

RWJF Culture of Health
5-Year Community Landscape Report

San Diego County, California



About the Sentinel Communities Surveillance Project

The [Sentinel Communities Surveillance project](#) began in 2016 and has been monitoring activities related to how a [Culture of Health](#) has been developing in each of 29 diverse communities around the country. The purpose of the project is to learn more about how each community is working within its own historical context and current landscape to communicate about health and well-being, develop systems that promote health, and address health equity. Information on each Sentinel Community's work is summarized in community [reports](#), and cross-community [insights reports on emerging themes](#), such as the role of anchor institutions; the experience of small and rural communities; how communities are promoting health equity; and community narratives related to health, well-being, and equity.

This community landscape report follows from a [snapshot report](#)¹ (released in 2017) and a [community portrait](#)² (released in 2018) for San Diego County, CA., and provides a summary of the community's journey toward health, well-being, and equity over the past five years. The report is not intended to comprehensively describe every organization or action underway in San Diego County, but rather to focus on key insights, opportunities, and challenges.

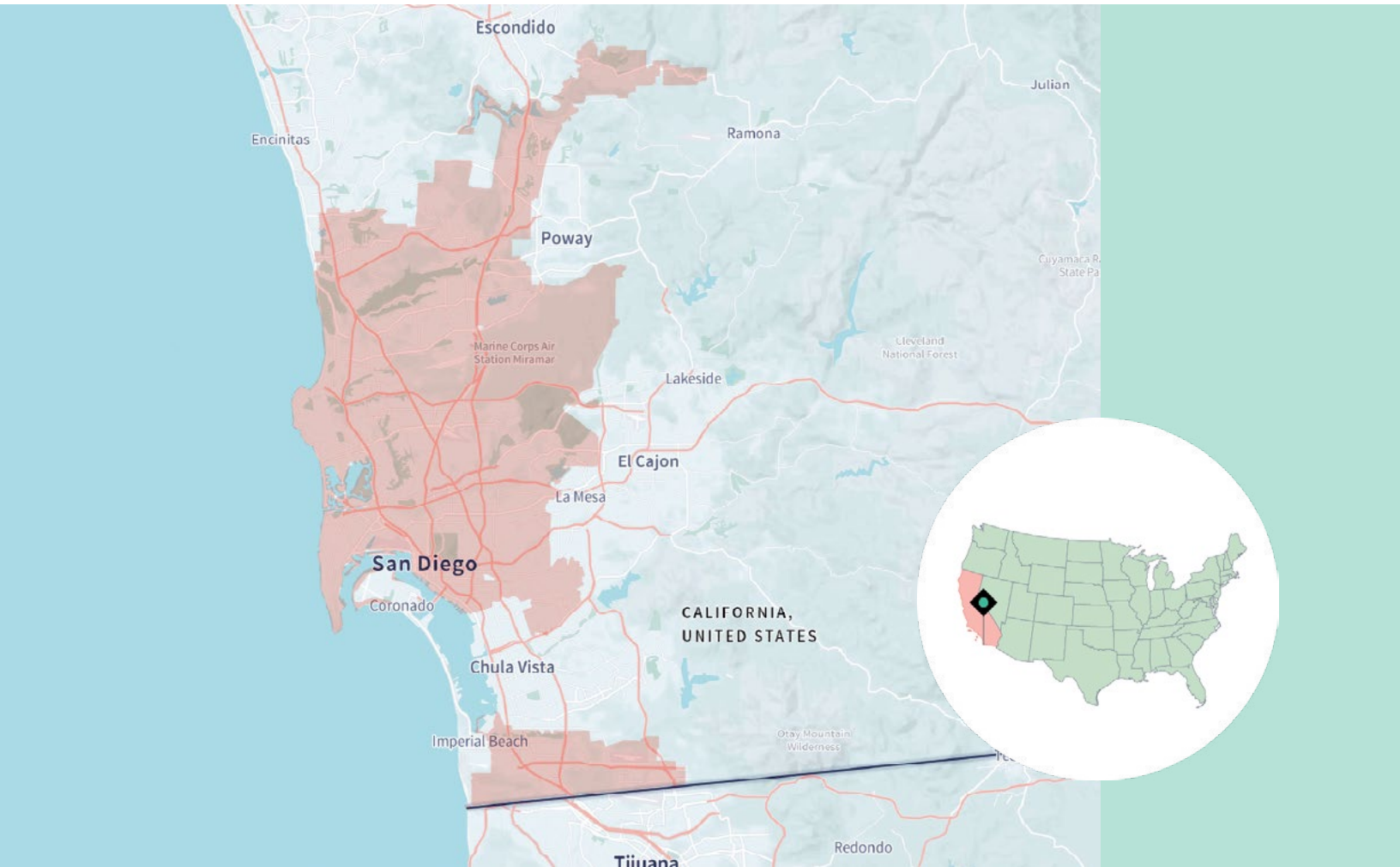
About This Report

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 in the community representing a number of organization types (for example, grassroots, government, for-profit) working in a variety of sectors (for example, health, business, education, faith-based, and environment). 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 other individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 34 interviews were conducted between early 2017 and spring 2022 for this report, with 15 interviews conducted in 2017, another 10 in 2022, and the remaining interviews conducted intermittently to obtain brief updates in the intervening years. All interviews (each about 60-minutes long) 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. Interviews conducted after spring 2020 also covered the impact of COVID-19 on the community and the community's response. Individuals who participated in key informant interviews for this report are not identified by name or organization to protect confidentiality, rather they are identified as "respondents." 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 data sets, including the American Community Survey (ACS); Behavioral Risk Factor Surveillance System (BRFSS); County Health Rankings (CHR); and other similar federal, state, and local data sources.

