RWJF Culture of Health
Community Portrait

San Diego County, California
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for San Diego County, Calif., and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in San Diego County, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 18 unique respondents were interviewed during fall 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.
Table of Contents

Introduction 1

FACING CHALLENGES OF LARGE IMMIGRANT AND HOMELESS POPULATIONS

MULTIPLE SECTORS COLLABORATE FOR A HEALTH-CENTRIC FOCUS

Developing a Culture of Health 4

SHARING LOCAL DATA TO ADVANCE ENGAGEMENT AND DECISION-MAKING

EXPANDING COLLECTIVE ACTION WITH NEW PARTNERSHIPS AND HUMAN CAPITAL BUILDING

ENGAGING A "WHOLE PERSON" APPROACH WITH THE MOST VULNERABLE RESIDENTS

FOSTERING COMMUNITY ENGAGEMENT FOR IMPROVED HEALTH WITH AN EQUITY FOCUS

Summary of county’s efforts to build a Culture of Health 7

FACILITATORS TO A CULTURE OF HEALTH

BARRIERS TO A CULTURE OF HEALTH

References 9
In this report, we examine San Diego County’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems, within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we will examine San Diego County’s complex, integrated vision of community well-being, its health-focused strategies, and attempts to provide all residents and stakeholders with information and means to pursue healthy lives.

Introduction

In our snapshot profile of San Diego County, Calif., we described a community rich in health initiatives and cross-sector partnerships and focused on building a shared vision of health. San Diego County has a long history of multisector collaboration and strategic planning and has leveraged substantial financial support from philanthropies and federal, state, and local governments to improve health outcomes for most racial and ethnic groups in its population. Because of its proximity to the Mexican border and a growing population of new immigrants, refugees, and undocumented residents, the county’s culture is becoming even more diverse. Logistical challenges of providing services and opportunities for new arrivals are compounded by the region’s high cost of living and lack of affordable housing.
FACING CHALLENGES OF LARGE IMMIGRANT AND HOMELESS POPULATIONS

With a temperate climate, 70 miles of Pacific Ocean shoreline, and abundant open spaces, San Diego County provides year-round outdoor physical activity opportunities and infrastructure that supports active lifestyles for its residents. The county population of 3,183,143\(^1\) is dispersed among 18 towns and more than 30 unincorporated communities. With 1,341,510\(^2\) residents, San Diego is the nation’s eighth largest city, and its population is forecast to increase steadily and become even more diverse in coming decades.\(^3\) Currently, white, Hispanic, Asian and Pacific Islander, and black residents comprise the majority of residents, but the county also receives many immigrants from a wide variety of nations. In the past seven years, San Diego County has taken in more refugees per capita than any other region in California; most new arrivals come from Iraq, Syria, and Afghanistan. It is estimated that 40,000 county residents\(^4\) are subject to Deferred Action for Childhood Arrivals (DACA) consideration, and the county’s unauthorized immigrant population is estimated to be in excess of 200,000.\(^5\) San Diego County’s long border with Mexico (roughly 60 miles), immense border traffic (the San Diego-Tijuana border crossing is the world’s busiest), and economic ties to Tijuana have long contributed to its prosperity and ethnic diversity. The county’s rates of poverty, health insurance coverage, and median income are comparable to state averages.

Culture and politics in the county are strongly influenced by law enforcement and the military. The border and its traffic require extensive security and a heavily armed presence of Customs and Border Protection. In addition, with a deep-water port, San Diego is the headquarters for the U.S. 11th Naval District. Although the region’s voting trends and political representation have become somewhat less conservative over the past decade, a “law and order” ethos contributes to a divide of culture and overall health between immigrants, both authorized and unauthorized, refugees, and established residents. This divide, coupled with the uncertain future of DACA protections, creates what some interviewees for this report described as constant stress among certain refugee and unauthorized populations, which is exacerbated by a lack of affordable housing and often a fear of seeking out health care and other essential services.

