RWJF Culture of Health
Sentinel Community Snapshot:

San Diego County, California
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ABOUT THIS REPORT

The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Stretched out along the sunny southwest Pacific Coast where the low desert meets the ocean, San Diego County, is considered a national standard for collaborative community health planning. From its cliffside bike paths to its eastern farmlands and deeply multicultural city neighborhoods, the county is one of the more physically active, healthy, and engaged communities in the state and nation. San Diego County has a population of 3,183,143, comprising non-Hispanic white (48%), Hispanic (33%), Asian (11%), and black (5%) residents. It benefits from an integrated County Health and Human Services Agency, including Public Health Services that engages in comprehensive strategic planning. It also secures and coordinates funding for cross-sectoral partnerships aimed at improving community health.

Relative to the rest of the nation, the county as a whole ranks well in terms of physical activity and health. But a closer look reveals that stark racial and ethnic disparities do exist, and population growth continues to put pressure on resources, affordable housing, and the built environment. Significant multisector strategies and processes are in place to help navigate the health disparity challenges and maintain the county’s standing as a leader in public population health. Despite widespread and measurable success, significant challenges remain to address racial and ethnic health disparities, housing affordability, and a high cost of living.

RESEARCH INSTITUTIONS DIVERSIFY ECONOMY
Home of the U.S. Navy’s Pacific Fleet since 1919, San Diego County’s
economy has long been closely linked with the military, often rising and falling with national defense spending levels. Although the military currently accounts for 22 percent of total jobs and an estimated $4.5 billion in gross regional (San Diego County) product, post–Cold War cutbacks motivated city leaders to begin to diversify the economy, which resulted in thriving technology, research, and tourism sectors. Today, a significant portion of this diversification is driven by the county’s thriving research community, which consists of leading universities and related independent research institutes. From The Scripps Research Institute (TSRI), one of the largest such organizations in the country, to the University of California, San Diego, the county’s research institutions have a $4.6 billion impact on the county’s economy as part of the larger $14.4 billion scientific research and development cluster. In 2014, the county’s unemployment rate (8%) was lower than the nation’s (9%) and significantly lower than the state’s (11%).

Because of its sunny and mild climate—which averages more than eight hours of sunshine per day—and its highly accessible bike routes, hiking trails, and other outdoor physical activity infrastructure, San Diego County’s population tends to be physically active and healthy. A majority (56%) of adult residents describe their health status as excellent or very good (compared with 53% nationally), with 88 percent of adults participating in physical activity within the past week. Fewer residents of San Diego County experience premature deaths (4,900 per 100,000 people) than residents of the state (5,300) and nation (7,000). They also have lower prevalence of obesity (20%) and diabetes (9%) than residents of the state (23% and 10%, respectively) and nation (30% and 10%, respectively). Nonetheless, racial and ethnic disparities in health outcomes exist, with Hispanic and black residents experiencing poorer health outcomes than white and Asian residents.

After implementation of the Patient Protection and Affordable Care Act and the state’s Medicaid expansion, the percentage of San Diego County’s total population with insurance coverage increased from 82 percent in 2010 to 88 percent in 2014, decreasing the uninsured population by more than 30 percent. By 2014, the rates for individuals with either public or private insurance increased 6 percent for whites, 7 percent for blacks, and 8 percent for Hispanics.

AGENCIES COLLABORATE FOR WELLNESS
The County of San Diego has a vision for making “a region that is Building Better Health, Living Safely, and Thriving.” Public Health in San Diego has been part of an integrated Health & Human Services Agency (HHSA) since the late 1990s and has guided strategic planning to ensure the health and well-being of all San Diego County residents. This includes seeking and securing funding to support these efforts, then coordinating the distribution of resources to a widespread network of community partners and evaluating impact on the community. This model, also in practice in other California communities, allows for highly collaborative and efficient coordination of efforts in support of a comprehensive shared vision of health and wellness for all residents.