Table of Contents

Introduction	1
<hr/>	
Community Overview	2
<hr/>	
San Diego County’s Journey to Promote Health, Well-Being, and Equity	3
<hr/>	
COMMUNITY CAPACITY	
<hr/>	
MAJOR INITIATIVES FOR HEALTH AND WELL-BEING	
<hr/>	
HEALTH PRIORITIES AND NARRATIVE	
<hr/>	
SAN DIEGO COUNTY’S APPROACH TO HEALTH EQUITY	
<hr/>	
Factors That Influenced San Diego County’s Journey	7
<hr/>	
FACILITATORS	
<hr/>	
BARRIERS	
<hr/>	
Conclusion	7
<hr/>	
References	8



Introduction

San Diego County is a vast, racially and ethnically diverse county in coastal southern California. It is known as one of the healthiest communities in the country, a recognition that masks significant inequality in health and well-being outcomes between different parts and populations of the county. San Diego County has an integrated health and human services department and many engaged health systems, academic institutions, and nonprofit organizations. Over the past five years, the county has ramped up collaborative health promotion efforts and capacity to address persistent challenges related to homelessness and mental health, transportation,

and food access. These efforts reflect a broadening of the local narrative around health—one that already prioritized healthy lifestyles—to center mental health and the social drivers of health. Though leaders for health in San Diego County had been talking about equity for many years, racial equity became a central aspect of the approach over the past five years. The county realigned approaches to measurement and data reporting, hired new staff, and redoubled commitments to community engagement to try to make progress on systemic barriers to health and well-being.

Community Overview

On the southwest Pacific Coast near the border with Mexico, San Diego County is home to a diverse mix of urban areas (including the city of San Diego—the country’s eighth-largest city), suburbs, rural areas, tribal lands, and agricultural regions. Fewer than half of residents are White, and roughly one out of four are immigrants, including refugees.⁴ The local economy is diversified in industries like life sciences; manufacturing and technology; telecommunications and cybersecurity; and tourism.⁵ There is a large military and border control presence, because of the U.S. 11th Naval District headquarters and the county’s proximity to the Mexican border.