The longstanding presence of the military has also created a large population of veterans in San Diego County, many of whom settle in the region after completing service. A robust network of public and private organizations has developed to help veterans and their families transition to civilian life. Nevertheless, the process is difficult for many, especially because affordable housing is a scarce commodity. As in California at large, home ownership and home rental costs are high for all residents: 41 percent of home owners and 57 percent of renters budget about one-third or more of their income for housing costs.\(^6\) Many veterans are eligible for housing vouchers, but with occupancy rates near 98 percent, affordable housing remains at a premium; one interview respondent from the nonprofit sector noted that affordable housing stock has decreased in recent years. Homelessness among the veteran population remains a prominent issue. The county has seen a reduction in the number of homeless veterans, although many housing solutions are temporary, and permanent affordable housing remains in short supply.

In general, homelessness remains the highest profile public health concern in San Diego County. The federal government estimated that 9,160 residents of San Diego County had experienced homelessness in 2017,\(^7\) the fourth highest total among major urban areas, and there remains a chronic lack of essential public infrastructure to support the growing at-risk population. A Hepatitis A outbreak struck the county in 2017 and highlighted these infrastructure deficiencies.\(^8\) The outbreak precipitated a declared public health emergency\(^9\) that lasted until January 2018; 577 individuals, many of them homeless, were infected, including 20 who died. The emergency highlighted the limits of the community’s understanding and the complexities of managing the growing homeless population. During the Hepatitis A outbreak, the County of San Diego government—responsible for public health functions, and the City of San Diego government—responsible for sanitation and housing within city limits, required several months to negotiate and implement a coordinated response. Ultimately, this included an immunization campaign led by the county and provision of hand-washing stations and additional public restrooms, increased frequency and intensity of street cleaning, and construction of temporary shelters.

The outbreak notwithstanding, over the past two decades, the County of San Diego has created a strong, integrated Health and Human Services Agency (HHSA) that includes Public Health and launched an ambitious effort—Live Well San Diego (LWSD)—to make community health and wellness a central element of co-regional planning and long-term objectives. LWSD is the vision and framework for the County of San Diego’s $5.4 billion annual Adopted Operational Plan and is the backbone for an ecosystem of almost 350 recognized community partners. LWSD coordinates the work of these stakeholders and helps funnel their data and resources toward numerous initiatives, community groups, and residents. The county has moved past incidental collaboration and begun to establish a genuinely integrated, structured approach to many public health issues across sectors.

Overall, San Diego County has become healthier in recent decades. Between 2001 and 2015, it saw health outcomes improve for all racial and ethnic groups, notably rates of diabetes and smoking cessation, although disparities persist between certain ethnic and socioeconomic populations.\(^9\) There is also evidence that built environments and transportation options vary widely in the county and that some neighborhoods and populations are living with conditions that negatively affect safety, outdoor activity, and air quality.

San Diego County’s powerful, health-focused government and community agencies provide abundant tools and expertise for promoting equitable access to healthy environments, nutritious food, and health support systems. Yet, the challenge of making resources universally available is ongoing, and the county and partners continue to search for new ways to identify and serve the region’s most vulnerable residents, including those who have recently arrived.
MULTIPLE SECTORS COLLABORATE FOR A HEALTH-CENTRIC FOCUS

San Diego County has created comprehensive, strategic initiatives that meld many components of government and business within a health-centric vision. Services for veterans have, over time, become more integrated and focused on immediate needs and drivers, such as mental health and homelessness that disproportionately affect this population. More recently, the LWSD vision has framed the launching of many initiatives that improve health and wellness through strong partnerships, multisector collaboration, and data sharing. HHSA has driven the effort to establish “health in all policies” decision-making at all levels of regional activity and planning. Data sharing and wraparound services are helping to make health-focused initiatives and nongovernmental organizations (NGOs) more effective in terms of outreach and collective action at the local level. Dozens of community-based and nonprofit organizations also participate in the San Diego Immigrant Rights Consortium, which advocates for social justice among immigrant and undocumented populations, particularly in communities along the Mexican border. The Consortium addresses health issues and social drivers that impact health predominantly through advocating for legislative changes.

