Vista Health Care Center 6973 Linda Vista Road San Diego, CA 92111
<i>Phone</i>	858-279-0925
<i>Email</i>	feinberg@lvhcc.com
<i>Website</i>	www.sdfamilycare.org
<i>Program Description</i>	Provides medical and psychosocial health care to low-income, multi-ethnic families on a sliding fee basis. Three separate sites are available for client access in Linda Vista and City Heights, with six languages spoken and a 7/24 answering service.
KidCare Express Mobile Medical Unit, Family Health Centers of San Diego	
<i>Address</i>	Addresses vary. See website for details
<i>Phone</i>	619-515-2312
<i>Email</i>	N/A
<i>Website</i>	www.fhcsd.org/locations/kidcare-express.cfm
<i>Program Description</i>	Provides primary health services to medically underserved children, youth, and adults. Mobile medical units are fully licensed medical clinics on wheels staffed with physicians, nurse practitioners, nurses, and support staff. Available to all regions of San Diego County.
San Ysidro Health Center and Health Education Classes	
<i>Address</i>	4004 Beyer Boulevard San Ysidro, CA 92173
<i>Phone</i>	619-662-4100
<i>Email</i>	N/A
<i>Website</i>	www.syhc.org
<i>Program Description</i>	Provides the following primary care clinics and services: adult medicine, obstetrics, gynecology and family planning, pediatrics including immunizations, podiatry (at San Ysidro location only), pharmacy, x-ray and laboratory services, and other specialized health services. Provides medical services to CMS-eligible clients. Offers free breast and cervical cancer screening to women who meet program eligibility requirements. Clinics accept patients in the Low Income Health Program (LIHP). Serves the following locations: Bonita, Chula Vista, Imperial Beach, National City, Encanto, Otay Mesa, Paradise Hills, San Ysidro.
Nestor Community Health Center	
<i>Address</i>	Nestor Community Health Center 1016 Outer Road San Diego, CA 92154
<i>Phone</i>	619-429-3733
<i>Email</i>	N/A
<i>Website</i>	www.ibclinic.org

A. ACUTE RESPIRATORY INFECTIONS	
<i>Program Description</i>	Provides a general medical services as well as gynecological, pediatric and prenatal. Pediatric services include Child Health and Disability Prevention (CHDP) exams, development assessment, well baby care, and immunizations; family planning services such as birth control, pregnancy counseling and testing; obstetrics/gynecological services including prenatal care, evaluation, and delivery. Birth control, lab and dispensary services are available to women and men. Also, provides health services to impoverished and uninsured individuals in South Bay.
Vista Community Clinic	
<i>Address</i>	Vista Community Clinic 818 Pier View Way Oceanside, CA 92054
<i>Phone</i>	760-631-5000
<i>Email</i>	N/A
<i>Website</i>	www.vistacommunityclinic.org
<i>Program Description</i>	Provides general outpatient primary medical care for adults and children. Offers primary care services including family planning, internal medicine, health screenings including blood pressure screening, cancer detection, diabetes screening, STD testing, tuberculosis screening, hearing and eye evaluations, and geriatric assessments. Also offers Child Health and Disability Prevention (CHDP) exams, well-baby care, prenatal evaluations, immunizations, and pediatrics. CMS services are provided at all clinic sites. Also offers Project Access and Surgery Day events. This clinic accepts patients in the Low Income Health Program (LIHP).
Family Health Centers of San Diego, Grossmont/Spring Valley, Community Clinic	
<i>Address</i>	FHCSD, Grossmont/Spring Valley Clinic 788 Jamacha Road Spring Valley, CA 91977
<i>Phone</i>	619-515-2555
<i>Email</i>	N/A
<i>Website</i>	www.fhcsd.org
<i>Program Description</i>	Offers primary healthcare services and medical appointments to all ages. Services include: sick visits; diabetes, asthma & high blood pressure care and management; immigration physicals; immunizations; pediatrics; CHDP exams; lead and TB screenings; women's health including pregnancy testing, prenatal care, and pediatric development services, screenings and intervention; all birth control methods and sterilization; STD and STI testing and treatment; gynecological services including breast and cervical cancer screening; lab work; HIV testing and case management. This clinic accepts patients in the Low Income Health Program (LIHP).

B. ASTHMA	
Better Breathers Club	
<i>Address</i>	American Lung Association in California (parking behind building) 2750 Fourth Avenue San Diego, CA 92103
<i>Phone</i>	(619) 683-7514
<i>Email</i>	Lisa.Archibald@lung.org
<i>Website</i>	http://www.lung.org/associations/states/california/programs/better-breathers-clubs/san-diego-better-breathers-club.html
<i>Program Description</i>	Better Breathers Clubs offer the opportunity to learn ways to better cope with chronic lung conditions such as asthma and COPD while getting the support of others who share in your struggles. These support groups give you the tools you need to live the best quality of life you can. Better Breathers Clubs meet regularly and feature educational presentations on a wide range of relevant topics, including: How COPD affects the lungs, Breathing techniques, Exercise, Talking with your physician, Medications and other treatment options, Medical tests, Supplemental oxygen, Home health care, Lung transplants, and Air pollution. If you feel alone and isolated, these support groups can help. It feels good to talk with others who understand, which has a positive impact on your health. There are meetings in Escondido, La Mesa, San Diego, Murrieta, and Oceanside.
Family Health Centers of San Diego, Chula Vista: "Creciendo Saludable" Program	
<i>Address</i>	Chula Vista Location 251 Landis Avenue Chula Vista, CA 91910
<i>Phone</i>	619-515-2444
<i>Email</i>	N/A
<i>Website</i>	http://www.fhcsd.org/services/health-education.cfm
<i>Program Description</i>	Family Health Centers of San Diego offers a wide range of health education services for children and adults, provided by a Registered Dietician, Nutritionists, and Health Educators for the management of chronic conditions, such as asthma and diabetes. Individual and/or Group Sessions in English and Spanish are offered in the programs: "Comienzo Saludable" (Beginning Healthy), "Creciendo Saludable" (Growing Healthy) and "Viviendo Saludable" (Living Healthy)
Childhood Asthma Initiative: Operation Samahan, National City	
<i>Address</i>	2743 Highland Avenue National City, CA 91950
<i>Phone</i>	619-474-2284 ext 312
<i>Email</i>	N/A
<i>Website</i>	http://www.operationsamahan.org/main/
<i>Program Description</i>	Provides free medications, supplies, doctor's visits, Aero chambers, and health education to uninsured children under age 18

B. ASTHMA	
Mid-City Pediatric Medical Care, San Diego Family Care	
<i>Address</i>	4305 University Avenue, Suite 150 San Diego, CA 92105
<i>Phone</i>	619-280-2058
<i>Email</i>	N/A
<i>Website</i>	www.sdfamilycare.org
<i>Program Description</i>	Provides outpatient pediatric medical care. Other services include Child Health and Disability Prevention (CHDP), child abuse medical exams, well baby care, immunizations (free for uninsured, low-income children), counseling, and free asthma care for uninsured infants and toddlers . Public Health Nurses trained in community health, disease prevention, and health promotion are available on site as well as a Human Service Specialist to assist with Medi-Cal, public assistance, and other referrals. Also offers Project Access and Surgery Day events.
Ventanilla de Salud: "Window of Health"	
<i>Address</i>	1549 India Street San Diego, CA 92101
<i>Phone</i>	619-308-9964 or 619-231-8414
<i>Email</i>	mexconsd@electriciti.com
<i>Website</i>	portal.sre.gob.mx/sandiego/
<i>Program Description</i>	Operates a "ventanilla de salud" (health window) staffed by health resource specialists who provide information about preventative health care and common illnesses among the Latino community. Offers health care information in such areas as vaccinations, asthma, tuberculosis , prenatal care, diabetes, and nutrition. Provides information about how to get Medi-Cal and Healthy Families health insurance coverage for children, including information about required documentation. Instructs immigrants about their rights as patients. Provides referrals to hospitals and health clinics in the county that see patients regardless of their immigration status. Does not provide medications or prescriptions.
Children's Asthma Programs, American Lung Association in California	
<i>Address</i>	American Lung Association in California 2750 Fourth Ave. San Diego, CA 92103
<i>Phone</i>	619- 297-3901
<i>Email</i>	info@lungsandiego.org
<i>Website</i>	www.lungsandiego.org
<i>Program Description</i>	Provides information about asthma in children. Offers a 1-week medically supervised residential summer camp in Julian, CA for children ages 8-13 with moderate to severe asthma, which enables children to learn about their asthma while participating in regular camp activities. Also offers a school-based asthma education program for children with asthma.

B. ASTHMA	
Childhood Asthma Initiative, American Lung Association in California	
<i>Address</i>	American Lung Association in California 2750 Fourth Ave. San Diego, CA 92103
<i>Phone</i>	619- 297-3901
<i>Email</i>	info@lungsandiego.org
<i>Website</i>	www.lungsandiego.org
<i>Program Description</i>	Provides in-home education for families of children with asthma. Families learn how to better manage asthma, how to use medications and devices, and how to minimize asthma triggers. Provides an environmental assessment to check for asthma triggers in a child's surroundings. Provides service to the following areas: Alpine, El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, Spring Valley
The San Diego Regional Asthma Coalition	
<i>Address</i>	American Lung Association in California 2750 Fourth Avenue San Diego, CA 92103
<i>Phone</i>	619-297-3901
<i>Email</i>	N/A
<i>Website</i>	http://asthmasandiego.org/
<i>Program Description</i>	The Coalition's mission is to provide leadership in identifying, developing, mobilizing and coordinating resources to positively impact the lives of people affected by asthma. Member agencies are well known for their work in asthma identification, prevention and treatment; disease management; provider and family education; pediatric health services research; innovative service delivery; environmental justice; school health; and health service coverage.
Community Action to Fight Asthma	
<i>Address</i>	American Lung Association in California 2750 Fourth Avenue San Diego, CA 92103
<i>Phone</i>	619-283-9624, Contact Kirk Arthur
<i>Email</i>	kirk@saysandiego.org.
<i>Website</i>	N/A
<i>Program Description</i>	Community Action to Fight Asthma (CAFA) is a project of the San Diego Regional Asthma Coalition. As a part of a statewide initiative funded by The California Endowment, the goal of CAFA is to reduce environmental asthma triggers through public education and policies that promote "asthma friendly" environments where children live, learn, and play. One key activity of CAFA is to organize neighborhood teams to help reduce trash, roaches, and vermin in the Mid-City community.
South Bay Asthma Advocacy Program	
<i>Address</i>	N/A
<i>Phone</i>	619-427-4679

B. ASTHMA	
<i>Email</i>	CollinMS@pvh.ah.org
<i>Website</i>	N/A
<i>Program Description</i>	Demonstrating its commitment to personalized care and preventive services, Paradise Valley Hospital established the South Bay Asthma Advocacy Program (SBAPP). This asthma disease management program provides in-home education and environmental assessment by licensed respiratory care practitioners. All staff are bilingual. SBAPP is a service provided to children ages 0-17 who have been diagnosed with asthma by a physician. Participants should be pre-authorized by insurance providers to receive SBAPP services.