The mix of communities within San Diego County—and the presence of military and law enforcement infrastructure—has resulted in a diverse political mix. The city of San Diego and coastal towns lean more heavily Democratic, while the surrounding county has historically leaned Republican (though the most recent election cycle resulted in a majority Democrat County Board of Supervisors for the first time in many years).⁶ The State of California expanded its Medicaid program (Medi-Cal) in 2014; and an Older Adult Expansion went into effect in May 2022 for adults 50 or older, regardless of immigration status.⁷ The county benefits from temperate to warm weather year-round, and has a wealth of infrastructure for physical activity, including public beaches, trail systems, and bike-friendly urban neighborhoods.² While the county ranks well in terms of overall health, there are significant racial and income disparities in exposure to health hazards, access to transportation, and opportunities for healthy activities. Affordable housing shortages have exacerbated access issues in many areas of the county;⁸ coupled with a substantial veteran population, homelessness is an ongoing challenge.⁹ Other health priorities for the county include looking after an aging population, including a focus on mobility and heart health,¹⁰ and substance use and associated mental and physical health challenges.¹¹

FIGURE 1. POPULATION CHARACTERISTICS FOR SAN DIEGO COUNTY, CALIFORNIA³

POPULATION 3,298,634



MEDIAN INCOME \$78,980

6.0%
UNEMPLOYMENT
RATE

14.7%
CHILDREN IN
POVERTY

7.8%
UNINSURED

* Percentages of population by race/ethnicity may add up to more than 100 percent because categories are not mutually exclusive.

Data as of 2019.

San Diego County's Journey to Promote Health, Well-Being, and Equity

COMMUNITY CAPACITY

San Diego County benefits from the capacity of well-funded and innovative government agencies, healthcare systems, and nonprofit organizations. Capacity to address growing community concerns about mental health, housing stability, and food access has increased over the past five years. Structures are in place to incorporate community engagement into community change processes, utilize research for community benefit, and provide access to infrastructure to enhance mobility in the sprawling county.

Leadership for health comes from the county's integrated health and social services agency and local healthcare systems.

- San Diego County Health and Human Services Agency (HHS) is an integrated agency that provides services in public health, medical care, housing and community development, behavioral health, child welfare, and aging and independence.
- Leading healthcare and hospital systems include Scripps Health, University of California-San Diego (UCSD) Health, and Sharp Hospitals.
- Many other providers have been serving underserved and uninsured populations for decades, including Vista Community Clinic, Family Health Centers of San Diego, Father Joe's Villages, and Champions for Health. Scripps also has a family medicine residency program focused on "community medicine" in underserved communities.¹²

Capacity for mental and behavioral health has been expanding.

- The behavioral health services branch of HHS has been elevated over the past five years and is now the largest department in the agency, partnering with primary care and housing services branches to implement a preventative care model.
- Behavioral health facilities are expanding: San Diego County Board of Supervisors approved \$23.8 million to expand mental health and substance abuse care, including emergency response and crisis centers. This includes a partnership with UCSD Health to build a Central Region Behavioral Health Hub. Scripps will open a 120 in-patient bed facility in 2025 that will serve adolescents through seniors.¹³

In response to increasing affordability challenges, capacity to address homelessness, food access, and security has increased.

- Housing services were integrated into HHS seven years ago, including providing "brick and mortar" housing options and services, integrated with the other departments of the agency.
- The Regional Task Force for the Homeless (RTFH) is the regional U.S. Department of Housing and Urban Development (HUD)-designated organization responsible for administering federal funds to serve people experiencing homelessness in the county.
- Organizations like Father Joe's Villages and the Alliance for Regional Solutions help individuals facing homelessness meet basic needs, receive medical care, and get on a path to self-sufficiency through workforce development initiatives.^{14, 15}
- The San Diego Food System Alliance promotes collaboration, influences policy, and provides education to community members to support an equitable local food system.¹⁶
- Other organizations supporting food access include the San Diego Food Bank (member of the CA Association of Food Banks), Heaven's Windows, and Leah's Pantry.

Nonprofits, advocacy organizations, and coalitions have been working on immigrant rights and needs.