County organizations, including HHSA and the San Diego Association of Governments (SANDAG), have strong track records of securing state, federal, and private funding, which has helped expand evidence-based strategies and create new initiatives aligned with the region’s commitment to advancing health outcomes. This work is undertaken by a wide variety of partners, many of which are community-based. County agencies and community-based organizations receive downstream benefits that derive from California’s commitment to addressing social determinants of health and environmental issues. The state’s abundant foundations also provide funding sources and means to advance federal and local initiatives.

Building on federal initiatives, LWSD has created a framework for defining, promoting, and implementing healthy activity in many aspects of daily life. It also has achieved county-wide reach: As of 2017, 13 of the county’s cities, and more than 300 schools, businesses, faith-based organizations, and other stakeholders were LWSD partners. The initiatives the County of San Diego has funded and guided include food systems alliances, farm-to-school programs, and public planning of land use and active transportation.

Partnering organizations have a wide variety of options for engaging in the LWSD framework to advance their own objectives. Several respondents noted that the capacity of LWSD increases as more residents and partners become aware of health and its drivers and perceive their role in effecting change. A respondent from the business sector noted that although LWSD’s agenda can seem “nebulous,” it also provides means for businesses to understand economic loss related to health issues and to identify more business opportunities related to providing care.

The county moved its Housing and Community Development Agency into HHSA in 2016 to build a stronger, more integrated service delivery system to address the needs of vulnerable residents, especially homeless people. Although the county’s agency is only one of six housing authorities in the region, this integration has still helped bring attention and resources to upstream issues impacting health outcomes, such as homelessness, community violence, child welfare, and juvenile justice. Leadership experience and the department’s ability to “boundary span” help to embed health priorities in a framework that includes social determinants of health, such as housing, food security, and education.

Although the 2017 Hepatitis A emergency demonstrated limitations in the region’s efforts to help homeless residents, capacity has increased in recent years. Important collaborations also attempt to coordinate resources.

The San Diego City Council and NGOs are attempting to expand the stock of available housing for veterans and other residents at risk for displacement. Notably, Housing Our Heroes in 2016, an initiative launched by the Council with the San Diego Housing Commission, committed $12.5 million in funding to finding homes for 1,000 veterans living on the streets or in shelters in a single year. In January 2017 the Regional Task Force for the Homeless (RTFH)—a group of stakeholders providing data and informing policy on the issue of homelessness—merged with Continuum of Care, a county government consortium that funds a variety of efforts to aid homeless individuals and families. The merger created a single group that now serves as the backbone organization for nonprofits and local governments. The group provides a wide range of services, including housing navigation, shelters, permanent supportive housing, low-interest loans, and rental assistance to dislocated families and individuals. RTFH also operates the Coordinated Entry System and Homeless Management Information System to help assess community needs and studies other homelessness reduction strategies in other urban areas.

Activity at the local and state levels may expand the capacity of available housing for residents at risk of homelessness. Father Joe’s Villages, an NGO that provides wraparound services for homeless residents within the general population, is converting abandoned motels to provide more affordable housing units and is an active participant in RTFH. In 2018 California passed legislation meant to support the building of accessory dwelling units (ADUs), or “granny flats” in many types of communities, although conditions vary depending on local rules. San Diego County zoning specifies that ADUs constructed on existing parcels in unincorporated areas may not be used for short-term (under 30-day) rentals.

San Diego County has several organizations with track records of engaging with vulnerable populations and delivering health care and wellness initiatives. Alliance Healthcare Foundation targets populations that are below the poverty level, with particular emphasis on children and the homeless. The burgeoning refugee population is a focus for the Center for Community Health, which is run by the University of California-San Diego (UC-San Diego) School of Medicine. The center works in concert with refugee-led organizations to facilitate access to health and financial resources. It also partners with faith-based groups, such as the American Muslim Association and the Roman Catholic Diocese of San Diego, to encourage ministers and...
leaders to discuss issues such as health and food scarcity within a religious context. Partnerships also extend to food banks and the San Diego Food System Alliance in efforts to address food scarcity and provide nutritional education.