County’s Distinctive Challenges
The vast majority of San Diego County residents consider their community to be a healthy place to live. San Diego County has made many investments in shaping environmental conditions to stimulate and reinforce health-improving behaviors, such as regular physical activity. San Diego residents are able to engage in a wide variety of outdoor physical activities, in part because of the county’s mild climate and access to the many investments the county has made in building biking, hiking, and walking trails, ensuring access to parks and opportunities for active transportation. In general, physical activity among adults has increased over time; specifically, the percentage of adults who have participated in any physical activity within the past month rose from 77 percent in 2005 to 83 percent in 2012.

DEFICIENT TRANSPORTATION AND HOUSING
Another distinctive factor is significant population growth, especially in the coastal metropolitan area. Although average household income is higher in the city ($65,753) than in the county as a whole ($63,996), the percentage of children living in poverty in the city (21%) is higher than that of the county (19%). The San Diego Association of Governments (SANDAG) estimates that the county will add approximately 1 million people by 2050, with the Hispanic population expected to surpass white residents as the majority at approximately 46 percent. SANDAG is the metropolitan planning agency made up of 19 local governments that focuses on large-scale, long-term regional decision-making, helping to plan transportation projects, coastal reconstruction, trolley lines, and other environmental improvements. Another organization looking to address the county’s housing situation is the San Diego Regional Alliance for Fair Housing. In 2015, this group released the San Diego County Regional Analysis of Impediments to Fair Housing Choice report that analyzes housing across the county, including all 18 incorporated areas and unincorporated areas. The report states that 5.6 percent of the county’s population live in racially or ethnically concentrated areas of poverty and that more must be done to ensure that there is affordable housing distributed throughout the county.

Although individual communities are able to create their own Growth Management Plan, only half of the communities in San Diego County have one, which makes it difficult to characterize housing policies across the entire county.

As discussed above, San Diego County is a desirable place to live due to its climate, access to natural and built resources, employment opportunities, and diverse cultural mix. However, these features also contribute to significant challenges related to population growth, including the effects of gentrification and displacement, the increased costs of living, and the lack of affordable housing. After being severely affected by the Great Recession’s housing bubble in 2008, the county continues to experience a shortage of affordable housing. A 2015 San Diego Chamber of Commerce study predicted a shortage of 45,000 to 118,000 single family homes by 2050. This issue affects several other California cities, including Los Angeles, San Francisco, Sacramento, and San Diego County is also struggling to address the fact that more than
57 percent of county residents spend more than 30 percent of their income on rent.

As with many communities in California, San Diego County has a very high cost of living. According to the Cost of Living Index, which measures the cost of goods and services, items that cost $100 on average across the nation cost $144 in San Diego County. This means that compared with the average city in the United States, it will cost someone 44 percent more to maintain the same standard of living (e.g., housing, food, health care, taxes) in San Diego County. With the city center and many of the coastal areas experiencing the most prominent population growth and thus density, the resultant shortage of affordable housing has become a significant issue. As of 2014, the county had a shortfall of 127,930 homes considered to be affordable to very low-income and extremely low-income households, with 70 percent of very low-income households paying more than 50 percent of their income in rent. Another way of looking at this is that, for the nearly 180,000 very low or extremely low-income households in the county, there are fewer than 50,000 rental units with rents that would be less than 30 percent of the area median income.

The county also shares a 15-mile border and two border crossings with Mexico, including one at San Ysidro, the busiest land port of entry in the Western Hemisphere, which sees 50,000 vehicles and 25,000 pedestrians enter the United States each day. This level of traffic is expected to increase 87 percent by the year 2030. Although the county’s immigrant population has never ranked among the highest in the state (which had 27% foreign-born residents as of 2011), 12 percent of the county’s population are not citizens, which is markedly higher than the national average of 7 percent. California is unique in that it allows undocumented immigrants to obtain driver’s licenses, pay taxes, and attend public schools, which challenges San Diego County and others in the state to determine how to provide services and resources to these residents. In some cases, undocumented immigrants remain in San Diego, while others pass through the county as they travel north, seeking jobs in Los Angeles and other parts of the state and nation.

Although the county’s public health infrastructure is well structured and expansive, socioeconomic and health indicators reveal unequal incomes, educational attainment, employment opportunities, poverty rates, and access to health care among subgroups of county residents. Regarding health outcomes, Hispanic and black residents experience poorer health outcomes than white and Asian residents, specifically for asthma and obesity (Figure 1).