C. BACK PAIN	
San Diego Spine and Rehabilitation	
<i>Address</i>	San Diego Spine and Rehabilitation 9610 Granite Ridge Drive, Suite C San Diego, CA 92123
<i>Phone</i>	858-573-0550
<i>Email</i>	N/A
<i>Website</i>	http://www.sandiegospinalcare.com/index.php
<i>Program Description</i>	At San Diego Spine and Rehabilitation we believe in treating all aspects of pain. Pain is often a result of multiple factors and should be addressed as such. To that end we use a team approach employing medical doctors, San Diego physical therapists, chiropractors, and massage therapy. In addition to our unique integrated approach we pride ourselves in utilizing the latest advancements in gentle, non-invasive technology, therapeutic procedures and spinal rehabilitation. Offer reduced rate programs for military members.
San Diego Centers for Spinal Disorders	
<i>Address</i>	San Diego Center for Spinal Disorders 4130 La Jolla Village Dr. Suite 300 La Jolla, CA 92037
<i>Phone</i>	858-678 0610
<i>Email</i>	contact.sdeg@sandiego-spine.com
<i>Website</i>	http://www.sandiego-spine.com/
<i>Program Description</i>	Offers services for the treatment of debilitating spinal disorders, as well as "lower back injury prevention" educational series.
Feldenkrais Institute of San Diego	
<i>Address</i>	Feldenkrais Institute of San Diego 3680 6th Avenue San Diego, CA 92103
<i>Phone</i>	619-567-9518
<i>Email</i>	fisdclinic@gmail.com
<i>Website</i>	http://www.feldenkraisresources.com/customtext_a/263.htm
<i>Program Description</i>	Functional Integration is a one-to-one approach to working with people. Learning, change and improvement are achieved through the use of specific skilled manipulation and passive movement. Functional Integration is painless, effective and widely recognized for its ability to use Feldenkrais lessons to successfully address back pain, knee pain, serious muscular-skeletal and neurological problems. The result is more choice, flexibility, and greater ease of movement. The community clinic is free to the public; reservations are required.
Embody Physical Therapy and Yoga	
<i>Address</i>	Embody Physical Therapy & Yoga 4411 30th St. Suite 100 San Diego, CA 92116

C. BACK PAIN	
<i>Phone</i>	619-261-6049
<i>Email</i>	rachel@embodyphysicaltherapy.com
<i>Website</i>	http://www.embody-physical-therapy-yoga-san-diego.com/
<i>Program Description</i>	<p>In a recent research study, the largest of its kind to date, Yoga proves to be more effective than traditional exercise or an educational booklet for patients with chronic low back pain. This studio boasts a 12 station Yoga Wall, the only of its kind in San Diego, for spinal traction and deepening your practice.</p> <p>Studio accepts most insurance plans and is in network with Tricare, Blue Shield of California and Medicare. Specializes in lumbar, thoracic and cervical conditions, including scoliosis and sacroiliac joint dysfunction.</p>
Silver Age Yoga Community Outreach Program	
<i>Address</i>	<p>Silver Age Yoga Community Outreach Frank Iszak, Director, Founder 7968 Arjons Drive, Suite 213 San Diego, CA 92126</p>
<i>Phone</i>	858-693-3110
<i>Email</i>	info@silverageyoga.org
<i>Website</i>	http://www.silverageyoga.org/community.htm
<i>Program Description</i>	<p>Silver Age Yoga's mission is to provide health enhancing and life enriching yoga practices to our underserved senior population. Our Silver Age Yoga Community Outreach program is providing yoga classes specifically designed to meet seniors' health concerns on a weekly basis, at no charge to the seniors. Classes are taught by certified Silver Age Yoga teachers. All classes are free of charge.</p>

D. BREAST CANCER	
Every Woman Counts	
<i>Address</i>	San Diego & Imperial County Cancer Partnership 1625 E. Shaw Avenue, Suite 155 Fresno, CA 93710-8100
<i>Phone</i>	(619) 772-6746 [general information: 1-800-511-2300]
<i>Email</i>	N/A
<i>Website</i>	http://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx
<i>Program Description</i>	Every Woman Counts (EWC) provides free clinical breast exams, mammograms, pelvic exams, and Pap tests to California's underserved women. The mission of the EWC is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services, with special emphasis on the underserved. EWC is part of the Department of Health Care Service's Cancer Detection and Treatment Branch (CDTB)
PODER (Promotoras, Outreach, Detection, Education, and Referral) Program, SYHC	
<i>Address</i>	4004 Beyer Blvd San Ysidro, CA 92173
<i>Phone</i>	(619) 205-6340
<i>Email</i>	alma.sandoval@syhc.org
<i>Website</i>	http://www.syhc.org/
<i>Program Description</i>	PODER is a Breast and Cervical Cancer education and screening program designed to increase the rate of breast exams, mammograms and pap-tests for low-income, uninsured Latinas on the US/Mexico Border. Strategies include increased community education and outreach; linking women directly from classes to appointments; coordinating with a local hospital for special screening days and providing intensive case management.
Jewish Family Services: Caring Community Living with Cancer (CCLC)	
<i>Address</i>	Turk Family Center 8804 Balboa Avenue San Diego, CA 92123
<i>Phone</i>	Phone: (858) 637-3040 Fax: (838) 637-3001
<i>Email</i>	breastcancersupport@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer
<i>Program Description</i>	THE CARING COMMUNITY – Living with Cancer (CCLC) offers WEEKLY support groups for those affected by any type of cancer. Whether you are newly diagnosed, you are undergoing treatment, or you have completed your treatment and are ready to deal with the emotional impact of a cancer diagnosis, you may want to join a cancer support group. Groups are also available for family members living with a loved one affected by cancer. English support groups are offered countywide: Central San Diego (Kearny Mesa & Mission Valley) East County (La Mesa) North County Inland (Encinitas) Spanish groups offered in National City.

D. BREAST CANCER	
Jewish Family Services: Breast Cancer Case Management	
<i>Address</i>	Turk Family Center 8804 Balboa Avenue San Diego, CA 92123
<i>Phone</i>	(858) 637-3076
<i>Email</i>	jfsonline@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer?pagename=programs_crisis_breast_cancer_case_ma nagement
<i>Program Description</i>	This program provides service to anyone who is newly diagnosed or living with Breast Cancer. Patients are assigned a Breast Cancer Case Manager who is dedicated to offering individualized attention and care in the comfort of their homes. Services provided include medication management, transportation scheduling, support counseling, educational info/resources, and care coordination.
Friend to Friend Support Groups (Offered through Scripps Health)	
<i>Address</i>	Various San Diego Locations; see program description
<i>Phone</i>	858-554-8533 (La Jolla) 619-407-7639 (San Ysidro) 619-260-7189 (San Diego)
<i>Email</i>	http://www.scripps.org/
<i>Website</i>	N/A
<i>Program Description</i>	Friend to Friend Support Groups- Scripps Cancer Center offers free support groups for patients, family members and friends who are living with cancer. Scripps Encinitas: 1st and 3rd Thursdays, 6:30 - 8:30 p.m. Scripps Clinic Torrey Pines: 2nd and 4th Mondays, 2 - 3:30 p.m. Scripps Mercy Hospital: 2nd and 4th Thursdays, 6:30 - 8 p.m. San Ysidro Health Center: 2nd and 4th Mondays, 11 a.m. - 12:30 p.m. For more information and registrations call 1-800-SCRIPPS
Women in Action/Mujeres en Acción	
<i>Address</i>	Scripps Mercy Hospital Chula Vista 435 H Street Chula Vista, CA 91910
<i>Phone</i>	(619) 862-6601/fax. (619) 862-6615
<i>Email</i>	brandstein.kendra@scrippshealth.org
<i>Website</i>	N/A
<i>Program Description</i>	Women in Action/Mujeres en Acción is working to educate and increase access to clinical breast exams and mammograms through outreach efforts and public awareness campaigns. Women in Action targets Latino and Filipino/Asian women, ages 40 and older, who are considered medically under-served.
UC Moores Cancer Center: African-American Cosmetologists Promoting Health	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Dr La Jolla, CA 92093

D. BREAST CANCER	
<i>Phone</i>	858-534-7611
<i>Email</i>	gsadler@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/about-us/outreach/Pages/default.aspx
<i>Program Description</i>	The African-American Cosmetologists Promoting Health program provides breast health and Breast Cancer prevention education to the African-American community through a network of San Diego-based beauty salons. African-American cosmetologists, trained in early detection and prevention of Breast Cancer and diabetes, and educate clients in a comfortable setting about the risks of developing Breast Cancer
UC Moores Cancer Center: Pacific Asian Grocery Store Cancer Education	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-534-7611
<i>Email</i>	gsadler@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/about-us/outreach/Pages/default.aspx
<i>Program Description</i>	San Diego is home to a large Asian and Pacific Islander population in which English is not the primary language, and offers an opportunity to overcome cultural and language barriers in the dissemination of important health care information. The Pacific-Asian Grocery Store Cancer Education is a demonstration project that partners with Asian grocery stores to do this. Staff is composed of a variety of bicultural and bilingual UCSD undergraduates who are trained to work as community health educators, disseminating information about cancer prevention, early detection, and clinical trials to these important members of our community
UC Moores Cancer Center: Outreach to Reach the Deaf Community with Health Information	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-534-7611
<i>Email</i>	gsadler@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/about-us/outreach/Pages/default.aspx
<i>Program Description</i>	In cooperation with Deaf Community Services of San Diego, this program improves access to health care and raises the level of cancer education in the deaf community. The program also includes a train-the-trainer education program to implement health intervention strategies via grassroots transmission of information about both men's and women's gender-linked cancers
UC Moores Cancer Center: Cancer Center Support Groups (General Patient and Caregiver)	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-7905
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx

D. BREAST CANCER	
<i>Program Description</i>	This support group for patients with all types of cancer is scheduled at the same time as the caregiver gathering, in order to provide information and support. Caregiver Support: Caregivers are welcome here to come together for conversation. Take a break and join others to develop connections with other caregivers and share helpful advice and tips.
Council of Community Clinics: Breast Cancer Care Coordination Project	
<i>Address</i>	Offices: 7535 Metropolitan Drive San Diego, CA 92108 Participating Clinic Locations: Clinicas de Salud del Pueblo Comprehensive Health Center La Maestra Community Health Centers North County Health Services San Diego Family Care Vista Community Clinic
<i>Phone</i>	619-542-4300
<i>Email</i>	nhoward@ccc-sd.org
<i>Website</i>	http://www.ccc-sd.org/breast-health/
<i>Program Description</i>	The Council of Community Clinics, in proud partnership with the Avon Foundation for Women, is committed to improving breast health services to low-income, ethnically diverse, uninsured and underinsured community clinic patients throughout San Diego, Imperial and Riverside Counties. Through the Community Clinic Breast Cancer Care Coordination Project, the Council of Community Clinics and six partner clinic organizations are working collaboratively to address gaps in access by providing culturally competent care coordination services to clinic patients.
Cancer Angels of San Diego	
<i>Address</i>	1915 Aston Ave Carlsbad, CA. 92008
<i>Phone</i>	760-942-6346
<i>Email</i>	eve@cancerangelsofsandiego.org
<i>Website</i>	http://www.cancerangelsofsandiego.com/about.php
<i>Program Description</i>	Cancer Angels of San Diego was established to address the financial needs of Stage IV cancer patients who are facing severe financial hardship. At Stage IV, the cancer has spread to several places in the body and requires ongoing treatment for life. The good news: people can live for years with Stage IV cancer due to the many advances of research. The bad news: the treatments necessary to keep them alive usually cause severe side effects such as nausea, weakness, terrible aches and pains, disabling fatigue....imagine trying to work in such a miserable physical state. These people can't. Since they can no longer work, they are unable to pay for the basic necessities of life, including rent or mortgage payments, utilities, food, gas and car repairs, etc.
UC Moores Cancer Center: Breast Cancer Patient Education and Support	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Dr La Jolla, CA 92093
<i>Phone</i>	858-822-6201

D. BREAST CANCER	
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	For woman with Breast Cancer. Each month an expert presents information on topics relevant to women with Breast Cancer. Following the presentation, participants share concerns, feelings, information, inspiration and hope. Meeting time: 4th Wednesday of every month Time: 2 - 3:30 p.m. Location: Room 2007
UC Moores Cancer Center: SAVI Sisters Support Group	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-5407
<i>Email</i>	caayala@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	For women who have undergone or are considering breast cancer brachytherapy using SAVI (Strut Adjusted Volume Implant). Connect with others, find support, share practical information, and discuss the challenges of living with breast cancer. Meets quarterly, contact number for specific dates.
UC Moores Cancer Center: Eating Healthy for Cancer Survivors	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-2236 or 858-822-6793
<i>Email</i>	healthyeating@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/diet-nutrition/healthy-eating-program/Pages/classes-seminars.aspx
<i>Program Description</i>	Fighting Cancer With Your Fork, a monthly class on nutrition, provides a practical overview of nourishing foods essential for health and healing with tips on how to incorporate these easily into your life. The classes are taught by Vicky Newman, MS, RD, director of Nutrition Services for the Cancer Prevention & Control Program and Associate Clinical Professor for the Department of Family and Preventive Medicine. Classes are free of charge for registrants.