Developing a Culture of Health

With strong public health infrastructure and broad support for LWSD, San Diego County has fostered many multisector partnerships that promote health and well-being. In many ways, these efforts have moved beyond short-term collaborations to permanent integration of organizations and services. Building on relationships, experience-derived know-how, and an enhanced data infrastructure, diverse stakeholders are expanding public health efforts and seeking scalable solutions to longstanding challenges. The county and community partners are exploring new strategies that include social determinants and upstream drivers and are working to address inequities experienced by the most vulnerable and disadvantaged populations.

SHARING LOCAL DATA TO ADVANCE ENGAGEMENT AND DECISION-MAKING

Access to big data and data sharing is critical to decision-making within many San Diego organizations. To develop new reliable data resources, the HHSA and other agencies leverage their growing partner networks and deep experience with collaborations. The County of San Diego also actively promotes public awareness of, and engagement with, its data-sharing capacity, at both the organizational and individual levels. In particular, the HHSA conducts community presentations that provide guidance on accessing and using data to develop tailored approaches to promoting health. NGOs focused on health and veterans’ issues also are expanding databases to better isolate problem areas and help organizations recognize where their agendas intersect with other stakeholders.

The LWSD messaging and outreach capacity depends on the maintenance of a sustainable health data ecosystem. The LWSD measurement system goes beyond population-based information on demographics, economics, and environmental factors. It also examines social circumstances and environmental exposures that influence health disparities. Data are organized around the six geographic regions and sub-regional levels aligned with 41 communities that are aggregations of census tracts. The depth and richness of shared information, some at the patient or client level, allows for data analytics that are highly valuable and meaningful.

A respondent from the health sector provided an illustrative example of how data-based planning can address health inequities. Community members working on an anti-smoking campaign requested assistance from the HHSA’s Community Health Statistics unit to discuss the data on smoking use in the community, particularly of menthol cigarettes among black residents. Market research data purchased by the county and available in the HHSA data repository showed more billboards marketing menthol cigarettes in urban areas with more black households than in more affluent, majority-white neighborhoods. The data also indicated the amount of money spent on tobacco products per household in the studied areas. The community was able to use this information to implement targeted public health strategies in areas where tobacco advertisement and usage were highest. “You start putting all this information together and you get a more rounded picture,” said the respondent. “The group trying to make a change can really target their message.”

Additionally, HHSA and other county data experts are partnering with regional governments and agencies to use more data in their decision-making and allocation of services. For example, the San Diego County District Attorney’s office used crime and delinquency statistics to identify National City, a southeastern metro community, as a high-need intervention area. It then worked with nonprofits there to open the Community Action Resource Engagement Center, which offers after-school programs, a community youth court, and prisoner re-entry and veteran programs.

“YOU START PUTTING ALL THIS [DATA ON TOBACCO ADVERTISING AND SPENDING] TOGETHER AND YOU GET A MORE ROUNDED PICTURE. THE GROUP TRYING TO MAKE A CHANGE CAN REALLY TARGET THEIR MESSAGE.”

HEALTH SECTOR RESPONDENT

Throughout the San Diego region, several other important organizations either provide data or facilitate the sharing of self-reported data among stakeholders. Data generated by 211 San Diego, a nonprofit that provides information on social services across the county, are available to foundations and are provided to the County of San Diego through a formal partnership. Be There San Diego, an organization that targets heart attack and stroke prevention, has compiled “registries” of 100,000 diabetics and 200,000 hypertension patients, which are shared with health systems and federally qualified health centers. San Diego United, which has worked to expand connections between veterans’ services, has helped develop a platform that veterans can use to share their information with a variety of service providers. The system acts as a “communication lane” to reduce the number of times veterans must submit personal information, according to a nonprofit respondent.