Hispanic ($47,543) and black ($49,569) residents, in particular, have lower annual household incomes than their non-Hispanic white ($72,174) and Asian ($80,588) counterparts. Thirty-five percent of Hispanic residents have less than a high school diploma, compared with 5 percent of white residents, 10 percent of black residents, and 12 percent of Asian residents; significantly higher percentages of whites (44%) and Asians (47%) have a bachelor’s degree or higher (Figure 2). Hispanic (11%) and black (15%) residents also have higher unemployment rates than white (8%) and Asian (7%) residents (Figure 3).

Higher percentages of Hispanic (21%) and black (21%) residents live in poverty than whites (11%) and Asians (11%) (Figure 4). Nine percent of
whites report their health is fair or poor, with significantly higher rates reported by blacks (21%), Asians (24%), and Hispanics (23%) (Figure 5). Obesity prevalence rates for Hispanics (78%) and blacks (63%) are higher than the rate for whites (55%) and significantly higher than the rate for Asians (26%) (Figure 6). 31

GROWING HOMELESSNESS AND SUBSTANCE USE
The county is also navigating widespread issues related to homelessness and methamphetamine (meth) addiction, far-reaching problems that tax resources across law enforcement, health care, and treatment and support services. In 2015, San Diego County’s point-in-time homeless population count was 8,742, a 3 percent increase over the previous year, nearly half of whom were living unsheltered. 32 Similar to national trends, meth addiction in San Diego County has been on the rise in recent years, resulting in increased emergency room utilization, arrests and border seizures, and drug-related mortality. In 2014, 45 percent of adults arrested in San Diego County had meth in their systems, representing a 66 percent increase in just five years. 33 Efforts are underway to address the causes and symptoms of these problems, including HHSA partnerships with residential and outpatient treatment programs across the entire county. 34 Also, the San Diego Housing Commission’s Housing First program aims to create affordable housing with supportive services for the homeless population. 35 Continued monitoring is necessary to gauge their effectiveness and measurable success.

Community Actions: A First Look

FUNDING HELPS BUILD HEALTH PROGRAMS
What sets San Diego County apart from other communities across the country is its commitment to strategic planning. The HHSA’s strategic processes have directly led to increased funding, coordination, and a more effective commitment to a shared, community-wide vision of health. According to the County of San Diego Adopted Operational Plan for Fiscal Year 2016–2017, the county receives $5.36 billion in funding, with the greatest sources being the state (29%); property and other taxes (21%); charges for services, fees, and fines (19%); and federal sources (13%). 36 Many funding opportunities, such as those coordinated by the Centers for Disease Control and Prevention (CDC) (e.g., San Diego received both, Communities Putting Prevention to Work, and Community Transformation Grants funded by CDC) have also contributed to more opportunities for community-level program evaluation and data collection to better understand the community. This approach could serve as a model for other communities throughout the country.

Under the impetus of Welfare Reform, in 1998, county officials consolidated public health, several human services departments, and behavioral health services, into HHSA to eliminate programmatic silos, bureaucracy, and duplication of efforts. This consolidation is helping to move the county toward a more integrated and collaborative approach...
to addressing health. It is important to note that, because of the high volume of ongoing programming and overlapping efforts in the county, much of the outcome data are unavailable or have yet to be released. Although this makes it difficult to isolate the impact or unique contributions of individual programs on health outcomes, the main outcomes data that are available have been included in this report.

In 2008, under the leadership of a newly appointed agency director and with broad participation across the agency and with community stakeholders, the HHSA began planning their “Build Better Health” agenda. By 2010, the county released their 3-4-50: Chronic Disease in San Diego County report. This report set in motion a priority to focus on the top three health behaviors (poor nutrition, lack of physical activity and tobacco use) that contribute to four diseases (heart disease/stroke; cancer; type 2 diabetes; respiratory conditions) that lead to 50 percent of all deaths. Also in 2010, through the American Recovery and Reinvestment Act, HHSA received $17.8 million from CDC through the Communities Putting Prevention to Work (CPPW) cooperative agreement, which was the highest award in the nation out of 23 communities funded for obesity prevention programming.

