



***Grossmont-East County
Healthy Neighborhoods
Initiative***

*sponsored by Grossmont Healthcare District
in partnership with
East County Community Clinic*

FINAL REPORT JULY 1998

**CENTER for
COLLABORATIVE PLANNING**

A CENTER OF THE PUBLIC HEALTH INSTITUTE

Grossmont-East County Healthy Neighborhoods Initiative

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COLLABORATIVE PLANNING**

Published by:

CENTER for COLLABORATIVE PLANNING

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*The Grossmont East County Healthy Neighborhoods Initiative is funded by
Grossmont Healthcare District and East County Community Clinic.*

*The opinions expressed in this report are from focus group participants
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*East County Communities
in the Grossmont Healthcare District*

Alpine Region

Alpine, Harbison Canyon, Dehesa

El Cajon and Crest

Lakeside

La Mesa

Lemon Grove

Mountain Empire Region

Boulevard, Campo, Descanso, Dulzura

Guatay, Lake Morena, Jacumba, Jamul, Mt. Laguna

Pine Valley, Potrero, Tecate

San Carlos

Santee

Spring Valley

Native American Communities:

Barona, Campo, Ewiiapaayp

Jamul, La Posta, Manzanita

Sycuan, Viejas

Introduction

The Grossmont – East County Healthy Neighborhoods Initiative:

Community Building in Action

Over the last six months, residents from more than twenty East County communities participated in a dynamic community building process. At monthly East County-wide advisory group meetings; in focus groups at pre-schools, beauty parlors, churches and youth centers; and in interviews with dentists, nurses, teachers and pastors, community members of San Diego's East County engaged in lively conversation about the health of their neighborhoods.

Providing the initial impetus for the Initiative were Grossmont Healthcare District and East County Community Clinic. As a distributor of more than \$1.5 million of grant funds annually, Grossmont Healthcare District invests in the health of 450,000 people in a 750-square mile region. East County Community Clinic provides health care services to more than 16,000 residents at three clinics.

These partners contracted with the Center for Collaborative Planning, a center of the Public Health Institute, to facilitate a community-based study to identify critical issues, assets and strategies related to improving the health and well being of East County residents.

Initiative Goals and Activity Phases

The Grossmont – East County Healthy Neighborhoods Initiative was officially launched at an event in January 1998. The majority of Phase I work has involved a community-based health and well being assessment, culminating in this report distributed at an East County-wide community forum in July 1998.

The July event also marked the beginning of Phase II, in which communities can utilize assessment findings to apply for funds for future development activities. Community groups awarded grant funds in Phase II will continue to build coalitions, engage in grass roots planning and commit to commonly agreed-upon solutions.

The following goals were set at the beginning of Phase I and will continue to guide the Initiative forward into Phase II:

- To engage residents in identifying and mobilizing community assets;
- To identify health issues affecting local residents;
- To recommend the most strategic use of existing and new resources;
- To develop constructive solutions; and
- To provide direction to the Grossmont Healthcare District and other interested private and public funders on how to improve health in East County.

Principles of An Asset-Based Community Development Philosophy

From its inception, the initiative embraced the principles of asset-based community development, a community building movement that is gathering momentum in both urban and rural neighborhoods

across the country. While traditional grant-making approaches often focus on identifying needs to be met by service providers and programs, the asset-based community development philosophy suggests that residents, encouraged to recognize and utilize local resources, can bring about real, sustainable improvements in their neighborhoods.

This approach fosters community renewal and civic life by identifying and mobilizing the assets of local citizens, associations and institutions. Increased citizen participation has been shown to strengthen communities in such areas as health, safety, education and economic growth. The key to improving the *health* of communities, therefore, is to improve the communities overall.

The residents of East County communities—both private citizens and representatives from a variety of the area's most visible organizations and institutions—rallied magnificently to conduct the assessment and serve in an advisory role to the Initiative and its founding partners. This report is a benchmark in a vital and ongoing process of community mobilization and renewal. It honors the work of community members and celebrates what can be accomplished at the local level.

Organization of the Report

Following these introductory remarks and the community vision, the report itself is organized first as an assessment of East County communities overall, discussing the assets, concerns and strategies already underway to address some of those concerns. Next, there is a community-specific assessment, in which more detail is presented on individual East County communities. A section follows on recommendations, strategies and next steps. The report ends with several appendices relating to the assessment data, including sources and summaries of pre-existing assessments, which were incorporated herein whenever feasible and appropriate.

Methodology of a Community-Building Health Assessment Process:

Convene, Dream, Discuss, Report, Re-Convene

The primary focus of this community assessment was to identify key health issues in East County, as well as community strengths and challenges. This process involved both quantitative and qualitative methods of data collection. Quantitative data was collected primarily during a two-month period at the beginning of the Initiative. Advisory group members recommended the compilation of approximately 41 data elements; these health data have been researched and incorporated, when available and appropriate, into the body of this report. They also have been collected in a separate document entitled *Data Supplement to Final Report for Grossmont East County Healthy Neighborhoods Initiative (HNI) July 1998*.

In addition to the collected quantitative data, this assessment reflects the perceptions and opinions of local residents regarding the health and well-being of East County communities. It is in this qualitative assessment process that community relationships are built and fostered. Residents talking to residents, sharing dreams, gifts and talents, as well as concerns, is community building in action. So, an assessment of this type is always more than data collection.

To launch the initiative and to encourage involvement, an unprecedented gathering of East County residents was held to create a shared vision for a Healthy East County 2010. The inaugural event drew participation from a broad constituency, including representatives from rural and suburban geographic areas, as well as health care providers, educators, businesses, the faith community, parents, public officials and residents from more than 20 communities in East County. The resulting "Vision" is included in this report.

Believing that communities invested in identifying their own issues and achieving their own solutions have a better chance of reaching their goals, the Center for Collaborative Planning

provided training and technical assistance to build capacity of local community health assessment teams. Trainings were conducted in five key areas: Planning a Community-Based Health Assessment; Facilitating Focus Groups and Key Interviews; Conducting Surveys; Asset Mapping; and Conducting Community Forums. As in every other component of this Initiative, East County residents participated in these trainings with energy and enthusiasm. Some communities were able to foster greater participation than others, however, thus producing more available data for this report.

Subsequently, during a two-month period, community members conducted focus groups and key informant interviews throughout East County. A total of 50 focus groups, comprised of 446 residents, and 48 key interviews were conducted. As the assessment process was drawing to a close, and in the interest of report deadlines, staff from the Center for Collaborative Planning conducted nine focus groups. This left an impressive total of 41 focus groups conducted by East County community members during a two-month time frame. Focus groups represented diverse sectors from throughout East County. Generally, more women than men participated, and ethnic diversity reflected the overall population. For purposes of this assessment, we defined residents or citizens as people who live in a particular neighborhood or community or have a particular affinity, for example, members of a faith community or parent group, but these words do not carry any reference to a person's citizenship status.

Questions were designed to increase understanding of community strengths, health issues and challenges, as well as potential resources and strategies that could be utilized to address issues of concern. Using these questions as a starting point, members of the San Diego Youth Leadership Council developed teen focus group questions. Then, teens conducted 12 of the focus groups themselves. Focus groups were also conducted with several groups from the monolingual Spanish-speaking community.

Limitations

The information presented in this report, as well as the data supplement, should not be construed to represent an exhaustive process. The number of communities, a large geographical area, the level of involvement of community assessment teams, as well as staffing, fiscal and time constraints, all affected data collection. Consequently, there are perspectives from some communities and sectors that are not represented.

Of the perceptions that are represented, readers should be reminded that the nature of qualitative data is that it is rich, textured, complex and, often, contradictory. In interpreting qualitative data, these discrepancies are not to be dismissed, but rather acknowledged as different perspectives finding their place in the patchwork that is community. An example of this might be East County residents' perceptions of transportation services, which would, naturally, be dependent on the area in which they reside. Other examples of these contradictions will be evident in the report.

Due to the unavailability of some information and time constraints, it was not feasible to obtain all quantitative data requested by the Advisory Group. Numerous data sources were collected, reviewed and excerpted, each with their own built-in limitations. Statistical information was often not available for small communities in rural or even suburban areas. For example, information relevant to only East County could not always be extracted from San Diego County-wide statistics. In addition, some existing assessments and reports were not obtained for inclusion in this report.

Because community members defined community boundaries for themselves for the purposes of conducting the qualitative assessment, regions described in this report may not correspond to Census Tract Areas, Major Statistical Areas, or Subregional Areas as designated by the San Diego Association of Governments (SANDAG). Also, caution should be used when interpreting data, in particular health status indicators, for areas with small populations.

Finally, though levels of involvement varied from community to community, local groups will have an opportunity to continue the assessment process during Phase II of the Healthy Neighborhoods Initiative.

Acknowledgements

Grossmont Healthcare District and East County Community Clinic provided leadership, vision, and financial resources needed to launch a community-wide effort focused on building healthy communities. Grossmont Healthcare District Board Members Robert Yarris and Richard Bea, and former Executive Director John Carter provided tremendous support for this effort, as did East County Community Clinic Board Member Susanna-Concha Garcia, and Executive Director Deb Adami, and Ben Wiggins.

The Grossmont – East County Healthy Neighborhoods Initiative has been shaped through the efforts of a committed Advisory Group representing a broad constituency in East County. On a monthly basis, Advisory Group members devoted numerous volunteer hours to identify key community leaders, collect information, review draft reports, and plan Initiative events.

Grossmont – East County Healthy Neighborhoods Initiative Advisory Group Members

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Robert Yarris, Board Member
Grossmont Healthcare District

Special thanks also to the following individuals who provided tremendous support for the overall goals of the Healthy Neighborhood Initiative and worked to ensure community voices were represented during the assessment process.

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San Diego County Youth Leadership Council

Craig Lake
Mesa Valley Grove Seniors

Janet Light, Volunteer
East County Community Clinics

Pastor John Lurvey
Jacumba United Methodist Church

Ana Elena Mendoza, Consultant
Chula Vista

Kathie Moore, Manager
Grossmont Senior Health Center

Tom Nehring
Mesa Valley Grove Senior Programs

Chuck Pennell, President
Lemon Grove Project

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Health and Human Services Agency
Alcohol and Drug Services

Bill Stumbaugh, Director of Special Education
Santee School District

Pam Torlone
Mesa Valley Grove Senior Center



In addition to those previously acknowledged, special appreciation is due the many others who organized focus groups in East County including: Lisa Bautista-Martinez, Social Worker; Deirdre Carter, Descanso School Principal; Debbie Comstock, Congregation Member; Colleen Elliot, Potrero State Pre-school Director; Martha Hardesty, Head Start Parent Coordinator; Lois Hellsberg, Congregation Member; Beth Levendoski, St. Madeline Sophie's Center Program Director; Julia Morris, New Alternatives; Diana Parker, Descanso PTA President; Connie Pierce, Challenge Center Administrative Director; Shellye Sledge, POWER Co-founder; and Deborah Turner, St. Madeline Sophie's Center Executive Director.

Approximately 494 community residents from throughout East County participated in focus groups and key informant interviews, including 88 teens. Their time and willingness to share their perspectives, concerns, and insights is invaluable and has contributed greatly to furthering a compre-

hensive understanding of health issues in East County.

San Diego County Youth Leadership Council teens and staff were instrumental in collecting the perspectives of young people throughout East County. After participating in training and practice sessions, they conducted 12 focus groups in order to ensure representation of teen voices in the assessment.

Special thanks to Tom Stubberud for his extraordinary follow through, thoroughness in locating previous assessments and identifying key contacts, and willingness to go the extra mile.

Many thanks to Martin Pearson for sharing results of his "Study of the Needs of Children and their Families in the Communities of Potrero and Tecate, California," a research project prepared in Spring 1998.

Space for Advisory Group meetings and training workshops was provided by many local organizations including: Campo Community Center, El Cajon Community Center, Grossmont Hospital's Brier Patch campus, Lakeside Community Center, La Mesa Methodist Church, Lemon Grove Fire Department, Santee School District, Scripps Hospital, St. John of the Cross, and Sycuan Medical/Dental Center.

The staff from the Center for Collaborative Planning provided tremendous logistical and follow up support for Advisory Group meetings, trainings, and community events. Deb Marois analyzed and synthesized the focus group and key informant interview findings; reviewed previous assessments and reports; and served as primary writer for this report. Her diligence, expertise and leadership in accomplishing these tasks are greatly appreciated. Editorial contributions were also made by Diane Littlefield and Bonnie Lind. Several members of the Advisory Group reviewed portions of this report and provided valuable feedback. Graphic illustrations were by Christine Valenza and graphic design by Celeste Rusconi.

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Executive Summary

The community health assessment process in East County has yielded a significant amount of information in a relatively short timeframe. Combined with existing quantitative data, the ideas, beliefs and perceptions of East County residents provide a broad view of current conditions in community health.

Throughout San Diego's East County, residents were remarkably consistent when articulating their concept of a healthy community. Key themes also emerged regarding regional strengths and assets, as well as issues and underlying causes affecting community health.

Residents in East County envision a healthy community as one in which active citizens involve themselves in neighborhood improvement efforts. There is a culture of collaboration and inclusive problem-solving among people of all ages. Diversity is valued and there is tolerance for differing lifestyles, beliefs and viewpoints. The economy is robust, supplying opportunities to work in jobs that pay a living wage and furnish health insurance.

Additionally, communities are safe, free from the devastating effects of wide-spread substance abuse, and offer a wealth of intergenerational activities. Schools are the center of community life, providing education that gives area citizens a foundation from which to improve their quality of life and well-being. Children are well-cared for both by loving families and in nurturing community settings. Affordable health and other human services are available at the local level. Public transportation is efficient, enabling residents to travel between communities when necessary.

While a number of the elements of this vision for a healthy community are not yet realized, many of the building blocks needed for creating change are intrinsic to East County. The area's location offers a mild climate and is removed from many of the pressures of a more urban lifestyle. A predominant strength of the region lies in its people and their tradition of commitment to family and community. Growing diversity is an attribute of the area. Spiritual life in East County is vibrant, demonstrated by the number of active faith organizations. Moreover, there is a wealth of health care professionals clustered in East County's suburban communities.

In embracing a broad concept of health, East County residents identified critical issues of concern affecting the health of their communities. The issues most frequently discussed were: substance abuse; poverty and a lack of financial resources; access to information, health care and other services; a lack of transportation; a lack of affordable recreational activities; violence; and discrimination and racism.

To address issues of concern, East County residents have initiated a community-building process that emphasizes local assets and partnerships. Future efforts should seek opportunities to continue research at the community level, validate and prioritize identified issues, and implement comprehensive strategies. Grossmont Healthcare District continues its support for community-based collaboratives that will undertake the steps necessary to realize a healthier community.