- The San Diego Immigrant Rights Consortium advocates for policies to protect immigrants.
- The San Diego Rapid Response Network started in 2017, and continues to aid immigrants facing deportation or detention by providing access to legal and social service providers.¹⁸
- Established in 2019, San Diego Refugee Community Coalition of ethnic-community based organizations addresses the needs of refugees, including tackling COVID-19 disparities.¹⁹

Organizations and structures exist in the community to incorporate community engagement and resident voice.

- HHS runs resident leadership academies (RLAs) to provide training to residents in policy advocacy and to develop and implement projects in to improve health.
- The Community Action Resource Engagement Center—run by the San Diego County District Attorney—operates a Youth Advisory Board, Community Youth Court, Veterans Empowerment Program, and an Interfaith Advisory Board.
- The UCSD School of Medicine Center for Community Health operates a Youth Advisory Council to lead projects to impact social/ environmental factors.

Academic and research organizations and funders focus on areas of community need.

- The UCSD Altman Clinical Translational Research Institute (ACTRI) Center for Community Health takes a policy approach to its work, scanning the policy environment relevant to their ongoing initiatives and research projects. The Center recently took over backbone responsibilities for the San Diego Childhood Obesity Initiative (COI).
- The San Diego Foundation initiated the San Diego COVID-19 Community Response Fund, rapidly deploying resources on a rolling basis to nonprofit organizations supporting workers with low incomes and supporting families and communities experiencing vulnerability.

San Diego benefits from organizational capacity and infrastructure to encourage active and accessible mobility options.

- San Diego Association of Governments (SANDAG) is the regional transportation and planning organization for the county.²⁰
- The county benefits from good weather year-round and a wealth of trails, beaches, and parks for outdoor recreation.

MAJOR INITIATIVES FOR HEALTH AND WELL-BEING

San Diego continues to take steps toward better health, well-being, and equity with significant activity at the county level—led directly by the county and other government bodies, but also by coalitions, nonprofit, and academic partners—related to collective action for health, homelessness and mental health services, transportation and mobility, and food systems and access. Many of these initiatives have been ongoing since before 2017, though new investments and commitments have been made.

Live Well San Diego has expanded as the county's flagship health promotion initiative, with an intensified focus on aging in recent years.

Live Well San Diego, led by HHSa, is a “vision for a region that is Building Better Health, Living Safely and Thriving”²¹ that celebrated 10 years of existence in 2020. Since its inception, the vision has grown into a collective impact movement involving over 520 partners.²² HHSa has established an integrated, structured approach to collaboration, reporting annually on 10 cross-sectoral Live Well San Diego indicators.²³ Progress has been made across many indicators, and over the past five years, stakeholders highlighted impacts that include the success of the Love Your Heart initiative and Be There intervention at reducing heart disease from the first to the second cause of death in the county.²⁴ The longstanding RLA model has resulted in increased community engagement in Live Well San Diego and led to the formalization of community health workers (CHW) and promotores (CHWs who represent the ethnic, socio-economic and educational traits of those they serve, primarily representing Latino populations) on HHSa staff. This proved to be a critical component of the county's COVID-19 response. Respondents also cited the Live Well San Diego network as a key resource and connector during pandemic response, providing information on resources, testing, and vaccination,

and coordinating various aspects of mitigation by sector (e.g., education, faith community, private sector). Other efforts that comprise Live Well San Diego, including community engagement strategies like community leadership teams²⁵ (responsible for community-scale health improvement plans), community-based infrastructure like Live Well Communities and Centers, and mobile health clinics (Live Well on Wheels) have continued to receive support over the past five years. Respondents described that an age well plan has been embedded within Live Well San Diego and is connected to AARP's Age-friendly Communities and Dementia Friendly America's Dementia-friendly Communities programs. These efforts have all matured over the last five years. Age Well addresses health and community support, housing, social interaction, transportation, and dementia-friendly environments and has been replicated at the state level.²⁶

Robust efforts help individuals facing homelessness and recent migrants receive the services they need, and efforts are integrated with initiatives to address mental health challenges.