E. CARDIOVASCULAR DISEASE	
Right Care Initiative	
<i>Address</i>	N/A
<i>Phone</i>	(916) 323-2704
<i>Email</i>	hattiehanley@post.harvard.edu
<i>Website</i>	http://www.dmhca.gov/healthplans/gen/gen_rci.aspx
<i>Program Description</i>	Thanks to an NIH GO grant, the Right Care Initiative and its partners have initiated a community focused effort in San Diego centered on the Right Care goals of preventing heart attacks, strokes, and diabetes related complications.
American Heart Association: Local Affiliate	
<i>Address</i>	9404 Genesee Ave, Suite 240 La Jolla, CA 92037
<i>Phone</i>	858-410-3850
<i>Email</i>	N/A
<i>Website</i>	http://www.heart.org/HEARTORG/Affiliate/La%20Jolla/California/Home_UCM_WSA021_AffiliatePage.jsp
<i>Program Description</i>	AHA offers various programs for the improvement of patient health and education including Go Red For Women, One Million Hearts Initiative, My Heart, my Life
San Ysidro Health Center Health Education Classes	
<i>Address</i>	Various Locations at SYHC Clinics
<i>Phone</i>	(619) 662-4100
<i>Email</i>	N/A
<i>Website</i>	http://www.syhc.org/
<i>Program Description</i>	SYHC provides numerous patient and community programs to help gain a better understanding of diabetes, hypertension, obesity and other health problems. The center's health educators are a valuable source of information to aid patients in disease prevention and management. They also present a number of programs designed to help patients and their family adjust to the problems of illness in the family.
San Ysidro Health Center Healthy Cooking Classes	
<i>Address</i>	Various Locations at SYHC Clinics
<i>Phone</i>	(619) 662-4100
<i>Email</i>	N/A
<i>Website</i>	http://www.syhc.org/
<i>Program Description</i>	SYHC provides numerous patient and community programs to help gain a better understanding of diabetes, hypertension, obesity and other health problems. The center's health educators are a valuable source of information to aid patients in disease prevention and management. They also present a number of programs designed to help patients and their family adjust to the problems of illness in the family.
San Diego Prevention Research Center-Familias Sanas y Activas	
<i>Address</i>	9245 Sky Park Ct. Suite 221 San Diego, CA 92123

E. CARDIOVASCULAR DISEASE	
<i>Phone</i>	(619) 594-4504
<i>Email</i>	chuerta@mail.sdsu.edu
<i>Website</i>	http://sdprc.net/community/?page_id=235
<i>Program Description</i>	The SDPRC is 1 of 37 Prevention Research Centers funded by the Centers for Disease Control and Prevention to reduce health disparities in underserved communities. Its main community research project is Familias Sanas y Activas or Healthy and Active Families
Sharp Hospice Care - Hospice Homes	
<i>Address</i>	8881 Fletcher Parkway #336 La Mesa, CA 91942
<i>Phone</i>	619-667-1900
<i>Email</i>	lisa.goodman@sharp.com
<i>Website</i>	http://www.sharp.com/hospice/homes-for-hospice.cfm
<i>Program Description</i>	Sharp's Homes for Hospice Program offers patients and their families a unique environment that delivers care for patients' needs in a comfortable home setting
WomenHeart: The National Coalition for Women with Heart Disease	
<i>Address</i>	Sharp Memorial Hospital, Conference Center 7947 Birmingham Drive San Diego, CA 92123
<i>Phone</i>	858-793-0478
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=149&ClassLink=2668&Survey=
<i>Program Description</i>	Sharp Memorial Hospital now provides a support group for women with heart disease in the San Diego community. The support group is affiliated with WomenHeart: The National Coalition for Women With Heart Disease, the only national advocacy organization for female heart patients. WomenHeart's goal is to improve the quality of life and the quality of health care for all women with heart disease through support, information and advocacy.
Monthly Congestive Heart Failure Support Groups	
<i>Address</i>	Sharp Memorial Hospital and Sharp McDonald Center
<i>Phone</i>	1-800-827-4277 (1-800-82-SHARP)
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=149&ClassLink=2135&Survey=
<i>Program Description</i>	This is an outpatient support group meeting for patients with heart failure and their loved ones and friends. Come and learn how to care for yourself at home and share your experiences and successes with other heart failure patients. This meeting is facilitated by nursing specialists at Sharp Memorial. Meeting locations include Sharp Memorial Hospital, and Sharp McDonald Center. Free transportation may be available.

E. CARDIOVASCULAR DISEASE	
Heart Disease Support Group - Mended Hearts, Chula Vista	
<i>Address</i>	Sharp Chula Vista Medical Center Classroom 1 751 Medical Center Court Chula Vista, CA 91911
<i>Phone</i>	619-477-7702
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=149&ClassLink=2672&Survey=
<i>Program Description</i>	The Heart Disease Support Group at Sharp Chula Vista Medical Center is provided by Mended Hearts, a non-profit organization whose mission is to inspire hope in heart disease patients and their families. At each support group meeting, an expert will speak on topics identified by the group. There will be time at the end of each meeting for questions and networking with other participants.
Heart Disease Support Group - Mended Hearts, La Mesa	
<i>Address</i>	Grossmont HealthCare District- Board Room 9001 Wakarusa Street La Mesa, CA 91942
<i>Phone</i>	619-477-7702
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=149&ClassLink=2678&Survey=
<i>Program Description</i>	The East County chapter of "Mended Hearts," a support for cardiac patients and their families, meets at Sharp Grossmont Hospital.
Living Successfully with Heart Failure	
<i>Address</i>	Sharp Weight Management & Health Education 1380 El Cajon Blvd. Suite 100 El Cajon, CA 92020/ 3666 Kearny Villa Rd. Suite 310 San Diego, CA 92123
<i>Phone</i>	1-800-827-4277 (1-800-82-SHARP)
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=149&ClassLink=3607&Survey=
<i>Program Description</i>	In the Living Successfully with Heart Failure class, you will learn more about what heart failure is and simple methods you can use to manage your disease. This is a two week 90 minute class. Topics include: Definition; Causes and symptoms of heart failure, Managing your symptoms, Weight and fluid balance, Nutrition and low sodium diet, Medications, Exercise and activity, Managing feelings about heart failure, Tips for family and friends Fee: Sharp Rees-Stealy Member-\$10, Sharp Health Plan Member-No Charge

E. CARDIOVASCULAR DISEASE	
Stroke Support Group - YESS	
<i>Address</i>	Sharp Rehabilitation Center - Sharp Memorial Hospital 2999 Health Center Drive San Diego, CA 92123
<i>Phone</i>	858-939-6761
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=16&ClassLink=603&Survey=
<i>Program Description</i>	Young Enthusiastic Stroke Survivors (YESS) is a free support group for survivors and their families. A recognized member of the American Heart Association, YESS sponsors meetings and newsletters that focus on educating the community about stroke and highlighting the effects of stroke on young people and their families. Education topics include coping skills, adjustment, family and intimacy, work and school re-entry and support sharing. YESS also sponsors social activities such as adaptive sports, day trips, barbecues, special events and community projects. YESS is not limited to stroke survivors. It also supports adults with head injuries, family members, professionals and educators.
Stroke Club Support Group - East County	
<i>Address</i>	The group meets 3rd Tuesday of each month for lunch at different locations in the East County.
<i>Phone</i>	619-740-4104
<i>Email</i>	GRACE.LATIMER@SHARP.COM
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=16&ClassLink=232&Survey=
<i>Program Description</i>	This is a support group for stroke survivors and their families. The group meets the third Tuesday of each month for lunch at different locations in the East County.
Stroke Communication Support Group	
<i>Address</i>	Sharp Grossmont Rehabilitation Center 5555 Grossmont Center Drive La Mesa, CA 91942
<i>Phone</i>	619-740-4108
<i>Email</i>	N/A
<i>Website</i>	N/A
<i>Program Description</i>	YESS sponsors a communication group at Sharp Grossmont Rehabilitation Center. Its focus is stroke and brain injury survivors with aphasia or other speech or language difficulties. Cost is \$30 per month.
F. COLORECTAL CANCER	
Young Patient's Support Group (Offered through Sharp Memorial)	
<i>Address</i>	Sharp Memorial Outpatient Pavilion Conference Room: 3075 Health Center Drive San Diego, CA 92123
<i>Phone</i>	858-939-5015 Facilitator: Cara Allen, MSW, LCSW

E. CARDIOVASCULAR DISEASE	
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=8&ClassLink=2154&Survey=
<i>Program Description</i>	Support and socialization for patients in their 20's and 30's and early 40's with any type of cancer diagnosis.
UCSD Student Run Free Clinics (free screening services for colon cancer)	
<i>Address</i>	Ellen Beck, MD, Executive Director, UCSD Department of Family & Preventive Medicine 9500 Gilman Drive #0696 La Jolla, CA 92093-069
<i>Phone</i>	858-534-6110
<i>Email</i>	ebeck@ucsd.edu or cbloomwhitener@ucsd.edu
<i>Website</i>	http://meded.ucsd.edu/freeclinic/index.php
<i>Program Description</i>	The UCSD Student-Run Free Clinic Project, in partnership with the community, provides accessible, quality healthcare for the underserved in a respectful environment in which students, health professionals, patients, and community members learn from one another. We seek to sustain health through: free medical, preventive care, and screening services, health education and access to social services
American Cancer Society, Border Sierra Region (Offers Education and Screening Services)	
<i>Address</i>	2655 Camino del Rio North, Suite100 San Diego, CA 92108
<i>Phone</i>	619-299-4200 or Fax: 619-293-3319
<i>Email</i>	john.brannelly@cancer.org
<i>Website</i>	www.cancer.org
<i>Program Description</i>	Provides direct patient services, community-based education, programs for youth, adults and health professionals and research, the largest non-governmental source of cancer research funding in the world. Provides free and reduced cost cancer screening and treatment services.
Jewish Family Services: Caring Community Living with Cancer (CCLC)	
<i>Address</i>	Turk Family Center: 8804 Balboa Avenue San Diego, CA 92123
<i>Phone</i>	(858) 637-3040 Fax: (838) 637-3001
<i>Email</i>	jfsonline@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer

E. CARDIOVASCULAR DISEASE	
<i>Program Description</i>	<p>THE CARING COMMUNITY – Living with Cancer (CCLC) offers WEEKLY support groups for those affected by any type of cancer. Whether you are newly diagnosed, you are undergoing treatment, or you have completed your treatment and are ready to deal with the emotional impact of a cancer diagnosis, you may want to join a cancer support group. Groups are also available for family members living with a loved one affected by cancer. English support groups are offered countywide:</p> <p>Central San Diego (Kearny Mesa & Mission Valley)</p> <p>East County (La Mesa)</p> <p>North County Inland (Encinitas)</p> <p>Spanish groups offered in National City.</p>
Friend to Friend Support Groups (Offered through Scripps Health)	
<i>Address</i>	Various San Diego Locations; see program description
<i>Phone</i>	<p>858-554-8533 (La Jolla)</p> <p>619-407-7639 (San Ysidro)</p> <p>619-260-7189 (San Diego)</p>
<i>Email</i>	http://www.scripps.org/
<i>Website</i>	N/A
<i>Program Description</i>	<p>Friend to Friend Support Groups- Scripps Cancer Center offers free support groups for patients, family members and friends who are living with cancer.</p> <p>Scripps Encinitas: 1st and 3rd Thursdays, 6:30 - 8:30 p.m.</p> <p>Scripps Clinic Torrey Pines: 2nd and 4th Mondays, 2 - 3:30 p.m.</p> <p>Scripps Mercy Hospital: 2nd and 4th Thursdays, 6:30 - 8 p.m.</p> <p>San Ysidro Health Center: 2nd and 4th Mondays, 11 a.m. - 12:30 p.m.</p> <p>For more information and registrations call 1-800-SCRIPPS</p>
UC Moores Cancer Center: Cancer Center Support Groups (General Patient and Caregiver)	
<i>Address</i>	<p>UC Moores Cancer Center</p> <p>3855 Health Sciences Drive</p> <p>La Jolla, CA 92093</p>
<i>Phone</i>	858-822-7905
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	<p>This support group for patients with all types of cancer is scheduled at the same time as the caregiver gathering, in order to provide information and support. Caregiver Support: Caregivers are welcome here to come together for conversation. Take a break and join others to develop connections with other caregivers and share helpful advice and tips.</p>
Cancer Angels of San Diego	
<i>Address</i>	<p>1915 Aston Avenue</p> <p>Carlsbad, CA. 92008</p>
<i>Phone</i>	760-942-6346
<i>Email</i>	eve@cancerangelsofsandiego.org
<i>Website</i>	http://www.cancerangelsofsandiego.com/about.php

E. CARDIOVASCULAR DISEASE	
<i>Program Description</i>	Cancer Angels of San Diego was established to address the financial needs of Stage IV cancer patients who are facing severe financial hardship. At Stage IV, the cancer has spread to several places in the body and requires ongoing treatment for life. The good news: people can live for years with Stage IV cancer due to the many advances of research. The bad news: the treatments necessary to keep them alive usually cause severe side effects such as nausea, weakness, terrible aches and pains, disabling fatigue....imagine trying to work in such a miserable physical state. These people can't. Since they can no longer work, they are unable to pay for the basic necessities of life, including rent or mortgage payments, utilities, food, gas and car repairs, etc.
UC Moores Cancer Center: Eating Healthy for Cancer Survivors	
<i>Address</i>	UC Moores Cancer Center: 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-2236 or 858-822-6793
<i>Email</i>	healthyeating@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/diet-nutrition/healthy-eating-program/Pages/classes-seminars.aspx
<i>Program Description</i>	Fighting Cancer With Your Fork, a monthly class on nutrition, provides a practical overview of nourishing foods essential for health and healing with tips on how to incorporate these easily into your life. The classes are taught by Vicky Newman, MS, RD, director of Nutrition Services for the Cancer Prevention & Control Program and Associate Clinical Professor for the Department of Family and Preventive Medicine. Classes are free of charge for registrants.