EXPANDING COLLECTIVE ACTION WITH NEW PARTNERSHIPS AND HUMAN CAPITAL BUILDING

The County of San Diego has benefitted from several major federal grants, such as the Centers for Disease Control and Prevention’s Communities Putting Prevention to Work (CPPW) and Community Transformation Grants. Although both these grants have ended, a well-established network of nimble and forward-thinking multisector stakeholders is sustaining the work that began with these grants and building new collaborations designed to improve community health.
A key example of new collaboration is expansion of Resident Leadership Academy (RLA), a tool for promoting the LWSD vision through engagement with residents who seek to build capacity in their communities and be agents for change. RLA started in 2011 as a public health intervention funded by the CPPW grant. Curriculum was developed through a partnership between the county and Community Health Improvement Partners and rolled out through four pilot projects. Since then, the county has contracted with various cross-sector partners to conduct RLAs throughout the region, including urban and rural communities, and among immigrant and refugee populations. In addition to RLAs initiated by the county, other community partners have taken the curriculum and implemented projects on their own and expanded the reach of the intervention.

In 2014, HHSA’s Community Action Partnership (CAP), a federal anti-poverty program that focuses on economically disadvantaged communities and residents, leveraged the curriculum to guide a community needs assessment project that was led by RLA graduates. Using trained resident leaders in this capacity has ensured that representatives from vulnerable and diverse communities are engaged in defining local health and wellness priorities and actions. Community feedback through the process directly impacted the direction of CAP’s two-year service plan. The HHSA’s investment in RLA reflects not just the value the county places on capacity building, but also on human capital—people’s experience, expertise, and relationships with each other.

**Using Trained Resident Leaders ... Has Ensured That Representatives From Vulnerable and Diverse Communities Are Engaged in Defining Local Health and Wellness Priorities and Actions.**

Another way organizations in San Diego County retain and tap this human capital and institutionalize multisector approaches is by strategically refocusing their staffing plans as new initiatives and grants arrive.

For example, when federal funding ended for public health efforts aimed at changing the built environment, SANDAG, the regional government planning agency, created new programming to retain staff who had helped deploy these multisector initiatives. These staff are now leading the Transnet Smart Growth Incentive Program and the Active Transportation Grant Program—two initiatives that support local efforts to increase walking, biking, and transit use throughout the region in coordination with the HHSA. Such flexible staffing plans ensure that expertise and experience are repurposed as new initiatives are created and that long-term strategies can endure beyond the life cycle of any one grant or program.

**Engaging a “Whole Person” Approach With the Most Vulnerable Residents**

With collaborative structures and collective impact models established in many county activities, stakeholders are seeking new methods for engaging underserved populations and providing comprehensive care. Homelessness and housing scarcity are increasingly viewed as public health issues. One nonprofit respondent stated that the 2017 Hepatitis A outbreak could be “the significant public health emergency we needed” to drive this shift in thinking. Many stakeholders felt the crisis justified more investment in services that address drivers of health and well-being in addition to chronic conditions.

**Homelessness and Housing Scarcity Are Increasingly Viewed as Public Health Issues ... The 2017 Hepatitis A Outbreak Could Be “The Significant Public Health Emergency We Needed” To Drive This Shift In Thinking. Nonprofit Sector Respondent**

The 2016 integration of Housing and Community Development with HHSA aligned all the traditional entitlement programs related to housing with HHSA resources on a region-wide basis. This innovation acknowledges the critical role housing plays in health and brings the county closer to a service delivery system with a “whole person” approach. The change also facilitated HHSA’s adoption of a “housing first” policy, where people who are living on the street or in shelters are first provided long-term housing and then comprehensive care that includes treatment for mental illness, substance use disorders, and other issues.

During the reorganization, the County of San Diego launched Project One for All to unite the region, cities, housing commissions, and nonprofits to expand intensive services and housing for the most vulnerable homeless population—specifically, those with behavioral health and chronic physical health issues. This effort uses a coordinated approach that includes a mechanism for county resources to be matched with individuals in need and a method for cities, local housing authorities, and nonprofit organizations to link with county resources.