HHSa manages a suite of HUD-funded programs as part of its Ending Homelessness initiative. Project One for All provides wraparound services like mental health counseling for individuals with serious mental illness who are facing homelessness.²⁷ Much of the coordination around homelessness services happens through RTFH, which has continued to grow its partnerships and data-sharing efforts, with \$8 million in new HUD funding for a Youth Homelessness Demonstration Project and \$27 million from California's Homeless Emergency Aid Program. Partnerships with churches and faith-based organizations have grown. For example, Father Joe's Villages has expanded health care (including mental health and substance use) services for individuals experiencing homelessness, opening a pharmacy, implementing a Street Health Care Program to provide outreach health services,²⁸ and providing nurse triage to help reduce emergency department discharge of individuals back on the streets.²⁹ Two local foundations are involved with addressing homelessness: the Lucky Duck Foundation and the Arlene & Michael Rosen Foundation, which has funded another Street Medicine Program.³⁰ Stakeholders experimented with innovative approaches to addressing homelessness during the pandemic, engaging new private sector partners such as the San Diego Convention Center to provide additional housing capacity and to co-locate physical and behavioral health services there. RTFH received assistance from HUD to coordinate COVID-19 response plans among service providers.

New immigrants and refugees arriving in San Diego have housing, as well as other acute needs, that stakeholders are working to address. Jewish Family Services opened a migrant services shelter in 2018 to assist individuals who may be waiting for legal determinations.³¹ The San Diego Immigrant Rights Consortium has been active in fundraising for immigrants facing detention and involved in advocating for Health4All (a policy that would make all Californians who meet the income requirement eligible for Medi-Cal, regardless of their immigration status or age).³²

Other efforts to promote mental health have ramped up over the past five years. The county recently started a Mobile Crisis Response Team to assist individuals with mental health, drug, or alcohol crises, supplementing its existing crisis response teams associated with law enforcement calls

and in schools.³³ The county is considering using unused county-owned land to create multiple behavioral health hubs, building on the model of the Central Region Behavioral Health Hub.

Efforts are ongoing to improve transportation access and mobility in the sprawling county.

Over the last several years, SANDAG revised its approach to its SD Forward regional plan, focusing on its innovative 5 Big Moves strategic planning process and creating new commitments to planning in collaboration with tribal governments and community stakeholders.³⁴ The new plan will rely on innovations like complete corridors, flexible fleets, transit leap, and mobility hubs, using multimodal transportation and emerging technology for faster public transit to connect major destinations and employment centers with where people live.³⁴ Other mobility developments include new Special Transportation Grants to expand mobility options for seniors and a \$90 million project to create 16 miles of bike lanes running through the North Park and Mid-City areas of the county.

Part of an agricultural region with growing affordability challenges, food systems, security, and access have become priority for San Diego County stakeholders.

The San Diego Food System Alliance is a leader in this space, establishing a focus on equity and inclusion in 2019. They recently released the San Diego County Food Vision 2030, a ground-up, inclusive strategic planning activity to reimagine the San Diego food system. Health stakeholders, including the UCSD ACTRI Center for Community Health, have established agendas related to healthy food access with a focus on equity, including the ¡Más Fresco! program (see Spotlight). The COVID-19 pandemic led to a huge increase in food need in the county, with local food banks, including San Diego Food Bank, Heaven's Windows, and Leah's Pantry reporting double the amount of people served per month from the pre-pandemic period.



SPOTLIGHT ON ¡MÁS FRESCO!

The ¡Más Fresco! (“more fresh”) program, funded by USDA, is a partnership between the UCSD ACTRI Center for Community Health, USDA, community-based organizations, and Northgate Gonzalez Market. Participants are all recipients of CalFresh (California’s SNAP program) benefits. Each participant is provided an EBT card and earns rebates on purchases of fruits and vegetables, with the potential to earn up to \$100 per month, with the goal of increasing CalFresh participants’ fruit and vegetable consumption.³⁵