Vision for a Healthy East County 2010

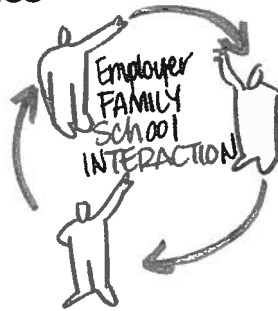
"Where there is no vision, the people perish." – PROVERBS 29:18

"For perhaps the first time in its history, representatives of the many diverse communities which comprise the East County region came together in one place to meet, to talk, and to formulate a plan of action for their mutual benefit," wrote local columnist G. Cole Davis. One outcome of the meeting was the formulation of a vision for community health. Visioning is the process employed to develop a shared picture of a healthy community. The vision describes what a community would look like if it were optimally supporting health and well-being for all community members (U.S. Public Health Service).

The following are ideas generated by participants at the inauguration of the Grossmont-East County Healthy Neighborhoods Initiative, January 7, 1998. This vision represents the ideas generated by East County residents in response to the question, "What would a healthy East County look like in the year 2010?" Small group discussions were followed by a general sharing of thoughts and concepts that were illustrated by a graphic artist.

Children & Families

- Better affordable child care in rural areas, especially for middle income families who don't qualify for government assistance
- Area or regional day care centers with pediatric and child development specialists
- Quality neighborhood child care centers for working families
- Develop sports programs for younger children in preparation for organized sports
- Balance free time with scheduled activities for young children
- Increase in parents' reading to young children
- Increase programs and services available for school-age children (elementary age)
- Provide more after-school activities
- Increase in family values
- Less single parent families
- Decrease the number of children home alone
- Increase role models for children, adult and teen mentors
- Increase enthusiasm for literacy
- Reduce the amount of time children spend watching television



- Provide social skills training for children in the community, for example, a "Miniature Village" where young children learn about community rules and become "good citizens"
- Enforcement of child support
- Respite care available for single parents and caretakers of elderly
- Parent education beginning when women becomes pregnant
- Increased male involvement in parenting
- Parents treat children with respect (especially in grocery stores)



**Youth/Teens**

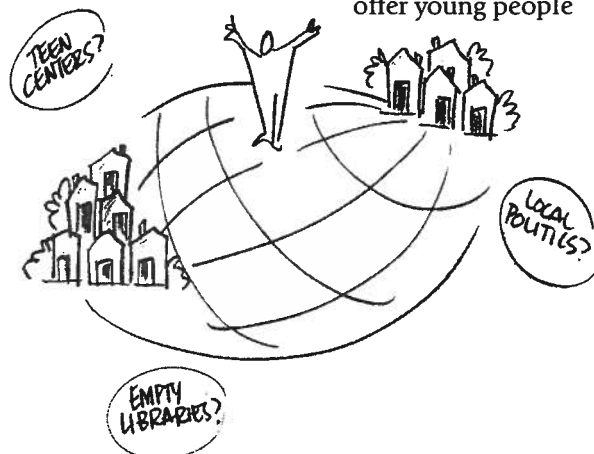
- Need live-in crisis centers to address teen substance abuse
- Counseling and alternatives to running away
- Affordable activities for kids before and after-school and during summer
- Teens involved in community planning, problem solving and decision making
- Constructive programs for teenagers such as after-school work programs
- Big Brother/Big Sister in East County to increase involvement
- Teen centers

**Education/
Schools**

- Increase preschool education
- Schools with cooperative play, respect for others
- Provide Well-Baby Clinics in elementary schools
- Community gardens at schools to provide healthy food, all participate
- Longer school hours and expansion of services
- Schools sensitive to cultural differences
- School take leadership for health education and teaching responsibility
- Education about healthy family and interpersonal relationships
- Parent/adult learning center(s) at schools to provide good role models
- Young people get continual parenting education
- Schools as multi-use community centers, ie. "community hut"
- Schools are family friendly and open evening hours and weekends

**Family/
Intergenerational
Activities**

- Schools are center of service delivery, promote skill building
- Home neighborhood schools to promote adult/child interaction
- Daily senior and student interaction
- Students do not wander the streets after school
- Youth engaged in learning activities at school
- Increase community education about drugs
- Single parents have educational resources that promote self-sufficiency and pride
- Tribal learning
- Support for seniors living at home, including assistance from teens
- More senior and youth interaction, including mentoring programs
- More interaction and relationships between adults and children of all ages
- Intergenerational housing
- Increase family support
- Provide parenting classes and family programs to bring children and adults together
- Create an environment that unites children and adults
- Utilize senior talents at community centers -they have much to offer young people





- Intergenerational zone incorporates ideas of parenting education, child care, senior wisdom and experience
- Intergenerational recreational activities
- Day care for children and seniors in collaboration
- More intergenerational exchange of knowledge and sharing of gifts

Senior Services

- Terminally ill and elderly need right to die
- Elderly should be able to stay at home with support as long as possible
- Seniors are not isolated
- More senior centers
- Increase Meals on Wheels



Collaborations

- Unified East County Collaborative
- Churches and residents
- Council of collaboratives
- Local planning groups
- Create a joint vision
- Increase communication
- Support for existing collaboratives
- Support for smaller communities to develop collaboratives
- Create a forum for resource sharing
- Combining the skills and assets of various organizations
- "Community without walls" enormous collaboration
- Good communication between East County communities - services aren't duplicated
- Cooperation rather than competition

Improved Neighborhood Environment

(Civics, volunteerism, housing, arts)

- Clean, healthy and peaceful environment - safe
- "Village atmosphere" - comfortable with neighbors, willing to get involved
- Neighbors take care of each other, know each other, host block parties
- People feel a sense of neighborhood ownership
- Community problem solving and involvement in decision making
- Natural settings with open space for walking/interacting
- Reclaim parks for community
- Create safer, more intimate community areas for socializing, spaces to congregate
- Increase interaction in public space and within neighborhoods
- Revitalization of community neighborhoods
- Clean streets, buildings and environment - no graffiti
- Create a community that stimulates activity, interaction and imagination
- Every citizen will be a volunteer in their community
- More civic responsibility for social issues (government, institutions, individuals)
- Public art areas
- Create a drug-free community
- Apartments replaced with single dwelling housing
- Apartments have parks and areas for children to play
- Promote cultural diversity and tolerance
- Adults voluntarily and informally act as mentors

- Eliminate fences and borders that separate people
- Increased civic involvement such as voting and attending town hall meetings
- Cultivate a caring community attitude
- Community - a place where there are no strangers
- Learn about and use each others gifts
- "Front Porches"
- Neighborhoods are "foot traffic" friendly
- Libraries as learning centers with longer hours and staff volunteers
- Population size remains the same or less as 1998
- Family pages in phone books
- Fishable lakes
- Spirituality is included in community life
- Bilingual communities
- No one is homeless
- Increased computer access
- Return to agrarian roots, less industry
- Understanding among civic leaders about conditions that create happy, healthy kids

Recreation

- Develop local sports programs
- Accessible, free recreation for all age groups available 24 hours per day
- Increase access to swimming pools in all neighborhoods
- Increase green, trees, parks, recreation facilities
- Provide recreation facilities for seniors and teens with
- Recreation and mental health therapists available at recreation facilities
- Enhance youth recreation
- Centrally located men and women clubs

Safety

- Create trusting and safe neighborhoods
- Seniors able to walk at night without fear
- "Beat Cop" known by neighborhood as part of neighborhood
- Police are on a first name basis with residents
- Improved lighting
- Create a justice system with teeth
- Community work to increase safety
- Provide safety education
- Community norm does not tolerate family violence

Transportation

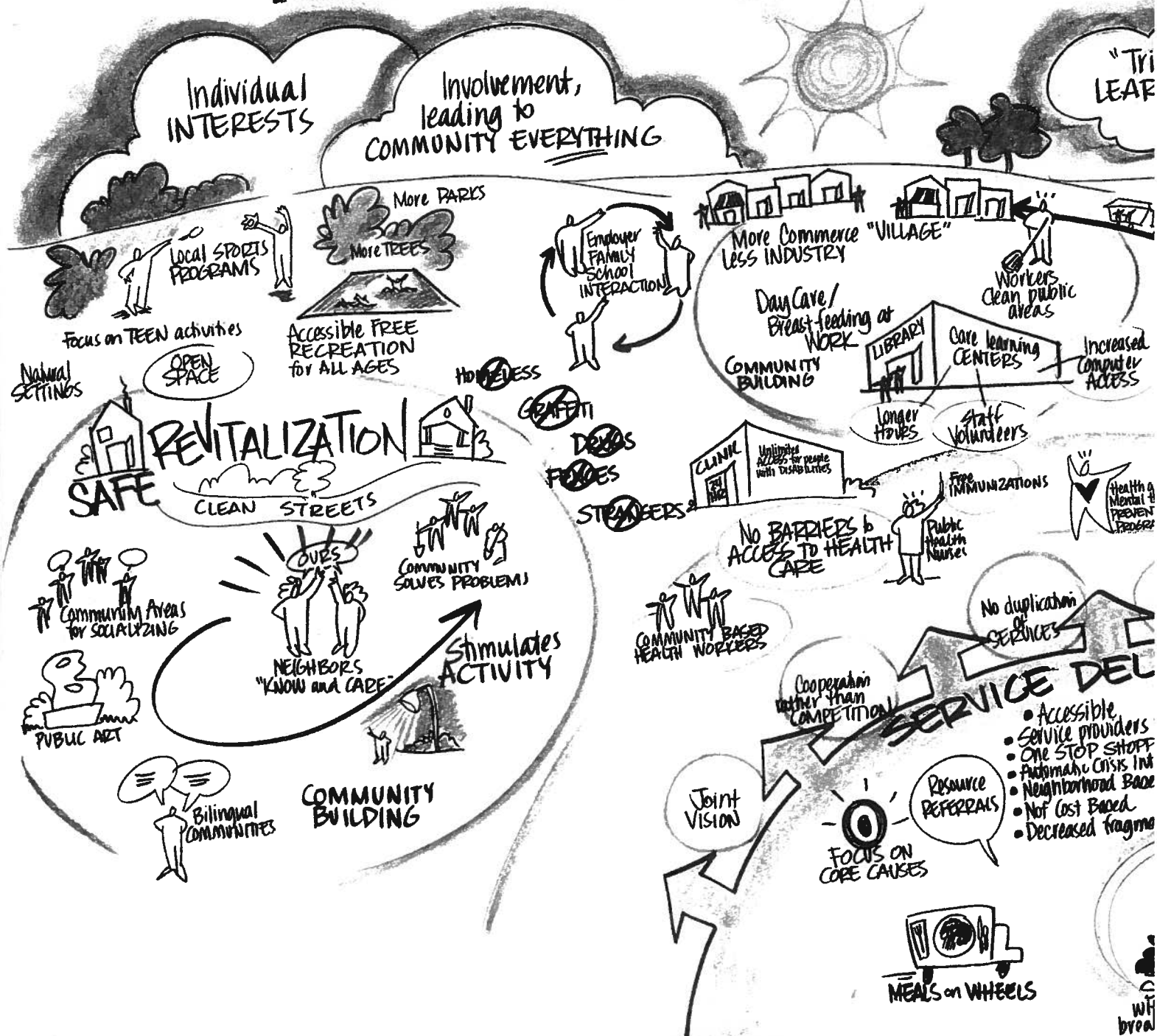
- Specially prepared emergency response lanes in traffic
- Public transportation that is affordable, convenient, reliable and frequent
- Computer - controlled traffic
- Decrease amount of driving, increase walking
- Efficient transportation that transcends boundaries
- Trolley delivery to pedestrian malls
- Coordinated transportation systems, networked bus and trolley
- Increase availability of public transportation
- Use school buses to transport patients and families to clinics, library, etc. during the day when students are in class.



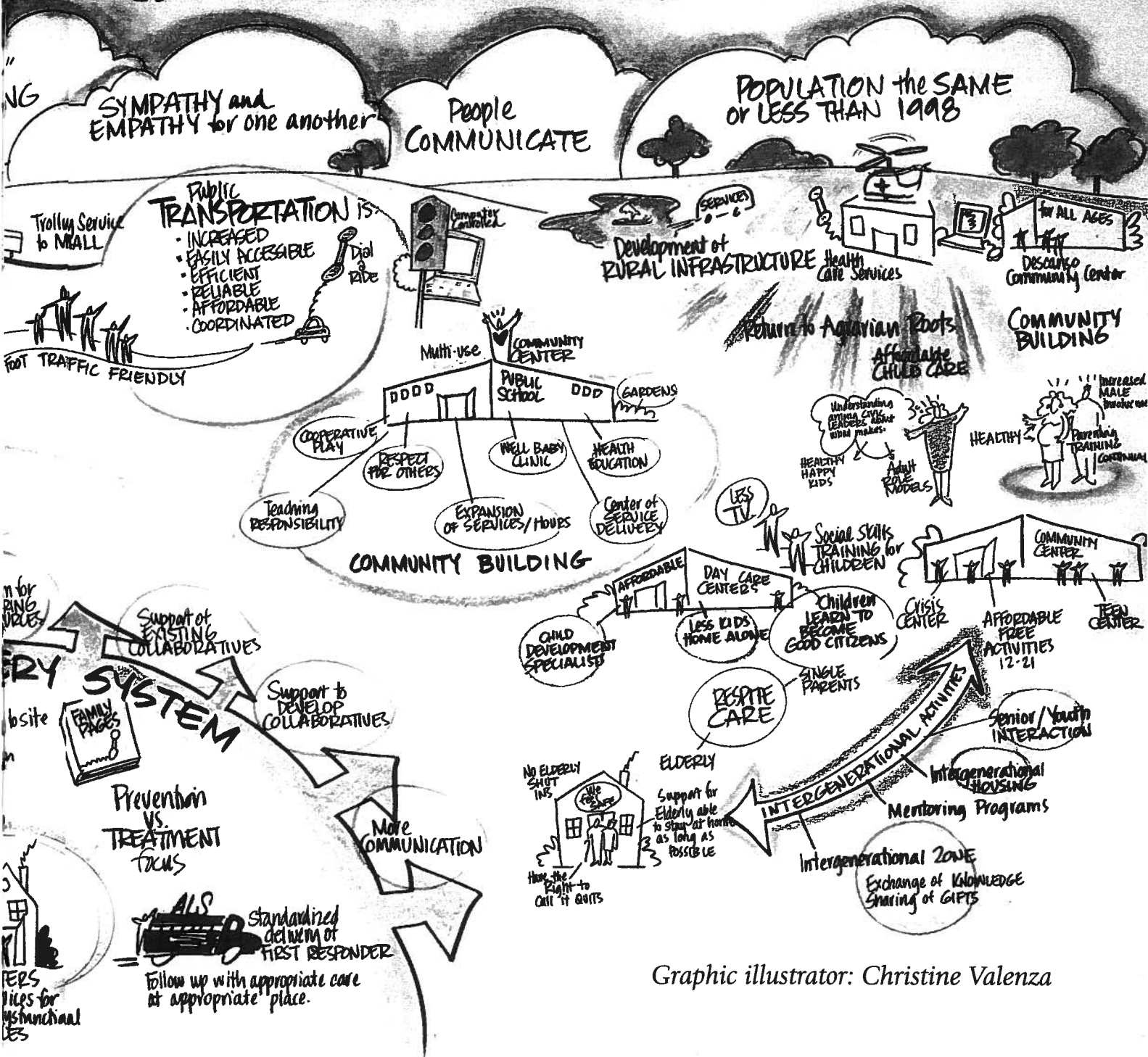
The following are ideas generated by participants at the inauguration of the Grossmont-East County Healthy Neighborhoods Initiative, January 7, 1998. This vision represents the ideas generated by East County residents in response to the question, "What would a healthy East County look like in the year 2010?" Small group discussions were followed by a general sharing of thoughts and concepts that were illustrated by a graphic artist.