As an example of San Diego County’s efforts at integration providing access to care and improving consumer experience, regional departments coordinated to bring health and social services at two new LWSD Centers. The “one-stop shopping” complexes offer residents what they need in one place instead of having to travel from location to location. The North Inland Live Well Center in Escondido and the South Region Live Well Center in National City also include the county’s first military and veteran resource centers.

HHSA’s CAP also addresses social determinants and the ways in which poverty can impact health. Working alongside the California Accountable Communities for Health Initiative and the Healthiest Cities & Counties Challenge, the agency is launching the Live Well Communities project, which addresses societal issues impacting health in historically underserved communities, notably black, Hispanic, and low- and moderate-income populations. The project aims to better engage with community members and combat problems that have been identified as priorities in Southeastern San Diego, including crime and joblessness.
Although HHSA leadership is critical to the general effort to see treatment and well-being in a holistic framework, the agency’s goal is being advanced by other important county organizations. For example, the San Diego Food System Alliance, a multisector collaborative of organizations and individuals, funded largely by the California Endowment, focuses its efforts on addressing systemic inequality in food systems, from the policy to the grassroots level. Similarly, the UC-San Diego School of Medicine has partnered with local organizations on grants that—although focused on particular health problems such as heart disease—address the effects of social factors on disease rates, particularly in underserved communities. “They’re looking at race, social and economic status, education, physical environments,” said a respondent from the nonprofit sector. “Medical care still only accounts for 10 percent of health outcomes, and now they’re looking at those other factors that contribute to 90 percent of our health outcomes.”

“MEDICAL CARE STILL ONLY ACCOUNTS FOR 10 PERCENT OF HEALTH OUTCOMES, AND NOW THEY’RE LOOKING AT THOSE OTHER FACTORS [RACE, SOCIAL AND ECONOMIC STATUS, EDUCATION, PHYSICAL ENVIRONMENTS] THAT CONTRIBUTE TO 90 PERCENT OF OUR HEALTH OUTCOMES.”

NONPROFIT SECTOR RESPONDENT

FOSTERING COMMUNITY ENGAGEMENT FOR IMPROVED HEALTH WITH AN EQUITY FOCUS

The strong presence of HHSA and other agencies in San Diego County has been critical to establishing health as a community priority. However, such financial and organizational strength does not always support equitable and community-based activities that can reach residents who are missed by government systems, or those who avoid them out of mistrust or confusion. County stakeholders who recognize this reality are working to find solutions that encourage more input from residents in ecological approaches that support overall health. Although many of these efforts are works in progress, there is evidence of success in important aspects of community engagement.

The Nutrition, Education and Obesity Prevention Program (NEOP), which has been administered by HHSA—but had been managed by UC-San Diego’s Center for Community Health for 15 years—combines health and social marketing to address health disparities in low-income communities. The program engages community-based organizations, elected officials, faith-based organizations, and other groups to improve access to healthy foods, food security, and opportunities for physical activity. The center applies similar methods to faith-based wellness programs it currently operates, recognizing that religious institutions can help reach immigrant populations, overcome language barriers, and partner in the creation of health-focused resources such as community gardens. The center deploys about 200 interns to work in Muslim, Hispanic, and black communities to establish culturally appropriate dialog. The center also supports neighborhood market owners through a partnership with Whole Foods, which hosted trainings in fresh produce storage in the City Heights neighborhood. The center also operates a refugee health unit to promote health education in coordination with refugee assistance organizations and groups led by refugees themselves.

The center was located in the City Heights neighborhood, off the UC-San Diego campus, to form stronger ties to the populations it engages and to act—as a health sector respondent said—as “a bridge between research and community.” An important example of this coordination is a financial incentive program geared to increase consumption of fruits and vegetables among county residents enrolled in the Supplemental Nutrition Assistance Program (SNAP). Using a $3.4 million U.S. Department of Agriculture grant, the center helped create a program that gives rebates for healthy food purchases and provides classes in cooking, food awareness, and food labeling to SNAP residents. Simultaneously, the program allows the center to study generated data on participants’ behavior. “We’re following thousands of participants, and looking at what they’re buying and validating whether our financial incentive program addresses hunger, and access to healthy foods.”