G. DEMENTIA/ALZHEIMER'S DISEASE	
Caregiver Coalition of San Diego	
<i>Address</i>	Aging and Independence Services 9335 Hazard Way San Diego 92123
<i>Phone</i>	(858) 505-6300
<i>Email</i>	Martin.Dare@sdcounty.ca.gov
<i>Website</i>	http://www.caregivercoalitionsd.org/
<i>Program Description</i>	The Caregiver Coalition meets monthly and plans education events and forums. We also have "on-site" programs that travel to you. Our presentations can be arranged at your convenience and, for working caregivers, can be conducted at offices and lunchrooms. The Caregiver Coalition mission is "to identify and address the needs of Caregivers through advocacy efforts and collaboration of a broad coalition membership in order to improve the overall quality of life for Caregivers, their families and the community."
Sharp Grossmont Senior Resource Center: Alzheimer's Support Group	
<i>Address</i>	Senior Resource Center 3475 Kenyon Street San Diego, 92110
<i>Phone</i>	619-740-4214
<i>Email</i>	N/A
<i>Website</i>	http://www.sharp.com/seniors/resource-centers.cfm
<i>Program Description</i>	This FREE support group, sponsored by Sharp Senior Resource Centers and the Alzheimer's Association, is for caregivers, family members and friends of patients with Alzheimer's Disease. No reservation required. Free to the public. This group meets the 3rd Tuesday of each month, Time: 10-11:30 a.m.
ALZHEIMER'S ASSOCIATION: Overview	
<i>Address</i>	4950 Murphy Canyon Road #250 San Diego, CA 92123
<i>Phone</i>	(858) 492-4400
<i>Email</i>	N/A
<i>Website</i>	http://www.alz.org/sandiego/
<i>Program Description</i>	Helpline, safe return, care connections, support groups, caring companions, educational programs, and 'Memories in the Making' program.
ALZHEIMER'S ASSOCIATION: Early Stage Forum	
<i>Address</i>	Alzheimer's Association: 6632 Convoy Court San Diego, CA 92111
<i>Phone</i>	858-966-3295
<i>Email</i>	cfranke@alz.org

G. DEMENTIA/ALZHEIMER'S DISEASE	
<i>Website</i>	http://www.alz.org/sandiego/in_my_community_59356.asp
<i>Program Description</i>	A 7-week education and support program for Persons with Recently Diagnosed Early Stage Memory Loss and their Care Partners. Topics include Medical Updates, Legal & Financial Information, Daily Living Strategies, Coping Skills, Maintaining Social & Family Relationships, Healthy Living & Community Resources.
ALZHEIMER'S ASSOCIATION: Community Education Programs	
<i>Address</i>	Shiley Center for Education and Support 6632 Convoy Court San Diego, CA 92111
<i>Phone</i>	800.272.3900 (General Number: Each program has specific contact; see website)
<i>Email</i>	N/A
<i>Website</i>	http://www.alz.org/sandiego/in_my_community_59351.asp
<i>Program Description</i>	We offer a variety of educational programs to the community. These classes are designed for individuals facing Alzheimer's as well as their families. All classes and workshops are free of charge unless otherwise stated. Our classes help participants understand the disease, what to expect, how to promote brain healthy living and proven strategies to assist families in planning and coping.
ALZHEIMER'S ASSOCIATION: Support Groups	
<i>Address</i>	Various San Diego Locations
<i>Phone</i>	858-966-3298
<i>Email</i>	N/A
<i>Website</i>	http://www.alz.org/sandiego/documents/sg_flyer-may_2013__5.8.13.pdf
<i>Program Description</i>	Support groups are an opportunity to meet others touched by memory loss, learn coping strategies, share care giving experiences, hear about advances in research and advocacy, and help support other caregivers in need. Support groups are FREE meetings held throughout the community to assist those coping with the challenges of Alzheimer's disease and related dementias. Please call Ashley Elinoff, MSW to verify time and location.
San Diego Hospice: Caregivers Resources (some programs subject to closure)	
<i>Address</i>	4311 Third Avenue San Diego, CA 92103
<i>Phone</i>	619-688-1600
<i>Email</i>	N/A
<i>Website</i>	http://www.sdhospice.org/san-diego-hospice-caregivers-resources
<i>Program Description</i>	This repository website offers several resources and programs available to families and full-time caregivers who are responsible for the care of a loved one suffering from Alzheimer's disease or other conditions associated impaired mental function.
Southern Caregivers Resource Centers (SCRC)	
<i>Address</i>	3675 Ruffin Road, Suite 230 San Diego, CA 92123
<i>Phone</i>	(858) 268-4432 Fax: (858) 268-7816

G. DEMENTIA/ALZHEIMER'S DISEASE	
<i>Email</i>	email available on website
<i>Website</i>	http://caregivercenter.org/
<i>Program Description</i>	Southern Caregiver Resource Center (SCRC) offers services to family caregivers of adults with chronic and disabling conditions or diseases. With a team of highly-qualified, professional staff, SCRC helps families through a full range of programs and services. To be eligible for services, a client must be assisting/caring for an adult with a cognitive impairing condition that occurred after the age of 18 (for example: dementia, Alzheimer's Disease, stroke, traumatic brain injury, Parkinson's Disease), or someone age 60 years and older in need of assistance with daily living activities. Services are for residents of San Diego County. Most services are provided free of charge. Both home and office visits are available.
Partners In Caring Project (offered through SCRC)	
<i>Address</i>	3675 Ruffin Rd, Suite 230 San Diego, CA 92123
<i>Phone</i>	1-800-827-1008
<i>Email</i>	N/A
<i>Website</i>	http://caregivercenter.org/wp-content/uploads/2011/02/partners-in-caring-brochure-rack-card-1-28-10.pdf
<i>Program Description</i>	The Partners in Caring program offers a full range of services at no cost to family caregivers through a collaboration of agencies including Southern Caregiver Resource Center, The Alzheimer's Association, The George G. Glenner Alzheimer's Family Centers, Jewish Family Services, Elder Law and Advocacy, and Casa Familiar. Services include consultation/case management/care planning, counseling, support groups, respite, minor home modifications, legal consultation, caregiver training/community education, and an intergenerational computer lab.
Project CALMA/CUIDAR	
<i>Address</i>	3675 Ruffin Rd, Ste 230 San Diego, CA 92123
<i>Phone</i>	(858) 268-4432 Fax: (858) 268-7816
<i>Email</i>	email available on website
<i>Website</i>	http://caregivercenter.org/
<i>Program Description</i>	The CALMA and CUIDAR programs are evidence based educational series for Hispanic caregivers of individuals with Alzheimer's Disease or related dementias (based on the REACH model). Depending on client needs, classes are offered either in group settings with other caregivers or one-on-one in the client's home. Classes are available in English and Spanish and focus on helping caregivers better cope with their care giving situation, take better care of themselves, learn stress management techniques and develop effective family communication skills.
Alzheimer's Helpline Information and Referral-Alzheimer's Association San Diego/Imperial Chapter	
<i>Address</i>	6632 Convoy Court, San Diego, CA 92111
<i>Phone</i>	(800) 272-3900
<i>Email</i>	N/A

G. DEMENTIA/ALZHEIMER'S DISEASE	
<i>Website</i>	www.sanalz.org
<i>Program Description</i>	Provides information and referral about Alzheimer's disease and related dementia to caregivers, family members, and other concerned persons. Operates a round-the-clock help line that provides general information, caregiving tips, and information about services available through the Association and in the community. Offers a resource library and provides educational literature free of charge.
Shiley-Marcos Alzheimer's Disease Research Center (ADRC), UCSD	
<i>Address</i>	8950 Villa La Jolla Drive La Jolla, CA 92093
<i>Phone</i>	(858) 822-4800
<i>Email</i>	adrc@ucsd.edu
<i>Website</i>	http://adrc.ucsd.edu/
<i>Program Description</i>	Shiley-Marcos Alzheimer's Disease Research Center (ADRC) at UCSD: Investigates the diagnosis, causes, treatment, and prevention of Alzheimer's disease and related dementias. Provides information and referral to individuals, families, and caregivers affected by Alzheimer's disease. Conducts research related to the cause and treatment of Alzheimer's disease and seeks people to participate in the research. Also provides in-service training and continuing education programs for health professionals.
Adult Social Day Care, Livewell San Diego Clairemont	
<i>Address</i>	4425 Bannock Street San Diego, CA 92117
<i>Phone</i>	858-483-5100, ext 303
<i>Email</i>	raul@livewellsandiego.org
<i>Website</i>	www.livewellsandiego.org
<i>Program Description</i>	Provides a social day care program that serves senior who are in the early stages of Alzheimer's Disease or other memory loss who cannot be left at home alone. Offers therapeutic activities in a socializing environment and support services for participants and their families.
St Paul's Villa, St Paul's PACE	
<i>Address</i>	2340 Fourth Avenue San Diego, CA 92101
<i>Phone</i>	(619) 232-2996
<i>Email</i>	admissions@stpaulseniors.org
<i>Website</i>	N/A
<i>Program Description</i>	Offers assisted living services to seniors requiring personal assistance to maintain their independence. It also has a secure memory care program for seniors with Alzheimer's and dementia.
Always Best Care Senior Services, Free Assisted Living Placement	
<i>Address</i>	278 Town Center Parkway Santee, CA 92071

G. DEMENTIA/ALZHEIMER'S DISEASE	
<i>Phone</i>	(619) 757-1114
<i>Email</i>	cmathis@abc-seniors.com
<i>Website</i>	www.alwaysbestcaresandiego.com/find-senior-housing.html
<i>Program Description</i>	Provides referrals to Assisted Living Facilities, residential care homes, Alzheimer's and dementia facilities.

H. TYPE 2 DIABETES	
Project Dulce	
<i>Address</i>	(Main Location) 9894 Genesee Avenue La Jolla, CA 92037
<i>Phone</i>	1-866-791-8154
<i>Email</i>	N/A
<i>Website</i>	http://www.scripps.org/services/metabolic-conditions_diabetes/why-choose-scripps_project-dulce
<i>Program Description</i>	The core of Project Dulce's approach to patient care is a "Chronic Care Model." A nurse-led team consisting of an RN/CDE (Certified Diabetes Educator), medical assistant, and dietitian provides clinical care in collaboration with the patient's primary care provider in order to improve patient health outcomes
American Indian Health Initiative	
<i>Address</i>	Indian Health Program Primary and Rural Health Division California Department of Health Care Services 1501 Capitol Avenue Suite 71.6044, MS 8502 P.O. Box 997413 Sacramento, CA 95899-7413
<i>Phone</i>	(916) 440-7749
<i>Email</i>	N/A
<i>Website</i>	http://www.dhcs.ca.gov/services/rural/Pages/AIIHIPProgram.aspx
<i>Program Description</i>	The AIIHI is modeled after the "Healthy Families America" program, which offers home visitation to provide basic health care information for high-risk or potentially at-risk families with young children. This service also connects families with available resources in the American Indian communities such as WIC, parenting classes, child safety classes, basic health care information as well as other social services. Families receive visits from American Indian paraprofessionals or Public Health Nurses who can offer health information about a variety of topics in the privacy of their own home.
Right Care Initiative (under DMHC)	
<i>Address</i>	N/A
<i>Phone</i>	(916) 323-2704
<i>Email</i>	hattiehanley@post.harvard.edu
<i>Website</i>	http://www.dmhc.ca.gov/healthplans/gen/gen_rci.aspx
<i>Program Description</i>	Thanks to an NIH GO grant, the Right Care Initiative and its partners have initiated a community focused effort in San Diego centered on the Right Care goals of preventing heart attacks, strokes, and diabetes related complications.