YEAR 2010 VISION

GROSSMONT EAST COUNTY



HEALTHY NEIGHBORHOODS INITIATIVE



Graphic illustrator: Christine Valenza

Health Services

- Children able to visit doctor at least once a year for physical exams
- Preventative health care is provided, including mental health
- All children receive preventive care without barriers
- No barriers to accessing medical care in communities
- Additional Public Health Nurses
- Establish a GHD child care center for children who are mildly ill – expand to an intergenerational family center for children, teens, seniors
- Teens and seniors read to children in medical waiting rooms
- Immediate telephone access to professional medical advice
- Health and mental health prevention programs
- Free clinic available 24 hours - Persons with disabilities have unlimited access
- Clinics housed in the middle of neighborhoods
- Free immunizations
- Healthy pregnant women
- Use of community based health workers in each neighborhood



Service Delivery/ System Change & Improvements

- Accessible services
- Service providers travel to community sites
- One-stop shopping for community service centers
- Neighborhood - focused referral system and resource directory
- Neighborhood based services (not large institutions)
- Universal access to services based on residence eligibility - not cost based
- Put the caring back into service provision
- Three Challenge Centers in East County
- Decrease fragmentation
- Prevention instead of treatment focus
- Automatic crisis intervention
- Shelters with services for breaking dysfunctional cycles
- First contact in-home for newborns
- Quality, affordable mental health services without stigma available for all
- Establish more critical hours programs in many community settings

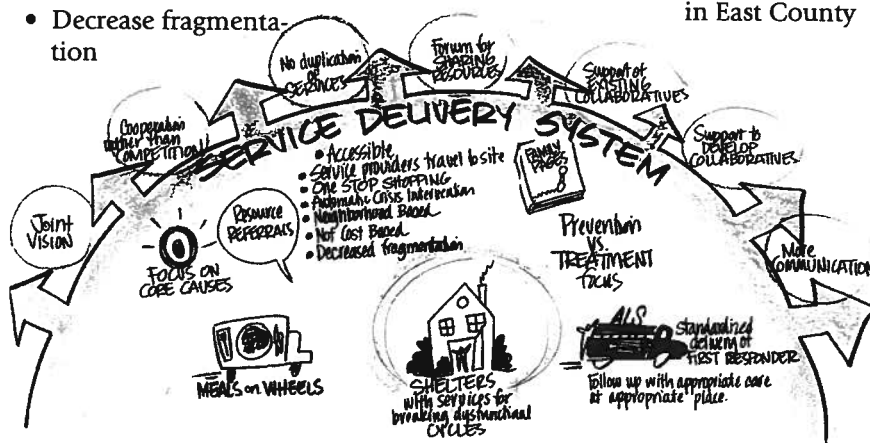
- Development of infrastructure in rural areas
- Rural areas need local referrals for drug and alcohol services
- Bring health care communications and services into rural areas
- Provide mobile health services to back county

Business

- Employees clean public areas
- Use "Junior Achievement", Adult Business Advisors teach child business skills
- Provide training to mothers on public assistance
- Child care available on business premises
- Increase breast feeding at work
- Increased employer, family and school interaction
- Increase commerce in East County

Rural Solutions

- Helipads and emergency helicopter service to all locations in East County
- Community center for use by all ages in Descanso



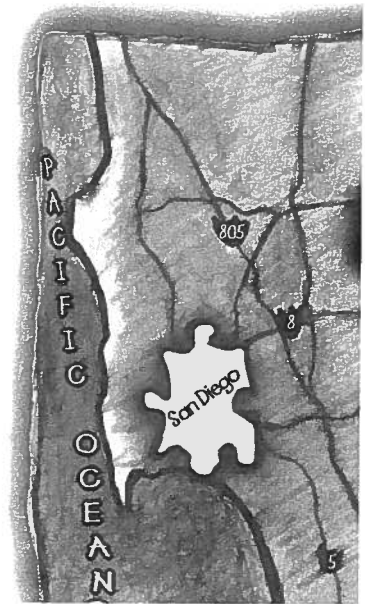
Overview: San Diego Region

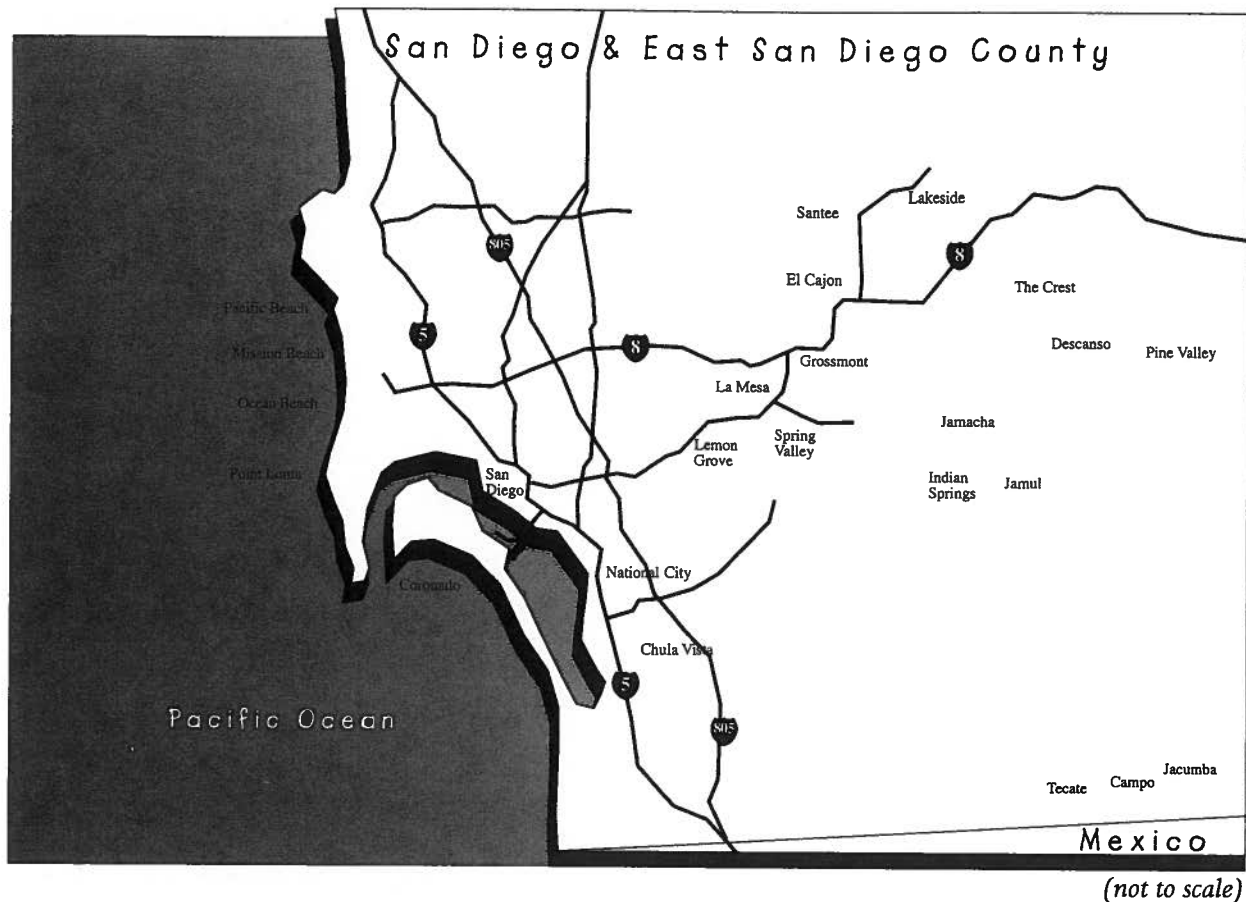
With Mexico bordering on the south and Los Angeles a short drive to the north, San Diego is a busy, thriving region with one of the most ideal climates found in the world. With a varied topography, rich cultural mix, and a steadily diversifying economy, it is one of the most desired places to live in the United States. There are 70 miles of ocean beaches that stretch from the U.S.–Mexico border to the northern edge of the county. Inland fresh–water lakes, streams, foothills, mountains, deserts and a more rural lifestyle are found in San Diego County (Chamber of Commerce).

San Diego County is a growing area with an increasingly diverse population. This make-up currently includes: 62.7% White Non-Hispanic, 24% Hispanic, 8% Asian/Pacific Islander, 6% African American, and 0.8% Native American. San Diego Association of Governments (SANDAG) estimated the 1996 total population at 2,690,300. The population is also aging, with the fastest growing age group between 55 and 64 years old. People 85 years and older are the fastest growing elderly group, expected to increase by an estimated 145% through the year 2020.

The region's population growth rate is slightly less than the State of California's but double the U.S. rate (SANDAG). Population growth occurs due to natural increases as well as from both international and domestic migration. International migration in the San Diego region has remained relatively stable since 1980, with between 12,000 – 15,000 immigrants arriving annually. Currently, immigrants from Mexico and the Philippines account for 60% of foreign migrants. Domestic migration into the area reached a high in the late 1980's with 60,000 – 70,000 people moving to the region annually. However, throughout the 1990's, there has been a reverse in this trend with more domestic populations leaving the area than entering (SANDAG).

According to SANDAG population forecasts, the region is expected to experience an average increase





of 46,000 people annually through the year 2020. During this time, both the Hispanic and Asian-Pacific Islander populations are expected to more than double. In contrast, the African American population is expected to grow more slowly than the 43% overall population growth, but will still increase by almost one-third. The change in the White, Non-Hispanic population is expected to grow at a rate four times slower than the overall population. Forecasts indicate that 400,000 additional housing units will be necessary to accommodate population growth during the next 25 years (SANDAG).

The forecast for the region's job growth rate is double the U.S. rate. In fact, total civilian employment (local employees and self-employed people) reached 1,164,100 in 1996, the highest employment number ever recorded for the county. The annual unemployment rate dropped from 6.4% in 1995 to 5.4% in 1996 (SANDAG).

Key industries in the county include: agriculture, defense, fishing, high technology, interna-

tional trade, manufacturing, medical research, retail, and tourism. However, the trend is shifting toward a service and information based economy. By 2020, SANDAG estimates that manufacturing and government will command only two out of every ten jobs in the county, while the service, trade, and financial, insurance, and real estate sectors will capture 60% of the jobs.

Despite an expected job growth rate that exceeds population growth rates and steady low unemployment rates, SANDAG expects the region's per capita income to drop 12% below that of the U.S. by 2020. Home prices in the region are forecast to increase twice that of area incomes, a historical trend that is not expected to change.

Overview:

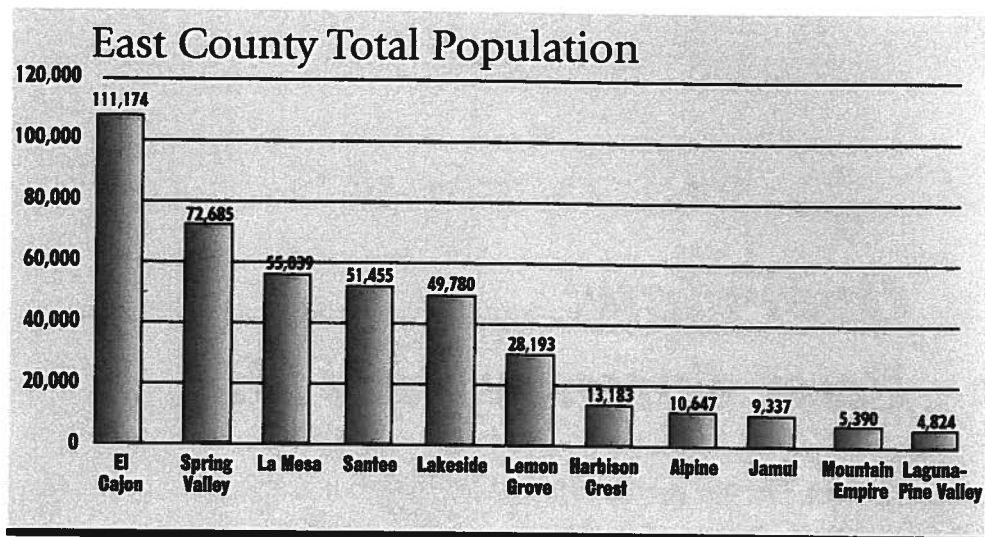
East County San Diego

East of downtown San Diego, north of the Mexican border, and west of the Anza-Borrego Desert lies East County San Diego, a patchwork of residential neighborhoods scattered with a handful of incorporated cities. The first residents of this area were Native Americans known as the Kumeyaay. Later, during the Spanish colonization, this region was part of the vast lands of Mission San Diego de Alcalá. Today, there are eight Native American Indian reservations in East County. Many of the old Mission Indian trails throughout San Diego County, including Interstate 8, are now freeways (Barona web site).

One in every eight residents in San Diego County lives in East County (East County Economic Development Council). Grossmont Healthcare District comprises the majority of the East County region as designated by SANDAG. Within the 750 square mile area of Grossmont Healthcare District, there are approximately 23 communities and 411,707 residents. Four of these communities are incorporated cities and include: El Cajon, La Mesa, Lemon Grove, and Santee. San Carlos is one community that is both within the San Diego city limits and the Grossmont Healthcare District.