The program focuses on equity, targeting individuals with low incomes in underserved areas of the county by zip code. The first cohort had almost 6,000 participants and there is a goal to enroll 30,000 in the future, including others outside of the CalFresh program. In fall 2021, a community council, residents, and program participants successfully advocated to San Diego County to use \$2 million in American Rescue Plan Act (ARPA) funds for this program.³⁶

The San Diego Food Bank works with non-traditional partners such as a car dealership and a gas station to supply food, and partners with law enforcement to protect the safety of people waiting for food. Another organization focused on housing uses the opportunity during food delivery to conduct wellness checks for residents. Local food banks have been focusing more on providing healthier fresh foods in recent years, which the CA Association of Food Banks continues to advocate for in the state budget.¹⁷

HEALTH PRIORITIES AND NARRATIVE

How stakeholders in a community think and talk about health and well-being, including ways in which health is promoted as a shared value, undergird the types of approaches leaders and organizations use to promote health and well-being. San Diego County is often praised as one of the “healthiest communities in America,” but one that also experiences stark health disparities and concerns with rising cost of living, mental health, and substance use. Stakeholders have long identified the importance of the social determinants of health, but over the past five years, the role of place and access to health-promoting amenities in the health narrative has become solidified and the connection of mental and physical health is being recognized more squarely by local health leaders and residents.

Health Narrative in 2017

San Diego County has received many accolades over the years for having a healthy population.³⁷ Many residents prioritized outdoor recreation, physical activity, and eating fresh, local foods. Top employers like Scripps Health provided robust community and employee health promotion programming and benefits.³⁸ Live Well San Diego had been in place for over five years and progress had been made toward creating a “big tent” for health with many cross-sector partners. Stakeholders outside of the health sector had been promoting health for many years, particularly in areas of nutrition and child health. For example, San Diego Unified is a large district and their wellness policy follows the coordinated school health model, incorporating nutrition, physical education, health education, health services, counseling and support services, healthy school environment, health promotion for staff, and family/community involvement. The COI, established in 2006 as a public-private partnership tackling childhood obesity in the area, had seen some success at reducing rates of obesity among children. However, many residents in San Diego County lacked access to healthy foods and transportation challenges limited mobility, particularly for older adults and those with low incomes. Homelessness and housing affordability challenges were rising. While there was a recognition of the role of these social determinants of health, the community was still struggling with significant health disparities based on race, income, and membership in the LGBTQ+ community.³⁹

Evolution of the Health Narrative

Five years later, Live Well San Diego continues to guide the vision and collaborative action for health in the county. Leaders for health, including Live Well San Diego and the COI (under the leadership of UCSD ACTRI

Center for Community Health), have begun focusing on the root causes of health concerns like childhood obesity and chronic disease, including addressing issues of access to opportunities for healthy activities. According to one respondent: “COVID-19 really opened up a broader, more robust conversation about the ways in which place matters” for health, as physical and mental health during the pandemic were highly connected to residents’ ability to work from home, housing conditions, and access to green space and outdoor amenities. Respondents described that this awareness has guided decisions about where to apply new ARPA funding in ways that create opportunities for health for all.

Respondents were concerned about rising homelessness over the past five years, as well as behavioral and mental health challenges highlighted by the pandemic. Schools have been increasingly interested in addressing social-emotional learning, in addition to physical health, for students. Stakeholders across sectors have an enhanced understanding that mental health is a part of total health. Budgets and capacity to provide behavioral health resources and services have grown and access has increased throughout the county. Campaigns to reduce stigma associated with mental health have been amplified by the experiences of many residents facing isolation during the pandemic. Respondents described that this awareness has led more residents to support access to mental health services in communities that once were opposed to having them: “You’re always going to have your NIMBYS [not-in-my-backyard], but people are starting to understand that access within communities is important.”

SAN DIEGO COUNTY’S APPROACH TO HEALTH EQUITY

In brief, health equity is the idea of everyone having a fair and just opportunity to be as healthy as possible, though community perspectives and approaches vary. Through the lens of health equity, communities shape and form values about who has access to health-promoting resources and how health is prioritized for population subgroups. San Diego County’s approach to health equity has evolved over the past five years, from acknowledging the importance of addressing health equity, to establishing anti-racist commitments and actions and reexamining approaches to community representation and engagement.