H. TYPE 2 DIABETES	
San Ysidro Health Center: Patient Education Programs	
<i>Address</i>	San Ysidro Health Center 4004 Beyer Boulevard San Ysidro, CA 92173
<i>Phone</i>	(619) 428-4463
<i>Email</i>	N/A
<i>Website</i>	http://www.syhc.org/location.html#Medical
<i>Program Description</i>	SYHC provides numerous patient and community programs to help gain a better understanding of diabetes, hypertension, obesity and other health problems. The center's health educators are a valuable source of information to aid patients in disease prevention and management. They also present a number of programs designed to help patients and their family adjust to the problems of illness in the family.
Olivewood Gardens Kitchen in National City	
<i>Address</i>	Olivewood Gardens and Kitchen 2525 N Avenue National City, CA 91950 USA
<i>Phone</i>	619-434-4281
<i>Email</i>	info@olivewoodgardens.org
<i>Website</i>	http://olivewoodgardens.org/
<i>Program Description</i>	Olivewood Gardens provides standards-based in science and nutrition education, lessons in sustainable agriculture, and environmental stewardship. At Olivewood Gardens children and parents explore connections between plants, history, science, art, literature, math, and nutrition where learning is centered within the context of organic gardens and a demonstration kitchen. Fruits and vegetables are grown and harvested for nutrition classes, cooking demonstrations, and environmental education workshops.
Taking Control of Your Diabetes	
<i>Address</i>	TCOYD 1110 Camino Del Mar, Suite B Del Mar, CA 92014
<i>Phone</i>	1.800.99TCOYD or (800.998.26930) Phone 858.755.5683 Fax 858.755.6854
<i>Email</i>	info@tcoyd.org
<i>Website</i>	http://www.tcoyd.org/index.php
<i>Program Description</i>	TCOYD is a not-for-profit 501(c) 3 charitable organization dedicated to educating and motivating people with diabetes and their loved ones to take a more active role in their own health and to provide continuing diabetes education to medical professionals to better care for their patients.

H. TYPE 2 DIABETES	
Diabetes Education Department at Sharp Grossmont Hospital	
<i>Address</i>	Sharp Grossmont Hospital- Brier Patch Campus 9000 WakarusaLa Mesa, CA 91942
<i>Phone</i>	619-740-4811
<i>Email</i>	Camille.Wenter@sharp.com
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=4&ClassLink=229&Survey=
<i>Program Description</i>	The Diabetes Education Department at Sharp Grossmont Hospital offers education classes and nutrition counseling for diabetes patients and their family members. These educational sessions present the latest clinical research, share strategies for successful disease management and allow for open discussion time and a question-and-answer period. Class topics include Diabetes Management, Diabetes and Healthy Eating, Sweet Success: Diabetes and Pregnancy, and Stick-To-It Self-Blood Glucose Monitoring.
Diabetes Education Department at Sharp Memorial Hospital	
<i>Address</i>	Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, Ca. 92123
<i>Phone</i>	858-939-5040
<i>Email</i>	Carolyn.Cox@sharp.com
<i>Website</i>	N/A
<i>Program Description</i>	The Diabetes Education Department offers education classes and nutrition counseling for diabetes patients and their family members. These educational sessions present the latest clinical research, share strategies for successful disease management and allow for open discussion time and a question-and-answer period. Class topics include Diabetes Management, Diabetes and Healthy Eating, Diabetes and Pregnancy, and Diabetes and Kidney Health.
Diabetes Education Department at Sharp Chula Vista Medical Center	
<i>Address</i>	Sharp Chula Vista Medical Center Medical Office Building, Suite 200 765 Medical Center Court Chula Vista, CA. 91911
<i>Phone</i>	619-740-4811
<i>Email</i>	Camille.Wenter@sharp.com
<i>Website</i>	N/A
<i>Program Description</i>	The Diabetes Education Department offers education classes and nutrition counseling for diabetes patients and their family members. These educational sessions present the latest clinical research, share strategies for successful disease management and allow for open discussion time and a question-and-answer period. Class topics include Diabetes Management, Diabetes and Healthy Eating, and Diabetes and Pregnancy.

H. TYPE 2 DIABETES	
Pre-Diabetes Class	
<i>Address</i>	SRS Locations throughout San Diego County
<i>Phone</i>	1-800-827-4277(1-800-82-SHARP)
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=4&ClassLink=2151&Survey=
<i>Program Description</i>	This class is for patients who have been diagnosed with pre-diabetes (previously called borderline diabetes) or patients who are at risk of developing diabetes. The focus of the class is on understanding the factors that contribute to developing diabetes and how to slow the progression to Type 2 diabetes by healthy lifestyle changes. The emphasis is on good nutrition and keeping active. Class is 2 hours long and is taught by a Registered Dietitian, Certified Diabetes Educator.
Weight Management Programs (open to community members)	
<i>Address</i>	The following Sharp Rees-Stealy locations: SRS Kearny Villa: 3666 Kearny Villa Road, San Diego, CA 92123 SRS Mt Helix: 1380 El Cajon Blvd., El Cajon, CA 92019 SRS Otay Ranch: 1400 East Palomar Street, Chula Vista, CA 91913 SRS Rancho Bernardo: 16950 Via Tazon, San Diego, CA 92127
<i>Phone</i>	858-505-1400 or 1-800-827-4277 (1-800-82-SHARP)
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=62&ClassLink=732&Survey=
<i>Program Description</i>	Programs include: medically supervised weight-loss; "Healthy Solutions" a long term program for those moderately over their ideal body weight; "New Weigh Education Program" an eight-week program providing education and support for those wanting to lose weight or improve health. Participants can choose their own foods or use meal replacements for additional structure. Includes weekly education sessions and individualized coaching and follow-up; Dietician consultations; At-home weight-loss kits; Fees apply, please call for details.
Healthier Living - Chronic Disease Management Program	
<i>Address</i>	Sharp Rees-Stealy locations throughout San Diego Please call or visit 82-Sharp for details.
<i>Phone</i>	858-505-1400 or 1-800-827-4277 (1-800-82-SHARP)
<i>Email</i>	N/A
<i>Website</i>	https://www.82sharp.sharp.com/Sections.asp?dblink=1&ServLink=13&ClassLink=3188&Survey=

H. TYPE 2 DIABETES	
<i>Program Description</i>	<p>Healthier Living is a free, chronic disease self-management workshop that is facilitated by two trained leaders who also have a chronic disease. Subjects covered include:</p> <p>Techniques to deal with frustration, fatigue, pain and isolation often associated with chronic disease. Appropriate exercise for maintaining and improving strength, flexibility, and endurance. Appropriate use of medications. Communicating effectively with family, friends, and health professionals. Nutrition to improve well-being. Classes are highly participative and supportive. A family member or support person is also welcome. The program begins with an orientation where you learn more about the program in order to determine if you are interested in enrolling in the six-week class.</p>

I. HIGH RISK PREGNANCY	
Planned Parenthood of San Diego County & Riverside County	
<i>Address</i>	Planned Parenthood 1075 Camino del Rio South, #200 San Diego, CA 92108
<i>Phone</i>	619-881-4500
<i>Email</i>	mveta@planned.org
<i>Website</i>	www.planned.org
<i>Program Description</i>	Full-service, bilingual family planning agency with sixteen clinics receiving 170,000 annual patient visits, and educational services used by 30,000 individuals.
Rady's Children's Hospital of San Diego	
<i>Address</i>	Rady's Children's Hospital 3020 Children's Way MC#5005 San Diego, CA 92123
<i>Phone</i>	858-576-1700 and Fax: 858-467-1882
<i>Email</i>	mmcmorrow@chsd.org
<i>Website</i>	www.chsd.org
<i>Program Description</i>	Rady Children's Hospital - San Diego is the region's only medical center devoted exclusively to children and provides a full array of medical services for the infants and children of San Diego County.
San Diego Youth Services	
<i>Address</i>	San Diego Youth Services 3255 Wing Street, Suite 550 San Diego, CA 92110
<i>Phone</i>	619-221-8600 Fax: 619-221-8611
<i>Email</i>	admin@sdycs.org
<i>Website</i>	www.sdycs.org
<i>Program Description</i>	Serves youth, families, and the community. Provides services in a continuum of care from prevention and education, crisis intervention, counseling, youth shelters to Transitional Living and low-income housing.
St. Clare's Home, Inc.	
<i>Address</i>	St. Clare's Home, Inc 243 South Escondido Blvd., Suite 120 Escondido, CA 92025
<i>Phone</i>	Ph: 760-741-0122 Fax: 760-741-1241
<i>Email</i>	sisterclaire@stclareshome.org
<i>Website</i>	www.stclareshome.org
<i>Program Description</i>	Provides food, clothing, shelter, medical, and psychological assistance to homeless women, children and pregnant women. Parenting, self-esteem, alcohol and drug recovery, job preparation classes are offered and day care.

I. HIGH RISK PREGNANCY	
Maternal Child Health (MCH)/Public Health Nursing In-Home Services	
<i>Address</i>	Maternal Child Health SD County 690 Oxford Street, Suite H Chula Vista, CA 91911
<i>Phone</i>	619-409-3110 Fax: 619-409-3113
<i>Email</i>	N/A
<i>Website</i>	www.sdcounty.ca.gov/hhsa/programs/phs/phs_nursing/index.html
<i>Program Description</i>	MCH Public Health Nursing is a free, voluntary prevention program that provides nurse home visitation services to at-risk, low income, pregnant, and postpartum women and their children ages 0-5 years. Nurses provide support, health and parenting education, address bonding issues, medical, and mental risks. Families can expect to receive case management and referrals to healthcare and support services available in their community. The program's goal is to improve birth outcomes, access to health care, and promote health and well-being for high risk women and their children
Vision Achievement Mentoring Program (VAM)	
<i>Address</i>	VAM 707 Oceanside Boulevard Oceanside, CA 92054
<i>Phone</i>	760-757-0118
<i>Email</i>	N/A
<i>Website</i>	www.nclifeline.org
<i>Program Description</i>	Offers teen pregnancy education, prevention, and encourage healthy decision making. Assists teens in creating a life vision through individual and group mentoring, and family education. Educated high school aged students on the dangers of sexually transmitted diseases and the responsibilities, demands, and sacrifices involved caring for a newborn baby. Program is currently available only at El Camino High School in Oceanside
Health Education, Classes and Outreach Services, Family Health Centers of San Diego, Teen Health Center	
<i>Address</i>	Family Health Centers of SD, Teen Health Center 1643 Logan Avenue San Diego, CA 92113
<i>Phone</i>	(619) 515-2333
<i>Email</i>	N/A
<i>Website</i>	www.fhcsd.org
<i>Program Description</i>	Provides educational presentations at local high schools & 1-on-1 on-site counseling for teenagers on birth control, pregnancy, STD, STI, HIV/AIDS, and maintaining healthy relationships.

I. HIGH RISK PREGNANCY	
Sharp Mary Birch Hospital, High Risk Pregnancy Care	
<i>Address</i>	Sharp Mary Birch Hospital for Women & Newborns 3003 Health Center Drive San Diego, CA 92123
<i>Phone</i>	1-800-827-4277
<i>Email</i>	N/A
<i>Website</i>	http://www.sharp.com/mary-birch/high-risk-pregnancy-care.cfm
<i>Program Description</i>	The Perinatal Special Care Unit at Sharp Mary Birch is designated for San Diego women who have premature labor, or whose pregnancies have been complicated by conditions such as diabetes or high blood pressure. We are proud to offer these services to the women of San Diego County.