The population of East County, like that of the county in general, is growing and becoming increas-



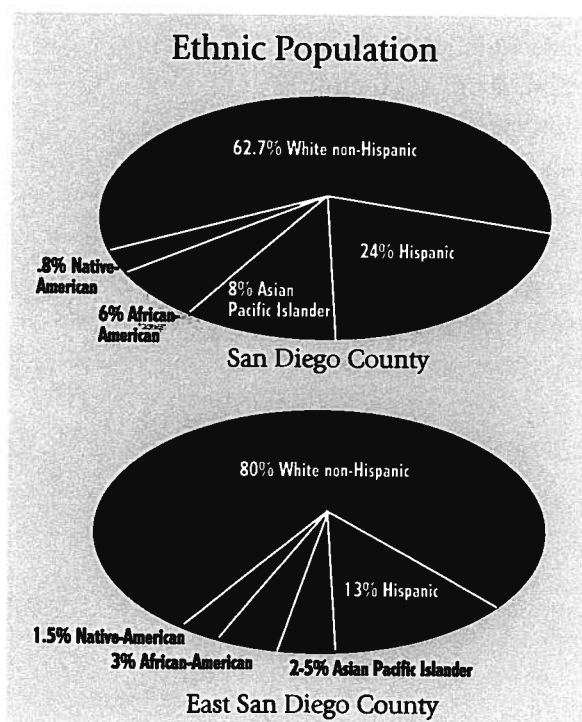


ingly diverse. In fact, in focus groups and key interviews, East County residents identify the diversity within the region as one of its greatest strengths. On average, the population of East County is approximately 80% White, Non-Hispanic, 13% Hispanic, 3% African-American, 2.5% Asian or other Pacific Islander, and 1.5% Native American.

There is also a diversity of age and income levels in East County communities. Like the San Diego region overall, East County's population is growing older. On average, East County residents over the age of 65 comprise about 11% of the population. However, about half of East County communities have a higher proportion of residents over age 65 than in the overall county. La Mesa, with 18% of the population over age 65, has the highest proportion of senior citizens (Grossmont-East County HNI Data Supplement).

The majority of all households in East County are comprised of married couples; there is

also an average of 11% who are divorced. Median annual household income ranges from a high of \$52,994 in Jamul to a low of \$26,122 in Mountain Empire (SANDAG). An average of 91% of families in East County have incomes above poverty level. However, with an average of 87.6% of children above poverty level, children are typically poorer



than adults in East County. Census figures show that the majority of all East County residents are employed and in 1990, East County communities had an average unemployment rate of 5.5%.

Most East County adults (age 25 and older) have a high school degree or greater, ranging from 71% of the population in the Mountain Empire Region to a high of about 87% in La Mesa and Jamul (SANDAG). Most of East County's public

school districts have a lower student to teacher ratio and lower average class sizes than the county overall. There were 3,489 full-time equivalent teachers that worked in East County schools as of October 1996 (*HNI Data Supplement*).



Hillsdale Park in Rancho San Diego, Ron Dipping, photographer, Daily Californian

Assessment Findings:

East County Strengths and Assets

Natural Resources & Ideal Location

When residents were asked what they liked about living in East County, by far the most common response included the small town, rural atmosphere. "I can see the mountains from my office window, but I'm still very close to the city," said one health professional. Open space and recreational opportunities in the nearby parks, mountains and desert are also a great asset. East County also offers an incredibly beautiful topography, with many trees, lakes, wildflowers, and amazing rock formations.

Many East County communities have ranches that offer farming and the ability to raise large animals, several residents said. Descanso residents identified the beauty of the mountains, fields, and hills along with grazing cattle as a positive aspect of their community. Parents and teens in the more rural Mountain Empire areas said children have plenty of space to play outside. A slower pace of life, less stress and traffic, and quietness are all hallmarks of East County, many residents said. "There is a healing quality here," said one member of the Jacumba faith community.

Yet, despite its rural nature, much of East County is centrally located. Many residents enjoy easy access to downtown San Diego, the beaches along the coast, and major freeways. The city of San Diego offers a variety of cultural opportunities and entertainment events including the opera, professional sports games, the famous San Diego Zoo, museums, parks, and restaurants. Residents in more suburban communities of East County enjoy the convenience of nearby shopping areas, health facilities, and other services located in their area. For example, El Cajon senior citizens said they enjoy the close proximity to public transportation, stores and shopping centers. Area teens often enjoy

movie theaters, schools and clean parks within walking distance, they said.

Proximity to the border of Mexico is also considered a benefit by many East County residents. Many enjoy the economical access to goods and services in Tijuana and Tecate, two of the largest border cities. Others are able to retain close ties with family members in Mexico.

The climate of East County is enjoyed by many here since it is generally warmer and less foggy than the coastal areas of San Diego County. The warm weather is beneficial for people with physical disabilities who may have trouble regulating body temperature, one focus group member explained. Others said the mild climate prevents illness. In the "back country," East County's Mountain Empire region, residents enjoy changing seasons, including winter snow. Back country residents also speak highly of the fresh air and clean water found there.

East County is often considered a safe place to raise children, removed from many of the dangers of more urban areas – especially gangs, residents said. The majority of focus group participants and key informants said they enjoy the peaceful community, feel safer in East County and that there is less crime than in more urban areas. "In a rural area, you don't have a neighborhood, there are no street corners to hang out on and no public transportation," said one back country mother. "Parents must drive kids where they want to go. You can have more control over who your kids associate with." Most seniors and teens also said they feel safe in their community. In addition, reduced traffic reduces so-called road rage, seniors in the back country said.

East County is generally an affordable place

to live with lower average rents, many residents said. In addition, there are many new housing developments as well as unique, well-kept older homes, key informants and focus group participants said. Taxes are not as high in the unincorporated areas, which appeals to those on fixed incomes, Lakeside seniors said.

The Strengths of Individuals

A vast majority of key informants and focus group participants value the ethnic, racial, age, economic and lifestyle diversity East County affords them. In addition to the majority White, Non-Hispanic population, East County is home to Latino residents, recent Chaldean immigrants, Native Americans, African-Americans and a growing Asian-Pacific Islander population. There is also a number of retirees and military families. "There is a good balance of blue collar and white collar workers," said one El Cajon resident.

Sense of Community & Family Values

A sense of community is one of the most attractive features of living in East County, residents said. There are strong family roots in much of East County which many residents said brings a sense of belonging and reinforces morals. "Celebrate the Family" in El Cajon is a week long community event supported by the mayor, city council, schools and local agencies. Many area residents praised the positive focus and community involvement associated with the annual occasion.

People in East County enjoy the friendliness and relaxed nature of the region. "The store employees know you by name and the gas station attendants pump your gas, and Lucky's grocery store gives cookies to children," said one Lakeside mother. In general, people have a traditional sense of community – neighbors that help each other. "Our faithful

friends are here," said one member of the faith community. East County is appealing because people are responsive to their neighborhoods and are able to work together, even when opinions differ, several people said. "There is a sense of stability in the neighborhood," said a long-time La Mesa resident.

Many Latino residents enjoy strong community bonds in East County. "Latinos know and help each other in this community. There is a sense of unity," said one Santee mother. A Spring Valley mother said, "There is a family-like, neighborhood environment. The community is like a support group that helps each other."

Committed Volunteers

People are clearly one of the area's strongest assets. East County has many families, diligent hard-working people, and a fair amount of resources that includes financial, creative, and volunteer labor, key informants said. There are many strongly committed individuals in East County who give of themselves and focus outside their individual roles and organizations. People are friendly and interested in community service, said El Cajon senior citizens in a focus group. For example, members of the U.S. Border Patrol work with "Rolling Readers," a volunteer program offered in elementary schools.

The area's senior citizen population is prized for their historical perspective and knowledge of the locale. "Most seniors tend to age in place," said an area advocate. "Most people over 65 have lived in the same house for more than 20 years." The senior citizen population possesses a wisdom about changes that have occurred in the area over time. Their lifelong experience can help explain why things are the way they are, said one key informant. In general, many retirees and senior citizens in East County are active volunteers. For example, in Alpine, seniors provide tutoring assistance to local children. Seniors often help each other with travel to medical or dental appointments, said Lakeside residents.

In the Mountain Empire region, neighbors are also willing to help each other when needed.

*"It's a small town
where everyone
knows everyone."*

— LEMON GROVE TEEN.

However, people also value their independence and ability to maintain privacy. There is a "sense of autonomy here, but people will reach out to each other in times of need," said one long-time resident. "There is a community awareness of the needs of individuals. If seniors are living alone and haven't been seen, someone will go visit or phone to check. There is a personal touch and genuine concern despite very limited resources."

Volunteerism is also very evident in many Mountain Empire communities. For example, one long-time Campo senior has for 15 years organized a food drive every Christmas, putting together food baskets to give to about 150 families. Every two weeks, that same senior delivers a truckload of bread to distribute to everyone in the community, one key informant revealed.

The youth in East County are another strong resource. "Youth have a good grasp of what goes on in a community that adults don't see," said one El Cajon resident. "Their talents are untapped a lot of times, but they bring in good ideas." Teens in East County are very willing to involve themselves in making their community a better place to live, focus group participants said. Many indicated they would be willing to help raise funds for a local teen center, clean the neighborhoods of litter and graffiti, mentor younger children, or visit the elderly.

Some teens are involved in local collaboratives such as Adolescent Solutions, a group that changed their meeting time to afternoon so teens could attend. In focus groups, many teens indicated that they would like to be involved with community planning and decision making. One current example is the teen advisory committee members that provide funding recommendations and work with El Cajon Communities Against Substance Abuse (CASA), one key informant said. Teens also work with other community members in Lakeside and Alpine to provide input



on services provided at local health and community centers.

"Youth are creative problem solvers and not held back by adult constraints. They are risk takers," said one area resident. Teens also have the capacity to become leaders among their peers. In fact, many teens turn to their friends as a source of

help with problems, focus group participants said. One local organization, San Diego County Youth Leadership Council (YLC) uses a train-the-trainer program model to build the capacity of youth. "After they've been with YLC for a while, they know what and where the resources are. They're identified as

leaders in the community so kids who are still struggling gravitate toward them," an adult leader said. "They are fully empowered to tell adults how they feel and what they think."

Teens that are typically labeled "at-risk" have much to offer as well. "Youth have resiliency regardless of personal history or how much abuse or neglect they endure," said a local service provider. "They are able to move on in many instances to whatever the next step is. They are trying to make sense of the world. If you can give them a sense of how things fits together in a hopeful way, that's something they're willing to adapt."

"Everyone pitches in." – PINE VALLEY
SENIOR CITIZEN.

The Strengths of Community Associations

Strong Faith Community

Churches are a source of strength for many area residents and there is a strong faith community in East County. El Cajon alone has more than 70 houses of worship. "Spirituality and religion are strengths in the community," said one member of the Latino community. Faith organizations contribute much to East County, including transportation to the doctor for seniors; food, clothing and shelter for the poor and homeless; and education, child care programs and youth activities for area children.

The organization FISH is well known by many community members for their volunteer transportation offered to people with medical appointments. SHARE, operated by St. Vincent de Paul, is also a highly valued food program, many East County residents said. Other churches have begun pilot programs in response to welfare reform. One example is a work-mentor program at Santa Sophia Church in Spring Valley. Through this program, church members mentor those terminated from public assistance and assist them with finding employment by providing child care and transportation to job interviews, a key informant explained.

Individual faith organizations often provide needed support to their members. Through churches, neighbors often organize to help one another with transportation, meals for sick, or welcoming new members of the community. For example, one local church organizes "Shepherd groups" in various geographic areas that correspond to the neighborhoods of congregational members. These groups mobilize to provide support to fellow church members in their area when new babies are born or when someone is hospitalized.

Other congregations, such as the Church of Latter Day Saints, are

organized to provide food, clothing, and household supplies for members in need. Unemployment services, social services, psychological services and disaster relief are also provided through the church, members said. Each month, members contribute enough money to provide two meals in order to support these services.

East County churches often work together in interfaith collaborations to address critical issues within the community. For example, ministers from several denominations in Spring Valley, Lemon Grove, and El Cajon have formed the Ecumenical Alliance to begin discussing ways of working together to address community issues such as homelessness, said one key informant. In addition, an advisory committee, organized by the mayor of El Cajon and comprised of representatives of the faith community, provide recommendations to the city on a variety of local issues.

Neighborhood Organizations & Service Clubs

In focus groups and key interviews, East County residents revealed that they belong to a wide range of active organizations and service clubs. Examples include: local neighborhood associations, San Diego State Alumni, Soroptimists, American Association of University Women (AAUW), and the Grossmont Hospital Auxiliary. The Kiwanis are an active service organization throughout East County and contribute to local non-profits such as the Gatehouse, an agency that provides services to teens. In schools, the Kiwanis sponsor many Key Clubs, a teen service organization.

There are also many local chapters of Friends of the Library, such as the one in Descanso, that assist in maintaining libraries and keeping the community history. Additionally, many parents volunteer in their local Parent - Teacher Association (PTA), Little League, and area community centers, key informants

"We can't forget the Kiwanis. They're the backbone of volunteerism."

— SPRING VALLEY RESIDENT.

said. There are a number of formal associations for youth such as 4-H, Boys and Girls Clubs, and scouts.

Neighborhood Watch groups play an important part in feeling secure, numerous area residents said. In addition, many area seniors participate in the Retired Senior Volunteer Patrol program (RSVP) to assist local law enforcement officers with routine community safety measures. There are also a number of self-help, 12-step groups in East County, most notably Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon. Mothers Organized for Mutual Support (MOMS) is a support group for parents raising children with disabilities. There are area bereavement support groups as well.

Several communities, such as Boulevard and Campo in the Mountain Empire region, have created Sponsor Groups that act as advisers to area political representatives and advocate for the maintenance of their rural lifestyle, one member explained. Other communities in East County have organized local collaboratives, such as The Lemon Grove Project and the Lakeside Community Advisory Board, to provide a meeting ground for residents to become involved with community improvement efforts. Citizens also participate in local planning groups such as the Spring Valley Planning Group or Valley de Oro Planning Group, focus group participants said.

The Strengths of Local Institutions

Great Schools

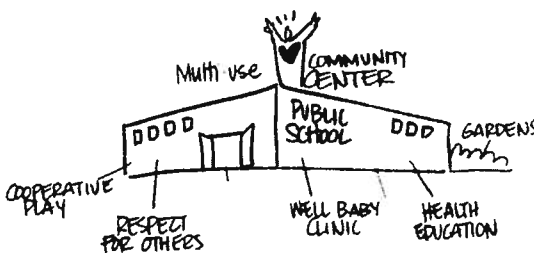
There are 108 public schools in East County, the majority of which are elementary schools. In the Cajon Valley School District that serves much of suburban East County, there are 22 elementary and five middle schools. Ninth through 12th grade students attend high school in the Grossmont Union High School District (GUHSD). There are 12 high schools in GUHSD, including one alternative and one continuation high school. The district

operates a web site that includes an East County Resource Directory, a strength identified by many residents. Many East County communities such as Spring Valley-La Mesa, Lakeside and Santee maintain their own local elementary school districts. In the back country, students attend one of 11 schools in the Mountain Empire Unified School District. There are six elementary schools, two continuation schools, and two junior-senior high schools, including one alternative (*CA Food Policy Advocates*). There are also numerous Head Start and other preschool programs, as well as many faith-based private schools throughout East County.