Health Equity in 2017

San Diego County has long made health equity a priority. As early as 2001, the Public Health Services (PHS) Branch of HHSA had a commitment to addressing health disparities in San Diego County: under the Reduce and Eliminate Health Disparities with Information Initiative, health data began to be examined by age, gender, geography, race/ethnicity, and socioeconomic status. Health equity was adopted as a priority by PHS in 2008, and the Office of Health Equity was created in 2015.³⁹ Health equity had also been a component of Live Well San Diego since its inception, and influential organizations in the community were working to address health disparities and health equity through their work. For example, UCSD ACTRI Center for Community Health had been operating programs and advocating for policies to improve health equity for years,⁴⁰ and Scripps Health identified health disparities as targets for intervention in its annual

implementation plans based on community health assessments.⁴¹ Though the RLA model, various government advisory councils, and other methods of community engagement had existed for some time, some respondents perceived the county’s approach as very “top down,” without genuine involvement of community members in decision-making. As described previously, affordability challenges in the community were mounting and access to amenities for health was not equitably distributed. Health equity was also not a universal priority among residents: The idea of “nimbysm” from some community members was cited by several respondents as reactions to efforts to provide access to services to address homelessness and behavioral health challenges.

Evolution of Approach to Health Equity

The PHS branch continued to make progress on integrating health equity into its work over the past five years. In 2019, the PHS strategic plan included health equity goals for the first time. In the years since, racial equity has become a more explicit element of the local approach to health equity. Live Well San Diego began tracking health outcomes and social determinants of health by race/ethnicity as part of its racial equity dashboard.⁴³ San Diego city and county councils established offices of race and equity in mid-2020, and racism was declared a public health crisis by the county in January 2021.⁴² Outside of county government, other stakeholders have begun more squarely addressing the role of race in different health and well-being experiences: UCSD Health formalized a commitment to health equity, including establishing an Anti-Racism Task Force.⁴⁴ The Alliance for Regional Solutions for the past few decades has shifted from a more narrow focus on homelessness to more a more broad one on well-being and has a racial justice committee that works with agencies to address systemic racism and equity.⁴⁵ Respondents described that stakeholders in San Diego County are well ahead in the discussion of equity and understand it as an intersectional system of equity (e.g., other types of equity are related to racial equity). For example, there is a strong understanding about the intersectionality of climate change with issues of equity: One stakeholder pointed to the Climate Equity Index, developed by the City of San Diego in 2019.⁴⁷

Leaders have implemented changes to structures, staffing, and investment in response. Recognizing the importance of engaging trusted messengers and delivering culturally responsive and linguistically appropriate services, organizations serving immigrants and refugees, as well as HHSA, have hired CHWs and promotores on-staff. Ethnically oriented community-based organizations are being tapped for their expertise and to play a role in decision-making. Similarly, community engagement efforts have been redoubled and revamped. The RLA has expanded its offerings, partnering with organizations such as Community Housing Works to train residents to be leaders in their community and offering the curriculum for free online in English and Spanish. The curriculum covers the topic of equity from a resource allocation perspective, helping residents to understand why budgets matter. According to a respondent “money gets dispersed equally [within council districts, even if some areas] need even more money to get to [La Jolla’s]

level, for example.” Respondents noted that cultural representation seems to be more highly valued, and organizations are leaning on the lived experience of community members in approaches to addressing health disparities, which was not the case before. However, the impacts of these efforts on the true drivers of inequality in San Diego County, including lack of affordable housing, inequitable transportation options, and inequitable access to economic opportunity, remain to be seen.