SUPPORTING RESILIENT, HEALTHY COMMUNITIES

Finally, in 2010, the County of San Diego Board of Supervisors adopted “Building Better Health” to improve the health of residents and support healthy choices. Building Better Health provided the foundation for what became Live Well San Diego with the “Living Safely” component, adopted in 2012, aimed at protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities. The “Thriving” component, adopted in 2014, is designed to give everyone a chance to grow, connect and enjoy the highest quality of life through the natural and built environment, enrichment activities, civic engagement, education, and economic prosperity. Live Well San Diego was first conceived as a 10-year plan and has now evolved to become the vision for the whole County of San Diego. As a unified vision for collective health promotion, Live Well San Diego has successfully engaged county government, health care providers, community and faith-based organizations, businesses, school districts, and more to change community and organizational cultures and create positive measurable change in community health outcomes.

Live Well San Diego (Live Well) measures improvements using 10 indicators of success centered on five areas of influence: health, knowledge, standard of living, community, and what it describes as social, or helping each other to live well. In one of the more innovative and transparent aspects of the program, results are posted publicly on its Indicators Dashboard and Data Portal to more effectively “harness and humanize data to improve outcomes.” Over time, the county has seen significant improvements in key population health outcomes, which might be attributable in part to investments in health promotion and disease prevention policies and programs. For example, smoking prevalence in San Diego County decreased from 17 percent in 2001 to 9 percent in 2014, and physical inactivity prevalence has decreased from 17 percent in 2012 to 15 percent in 2016. Similarly, the percentage of
residents ever told they have had a stroke dropped from 8 percent in 2003\(^4\) to 2 percent in 2012.\(^5\) Average life expectancy at birth for county residents has increased 0.7 years from 2011 to 2013, which is more than the national increase of 0.1 years over the same time period.\(^6\) Although these trends parallel statewide decreases, Live Well’s contributions and the county’s public health efforts have likely contributed to these improvements in health outcomes.

As part of the original CPPW award, the county partnered with San Diego State University as an external evaluator, enabling it to gather data on changes related to policy, systems, and environment improvements. Live Well San Diego provides the organizing framework for six regional leadership teams and more than 260 Community Partners coordinating their efforts and helping to ensure that planning and programming meet the needs of communities throughout the county.\(^7\) The cornerstone of Live Well San Diego’s Building Better Health component is “Healthy Works,” which specifically addresses the 3-4-50 focus. By partnering with Community Health Improvement Partners (CHIP), SANDAG, San Diego County Office of Education, San Diego State University, and University of California, San Diego, Healthy Works has had many successes. These include the engagement of the county’s business community in adopting wellness policies and prioritizing employee health and various gardening in school programs.\(^8\)

In addition to the CPPW grant, San Diego County received $9 million over three years starting in 2011 in the form of the CDC’s Community Transformation Grant.\(^9\) This continued funding enabled Healthy Works to further combat chronic disease throughout the county, including the following achievements:

- Partnering with Social Advocates for Youth, Healthy Works worked with landlords and property owners to adopt smoke-free multi-unit housing policies. As of September 2014, 32 multi-unit housing complexes in the county had such policies affecting more than 6,600 residents.
- Healthy Works also included healthy, smoke-free working environments language in more than 86 service contracts, and policies that affected more than 48,000 employees.
- San Diego Unified School District—the county’s largest, with more than 132,000 students—implemented purchasing practices to increase the amount of locally sourced fruits and vegetables offered through the National School Lunch Program and decreased sodium content in elementary and middle school menus by more than 26 percent of the goal.

After receiving CPPW funding, SANDAG prioritized battling obesity, increasing physical activity, and improving health outcomes through built environment projects. The agency aims to ensure that all residents of San Diego County, regardless of location, have access to safe places to live, work, and play. The following are some of SANDAG’s health-focused initiatives:

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**Figure 5. Self-reported Fair or Poor Health by Race/Ethnicity, San Diego County and California**


Note: In this figure, “white” means non-Hispanic white, and “Hispanic” ethnicity includes persons of any race.