Focus group participants and key informants alike were generally very positive about schools in East County. "Teachers take a personal interest in students," said one long-time El Cajon resident and parent. School districts get "involved in their communities and really care about students and families," said another area professional. And despite the many community boundaries, "Grossmont Union School District ties us all together," a La Mesa resident said.

Many in the Latino community also value area schools, praising efforts to be inclusive of other cultures, offering information in Spanish to

parents, and teaching children English while helping them retain their native Spanish language. Many Latino parents in focus groups



considered their local schools one of the best resources, with trustworthy and helpful staff. Other parents said the Parent-Student Resource Center at Cajon Valley Union High School is an asset. Teachers and school counselors are people to turn to when help is needed, many area teens said. In the Mountain Empire region, smaller schools offer individual attention to students, many parents said.

Area schools can be a resource for the general community as well. For example, adults can participate in English as a Second Language classes, while at Grossmont High School, community members can take swim lessons. In their free time, children play baseball and other sports at local school fields.

The area's two community colleges that comprise the Grossmont-Cuyamaca Community College District are also an important asset. Located in the Fletcher Hills area, adjacent to the cities of El Cajon and La Mesa, Grossmont Community College had a peak student enrollment of more than 16,000 students. The second community college in the district, Cuyamaca College, opened in 1978 and is located in the foothills of Spring Valley, south of El Cajon. Cuyamaca College offers free aerobics classes and Tai Chi for seniors. "The college brings some culture to the community," said one community resident. "It has a museum, library, computer classes and extension courses. There is a huge gym and workout section, a track and tennis courts."

Generous Business Community

The East County region supports a variety of businesses varying from regional malls such as Grossmont Center in La Mesa, Parkway Plaza in El Cajon and Santee's Town Center to a small lumber company in Alpine and a growing number of antique shops in La Mesa. There are also a number of small community newspapers as well as the local daily, The El Cajon Daily Californian that "is a community gatherer and has been for 40 years," one long-time La Mesa resident said.

There is a strong business commitment to bettering communities throughout East County, several area residents said. Many gave examples of local businesses that provide financial support to area non-profits and children's fundraisers.

Several of the area's Native American communities sponsor civic events, support community organizations and operate casinos that have become some of the area's largest employers. Three of East County's tribes – the Barona, Viejas, and

Sycuan – have created more than 4,000 jobs from the gaming and entertainment enterprise. The Viejas Band is the first tribe in the nation to buy a controlling interest in a bank (*Sacramento Bee*). The Barona Casino spent approximately \$24.8 million for goods and services in 1996, benefiting other local business (*Barona web site*).

Since 1994, the Barona Casino has donated nearly \$1.5 million to more than 60 organizations in San Diego County. They held a job fair at the San Diego Homeless Shelter to recruit casino employees and shared approximately \$6 million in casino revenues with 14 other tribes that do not have a business enterprise (*Barona web site*). Moreover, the three gaming tribes now give \$75,000 a month to 10 non-gaming tribes in the county (*Sacramento Bee*).

Many businesses throughout East County are members of local associations. For example, the East County Chamber of Commerce provides tax advice, networking opportunities and other services to 1,300 members, including business people from El Cajon, Lemon Grove, Santee, and Alpine. Chamber mixers are one way to encourage networking and last year's gathering at Gillespie Field in El Cajon drew 550 people, one local business owner said. The East County Chamber of Commerce also produces a regional human services directory that provides information about local organizations, many residents said. The Chaldean Community Grocer's Association is another important area business organization, key informants said.

The East County Visitors Bureau was established to provide information and outreach to the many visitors that come to San Diego each year, particularly those that attend events at the San Diego Convention Center. After East County was not advertised to delegates attending the 1994 Republican Convention, the bureau was established to ensure that future visitors were made aware of East County, key informants said. "People are starting to recognize East County is a large region of the County. Before it was largely ignored," said one key informant.

Law Enforcement & Emergency Services

"There is a safe feeling because help from the police, fire department or hospital is not far away," said one La Mesa teen in a focus group. Local Fire Departments were identified by many East County residents as community assets and often are a focal point of community life in many small towns.

DARE, a program provided by law enforcement officers in elementary schools to prevent substance abuse was identified by many residents as a community resource.

In the back country, residents feel more secure knowing that many volunteer fire departments and Life Flight are available in emergencies. In general, Mountain Empire residents feel protected by the overlapping emergency response from the region's many fire departments, sheriff's deputies and U.S. Border Patrol agents.

The U.S. Border Patrol is a community resource in East County, particularly in the back country where their emergency medical technicians provide assistance to local sheriffs and are often the first responders in an emergency. They have two ambulances and a rescue unit that can search for lost hikers or others that need assistance. In addition, the Border Patrol has a variety of heavy equipment that is used to maintain roads and can travel off road to assist in rescues.

Officers participate in local volunteer activities and the Border Patrol has also donated used equipment such as computers to schools in the Mountain Empire School District, a key informant said. There are four resident deputies in the back country and about 350 Border Patrol agents stationed at the Campo and Boulevard sites. There are an additional 280 Border Patrol agents at the El Cajon station, one key informant said.

Health Care Providers

Some residents in La Mesa believe their community has an "emphasis on wellness" and often attribute that to the close proximity of the hospital and the large number of medical providers in the area.

There is an abundance of holistic health providers offering massage and acupressure, as well as many

counselors and dentists, key informants said. Grossmont Hospital is one community resource identified by most area residents. The hospital is known for its many community health programs such as the Senior Resource Center, teen parenting

"People in the community have a sense of ownership and relationship with Grossmont Hospital. It's a leading institution in the community that commands a great deal of respect. People really relate to their hospital, it's part of community life."

—HEALTH CARE PROVIDER

program and health education classes. Residents appreciate the availability of classes for smoking cessation, nutrition and exercise offered by Grossmont hospital. One key informant spoke highly of the mall walkers program that the hospital initiated.

Grossmont Hospital provides a free van to transport elderly and disabled citizens to medical appointments. Nurses provide vaccinations at 17 community sites, including one in Alpine, key informants said.

Grossmont Hospital also supplies area seniors with a "Vial of Life," which contains a person's medical history and other pertinent information that is attached to the person's refrigerator. In an emergency, paramedics or neighbors can get all of the information they need to assist, focus group participants and key informants explained.



Many East County residents said they utilize Grossmont Hospital because of its close proximity. "I chose Grossmont Hospital because it was close and my sister had her baby there," said one mother of her baby's delivery. In fact, according to 1995 data, approximately 45% of all patients discharged from hospitals in East County are from Grossmont Hospital. (*HNI Data Supplement*)

"There is lots of health care available in East County," said one parent. East County residents detailed the many resources available through other area hospitals such as Scripps, Mercy, Sharp, Charter Behavioral Hospital and Children's Hospital. For example, both Grossmont and Scripps Hospitals have a wellness education center with support groups for diabetes, breast cancer, heart attack rehabilitation and stroke survivors group, shared one key informant. In addition, health fairs are an annual event with services such as free blood pressure measurements, free glucose testing, low cost vaccination and low cost flu vaccines, among many other things. Others said that Sharp, Mercy and Grossmont all have health plans with medical services, free prescriptions and free child checkups. Health Maintenance Organizations (HMO) such as Secure Horizons and CIGNA are also utilized by area residents, focus groups said.

There are additional health care providers located in downtown San Diego that many East County residents mentioned as resources, such as Kaiser Permanente. Two examples of providers specializing in obstetrics include OB-GYN Consultants and Sharp Mary Birch. For health services specializing in AIDS treatment, key informants mentioned the University of California San Diego (UCSD) and Logan Heights Family Health Center. In addition, UCSD's Department of Internal Medicine collaborates with some East County health providers such as East County Community Clinic (ECCC). This partnership enables ECCC to have a gynecological specialist in El Cajon, said one key informant. The San Diego Dental Council was mentioned as an active group that offers many dental health programs.

Community clinics are an important component of the health care system in East County and were identified as a resource by nearly every focus group. Teens were especially likely to identify local health clinics such as Planned Parenthood as a source of information and health services. Planned Parenthood was also identified as a good source of affordable care by some adult women. The Public Health Department was also frequently mentioned as a resource for health services by residents. Southern Indian Health Council operates a health clinic in Alpine as well as a satellite clinic on the Campo Reservation. In addition, there is the Sycuan Medical-Dental Center in El Cajon.

With sites in El Cajon, La Mesa and Lakeside, East County Community Clinic was frequently identified as a resource by both focus group participants and key informants. With funds from the State Office of Family Planning, ECCC is able to provide women's health services at all three clinic sites, including screening for breast cancer, said one key informant. The El Capitan Family Health Center, ECCC's Lakeside clinic, tries to ensure health care access for all children, explained one key informant. The staff there specialize in finding programs to assist uninsured children as well as some adults.

Latino residents identified area clinics such as El Centro Medical Latino in El Cajon, Logan Heights Family Health Center, as well as community clinics located in Chula Vista and San Ysidro, particularly notable due to bilingual services and sliding fee scales offered at these locations. Some Spring Valley residents expressed excitement that Logan Heights Family Health Center is opening a new site in their area.

Mountain Health Center, with sites in Campo, Jacumba, and Pine Valley, provides health care services, education and outreach for many in the Mountain Empire region. "The majority of the staff have lived in the area for years. They bring a sense of community to their work and a deep sense of concern for people," said one key informant. "In an urban area, the chances of knowing the people

in your doctor's office are slim. In a rural area, it's a very personal thing."

Local Non Profit Community-Based Organizations

East County has a wealth of non profit service agencies identified by focus groups and key informants. These organizations provide a variety of services to East County residents including: emergency services, assistance to families in crisis, prevention programs, child care and recreation activities. In general, many people believed that local organizations are cooperative and collaborate to achieve common goals. One example is the El Cajon Collaborative that consists of area service providers who share resources and have worked to improve the local social service delivery system by creating Little House Family Services. Local collaboratives have also been developed in Lakeside, Lemon Grove, Spring Valley, Santee, and the Potrero-Tecate communities.

There are a number of agencies that provide substance abuse prevention and treatment services in East County. Some include Communities Against Substance Abuse (CASA), the McAllister Institute for Treatment and Education (MITE), Project Star, Phoenix House and Freedom Ranch. Crisis House and the Salvation Army are important resources for people in need. In the back country, Rural Health Family Counseling is available for assistance to area youth and families. In addition, San Diego Youth and Community Services is an agency often mentioned by area residents as a resource for youth services. Mama's Kitchen, a food delivery service for people with AIDS, provides meals to people in many East County Communities.

Many residents described area programs for youth such as Little League and the YMCA, which also provides child care in some areas. Many of

East County's towns have their own community centers, a resource often mentioned by parents, teens, and seniors alike. Some examples include: the El Cajon Community Center, Spring Valley Tween and Teen Center, the Alpine Community Center, and La Mesa Community Center. A number of area agencies, such as Mesa Grove Senior Center, provide assistance to East County's senior citizen population, including nutrition programs and recreational activities. In addition, Meals on Wheels and Dial-A-Ride were mentioned often by area seniors as community resources.

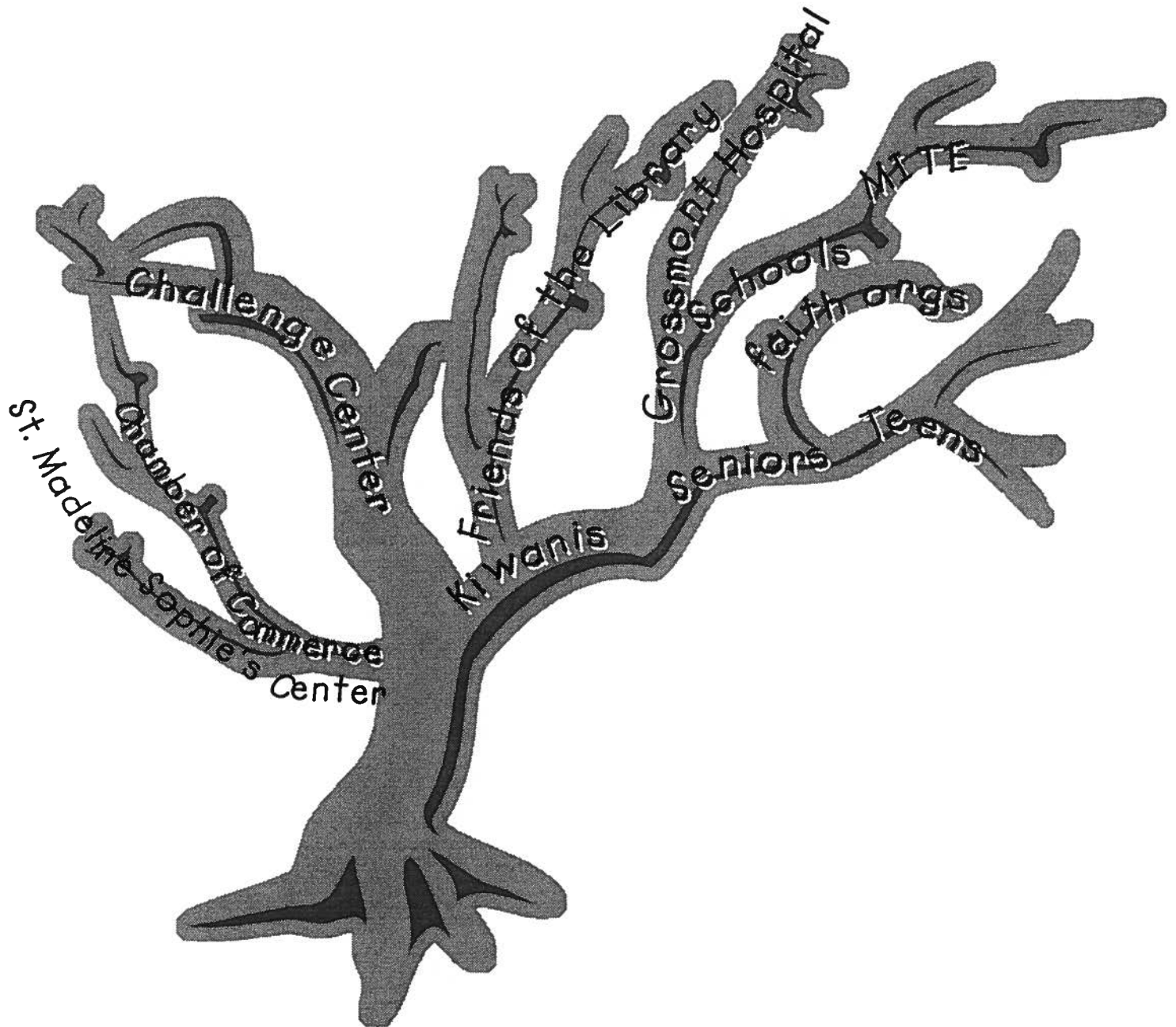
For people with disabilities, there are several area organizations that provide support services and information including: Challenge Center, St. Madeline Sophie's Center, Down's Syndrome Association, MS Society, and the Arthritis Association. Aqua therapy is available through Waterworks Aquatic Development Center, co-located at St. Madeline Sophie's Center in El Cajon and at The Plunge in San Diego. There are also various assisted living centers and homes and the San Diego Regional Center that provide support to people with disabilities. In addition, some schools employ parent facilitators that act as a liaison for parents of children with disabilities, said residents.