J. LUNG CANCER	
American Lung Association in California, San Diego Chapter	
<i>Address</i>	2750 4th Avenue San Diego, CA 92103
<i>Phone</i>	(619) 297-3901
<i>Email</i>	ellen.sherwood@lung.org
<i>Website</i>	http://www.lung.org/california
<i>Program Description</i>	Provides a full-service suite of resources available to patients affected by chronic lung conditions, including cancer, asthma, COPD, etc. Local affiliate chapters provide information and resources such as electronic information and local support groups to residents. Many services are free of charge, or based on income.
Lung Cancer Patient Support Group: UC Moores Cancer Center	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093 4th Wednesday of every month Time: 2:30 - 4:00 p.m. Location: Room 3106, 3rd floor
<i>Phone</i>	858-822-7905, Lauren Helm, Facilitator
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	For lung cancer patients in any phase of treatment. Join others like you, in a supportive environment where you can explore important issues that matter when coping with lung cancer.
Grupo Esperanza: Spanish-Speaking Patient Support	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093 2nd Wednesday of the month, 10 a.m. – 12 p.m. 4th Thursday of the month, 10 – 12 p.m. Location: Room 3079
<i>Phone</i>	858-822-6201 Facilitators: Mercedes Garcia-Mohr, LCSW, OSW-C and Sara Feinstein, PhD
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	Grupo Esperanza ("Hope Group") is a bimonthly support group for Spanish-speaking cancer patients and is open to the community. Following open discussion and/or a writing exercise, participants will be led through a guided imagery relaxation exercise. Call the facilitator to register or for questions. Call Mercedes Garcia-Mohr, to register or with questions
Tobacco Control Resource Program	
<i>Address</i>	Various San Diego Locations; see program description

J. LUNG CANCER	
<i>Phone</i>	619-692-5514
<i>Email</i>	Irene.Linayao-Putman@sdcounty.ca.gov
<i>Website</i>	http://www.sdcounty.ca.gov/hhsa/programs/phs/tobacco_control_resource_program/
<i>Program Description</i>	TCRP is a program of Chronic Disease and Health Equity departments which works to increase awareness of the health risks of tobacco use. TCRP also works to counter pro-tobacco influences, reduce youth access to tobacco, refer smokers to cessation programs and assist communities to reduce exposure to second hand smoke.
Nicotine Anonymous: Smoking Cessation Support Groups (Several San Diego County Locations)	
<i>Address</i>	Balboa Park Area: St Paul's Cathedral: 2728 6th Ave San Diego, CA 92103 Encinitas Area: Seaside Church of Religious Science: 1613 Lake Drive, Encinitas CA. 92023 Oceanside Area: North County Alano Club: 4198 Mission Ave 92054
<i>Phone</i>	858-569-0824 or 619-263-3303
<i>Email</i>	N/A
<i>Website</i>	http://nicotinefreesandiego.webs.com/
<i>Program Description</i>	Nicotine Anonymous is a Non-Profit 12 Step Fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is to help all those who would like to cease using tobacco and nicotine products in any form. The Fellowship offers group support and recovery using the 12 Steps as adapted from Alcoholics Anonymous to achieve abstinence from nicotine.
Jewish Family Services: Caring Community Living with Cancer (CCLC)	
<i>Address</i>	8804 Balboa Avenue Turk Family Center San Diego, CA 92123
<i>Phone</i>	(858) 637-3040 Fax: (838) 637-3001
<i>Email</i>	jfsonline@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer
<i>Program Description</i>	THE CARING COMMUNITY – Living with Cancer (CCLC) offers WEEKLY support groups for those affected by any type of cancer. Whether you are newly diagnosed, you are undergoing treatment, or you have completed your treatment and are ready to deal with the emotional impact of a cancer diagnosis, you may want to join a cancer support group. Groups are also available for family members living with a loved one affected by cancer. English support groups are offered countywide: Central San Diego (Kearny Mesa & Mission Valley) East County (La Mesa) North County Inland (Encinitas) Spanish groups offered in National City.
Friend to Friend Support Groups (Offered through Scripps Health)	
<i>Address</i>	Various San Diego Locations; see program description

J. LUNG CANCER	
<i>Phone</i>	858-554-8533 (La Jolla) 619-407-7639 (San Ysidro) 619-260-7189 (San Diego)
<i>Email</i>	http://www.scripps.org/
<i>Website</i>	N/A
<i>Program Description</i>	Friend to Friend Support Groups- Scripps Cancer Center offers free support groups for patients, family members and friends who are living with cancer. Scripps Encinitas: 1st and 3rd Thursdays, 6:30 - 8:30 p.m. Scripps Clinic Torrey Pines: 2nd and 4th Mondays, 2 - 3:30 p.m. Scripps Mercy Hospital: 2nd and 4th Thursdays, 6:30 - 8 p.m. San Ysidro Health Center: 2nd and 4th Mondays, 11 a.m. - 12:30 p.m. For more information and registrations call 1-800-SCRIPPS
UC Moores Cancer Center: Cancer Center Support Groups (General Patient and Caregiver)	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-7905
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	This support group for patients with all types of cancer is scheduled at the same time as the caregiver gathering, in order to provide information and support. Caregiver Support: Caregivers are welcome here to come together for conversation. Take a break and join others to develop connections with other caregivers and share helpful advice and tips.
Cancer Angels of San Diego	
<i>Address</i>	1915 Aston Avenue Carlsbad, CA. 92008
<i>Phone</i>	760-942-6346
<i>Email</i>	eve@cancerangelsofsandiego.org
<i>Website</i>	http://www.cancerangelsofsandiego.com/about.php
<i>Program Description</i>	Cancer Angels of San Diego was established to address the financial needs of Stage IV cancer patients who are facing severe financial hardship. At Stage IV, the cancer has spread to several places in the body and requires ongoing treatment for life. The good news: people can live for years with Stage IV cancer due to the many advances of research. The bad news: the treatments necessary to keep them alive usually cause severe side effects such as nausea, weakness, terrible aches and pains, disabling fatigue....imagine trying to work in such a miserable physical state. These people can't. Since they can no longer work, they are unable to pay for the basic necessities of life, including rent or mortgage payments, utilities, food, gas and car repairs, etc.
UC Moores Cancer Center: Eating Healthy for Cancer Survivors	
<i>Address</i>	UC Moores Cancer Center: 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-2236 or 858-822-6793

J. LUNG CANCER	
<i>Email</i>	healthyeating@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/diet-nutrition/healthy-eating-program/Pages/classes-seminars.aspx
<i>Program Description</i>	Fighting Cancer With Your Fork, a monthly class on nutrition, provides a practical overview of nourishing foods essential for health and healing with tips on how to incorporate these easily into your life. The classes are taught by Vicky Newman, MS, RD, director of Nutrition Services for the Cancer Prevention & Control Program and Associate Clinical Professor for the Department of Family and Preventive Medicine. Classes are free of charge for registrants.
Local American Cancer Society Affiliates-San Diego Chapter	
<i>Address</i>	2655 Camino Del Rio North, Suite 100 San Diego, CA 92108
<i>Phone</i>	(619)-299-4200
<i>Email</i>	N/A
<i>Website</i>	http://www.cancer.org/MyAcs/index
<i>Program Description</i>	Your local American Cancer Society office is your source for the most relevant information to help guide you. Appointments are needed for all services to ensure we have the right people available to meet your needs. Hours and services vary by location. You can always call our Cancer Information Specialists at 1-800-227-2345, 24 hours a day, every day of the year to connect with our valuable services and resources.
Project Azteca	
<i>Address</i>	Founder: John Acosta P.O. Box 7678 Chula Vista, CA 91912
<i>Phone</i>	(619) 426-6736
<i>Email</i>	director@aztecaproject.org or aztecaproject@hotmail.com
<i>Website</i>	http://www.aztecaproject.org/
<i>Program Description</i>	Azteca is committed to addressing the concerns and meeting the challenges that face gay Latinos 50+ years of age facing chronic diseases such as cancer, and those who care for them. Provide assistance, training, and informational materials in English and Spanish, on agencies that provide assistance to seniors in the community in need. These services include: information on discounts for medications, living assistance, housing, legal, income tax assistance, transportation, employments, meals delivered to their homes, home repairs, and utilities discounts

K. MENTAL/BEHAVIORAL HEALTH	
Access and Crisis Line (24 hrs/7 days)	
<i>Address</i>	Call center/Available to all regions in San Diego
<i>Phone</i>	1-800-479-3393
<i>Email</i>	N/A
<i>Website</i>	http://www.sdcountry.ca.gov/hhsa/programs/bhs/mental_health_services_adult_older_adult/adult_emergency_and_crisis.html
<i>Program Description</i>	If you need information about how to handle a mental health crisis, you can talk to a trained counselor who can help with your specific situation. Translation services available in 140 languages
Client Warm Line (4-11pm, daily)	
<i>Address</i>	(The Meeting Place) 2553 State Street San Diego, CA 92101
<i>Phone</i>	1-800-930-9276
<i>Email</i>	admin-meetingplace@mhsinc.org
<i>Website</i>	www.themeetingplaceinc.org
<i>Program Description</i>	The Warm Line is a friendly telephone support line, answered by trained consumers who offer support and listen to concerns. The Warm Line is a non-crisis phone service, which serves as an alternative to the Access and Crisis Line or emergency services. Parent organization: The Meeting Place, Inc.
National Alliance on Mental Illness (NAMI) San Diego Helpline	
<i>Address</i>	4480 30th Street San Diego, CA 92116
<i>Phone</i>	1-800-523-5933
<i>Email</i>	information@namisd.org
<i>Website</i>	http://www.namisaniego.org/
<i>Program Description</i>	The National Alliance on Mental Illness in San Diego is the city's voice on mental illness. We are part of the grass-roots, non-profit, national NAMI organization founded in 1979 by family members of people with mental illness. We are also an affiliate of NAMI California.
Jewish Family Service Patient Advocacy Program	
<i>Address</i>	2710 Adams Avenue San Diego, CA 92116
<i>Phone</i>	619-282-1134 or 1-800-479-2233
<i>Email</i>	jfsonline@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer?pagename=programs_counseling_patient_advocate
<i>Program Description</i>	The Patient Advocacy Program was created in response to California legislation requiring each county mental health director to appoint patient rights advocates to protect and further the Constitutional and statutory rights of people receiving mental health services; Monday - Friday, 8am - 5pm

K. MENTAL/BEHAVIORAL HEALTH	
The Consumer Center for Health Education & Advocacy	
<i>Address</i>	1764 San Diego Avenue San Diego, CA 92110
<i>Phone</i>	Toll-free: 1-877-734-3258
<i>Email</i>	N/A
<i>Website</i>	www.healthconsumer.org
<i>Program Description</i>	Center advocates help healthcare consumers to access, understand, and use the State and County-administered physical and mental healthcare systems.
Episcopal Community Services, Friend to Friend Program	
<i>Address</i>	2144 El Cajon Blvd. San Diego, CA 92104
<i>Phone</i>	619-955-8217
<i>Email</i>	N/A
<i>Website</i>	http://www.ecscalifornia.org/
<i>Program Description</i>	The Friend to Friend Program serves the needs of mentally ill homeless adults of central San Diego. Friend to Friend members may be eligible to receive services in the areas of income, housing, and mental health with the goal of regaining independence.
Bayview Clubhouse	
<i>Address</i>	330 Moss Street Chula Vista CA 91911
<i>Phone</i>	619-585-4646
<i>Email</i>	www.paradisevalleyhospital.org
<i>Website</i>	http://www.paradisevalleyhospital.net/Services/Behavioral-Health-Services.aspx
<i>Program Description</i>	Provides a free rehabilitation program for adults 18 years of age or older who have been diagnosed with a mental illness. Focuses on employment, education, and social support
Casa Del Sol Clubhouse	
<i>Address</i>	1157 30th Street San Diego, CA 92154
<i>Phone</i>	619-429-1937
<i>Email</i>	AFord@comresearch.org
<i>Website</i>	http://www.lllac.org/
<i>Program Description</i>	Mission is to provide a safe, clean and sober environment, for individuals in twelve-step and other recovery programs, as well as their friends and family, to gather for support, community, and personal growth. In recognizing that issues of alcoholism and other addictions arise more often among the Gay, Lesbian, Transgender, and Bisexual population, our focus is to serve this community.