**Figure 6. Adult Overweight/Obesity Prevalence by Race/Ethnicity, San Diego County and California**


Note: In this figure, “white” means non-Hispanic white, and “Hispanic” ethnicity includes persons of any race.
• SANDAG’s TransNet is a longstanding half-cent sales tax that helps fund county-wide transportation projects. The program funds two grant programs (TransNet Smart Growth Incentive Program and the TransNet Active Transportation Grant Program) that aim to increase walking, biking, and public transit usage throughout the county. From the county-wide regional bike corridor project to guidelines for planning and designing for pedestrians, TransNet has contributed to more than 650 projects, totaling more than $13.5 billion in funding.49

• The San Diego Regional Bike and Pedestrian Counter Network, a collaboration among SANDAG, San Diego State University, and HHSA, is one of the largest such networks in the country. More than 50 counters have been installed across 15 county jurisdictions to monitor biking and walking behaviors. Although the project is still developing, SANDAG intends to use the collected data to inform future active transportation projects.50

San Diego’s CHIP is another mechanism to support cross-sector partnerships through assessment, outreach, education, and advocacy. Created in 1995 in response to the state law that mandated hospitals to conduct periodic community health needs assessments, CHIP forges cross-sector partnerships between physicians, universities, community organizations, hospitals, health systems, and the county. These partnerships help to encourage “long-term solutions to priority health needs through collaboration and community engagement.”51 CHIP became a Live Well San Diego partner in 2014, to further their complementary activities and objectives.

HEALTHIER FOOD CHOICES BATTLE OBESITY
One of its most notable achievements is the San Diego County Childhood Obesity Initiative that implements the strategies outlined in the county’s Childhood Obesity Action Plan. Drawing on the strength of its multisector composition, the initiative partners with organizations across the county to educate residents and support environmental changes. Examples include: renovating corner stores and installing refrigeration equipment, thus allowing them to stock and sell fresh fruits and vegetables.52 These approaches are just some of the several policy, systems, and environmental change strategies that have been implemented in the county and have contributed to improvements in population health outcomes. From 2005 to 2010, for example, the number of overweight or obese 5th-, 7th-, and 9th-graders in the county dropped by 4 percent, the largest decrease of any county in Southern California.53

Questions and Considerations
San Diego County stands as a prime example of the strengths and benefits of collaborative strategic planning to achieve population health. The county continues to be successful in bringing partners together to plan and implement multifaceted public health initiatives and policies. Evidence of a strong public health network and community infrastructure that supports public health has helped San Diego County successfully bring in funding from a wide variety of sources. These include state and federal health agencies, with much of this funding then being redistributed to partner organizations. Funding reallocation helps to further build capacity to implement strategies that will improve the health and well-being of San Diego residents.

Although San Diego County has achieved many successes, the county still faces numerous challenges, including stark health disparities by race/ethnicity, limited access to affordable housing, a very high cost of living, gentrification of downtown San Diego, and high rates of homelessness. Additional surveillance, data and information gathering, analysis, and reporting are needed to help identify the most effective methods and partnerships and also help guide the community’s efforts and resource allocations. Continued monitoring of activities and outcomes in San Diego County could provide insights into the degree to which meaningful change is taking place and can be sustained. The following questions remain:

• Are organizations that serve the many subgroups within San Diego County (e.g., those that live in unincorporated areas, recent immigrants) actively engaged in strategic planning and program implementation? If so, what organizations have been most successful in advocating for these residents, and who is missing from the table?

• With a diverse set of stakeholders and partners engaged in Live Well San Diego, what has the collective impact been of their efforts? What is the impact of these efforts on different subpopulations; specifically, on low-income residents, Hispanic residents and black residents?

• What resources are available and have been shown to be effective in meeting the health and well-being needs of those experiencing health disparities; specifically, low-income, Hispanic and black residents?

• How is San Diego County meeting the unique needs of undocumented immigrants who live in the county or are transiting through the county in search of other opportunities throughout California and the United States?

• What are the facilitators of and challenges with working with a large and diverse set of partners to implement a coordinated population health vision?

• How does military presence and spending—and the fluctuation of that spending—affect county planning, programming, and the delivery of resources?

• How are organizations in San Diego County using data to inform their strategic-planning and decision-making processes?
References


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