Local Government

East County has a variety of services and resources provided by local government agencies. Those mentioned by focus group participants or key informants include the County's Health or Department of Social Services, as well as the Area Agency on Aging. Many residents in East County identified their local library as a community resource, as well as parks and recreation departments.

The Department of Rehabilitation was mentioned as an agency that provides support to people with disabilities to reenter the job market.

Example of East County Assets



Assessment Findings:

Issues Affecting the Health and Well-Being of East County Communities

"You can't talk about health in the community without talking about the social issues, the problems we face."

– CHURCH OF LATTER DAY SAINTS CONGREGATION MEMBER

In focus groups and key interviews, East County residents identified critical issues affecting the health of their communities. Many of the issues are interconnected and some may be perceived as symptomatic of underlying causes. The following issues are not in priority order, but reflect key themes that emerged from these discussions and research data. Strategies in progress and potential strategies to address issues of concern that were identified through the assessment process are also included.

Issue: Alcohol, Drug, and Tobacco Use

By far, the issue most frequently identified by a cross-section of the community is that of substance abuse (alcohol and other drugs). Often the abuse of alcohol and drugs was identified as the underlying cause of other community health issues such as family violence, crime, child neglect, and learning disabilities.

Substance abuse is also viewed as symptomatic of other issues, such as lack of employment, isolation, self-medication for depression and other mental health problems, or boredom. Several key informants pointed to parental drug use as a primary factor influencing substance use among teens. Other teens engage in alcohol or drug use to escape their circumstances at home. Adults and teens both report that proof of age is not always required at liquor stores, and young adults are known to supply teens with alcohol.

Several key informants said that the geography of East County most certainly influences the availability and use of illegal drugs. The rural, isolated nature of many of the communities attracts a number of people interested in manufacturing methamphetamine, growing marijuana or smuggling drugs. For example, in the Mountain Empire region, illegal drugs are often brought across the border and transported through the area, en route to more populous cities. A concern for many key informants are teens who run drugs – an activity that provides an income for these youth and seems to increase during the summer months when school is out.

The total health costs of alcohol and drug use in San Diego County were \$775 million in Fiscal Year 1995-1996. Moreover, the total economic cost to the county in 1995 was \$1.54 billion, (Substance Abuse Summit III).

In addition, San Diego County has experienced an alarming increase in the number of methamphetamine hospital admissions. In 1989, there were 901 methamphetamine-primary admissions. By 1993, there had been a 159% increase and by 1994, there were 3,508 methamphetamine-primary admissions. In fact, in 1994 there were more admissions

"Is there a place that doesn't have a drug problem?"

– La Mesa resident

for methamphetamine than for alcohol; the first time alcohol has been superseded by any other drug in treatment admissions (*Charting the Course*).

During the five year period between 1989 and 1993, drug-related deaths in several East County communities were above the county-wide rate of 8.6 per 100,000. These included Lemon Grove (13.4), El Cajon (11.1), and La Mesa (11.1) (*Building Healthier Futures*).

Teen Substance Abuse

According to preliminary estimates, the cost of alcohol and drug abuse among adolescents is \$24 million in San Diego County. More than half of the costs associated with adolescent substance abuse is attributable to law enforcement expenditures (Substance Abuse Summit III).

All of the teen focus groups identified substance abuse as an issue in their communities. The majority of the teen groups identified alcohol and marijuana as the most frequently used drugs among students. In particular, teens believe alcohol is less dangerous than other drugs and is often easier to obtain, focus groups said. However, methamphetamine (crystal meth), cocaine and heroin were also used by teens. Some teens report that drug abuse is increasingly more widespread and that much younger teens are engaging in drug use.

Indeed, in a 1996 youth risk behavior survey administered to Cajon Valley middle school students, 50% of the youth surveyed reported having tried alcohol. In addition, 22% of 8th graders reported having consumed alcohol during the 30 days preceding the survey. The survey also found 16% of the youth had used marijuana, while 4% had used some form of cocaine. Nineteen percent of the students reported that someone offered, sold or gave them an illegal drug at school, according to the survey results.

In comparison, the San Diego City Schools Youth Risk Behavior Survey administered to 9th-12th graders in 1993 showed approximately 23% of students used marijuana one or more times in the 30 days preceding the survey. Overall, this

survey indicated an increase in the percentage of students who smoked marijuana. Twenty-three percent of teens also reported heavy drinking (5 or more drinks of alcohol in a row on one or more of the 30 days preceding the survey).

Many East County teens reported the sale and use of drugs and alcohol on school campuses. For example, teens from two area high schools report alcohol is brought to school, often concealed in water bottles. The students report observing adults engaging in this behavior as well. In Spring Valley, one notorious gathering site for teen alcohol and drug use occurs behind "the rock," a giant boulder located on the Mt. Miguel high school campus.

This activity occurs despite the presence of law

enforcement at the school.

However, students at Monte Vista High School reported that the school's use of police officers and police dogs on campus has reduced the problem of drug use at school.

Teens in Santee appear

to be somewhat less concerned with the use of drugs among youth in their community, stating that drug use occurs mostly among older high school students. However, like other communities, drug abuse is an issue. In a district wide family survey conducted in 1996, 50% of respondents said substance abuse was a community concern.

Some parents said staff at the Mountain Empire Junior and Senior High School are not doing enough to combat drug use. Instead of strict consequences for drug possession or use, students are only given a warning. Reactions only occur when it's too late and an overdose occurs, parents said.

At times, youth gain access to illegal drugs through their parents. Several teens discussed that students are known to steal marijuana and crack cocaine from their parents' supply – either to use or sell. Unless there is clear indication of child abuse, Child Protective Services is unable to intervene in many cases where a parent is using drugs.

*"You see drugs
everywhere you go."*

– LEMON GROVE MIDDLE

SCHOOL STUDENT

"The level of acceptance of illegal drug use is on the rise," according to a previously conducted independent key interview with a Granite Hills high school teacher. Accepting parental attitudes were also identified as a contributing factor in teen drug use during a previous key interview conducted with a back country principal in November, 1997. Examples supporting these beliefs include: some teens use drugs in the presence of their parents; one student brought in materials from home for a school project that had marijuana residue inside; one parent was aware of his teen's marijuana use but not particularly concerned, believing that it does not lead to the use of other drugs or other problems.

Despite these instances, many parents and other adults are concerned about drug and alcohol use, evidenced by nearly half of the adult focus groups indicating that drug and alcohol abuse is a critical health issue in East County.

Community Norms Often Barriers

Barriers to addressing issues of drug and alcohol

abuse include a lack of information about the extent of the problem, combined with a community norm that does not encourage discussion or admission of the problem,

many said. Some point to the plentiful availability of liquor stores in low income neighborhoods, targeted advertising and special discounts or sales on alcoholic beverages. "You would never see that in La Jolla," said one Spring Valley parent.

Key informants and teens indicate that drug use is often silent in their communities. One key informant speculates that some are silent due to the financial incentive and profit gained from the drug trade. Others maintain that often community members don't perceive substance abuse as

a problem that directly impacts their own lives. For example, in a 1998 survey of parents in the Mountain Empire communities of Potrero and Tecate, 46% of parents agreed that drug abuse is a problem in their community, while 34% agreed that alcohol abuse is a problem. However, this same survey also indicated that some parents are uncertain about the extent of alcohol and drug problems in the area. Almost 38% were "undecided" about alcohol abuse, while 30% were undecided on the problem of drug abuse.

Lack of Prevention and Treatment Services

Prevention expenditures in San Diego County represented only 0.4% of the total cost of alcohol and drug abuse (Sub-

stance Abuse Summit III). Drug-related hospital admissions are an important indicator of the need for treatment. Between 1989 and 1993, there were steady increases in the number of people admitted for publicly funded drug and alcohol treatment programs in the county. In 1989, there were 6,617 admissions, but by Fiscal Year 1994-1995 that number had increased to 10,770 (*Charting the Course*).

The stigma, shame and paranoia surrounding the use of drugs makes it difficult for people to seek assistance. Additionally, some parents are not likely to admit nor realize their teen has a drug or alcohol problem, some key informants said. Most

"It's easier to be on drugs than it is to get help. Sometimes, it's better to get arrested. Why get to that point? There should be prevention."

— LEMON GROVE MOTHER

"Teens use too much alcohol and drugs. It's hidden, quiet; people are not aware."

— DESCANSO TEEN

Prevention
VS.
TREATMENT
FOCUS

of the teen groups did not specifically know where to seek help with drug and alcohol issues. While some teens can turn to their parents, school staff, or other trusted adults, many

try to handle problems themselves or with the help of peers. Some mentioned hot lines, clinics, or the yellow pages as places they would turn for help with a drug or alcohol problem.

However, when people do seek help, they often encounter additional barriers. More than 25% of all the adult focus groups indicated East County lacks drug prevention, education and treatment services. Some parents and providers described the frustrating experience of trying without success to find affordable drug treatment. For example, East County resource directories are outdated and do not include detailed information about eligibility requirements. Parent and provider phone calls to agencies results in a circle of referrals from one agency to another. The person seeking help ends up referred back to the original agency. Locating substance abuse treatment services for low-income families without insurance is also a challenge nearly impossible to overcome, many focus participants said. "Everywhere you had to have money and even \$50 a day is too much for many to afford," stated one family worker.

Focus group participants explained a variety of barriers to accessing substance abuse treatment. A referral is the key to receiving drug treatment services, however referrals may be unavailable without a court order. Programs have long waiting lists and most do not accept women with their children. Without family or someone they trust to take care of their children, some mothers are prevented from participating in treatment. Even when accepted into a program, some mothers are unwilling to participate if it means being separated from their children for several months.

A continuum of support does not exist for many involved in substance abuse and recovery. For example, one parent shared this story of her son's experience with drugs: as his grades fell, he was dropped from healthy extracurricular activities at a time when he needed them the most. Now that he is soon to be released from prison, she does not know where to go to seek help and support for him.

Support groups such as Alcoholics Anonymous (AA) and Narcotic Anonymous (NA) are available in most East County communities, some even target teens or provide child care. However, many don't offer child care, yet another barrier for mothers in recovery.

Limited Law Enforcement

Typically, community members – in particular teens – will not report illegal drug activity for fear of retribution or retaliation from those engaged in the drug trade. Even in instances where adults observe drug use in the workplace that can result in potential harm to others, the fear of risking one's own safety and financial security is a barrier to reporting.

Residents in many East County communities know where drug activity takes place. For example: a park in Spring Valley across from the fire station; apartment complexes in Santee and El Cajon; near Helix High School and La Mesa Middle school; and individual homes in back country towns. In some cases, residents have been successful in combating drug dealing in their communities. For example, known drug dealers at an apartment complex in Santee were evicted, teens and parents there said. However, on other occasions, residents have reported drug activity only to have no action taken by authorities. In the Mountain Empire region, residents have reported drug dealers enough times without results that their letter writing campaign sparked an investigation by the District Attorney's office, parents said.

Smoking

The public health impact of smoking is well documented and in California, cigarette smoking causes one in five deaths. Adult smoking in San Diego County decreased from 23% to 18.7% between 1990 and 1993. However, among adolescents in the county, smoking increased from 7.7% to 9.8% during the same time period (*Charting the Course*). It is estimated that tobacco was related to 30% of all San Diego County cancer deaths and 21% of heart disease cases in 1993 (*Setting Sail*).

Ten percent of all the adult focus groups

indicated smoking is an issue of concern in their community. The consensus among teens was much greater with 80% of teen focus groups indicating that cigarette smoking is an issue of concern. One contributing factor they identified: older teens buy cigarettes and sell them to younger teens.

Their concerns are supported by statistics from the Youth Risk Behavior Survey administered to Cajon Valley middle school students in 1996. In that survey, 29% of youth had tried cigarette smoking. Moreover, results from the San Diego City Schools Youth Risk Behavior Survey indicate an increase in the percentage of students who smoked. These increases occurred for both males and females, for all age groups and ethnicities (*Building Healthier Futures*).

Some adults are concerned that tobacco acts as a "gateway drug" when used by young people and therefore, leads to the use of alcohol or other drugs.

Strategies in Progress

- San Diego is a test market for the Partnership for a Drug Free America media campaign.
- Communities Against Substance Abuse (CASA) is taking the lead to develop a comprehensive Substance Abuse Prevention plan with communities in East County. CASA is also working to change community norms and policies related to alcohol, drug and tobacco use. For example, CASA is encouraging local businesses to host alcohol-free events and eliminate the use of self-service cigarette counter displays at convenience stores.
- The teen center in Santee is expanding into a county-wide, two week detoxification treatment program for youth.
- The creation of a drug court in El Cajon.
- In the Resident Managers Support System (RMSS), property managers and owners work with law enforcement to create drug-free environments at local apartment complexes. Landlords complete classes in identification and reporting of drug dealers and advertise "drug-free housing" by placing a plaque on apartment buildings.
- Some law enforcements include drug abatement in Lemon Grove and combating drug usage and transport by a coordinated, multidisciplinary team based in Boulevard.
- The Lemon Grove Project is a community collaborative that focuses on alcohol and drug use among adults as well as youth. Since 1991, they have been successful in establishing new limits on the sales of alcohol and tobacco, and launched "Teens With A Cause," a youth group offering alternative activities to middle school students. Members of the Lemon Grove Project are now collaborating with CASA to develop a written substance abuse prevention plan for Lemon Grove.
- In Lakeside, members of the teen advisory board are trying to gather more documentation about how and when youth become vulnerable to drug abuse, particularly for the use of crystal methamphetamine. Recently, the first youth risk assessment survey was completed in cooperation with the Lakeside School District. Survey results will yield additional information about the use of drugs, alcohol, and tobacco, as well as incidents of violence among students. In addition, the Lakeside Community Advisory Board (L-CAB) has been successful in securing funding for teen health services, including a substance abuse program offered through the teen recovery center.
- Mountain Empire Unified School District's strategic plan called for more alternative after-school activities for students; an advisory committee to develop programs designed to prevent and intervene in student drug use; and tough consequences for students using drugs.
- Spring Valley's Healthy Start program and second Title V program.
- At the county level, an annual Substance Abuse Summit has yielded a Plan for Action as well as an analysis of economic costs in San Diego county associated with alcohol and other drug abuse.