The county’s regional Community Health Improvement Plans are another vehicle used by HHSA and its partners to promote community engagement and promote data sharing among residents. HHSA divides the county into six regions, each of which develops its own plan. It provides population base data, but residents create the plan’s specific goals and programming. “These are community members; they’re advocates,” says a respondent from the health sector. “But they’re also moms, or they are representing community organizations. I am consistently impressed at how they really focus on equity issues.” The respondent believes that over time, participants have grown accustomed to considering how environmental drivers affect residents of different races, ethnicities, and age groups. These distinctions have “become part of their vocabulary.”

“THESE ARE COMMUNITY MEMBERS; THEY’RE ADVOCATES, BUT THEY’RE ALSO MOMS, OR THEY ARE REPRESENTING COMMUNITY ORGANIZATIONS. I AM CONSISTENTLY IMPRESSED AT HOW THEY REALLY FOCUS ON EQUITY ISSUES.”

HEALTH SECTOR RESPONDENT

Community perspective is also being tapped to help create San Diego Forward, the county’s regional development plan. SANDAG, which leads the effort, has contracted with 12 community-based organizations in disadvantaged communities as part of its Public Involvement Plan. By drawing on the partners’ leadership and knowledge of their communities, SANDAG hopes to put more focus on social equity and environmental justice into transportation planning by accommodating residents in underserved areas. It is one of many steps needed to bridge the gap between planning agencies and many residents who are struggling to find their way in an expensive, car-dominated community. “I feel more than ever we are engaging our community,” says a respondent from the nonprofit sector. “But there are still disparities and a need to understand and embrace diversity.”
Integration of sectors into a health and wellness-oriented focus. Having implemented cross-sector collaboration and collective impact models to identify health drivers and outcomes, the San Diego region now is exploring refinements to this approach and using accumulated data to drive new initiatives. HHSA, SANDAG, and other agencies are leveraging state and federal funding to launch initiatives of wide scope that can focus on various drivers of community development. In particular, LWSD has enabled HHSA to establish and broaden a partner ecosystem and helped many county stakeholders to consider health and wellness as central to community development in terms of their own agendas. “Before Live Well really brought this forward, the [County] Board of Supervisors didn’t even talk about health,” said a respondent from the nonprofit sector.

A holistic approach to reducing preventable disease. Through a multifaceted approach and stakeholder engagement, the county is addressing many drivers and behaviors to “look at wellness in the broadest sense,” according to a nonprofit sector respondent. Initiatives such as NEOP, Be There, and various programs affiliated with LWSD have built a multilayered strategy to improving health through community incentives, behavior, and resident engagement.

Interlocking efforts to address homelessness. By pulling its Housing and Community Development Agency under the HHSA, the county has created greater capacity to look at the homeless population in terms of intervention, prevention, and immediate need for housing and social services. The Hepatitis A crisis was cited by several respondents as a galvanizing event that brought much-needed attention to the plight of the homeless, which may bring the residual benefits of more funding and coordinated efforts to build affordable housing.

Innovative and collaborative use of health and community data. LWSD’s mechanisms for sharing data with participating communities and stakeholders are flexible; they allow partners to tailor their engagement with different segments of the population and examine drivers particular to their communities.

Providing individuals and groups with an abundance of data for repurposing has the potential to improve initiatives undertaken at the community level. The quantity and quality of data, and a culture that values it, have led to innovations, such as county agencies buying marketing research to better target neighborhoods with healthy food messaging.

Climate and geography conducive to physical activity. San Diego County’s temperate climate, green spaces, bike trails, and environmental planning all contribute to an environment in which residents can enjoy outdoor activity and make it a cornerstone of a healthy lifestyle.