L. OBESITY	
Behavioral Diabetes Institute	
<i>Address</i>	P.O. Box 501866 San Diego, CA 92150-1866
<i>Phone</i>	858-336-8693
<i>Email</i>	info@behavioraldiabetes.org
<i>Website</i>	http://behavioraldiabetesinstitute.org/about-Behavioral-Diabetes-Institute.html
<i>Program Description</i>	The Behavioral Diabetes Institute (BDI) is a non-profit organization dedicated to helping people with diabetes live long, healthy and happy lives by providing clinical services for people with diabetes, professional services for healthcare professionals involved in diabetes care, and research and development in the field of diabetes and its related conditions.
Project Dulce	
<i>Address</i>	(Main Location) 9894 Genesee Avenue La Jolla, CA 92037
<i>Phone</i>	1-866-791-8154
<i>Email</i>	N/A
<i>Website</i>	http://www.scripps.org/services/metabolic-conditions__diabetes/why-choose-scripps__project-dulce
<i>Program Description</i>	The core of Project Dulce's approach to patient care is a "Chronic Care Model." A nurse-led team consisting of an RN/CDE (Certified Diabetes Educator), medical assistant, and dietitian provides clinical care in collaboration with the patient's primary care provider in order to improve patient health outcomes
Childhood Obesity Initiative (COI)	
<i>Address</i>	5095 Murphy Canyon Road, Suite #105 San Diego, CA 92123
<i>Phone</i>	858-609-7964
<i>Email</i>	mlawrence@sdchip.org
<i>Website</i>	http://ourcommunityourkids.org/
<i>Program Description</i>	The San Diego County Childhood Obesity Initiative is a public/private partnership whose mission is to reduce and prevent childhood obesity in San Diego County by creating healthy environments for all children and families through advocacy, education, policy development, and environmental change.

L. OBESITY	
The California Endowment: Building Healthy Communities in San Diego, City Heights	
<i>Address</i>	5060 Shoreham Place, Suite 350 San Diego, CA 92122
<i>Phone</i>	858-526-2600
<i>Email</i>	sdquestions@calendow.org
<i>Website</i>	http://www1.calendow.org/healthycommunities/communities.html
<i>Program Description</i>	This 10-year initiative of Building Healthy Communities builds on the wisdom and past experience of all our grantees and partners throughout California. Their work has demonstrated that the economic, physical, social and service environments in which people live have profound and lasting effects on the health of individuals, families and communities.
Fresh Fund Program (Currently Run By IRC, San Diego)	
<i>Address</i>	5348 University Avenue, Suite 205 San Diego, CA 92105
<i>Phone</i>	619-641-7510 ext. 234
<i>Email</i>	Anchi.Mei@Rescue.org
<i>Website</i>	http://www.healthyworks.org/healthy-foods/fresh-fund & http://www.rescue.org/us-program/us-san-diego-ca/fresh-fund
<i>Program Description</i>	Fresh Fund, run by the International Rescue Committee, was about community engagement in our local food environment. The way we grow, distribute, and eat food affects individual and community health, and has a personal, social, and economic impact. The campaign was valuable and relevant to all county residents, as shopping at local farmers markets for locally grown produce helps local farmers and stimulates the local economy.
Breakfast in the Classroom	
<i>Address</i>	1425 Russ Blvd San Diego, CA 92101 (District Offices)
<i>Phone</i>	858-627-7308
<i>Email</i>	njohnson4@sandi.net
<i>Website</i>	http://www.sandi.net/Page/985
<i>Program Description</i>	The innovative Breakfast in the Classroom Program ensures each student starts the day right, with a nutritious breakfast. This program operates in more than 46 elementary schools in the San Diego Unified School District, providing students in underserved communities with no-cost meals to start the school day.

L. OBESITY	
Live Well, San Diego	
<i>Address</i>	HHSA
<i>Phone</i>	N/A
<i>Email</i>	N/A
<i>Website</i>	http://www.sdcounty.ca.gov/hhsa/programs/sd/live_well_san_diego/index.html
<i>Program Description</i>	The County of San Diego and the County Board of Supervisors have adopted this long-term wellness strategy to help all County residents become healthy, safe and thriving is being implemented with community involvement. Live Well, San Diego! has three components: “Healthy,” “Safe,” and “Thriving.”
San Diego Prevention Research Center-Familias Sanas y Activas	
<i>Address</i>	9245 Sky Park Ct. Suite 221 San Diego, CA 92123
<i>Phone</i>	(619) 594-4504
<i>Email</i>	chuerta@mail.sdsu.edu
<i>Website</i>	http://sdprc.net/community/?page_id=235
<i>Program Description</i>	The SDPRC is 1 of 37 Prevention Research Centers funded by the Centers for Disease Control and Prevention to reduce health disparities in underserved communities. Its main community research project is Familias Sanas y Activas or Healthy and Active Families
City Heights Wellness Center	
<i>Address</i>	4440 Wightman Street, Suite 200 San Diego, CA 92105
<i>Phone</i>	619-321-2920
<i>Email</i>	N/A
<i>Website</i>	http://www.scripps.org/locations/well-being-centers_city-heights
<i>Program Description</i>	City Heights Wellness Center. The 4,500 square-foot Center serves to enhance existing community services, including health promotion and disease prevention. The Teaching Kitchen serves as a hub for community gatherings, classes, and a fun and informative nutrition program. Wellness Center services include counseling services, parenting classes, education for diabetics, assistance in obtaining health insurance and nutrition and meal planning.

L. OBESITY	
Health Champions	
<i>Address</i>	Center for Healthier Communities 3020 Children's Way, MC 5073 San Diego, CA 92123
<i>Phone</i>	858-966-7585
<i>Email</i>	Email: phartigan@rchsd.org
<i>Website</i>	http://www.rchsd.org/programsservices/a-z/c-d/centerforhealthiercommunities/healthchampions/index.htm
<i>Program Description</i>	Health Champions is a program designed to increase physical activity and healthy lifestyle knowledge and behaviors, as well as to promote advocacy for a healthy environment among middle- and high-school participants. The program, provided free of charge, can be implemented by a facilitator at any school or organization in San Diego County that works with adolescents.

M. PROSTATE CANCER	
Living with Prostate Cancer	
<i>Address</i>	UC Moores Cancer Center: 3855 Health Sciences Drive La Jolla, CA 92093 3rd Tuesday of every month, 3 - 4 p.m. Location: Goldberg Auditorium, 2nd floor
<i>Phone</i>	619-515-9908
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	Developed to give current prostate cancer patients information and share their experiences.
Man To Man, American Cancer Society, Border Sierra Region	
<i>Address</i>	2655 Camino del Rio North, Suite 100 San Diego, CA 92108
<i>Phone</i>	1-800-227-2345 or (619) 682-7416
<i>Email</i>	Mooreflatl@cancer.org
<i>Website</i>	www.cancer.org
<i>Program Description</i>	Provides community-based education and support to men with prostate cancer and their family members. Also encourages men and health care professionals to actively consider screening for prostate cancer appropriate to each man's age and risk for the disease.
Informed Prostate Cancer Support Group, Inc.	
<i>Address</i>	Sanford-Burnham Auditorium: 10905 Road to the Cure (formerly Altman Row) San Diego, CA 92121
<i>Phone</i>	619-890-8447
<i>Email</i>	Info@ipcsg.org
<i>Website</i>	http://www.ipcsg.org/index.html
<i>Program Description</i>	This group is comprised of men and women, survivors, newly diagnosed, and people who want more information about Prostate Cancer and options for treating this disease. Monthly meetings are open to everyone. It provides support and advice to patients, families, and loved ones affected by this disease.
Prostate Cancer Research and Education Foundation (PCREF) Prostate Cancer Support Group	
<i>Address</i>	Alvarado Hospital: 6655 Alvarado Road, Classroom 1-2-3, 1st floor
<i>Phone</i>	(619) 287-3270
<i>Email</i>	info@pcref.org
<i>Website</i>	www.pcref.org

M. PROSTATE CANCER	
<i>Program Description</i>	This group offers a variety of information and support regarding Prostate Cancer (PC). At meetings, there's plenty of open microphone time and round table discussion. Everyone has a chance to talk. Please bring a friend! PCREF offers EVIDENCE-BASED information about PC. Come to a Support Group where facts are distinguished from BELIEFS, and OPINIONS are not presented as SCIENTIFIC DATA. Learn what's real in Prostate Cancer and what isn't.
Prostate Cancer (PC) Juniors, Support Group	
<i>Address</i>	Mission Valley Library: 2123 Fenton Pkwy San Diego, CA 92108 Dr. Don Strobl facilitates
<i>Phone</i>	619-904-4700
<i>Email</i>	info@pcref.org
<i>Website</i>	www.pcref.org
<i>Program Description</i>	PC Juniors, a group for younger men will meets separately from the general PCREF meetings, but is an activity of the Prostate Cancer Research and Education Foundation. Patients can share experiences with our veteran members. Wives, partners and family members are all welcome too.
Prostate Cancer Support Group for Gay Men	
<i>Address</i>	S.A.G. E. Center 3138 Fifth Avenue San Diego, CA 92103 Meetings are held Monday evenings, 6:30 pm.
<i>Phone</i>	619-298-9900
<i>Email</i>	info@pcref.org
<i>Website</i>	www.pcref.org
<i>Program Description</i>	Prostate Cancer support group specifically for Gay men, addressing medical and informational needs of this community.
Jewish Family Services: Caring Community Living with Cancer (CCLC)	
<i>Address</i>	Turk Family Center 8804 Balboa Avenue San Diego, CA 92123
<i>Phone</i>	Phone: (858) 637-3040 Fax: (838) 637-3001
<i>Email</i>	breastcancersupport@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer

M. PROSTATE CANCER	
<i>Program Description</i>	THE CARING COMMUNITY – Living with Cancer (CCLC) offers WEEKLY support groups for those affected by any type of cancer. Whether you are newly diagnosed, you are undergoing treatment, or you have completed your treatment and are ready to deal with the emotional impact of a cancer diagnosis, you may want to join a cancer support group. Groups are also available for family members living with a loved one affected by cancer. English support groups are offered countywide: Central San Diego (Kearny Mesa & Mission Valley) East County (La Mesa) North County Inland (Encinitas) Spanish groups offered in National City.
Friend to Friend Support Groups (Offered through Scripps Health)	
<i>Address</i>	Various San Diego Locations; see program description
<i>Phone</i>	858-554-8533 (La Jolla) 619-407-7639 (San Ysidro) 619-260-7189 (San Diego)
<i>Email</i>	http://www.scripps.org/
<i>Website</i>	N/A
<i>Program Description</i>	Friend to Friend Support Groups- Scripps Cancer Center offers free support groups for patients, family members and friends who are living with cancer. Scripps Encinitas: 1st and 3rd Thursdays, 6:30 - 8:30 p.m. Scripps Clinic Torrey Pines: 2nd and 4th Mondays, 2 - 3:30 p.m. Scripps Mercy Hospital: 2nd and 4th Thursdays, 6:30 - 8 p.m. San Ysidro Health Center: 2nd and 4th Mondays, 11 a.m. - 12:30 p.m. For more information and registrations call 1-800-SCRIPPS
UC Moores Cancer Center: Cancer Center Support Groups (General Patient and Caregiver)	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-7905
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	This support group for patients with all types of cancer is scheduled at the same time as the caregiver gathering, in order to provide information and support. Caregiver Support: Caregivers are welcome here to come together for conversation. Take a break and join others to develop connections with other caregivers and share helpful advice and tips.
Cancer Angels of San Diego	
<i>Address</i>	1915 Aston Avenue Carlsbad, CA. 92008
<i>Phone</i>	760-942-6346
<i>Email</i>	eve@cancerangelsofsandiego.org
<i>Website</i>	http://www.cancerangelsofsandiego.com/about.php

M. PROSTATE CANCER	
<i>Program Description</i>	Cancer Angels of San Diego was established to address the financial needs of Stage IV cancer patients who are facing severe financial hardship. At Stage IV, the cancer has spread to several places in the body and requires ongoing treatment for life. The good news: people can live for years with Stage IV cancer due to the many advances of research. The bad news: the treatments necessary to keep them alive usually cause severe side effects such as nausea, weakness, terrible aches and pains, disabling fatigue....imagine trying to work in such a miserable physical state. These people can't. Since they can no longer work, they are unable to pay for the basic necessities of life, including rent or mortgage payments, utilities, food, gas and car repairs, etc.
UC Moores Cancer Center: Eating Healthy for Cancer Survivors	
<i>Address</i>	UC Moores Cancer Center: 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-2236 or 858-822-6793
<i>Email</i>	healthyeating@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/diet-nutrition/healthy-eating-program/Pages/classes-seminars.aspx
<i>Program Description</i>	Fighting Cancer With Your Fork, a monthly class on nutrition, provides a practical overview of nourishing foods essential for health and healing with tips on how to incorporate these easily into your life. The classes are taught by Vicky Newman, MS, RD, director of Nutrition Services for the Cancer Prevention & Control Program and Associate Clinical Professor for the Department of Family and Preventive Medicine. Classes are free of charge for registrants.