Potential Strategies

Residents often suggested the development of affordable long-term treatment programs. Many teens suggested that schools should provide additional counseling staff. Some suggested that teens in recovery provide drug education to their peers. Additionally, schools could institute 12-step programs on campus. Others suggested increasing the frequency of age identification checks at liquor stores.

Issue: Access to Healthcare

Almost half of all the adult focus groups indicated that access to health care was an issue of concern. For many, financial barriers or a lack of transportation are the primary underlying causes associated with health care access. The cost of health care is a concern for those who are uninsured as well as those who have insurance but must pay expensive premiums and out of pocket expenses for uncovered services and co-pays. An aging population and the associated rising costs of health care is another contributing factor, many area residents said. They attributed gaps in health care services to many systemic factors, including categorical funding streams and a health care delivery system that is fragmented and non-cooperative.

More than 97% of San Diego County residents live within a five mile radius of a general practitioner or family practitioner. However, in both rural and urban areas of the County, there are communities and neighborhoods where access is difficult. For example, Mountain Empire is designated as a Health Professional Shortage Area (HPSA). One of the criteria for determining this status is a travel time of more than 30 minutes to the primary care provider (*Charting the Course*).

Financial Barriers

In 1992, approximately 22% of the population under the age of 65 were uninsured in San Diego County. That same year, 48.9% of all San Diegans were covered by job-based health insurance, a rate lower than the state or national rates. In 1992, the uninsured were overwhelming working people and their families. More than 80% of uninsured Californians were workers or members of families headed by workers. Six in ten were full-time employees and their dependent spouses and children (*Charting the Course*).

Based on information provided by focus group participants, several themes emerged regarding the perception of financial barriers that limit access to health care. Not surprisingly, lack of financial resources is a particular problem for working people who do not have insurance through their employer.

Another contributing factor lies in the overall economic base in East County. East County as a whole lacks industry, while many of the available jobs are with small businesses, pay minimum wage, and do not have benefits. In addition, small businesses have less choice among health plans that they can offer to employees. Often, people are unable to pay the premiums even when they are eligible for insurance coverage.

Consequently, high costs keep people from seeking care when they are sick or forces them to wait until a health issue has become advanced. One Spring Valley educator explained, "The lack of health coverage keeps them from being healthy because in things where they can be proactive, like a cold, they do not go to the doctor. The condition gets worse and worse and they end up in emergency." A clinic provider echoed the same sentiment, "If someone doesn't have health insurance,

"If you work hard, there is something wrong with not having health insurance."

— MOTHER OF PRESCHOOLER,
LEMON GROVE

then there certainly isn't much prevention. They let the little things go."

Many focus group participants expressed concern for people who "fall through the cracks." For those whose incomes are between middle class and poverty levels – often described as the working poor – health care services must be paid out of pocket. Yet, these families usually do not qualify for subsidies. Even a \$30 clinic visit is too expensive for families surviving on low wages. And often this does not include the additional costs of prescriptions or lab tests. People may not take all of their prescribed medication because they can't afford the cost of on-going treatment. "It costs \$27 for an inhaler and in the summer, I need three different ones. I can't manage to pay for all these. So when I have an asthma attack, an ambulance picks me up," one East County mother said.

Lack of insurance also affects the health of children, sometimes beginning with a lack of access to prenatal care. For example, in a 1993 survey of nearly 1,000 parents in low-income neighborhoods of the county, financial difficulty was cited as the main reason for not being able to secure adequate health care for their children. Of the families surveyed, 31% of the children had no private health insurance coverage or Medi-Cal (Charting the Course). If children are uninsured, they may go without routine medical care and when they become sick, are taken to the emergency room.

Area residents said that parents will often bypass Grossmont Hospital and go directly to Children's Hospital where there are pediatric trained Emergency Room staff and greater access for uninsured or Medi-Cal patients. A teen's health insurance status, like an adult's, often determines where they can go for health care. "My worst fear is medical for my kids," said one Santee mother. Many youth use school nurses as their primary care provider, some key informants said. However, most schools have slashed budgets that fund school nurses so there is no longer a nurse at every school. For example, in the Mountain Empire School

District, there is only one nurse to serve all the elementary schools and she also teaches course sections to upper level students.

Most senior citizens live on a fixed income, two out of three with an annual income of \$30,000 or less, according to one key informant. Many are paying \$2,000-\$3,000 per year out of their own pocket for Medi-Care co-pays, prescriptions and specialty services not covered by insurance, she added.

Poverty in some Mountain Empire communities can affect a person's ability to follow medical advice. "It is difficult to soak your foot four times a day if you don't have running water," said one health care provider.

Nearly half of all persons on Medi-Cal are workers or in families of workers. Nearly half of all non-elderly people on Medi-Cal are children and adults in families headed by a worker (Charting the Course). Medi-Cal insurance presents another set of barriers for many people living in poverty, many focus group participants said. The system itself is not user-friendly, requires complicated paperwork and documentation, and can require expensive co-pays. Several focus groups described difficulties in completing Medi-Cal applications and denials of coverage based on small errors. Moreover, Medi-Cal patients often report being treated differently by health care providers and clinics – often in a rude or discriminatory manner.

In Santee, focus group participants described a requirement whereby Medi-Cal patients must make appointments at a local urgent care clinic, while those with private insurance have no such requirement. "Sometimes your Medi-Cal is canceled because you make a mistake or there is a misunderstanding in the paperwork," said a member of the faith community. "Then, it is almost impossible to correct the mistake. They rapidly close the case without allowing you to defend yourself. They rudely hang up on you and treat you badly."

Immigrants applying for Medi-Cal face discrimination as well. "When I applied for Medi-

Cal, they sent a fraud investigator. I was forced to write a statement about going back to my home country," said a woman originally from Japan.

"They came to my house twice to search, to make sure I'm a resident. I was born here; I didn't do anything wrong. I applied to Medi-Cal to get help for my baby," said a Latina mom from Lemon Grove.

For people with disabilities, the Medi-Cal system is also difficult to navigate. Equipment repairs are not covered and are often needed after the warranty expires but before replacement is allowed.

Confidentiality/Fear of Stigma

Focus group participants and key informants said that a small town environment can be a barrier to seeking health care services. This is particularly true for teens that fear being seen seeking reproductive health care. Moreover, people with HIV/AIDS often don't want to be identified and therefore travel to San Diego for services, one key informant said. Residents in Mountain Empire communities also worry that clinic providers – often their neighbors – will not maintain a high level of confidentiality.

Others fear the stigma associated with visiting

"It's all in a name."

– EL CAJON HEALTH CARE
PROVIDER

a public health clinic designated as serving those who are low-income. Seniors won't seek services at a health care facility designated as a "teen"

clinic, while only Latinos will seek services at a clinic with a Spanish name. To encourage perceptions of inclusivity, a more neutral name can make a difference, said one El Cajon resident.

Latino Healthcare Access Issues

In 1992, nearly four in every ten Latinos under age 65 in California were without any private or public health coverage, an uninsured rate that was nearly twice as high as any other ethnic group (*Charting the Course*). East County's Latino population also contends with the high cost of health care and a lack of health insurance. However, all of the Latino focus groups report that linguistic and cultural differences present additional barriers to accessing health care.

Some Latinos have access to health care through private physicians that will come to their homes for a small fee, they reported. But for those that rely on area clinics or other health care providers, Spanish-speaking residents often encounter staff that do not speak

Spanish and interpreters are not always available. Written instructions for treatments, even if in Spanish, can not always be followed by those without literacy skills or a formal education. This can present an additional obstacle, especially for elderly Latinos, focus group participants said.

Fear of deportation, harassment, or arrest keep those without documentation from seeking care, many said. Some families have documentation for some children, but not others. Undocumented children do not qualify for Medi-Cal and often go without health care, even when very ill. When parents do seek care, it is usually at the emergency room. "One of my children, who I am trying to get documents for, had an eye illness and wasn't accepted as an emergency. I would have to pay a lot for him to be taken care of," said one Latina mother. "I have only one child like this, but many people have two or three children in the same position."

"At times we just face the reality that there is nowhere to go for health care. We just stay at home and pray and hope that the illness goes away by itself or with some home remedies."

– LATINA MOTHER, SPRING VALLEY

Many Latinos – even those who have insurance – travel to Mexico, most notably Tijuana and Tecate, to seek health care. Medication can also be obtained at far less cost in Mexico. For those unable to travel, prescriptions or other medications are often brought back by family members or neighbors. Medical care in Tijuana is fast, less expensive, and in Spanish, focus group participants said. Often, the same procedures cost far less and may even be performed by the same physician who serves people on the U.S. side of the border. However participants said, American culture typically does not view Mexican health care as meeting the same standards.

"For years and years I have paid taxes. My child needed surgery and I did not have the money to pay for it. I tried to get Medi-Cal...they told me I did not qualify," said a Latina mother. "I could not afford the \$10,000 - \$15,000 cost so I took my child to Tijuana. Then, the social worker told me I should not have done that."

Lack of Transportation/Commute to Healthcare

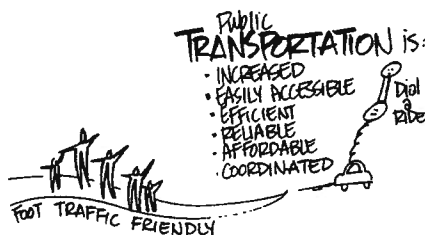
Every sector of East County's population and nearly 70% of all the adult focus groups identified the lack of transportation as an issue, often times as the underlying barrier to accessing health care services. For more than half the adult focus groups (56%), the commute to health care services is an issue even when transportation is available. Lack of transportation is a particular problem for those in unincorporated areas of East County, seniors, teens and low income residents.

While East County has a large pool of health care providers, many are concentrated in the La Mesa area despite the large geographical area. For example, there are only two pediatricians in Spring Valley – at least until the new clinic opens, one key informant said. Consequently, this necessitates commuting to seek health care services, a problem compounded by a lack of transportation and long

distance drives from Mountain Empire communities.

When people are required to drive long distances for health care services or rely upon infrequent public transportation, they may not

seek care at all, a concern for many East County residents. In Mountain Empire communities, this sometimes results in a call to emergency services for



an ambulance for conditions that could have been treated in

a clinic. Moreover, access to speciality care such as prenatal care, orthopedics, cardiology, second opinions, or ancillary care is also limited by access to transportation and long commutes, residents said.

Public transportation in the Mountain Empire communities is infrequent, usually running only once a day, and passenger capacity is often limited. For example, in Descanso, the bus leaves at 8:50 a.m. and returns at 5:00 p.m. It is 50 miles to El Cajon from Campo; the bus takes 2-3 hours and costs \$3 each way. Travel becomes an all day excursion, which is not ideal for those who are elderly, frail, or sick. "Healthcare is too far away. There is nothing local so you don't go for preventative services," said one Descanso small business owner.

There are no local pharmacies in most Mountain Empire communities either. The closest access for prescriptions for many residents is either in Alpine or Mexico, focus group participants said. However, the border closes at midnight and does not reopen until 6:00 a.m., further limiting access for people living in border communities like Potrero and Tecate.

Long distances present barriers for seniors who can no longer drive. Seniors in Jacumba and

"Transportation is a problem we all have in common."

– LATINA MOTHER, SANTEE

even Lakeside won't often travel to El Cajon or San Diego for health care. Moreover, senior citizens residing in the more suburban areas who rely on public transportation services face barriers as well. Many seniors must travel from El Cajon to La Mesa for medical appointments or to access other services, but Dial-A-Ride does not cross these city lines. And while several area hospitals offer free van rides to seniors, scheduling can be a problem and capacity is an issue. Even those who qualify for "low cost" public transportation might still pay \$3 for a one-way ride. The closest trolley stop for Grossmont Hospital is at the bottom of a hill, a difficult climb for the elderly, disabled, sick or those with young children.

Working families who must travel to see a health care provider have to contend with the increased financial cost associated with transportation. For example, a family who relies on public transportation pays at least \$2.00 for a round trip bus ride – with five children, the cost rises to \$12 for a trip from Spring Valley. "For a family working a part-time or minimum wage job, \$12 spent on transportation is a lot," said a Spring Valley educator. The cost for the transportation does not include lost wages from time taken off from work. Due to the limited schedules, one trip to a health care provider can take all day even for short distances. "To go to a doctor you need to plan two hours before the appointment, get a ride with a friend or neighbor, or you need to have \$2.70 to go on the bus and also pay the fare for the children," one Latina mother from Santee explained.

Access to Emergency Services

Nearly 40% of all the adult focus groups and 30% of the key informants from Mountain Empire communities identified access to emergency services as a critical issue. In the Mountain Empire communities, there is a lack of x-ray equipment and no health care services are available after 5:00 p.m. The nearest hospitals are in El Cajon and La Mesa, and Scripps East does not have pediatric care or obstetrics. Consequently, Border Patrol officers have delivered babies at the Interstate 8 checkpoint.

In the back country and other unincorporated areas of East County, a response in an emergency can mean the difference between life and death. Volunteers provide much of the needed emergency response but sometimes lack EMT training. In addition, those without transportation must rely on emergency services for transport and it is often a long wait. For example, there is no local ambulance service in Descanso, Jacumba or Pine Valley. Focus group participants said that ambulances take about 25 minutes to respond from Campo to Potrero and the Volunteer Fire Department has a 15 minute response time to reach residents in Dulzura. Residents in Descanso rely on ambulance service from Alpine in an emergency.

The cost for emergency services in the back country is also prohibitive. An ambulance from Potrero to a hospital in El Cajon can cost \$300, one focus group participant stated. Another example: a medical helicopter flight can cost \$7,000 - \$10,000 and helicopters can't fly in the mountains after dark, back country residents said. Moreover, life flights can take up to 45 minutes.

East County residents also report that there is a general lack of access to urgent care, particularly for low-income residents and those residing in unincorporated areas.