Summary of county’s efforts to build a Culture of Health

Based on the Culture of Health Action Framework used to guide Sentinel Community data collection and monitoring in San Diego County, it appears the county is making progress in advancing its efforts to promote health and well-being for all residents. Restructuring in county governance, particularly the integration of the Housing Authority with HHSA, demonstrates the county’s proactive approach to Fostering Cross-Sector Collaboration to Improve Well-Being. The linkage of housing and health has particular importance in a community where homelessness remains a serious problem. The LWSD vision has helped to expand the definition of health and has been instrumental in framing community health as a primary goal. Raising awareness of health’s many environmental, social, and economic drivers through buy-in of partner organizations and data sharing has contributed to Making Health a Shared Value. And the creation of new Live Well Centers, “one stop” health care opportunities, and advocacy for wraparound care for many populations has helped to Strengthen Integration of Health Services and Systems. Finally, various projects connected to veterans’ services, LWSD, and UC-San Diego’s Center for Community Health are engaging communities, supporting local initiatives, and helping vulnerable
populations navigate existing services. These efforts are raising awareness of community health concerns and making data publicly available, which are important steps in an effort to Create Healthier, More Equitable Communities.

Stakeholders and central agencies in San Diego County have created a bedrock of integrated, health-focused frameworks that generate funding and data, help launch new initiatives, and create channels for community engagement. These efforts have helped to establish community health as a right for all residents and an objective to be pursued through comprehensive strategies. The HHSA continues to work with “backbone” organizations that can act as master planners for health and wellness goals, and, through data sharing, tell a more comprehensive story about health in San Diego County.

“I FEEL MORE THAN EVER WE ARE ENGAGING OUR COMMUNITY, “BUT THERE ARE STILL DISPARITIES AND A NEED TO UNDERSTAND AND EMBRACE DIVERSITY.”

NONPROFIT SECTOR RESPONDENT

Despite health improvements across all racial and ethnic groups, disparities still exist. Leaders and stakeholders have recognized ongoing barriers to equity, but solutions to the most difficult problems require more analysis and greater ability to address social drivers impacting health. Public health concerns such as homelessness (and related crises, such as the Hepatitis A outbreak) require political and public health sectors to find common ground. The challenges of multitiered government have not been eradicated by the consolidation within HHSA and other agencies. There are ongoing tensions between interests that value strong law enforcement and economic development and advocates for marginalized populations, especially the undocumented and those struggling to find affordable housing options. And although community and partner engagement are key objectives for LWSD, many agencies are still working to establish trust with vulnerable populations and overcome the perception that government “owns” these efforts, which can impede true collaboration. Further work is needed to create truly reciprocal partnerships with residents, particularly the most vulnerable.

San Diego County’s effort to integrate departments and coordinate homelessness outreach strategies is an ambitious approach to improving health and well-being for the community’s most vulnerable residents. The combination of health and housing authorities, encouraging in itself, will require sufficient time to be assessed as an effective means to reframe homelessness as an issue with public health, public housing, and community action dimensions. Other reorganizational efforts, such as RTFH merging with Continuum of Care, will also bear further study. For these efforts to have their maximum benefit, San Diego County will also need to find a more balanced approach to dialog and solutions and incorporate more voices from among the homeless population and other vulnerable groups.

Diversion programs, which are structured to keep vulnerable residents, especially children, from becoming homeless are gaining traction, but many will need time to demonstrate whether they can reduce the number of county residents who are at risk. The challenges of building more affordable housing in the dense urban areas will also be a factor to monitor. Whether the 2017 Hepatitis A outbreak will be seen as a true “wake-up call” that improves homelessness reduction strategies remains an open question.

Future studies of San Diego County may address the community’s progress in combatting substance abuse. One respondent from the health care sector noted that rehabilitation programs currently lack “variety of choices and modality,” hampering their effectiveness. Since 2015, the federal government has granted California more leeway in funding treatment for patients with substance use disorder covered by MediCal, California’s Medicaid program. However, San Diego County will only begin implementing its new Organized Delivery System in July 2018, so the effects of this new model will not be known for some time. Changes in federal law regarding immigration and the legal status of DACA recipients may affect the outreach strategies of public health agencies and will be important to monitor.

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References