SPOTLIGHT ON COVID-19

San Diego County put intense focus on testing and vaccine equity as a part of pandemic response. Early in the pandemic, HHSa began a partnership with genomics company Helix to make COVID-19 testing accessible across the county to those who need it most, providing the county with up to 2,000 COVID-19 tests per day. Project SAVE (Scheduling Assistance for Vaccine Equity) was established to help overcome technological barriers to vaccine scheduling and utilized CHWs and promotores to facilitate access.⁴⁶ Mobile vaccine clinics were heavily utilized, and in one case it was a collaboration of several organizations (ethnic-based organizations, universities, community council members, schools, retailers, and the faith-based community), reaching over 50,000 community members and bi-national workers. Another mobile vaccination effort delivered both flu and COVID-19 vaccines, targeting homebound individuals and going to less traditional locations such as shipyards, hotels, farms, churches, nurseries, and nonprofits. Mobile services extended beyond vaccination: Heaven’s Window had a mobile unit providing school lunches to children participating in remote learning. Finally, partnerships with libraries and CalFire personnel provided access to vaccines to rural communities in the county.

Factors That Influenced San Diego County’s Journey

San Diego County is leveraging a long-time commitment to health, along with collaborative structures and increased community engagement, to make progress toward addressing health and well-being. However, inequality within the vast county is driven by legacy policy choices, coupled with current affordability challenges; and collaboration is challenged by the diverse needs of different residents.

FACILITATORS

- There is a strong local “culture of health”—healthy lifestyles are part of the prevailing culture and local narrative. As a result, health has long been a priority for stakeholders across sectors in San Diego County, prompting collective action, considerable funding, and a shared vision.
- As an integrated department, HHSa has been able to coordinate a strategy to promote health and its various drivers, including housing, food security, and access to services. Specifically, Live Well San Diego has created a framework, measures, and shared vision for the county.
- The community voice has become stronger in recent years, through greater representation of diverse populations on city and county councils and advisory boards and greater community participation in civic engagement opportunities. This trend builds upon existing structures for community engagement, including RLA, Youth Advisory Council, and other bodies.
- The county engages in extensive data sharing and reporting, facilitating service coordination among partners working in homelessness services and enabling disaggregation of data for the purposes of equity measurement, for example.
- San Diego County is home to many nonprofit and advocacy organizations dedicated to supporting immigrants, refugees, and other marginalized populations—which facilitated COVID-19 response and helped the community adapt to influxes of new immigrants over the years.

BARRIERS

- The community is geographically sprawling, with urban, rural, and tribal areas and many agencies, organizations, and constituencies. This makes coordination and alignment challenging across the county. There is also inequitable access to services and opportunities between different parts of the county.
- San Diego County faces ongoing (and worsening) challenges with rising costs of living, and immigration and inequality continue to put pressure on systems and supportive resources.
- Despite substantial collaboration and coordination of services, respondents reported that residents have difficulty navigating different behavioral and mental healthcare systems.
- Past zoning in the city of San Diego created unhealthy environments and inequitable exposure to pollution and other health risks. The most at-risk neighborhoods tend to house individuals of color and with low incomes.

Conclusion

Over the past five years, leaders in San Diego County have enhanced collaborative efforts to address pressing community health and well-being issues, including homelessness, mental health, and food security. Despite longstanding, cross-sectoral approaches to promoting health—and many residents prioritizing living healthy lifestyles—the community was continuing to see significant health disparities. Since 2017, local leaders have expanded efforts to increase equitable access to services and health-promoting amenities as part of a broadening understanding of the drivers of health. They have also explicitly named systemic racism as one of those drivers. However, there is still substantial need in the community due to rising housing affordability challenges, particularly in well-served areas of the county. New commitments to equity and access to environments that promote health, existing government structures, and new approaches to community engagement may help to turn attention toward structural changes. As ARPA funding begins flowing into the community, this renewed focus should direct its use to upstream drivers.

San Diego County's journey to promote health, well-being, and equity is one that illustrates how a community can embed collaboration into its government structures but also one that sheds light on how a shared vision and apparent prioritization of health are not always sufficient to make rapid progress. Other communities can learn from San Diego County's approaches and challenges to inform their own journeys. As COVID-19 recovery continues, with San Diego County receiving historic funding through ARPA, future research could consider the ways in which the community's established track record for considering health and equity influences community health narratives and decisions about how to spend recovery funds and decisions moving forward.

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