N. SKIN CANCER	
United Way of San Diego: American Melanoma Foundation	
<i>Address</i>	4150 Regents Park Row #300 La Jolla, CA 92037
<i>Phone</i>	858-882-7712
<i>Email</i>	N/A
<i>Website</i>	www.melanomafoundation.org
<i>Program Description</i>	American Melanoma Foundation - CHA Agency Funds research for the development of treatments for melanoma, provides public education on prevention and protection, offers support to melanoma patients and their families.
Jewish Family Services: Caring Community Living with Cancer (CCLC)	
<i>Address</i>	Turk Family Center 8804 Balboa Avenue San Diego, CA 92123
<i>Phone</i>	Phone: (858) 637-3040 Fax: (838) 637-3001
<i>Email</i>	breastcancersupport@jfssd.org
<i>Website</i>	http://www.jfssd.org/site/PageServer
<i>Program Description</i>	THE CARING COMMUNITY – Living with Cancer (CCLC) offers WEEKLY support groups for those affected by any type of cancer. Whether you are newly diagnosed, you are undergoing treatment, or you have completed your treatment and are ready to deal with the emotional impact of a cancer diagnosis, you may want to join a cancer support group. Groups are also available for family members living with a loved one affected by cancer. English support groups are offered countywide: Central San Diego (Kearny Mesa & Mission Valley) East County (La Mesa) North County Inland (Encinitas) Spanish groups offered in National City.
Friend to Friend Support Groups (Offered through Scripps Health)	
<i>Address</i>	Various San Diego Locations; see program description
<i>Phone</i>	858-554-8533 (La Jolla) 619-407-7639 (San Ysidro) 619-260-7189 (San Diego)
<i>Email</i>	http://www.scripps.org/
<i>Website</i>	N/A
<i>Program Description</i>	Friend to Friend Support Groups- Scripps Cancer Center offers free support groups for patients, family members and friends who are living with cancer. Scripps Encinitas: 1st and 3rd Thursdays, 6:30 - 8:30 p.m. Scripps Clinic Torrey Pines: 2nd and 4th Mondays, 2 - 3:30 p.m. Scripps Mercy Hospital: 2nd and 4th Thursdays, 6:30 - 8 p.m. San Ysidro Health Center: 2nd and 4th Mondays, 11 a.m. - 12:30 p.m. For more information and registrations call 1-800-SCRIPPS

N. SKIN CANCER	
UC Moores Cancer Center: Cancer Center Support Groups (General Patient and Caregiver)	
<i>Address</i>	UC Moores Cancer Center 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-7905
<i>Email</i>	N/A
<i>Website</i>	http://cancer.ucsd.edu/coping/support-services/Pages/support-groups.aspx
<i>Program Description</i>	This support group for patients with all types of cancer is scheduled at the same time as the caregiver gathering, in order to provide information and support. Caregiver Support: Caregivers are welcome here to come together for conversation. Take a break and join others to develop connections with other caregivers and share helpful advice and tips.
Cancer Angels of San Diego	
<i>Address</i>	1915 Aston Avenue Carlsbad, CA. 92008
<i>Phone</i>	760-942-6346
<i>Email</i>	eve@cancerangelsofsandiego.org
<i>Website</i>	http://www.cancerangelsofsandiego.com/about.php
<i>Program Description</i>	Cancer Angels of San Diego was established to address the financial needs of Stage IV cancer patients who are facing severe financial hardship. At Stage IV, the cancer has spread to several places in the body and requires ongoing treatment for life. The good news: people can live for years with Stage IV cancer due to the many advances of research. The bad news: the treatments necessary to keep them alive usually cause severe side effects such as nausea, weakness, terrible aches and pains, disabling fatigue....imagine trying to work in such a miserable physical state. These people can't. Since they can no longer work, they are unable to pay for the basic necessities of life, including rent or mortgage payments, utilities, food, gas and car repairs, etc.
UC Moores Cancer Center: Eating Healthy for Cancer Survivors	
<i>Address</i>	UC Moores Cancer Center: 3855 Health Sciences Drive La Jolla, CA 92093
<i>Phone</i>	858-822-2236 or 858-822-6793
<i>Email</i>	healthyeating@ucsd.edu
<i>Website</i>	http://cancer.ucsd.edu/coping/diet-nutrition/healthy-eating-program/Pages/classes-seminars.aspx
<i>Program Description</i>	Fighting Cancer With Your Fork, a monthly class on nutrition, provides a practical overview of nourishing foods essential for health and healing with tips on how to incorporate these easily into your life. The classes are taught by Vicky Newman, MS, RD, director of Nutrition Services for the Cancer Prevention & Control Program and Associate Clinical Professor for the Department of Family and Preventive Medicine. Classes are free of charge for registrants.

O. UNINTENTIONAL INJURY	
First Aid Classes, American Red Cross, San Diego and Imperial Counties	
<i>Address</i>	American Red Cross 3950 Calle Fortunada San Diego, CA 92123
<i>Phone</i>	877-454-7229
<i>Email</i>	N/A
<i>Website</i>	www.sdarc.org
<i>Program Description</i>	Courses provide instruction for identifying and caring for cardiac emergencies and breathing emergencies for adults, infants and children. Discussion also includes injury prevention , first aid, use of an Automated External Defibrillator for a victim of sudden cardiac arrest, and heart disease prevention. Materials are included. Course meets OSHA requirements.
Safe Kids Coalition, Safe Kids San Diego, Children's Hospital	
<i>Address</i>	Children's Hospital 3020 Children's Way MC 5073 San Diego, CA 92123
<i>Phone</i>	858-576-1700 Ext 3547
<i>Email</i>	N/A
<i>Website</i>	www.rchsd.org/injuryprevention
<i>Program Description</i>	Works to prevent accidental childhood injuries. Offers programs for families, community groups, schools, and government agencies to increase awareness of safety for children. Focuses on safety issues in all areas, including the home, the playground, and during recreational activities. Also focuses on transportation safety issues, such as increased use of safety belts, child safety seats, and bike helmets.
Domestic Violence Prevention, Center for Community Solutions, East County	
<i>Address</i>	Center for Community Solutions 7339 El Cajon Boulevard, Suite J La Mesa, CA 91941
<i>Phone</i>	619-697-7477
<i>Email</i>	N/A
<i>Website</i>	www.ccssd.org

O. UNINTENTIONAL INJURY	
<i>Program Description</i>	Provides basic education on interpersonal violence as well as violence prevention education and healthy relationships classes, workshops, and professional training. Violence prevention topics include sexual assault, date rape, drug assisted rape, domestic violence, child sexual abuse prevention puppet show, trauma and recovery, sexual harassment in the workplace, impact of violence on child development, teen dating violence, and self-defense. Prevention topics include healthy relationship development, conflict resolution, positive youth development, healthy parenting, assertiveness, and healthy boundaries in relationships. On-going primary prevention programs include a beach area Teen Leadership Center and Healthy Start Family Resource Center and a culture-specific community development and domestic violence prevention/intervention program in Mid-City.
Suicide Prevention Education Awareness and Knowledge, San Diego Unified School District	
<i>Address</i>	Correia Middle School 4302 Valeta Street, Room B4 San Diego, CA 92107
<i>Phone</i>	619-523-0708 (Jean Foster, Coordinator)
<i>Email</i>	jfoster1@sandi.net
<i>Website</i>	www.sandi.net
<i>Program Description</i>	Provide suicide prevention education to students, staff and parents within San Diego Unified School District. Prevention education focuses on warning signs, risk factors, protective factors, coping skills and resources. We use the Yellow Ribbon program curriculum and provide services free of charge.
California Child Care Healthline, California Childcare Health Program	
<i>Address</i>	N/A (Telephone Contacts)
<i>Phone</i>	510-204-0932 Bobbi Rose, Child Care Health Consultant
<i>Email</i>	brose@ucsfchildcarehealth.org
<i>Website</i>	www.ucsfchildcarehealth.org
<i>Program Description</i>	Provides health information to child care providers, the families they serve, and related professionals on an array of subjects including prevention and control of infectious disease; safety promotion and injury prevention; nutrition in child care settings; serving children with special needs; child growth, development, and behavior; staff health and child health promotion; car seat safety; child abuse and violence prevention; disaster preparedness in child care programs; lead poisoning; and other subjects.
California Healthy Kids Resource Center	
<i>Address</i>	N/A
<i>Phone</i>	888-318-8188 (toll free) or 510-670-4583
<i>Email</i>	chkrc@californiahealthykids.org
<i>Website</i>	http://www.californiahealthykids.org/injuryprevention

O. UNINTENTIONAL INJURY	
<i>Program Description</i>	The California Healthy Kids Resource Center (CHKRC) maintains a comprehensive collection of reviewed health education materials for use by teachers, administrators, university faculty, LEA staff and other professionals who work with preschool through 12th grade students in school settings and after-school programs. These materials are available for loan from the CHKRC library, with free delivery in California, including materials for prevention of unintentional injuries in children. There are also various online resources available on the website.
Health Promotion Center, Vista Community Clinic	
<i>Address</i>	Vista Community Clinic 1000 Vale Terrace Vista, CA 92084
<i>Phone</i>	760-631-5000
<i>Email</i>	N/A
<i>Website</i>	www.vistacommunityclinic.org
<i>Program Description</i>	Offers a variety of community health and wellness programs geared to adults and/or children. Provides substance (alcohol, drug, and tobacco) abuse education and prevention, teen pregnancy prevention, traffic safety education, and breast cancer awareness. Offers health education for migrants and farm workers.
San Diego Brain Injury Foundation	
<i>Address</i>	San Diego Brian Injury Foundation PO Box 84601 San Diego, CA 92138-4601
<i>Phone</i>	619- 294-6541
<i>Email</i>	SDBIF@aol.com
<i>Website</i>	www.sdbif.org/
<i>Program Description</i>	Provides information and referral regarding traumatic brain injuries. Fosters support groups throughout the county and monthly meetings for persons with brain injuries and their families. Also publishes a quarterly newsletter.
Howard House, San Diego Brain Injury Foundation	
<i>Address</i>	Howard House 2033 Oro Verde Escondido, CA 92027
<i>Phone</i>	760-480-7468
<i>Email</i>	SDBIF@aol.com
<i>Website</i>	www.HowardHouse.org

O. UNINTENTIONAL INJURY	
<i>Program Description</i>	Provides long-term residential treatment to persons with severe head injuries. Program includes: cognitive retraining, psychosocial skill development, physical therapy, and independent living skills. Residents are enrolled in the ABI (Acquired Brain Injury) Program at Palomar College. This program teaches independent living skills. Swimming pool on premises and elevator available. Residents are taken on outings and appointments.
San Diego Rehabilitation Institute (SDRI)	
<i>Address</i>	SDRI 6655 Alvarado Road San Diego, CA 92120
<i>Phone</i>	619-287-3270
<i>Email</i>	N/A
<i>Website</i>	www.alvaradohospital.com
<i>Program Description</i>	Provides acute rehabilitative and skilled nursing services to individuals who have sustained neurological injuries, orthopedic injuries, or need medical management. An interdisciplinary team provides treatment in physical occupational, speech therapy, rehabilitative nursing, social services, and therapeutic recreation. Services include: stroke, brain injury, and spinal cord injury rehabilitation; orthopedic rehabilitation; pulmonary rehabilitation/ventilator weaning program; cardiac rehabilitation; movement disorders program; hand and upper extremity rehabilitation; vision rehabilitation. Offers inpatient and outpatient services.
Project Walk Spinal Cord Injury Recovery Center	
<i>Address</i>	Project Walk Spinal Cord Injury Recovery Center 5850 El Camino Real Carlsbad, CA 92008
<i>Phone</i>	760-431-9789
<i>Email</i>	info@projectwalk.org
<i>Website</i>	www.projectwalk.org
<i>Program Description</i>	Provides an improved quality of life to people with spinal cord injuries through intense exercise-based recovery programs, education, support and encouragement. Offers several programs to best meet those needs and optimize our clients' chances for recovery. Helps give people with spinal cord injuries the independence, hope and dreams that were lost as a result of this devastating reality