Eligibility Requirements and Limited Choice

In 1995, 40% of the population of San Diego County received health care through a health maintenance organization (HMO). This is a higher rate of HMO participation than in California and

almost double the nation-wide rate (*Charting the Course*). For those who are insured, eligibility requirements and complicated paperwork can present a barrier to accessing health

"HMO's keep people stuck."
 – CONGREGATION MEMBER
 AND PINE VALLEY
 SENIOR CITIZEN

care, many residents said. For example, HMO

insured residents in Campo, Potrero, and other Mountain Empire communities are not able to seek services at Mountain Health Center without being assessed a penalty for visiting a physician out of the plan's network. Military families are required to go to the Balboa Naval hospital near downtown San Diego for non-emergency care. "I can't use the clinic right next door unless I pay out of pocket," said one La Mesa resident.

Sometimes HMO's, most notably Kaiser, do not accept new patients and consequently, people are forced to go from one doctor to another without an assigned primary care provider, focus group participants said.

People with physical disabilities often struggle with insurance companies to have necessary medical equipment covered. For example, the cost to repair a wheelchair or replace a prosthetic device is not usually covered, focus group participants said.

Another consequence of the fragmented insurance and health care system is that choice of health care providers and plans is limited, focus group participants and key informants said. As a result, people do not necessarily have a doctor they trust. Others said changing HMO's can be difficult, if not impossible. And despite being satisfied with the care received from their doctor, patients are forced to change providers when they change insurance companies in order to have necessary services covered. Insurance usually does not often cover preventative, alternative or holistic health treatments such as exercise, acupuncture, massage or homeopathy.

No Focus on Prevention

For many people with disabilities, exercise or physical therapy is not a luxury and can often prevent secondary disabilities or other health problems, focus group participants and key informants said. However, most insurance companies do not provide adequate coverage or time for physically disabled people to receive physical therapy. Physical therapy is necessary to counteract the effects of aging, especially for the developmen-

tally disabled because muscles begin to contract which makes walking difficult. One care giver said, "Physical therapy is considered a luxury, but if he does not get range of motion every day, his leg will break. This is a necessity, not a luxury."

A troubling yet common experience described by focus group participants is being denied services through a health plan and having to fight and advocate for needed care. Challenge Center focus group participants described months of letter writing, back and forth with insurance companies, but months may go

by before treatment is finally approved. "If you're disabled, you need an advocate for health care," a Challenge Center staff person said. "It's too much work and sooner or later you just give up because it's too tiring, takes too much energy, and you're too sick."

East County residents identified other frustrations with the health care system. For example, insurance companies often end up paying far more for preventable conditions that are not treated. Additionally, access is limited by mandatory caps on services. A rojo cushion, for example, is used by people in wheelchairs to prevent pressure sores. One cushion costs \$300-\$400 and lasts approximately 2-3 years. Yet, insurance companies will only cover \$50-\$75 of the cost. If pressure sores do occur, the condition requires expensive hospitalization that has to be covered by the insurers. "The insurance companies are not geared toward prevention, but to acute care," said one advocate. "The doctors have to convince non-physicians that an item is needed."

"It's mind boggling, the billions of dollars being wasted. It's much cheaper to do it preventively – why let people deteriorate into conditions that require surgery? It's damaging emotionally and physically."

– CHALLENGE CENTER STAFF

Home Health Care Access

Access to home health care is another area of concern identified by many East County residents. For seniors and people with disabilities, insurance companies are often more willing to pay for expensive nursing home or hospital care rather than home health care that would enable people to remain independent in their own homes. When catastrophic illness or accidents occur, "acute care saves lives that would have been lost," explains Challenge Center staff. "But we have not addressed the issue of what to do with people once they are stabilized, other than nursing homes. We think there is a better way than warehousing people."

Home Health care services and schedules are determined and capped by insurers and usually must be paid for out-of-pocket. The low wages do not attract skilled workers, focus group participants said. Often, the people applying for home health jobs are destitute, may have health issues of their own and just need a place to stay. "We don't know what we're letting ourselves in for when we let someone into our home," said one care giver. "It's difficult to find good people at that wage. Sometimes people steal from us."

However, it is difficult to provide continuous care without support. "I am scared to death to leave him for 5 minutes because anything can happen and he can't move anything," said a care giver. "It's hard to do 24 hours a day, all year. I'm getting stressed and need more support but it doesn't seem available."

In Mountain Empire communities and other unincorporated areas of East County, home health care is often unavailable due to the long distances care givers have to travel, participants in several focus group said.

Access to Affordable Dental Care, Mental Health Services

A person's oral health status is a major factor in general health, welfare, and employability. Dental pain or unresolved disease can affect proper nutrition, speech development, success in school and general health (CA Dental Association). In a 1993 survey of 1,000 low-income families in San

Diego County, 60% of children ages five and under did not have a dentist; 20% between ages six and 12 did not have one (Charting the Course).

Eighteen percent of all the adult focus groups, including eighty percent of the Latino focus groups, identified access to affordable dental care as an issue. Insurance often does not cover dental, vision, or mental health services, they explained. Many in the Latino community reported traveling to

Mexico where less expensive dental care can be obtained. There is no available dental care for the indigent and homeless in East County, said one provider. The closest service is located in downtown San Diego. A parent resource directory prepared by Head Start lists five dental offices within East County that accept Denti-Cal.

For those without insurance, dental services are usually out of reach due to the cost. Consequently, many go without preventive dental care, especially children, some area residents said. In 1993-1994, the percentage of California children ages six to eight with untreated tooth decay was 175% higher than the Year 2000 objective for the nation (CA Oral Health Needs Assessment). One local dentist reports a 50% - 60% incidence of tooth decay in children from poor families. In some extreme cases, babies under a year old have developed cavities and toddlers have had extractions. Yet, many of the dental problems are preventable, with education and routine dental care.

Even when dental plans are offered, a false sense of access is created because the services

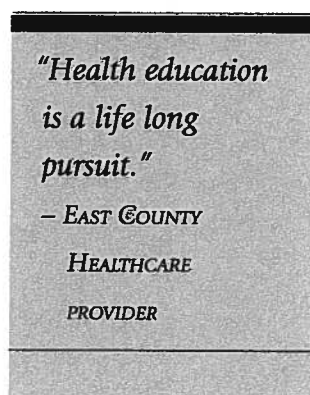
"They'll pay \$3,000-\$4,000 for a nursing home, but not for someone to be independent."

— CHALLENGE CENTER
PARTICIPANT

available are limited. "Capitation is very prevalent in the dental profession and the costs are greater than the reimbursement rate," one key informant explained. Children do receive good service through the state's Denti-Cal program, local dentists said.

The San Diego Dental Society recommends an increased focus on prevention to improve oral health, including fluoridation of the water supply. Only 16% of the state's population benefits from fluoridated drinking water (CA Oral Health Needs Assessment). In addition, the Dental Society recommends the preservation and enhancement of current efforts to provide dental treatment to underserved groups. Funding for transportation to private dentists and safety net clinics for patients otherwise unable to access dental treatment were also recommended.

One quarter of all of the adult focus groups said lack of access to mental health services was also an issue due to financial and insurance barriers. "The only place we have is County Mental Health and every day it is more difficult to refer parents because of the funding. A lot of the families fall in the cracks; they do not have Medi-Cal and they do not have insurance," explained one Spring Valley educator. In the back country, one area clinic that offers family counseling is very busy and does accept Medi-Cal. However, the services are not accessible to those enrolled in HMO's unless they pay out of pocket. Teens sometimes have access to counseling services through school, but usually other family members are unable to share this service. School staff is limited in their capacity. For example, in the Mountain Empire area, there is only one counselor that serves the entire school district, parents said.



Lack of Information and Health Education

A lack of information about available services, combined with the need for health education, was an issue identified by 54% of all the focus groups. "I made 50 telephone calls to get help for a Vietnam Vet; that is too many calls for someone who knows the community," said a congregational member and active volunteer. In addition, referral services are not always accessible due to the prevalence of voice mail. People are unable to receive return calls at pay phones, a problem in an emergency, one resident said. "You shouldn't have to play phone tag with an agency," one father commented.

For information related to children with disabilities, "everything seems to be centered in San Diego," said one parent. Books and fees for conferences are an additional expense many families cannot afford. Exceptional Family Resource Center is located in East County but is not open for drop-ins and books must be transferred from the San Diego office. Knowledge is vital for parents or care givers who must advocate for a family member with a disability and information is crucial for care givers. "Knowledge is so important and can make a tremendous difference when we try to work with the schools and get the best possible education for our children," one parent explained. "We need knowledge to address health concerns: like special diets for my son with Down's Syndrome, what effects certain medications have on his development, how to get him to take medicine, what works for toilet training, or information about behavior modification."

Adults with developmental disabilities have health education needs as well. For example, information about nutrition, dental health, family planning, hypertension and osteoporosis are needed, explains one provider. Seniors need

information about health issues related to aging delivered in a way that can accommodate special needs such as hearing loss, said a provider of senior services. Seniors in focus groups said they are interested in learning about health topics such as nutritional supplements, meal planning, and learning about HMOs.

Eighty percent of the Latino focus groups said there is a lack of information about available services and that preventive health education is needed for adults and adolescents, including sexuality education. In the Mountain Empire communities, many agreed that more health education is needed. Some point to the need for reproductive health education, especially for adolescents, which explains the real life consequences of pregnancy or AIDS. In a survey of 90 patients at the El Capitan Community Clinic in Lakeside, the most frequently requested topics for health education included: depression, chronic pain, arthritis, high blood pressure, exercise, alternative medicine, family relationships, and CPR (ECCC, unpublished data).

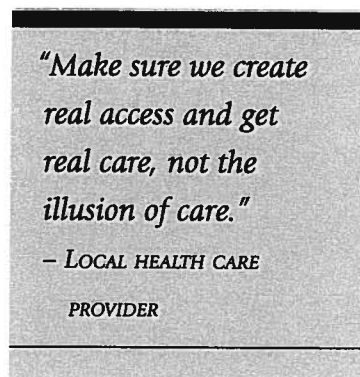
Some focus groups and key informants identified the need for health care providers, educators and social service providers to also have ongoing health education. "Doctors are only looking at the physical issues and are not abreast of the latest issue or treatments for children or adults with disabilities," said one parent of a special needs child. Many patients with HIV or AIDS choose to go to San Diego for services, not only because they believe it will be more confidential, but because they don't believe many providers in East County have the needed expertise or most current knowledge of treatments. People also are frustrated when health and social service providers can not make appropriate referrals due to a lack of information. "No one knows what services are available. It took two years to find out my son was eligible for Head Start. The pediatrician never said anything, the social worker never said anything," said a Santee mother.

Strategies in Progress

- There is a new health care project available to members of the El Cajon Chamber of Commerce. By pooling their resources, 1,300 Chamber members now have access to health insurance plans that they could not afford independently.
- Every Wednesday morning, a 40-foot mobile medical van is stationed in the parking lot at Spring Valley Elementary school through a partnership between Logan Heights Family Health Center, La Mesa-Spring Valley School District's Healthy Start program, and the Spring Valley Recreation Department's Tween and Teen Center. No one is turned away for lack of funding and the school sends notices to families about immunizations, well child physicals, and the availability of sick care. The van has two exam rooms, a nurse triage area, a bathroom and is staffed by a nurse practitioner, medical assistant, registration person and driver. At the Spring Valley Recreation Center, teens are beginning to access the mobile unit for sick care, sports physicals, and family planning, among other services.
- The Challenge Center, currently located in El Cajon, offers an innovative program of physical therapy and exercise for people with disabilities. Approximately 66% of their clients are from East County communities, and five organizations that serve people with developmental delays also utilize the center. The program provides physical therapy services to people who would never get treatment otherwise due to limits imposed by insurers. No one is refused services based on their ability to pay – only recently has the Center instituted a \$5 co-pay for those who can afford it – and the amount of time someone can be in the program is not restricted. "Individually, none of us could afford this equipment, but collectively we can all have access to it," said the Center director.

With support from the City of La Mesa, the Challenge Center is relocating to a new site near

Grossmont Hospital's Brier Patch campus. Funding has been an on-going issue for those trying to keep The Challenge Center doors' open. In fact, Grossmont Healthcare District provided emergency funding that enabled operation to continue. The new facility will offer a much reduced monthly rent, more opportunity to shorten the 6 - 8 month waiting list and the potential to expand services to children and seniors. In addition, the Challenge Center is beginning to collect data documenting the prevention of secondary disability by users of sophisticated machinery. Bill Bodry, the Challenge Center director, estimates that the economic savings are in excess of \$1 million, while the effects on people's self esteem and ability to function are substantial.



- Some programs offer access to medical care for uninsured children who do not qualify for Medi-Cal. "I took my child to Grossmont Hospital and asked what I could do," one Latina mother reported. "I did not qualify for Medi-Cal. The program paid for an ear surgery he needed."
- Elderhelp, an area non-profit agency serving East County senior citizens in La Mesa, is committed to developing practical solutions that will enable seniors to remain in their homes.
- The San Diego Regional Healthcare Advisory Council, created by the County Board of Supervisors, is undertaking regional planning to reinvent the health and dental care delivery system (CDA).
- Two voluntary groups are working to improve health care and access within San Diego County including the Community Health Improvement Partnership program (CHIP), comprised of area health care organizations, and Community Health Advocates.

- *Healthy Families*, a new federally-funded program administered by the State of California, provides health insurance coverage for uninsured children that do not qualify for Medi-Cal, but do meet other income guidelines.

Potential Strategies

A number of area residents believed that health care access issues can be solved with the enactment of a national health care program. In one such model suggested, the government might provide for a baseline level of medical care while private industry develops a method of offering more specialized treatment. Others discussed implementing policies that would provide guidelines for limiting costly procedures.

Residents suggested that more financial resources be directed to prevention efforts.

One population that is a likely recipient of increased preventative services are young children in child care or preschool programs. Another model, such as the one used in San Diego's Barrio Logan, focuses on prevention services offered at the neighborhood level. The *promotora* model trains community members to discover the strengths, skills and social connections among residents. The promotoras provide health education to other women in the community, often focusing on preventing advanced breast and cervical cancer, condom negotiation or prenatal care. While this approach has primarily been used in the Latino community, it could be adapted for use with other groups.

Other suggestions focus on revising health insurance practices and eligibility requirements. For example, the industry could enact provisions that allow residents to visit a health care provider in their neighborhood. In addition, if the established medical profession integrated homeopathy and other alternative health care into their standard practice, this could potentially decrease the costs of expensive pharmaceuticals and treatments. Many residents also suggested providing prescrip-

tion discounts for low-income people.

To provide increased access to expensive medical devices, East County communities could establish an equipment exchange, especially for children's wheelchairs. An organization dedicated to raising funds for other specialized equipment, such as wheelchair lifts, also could be established. There is also a recommendation that Grossmont Healthcare District sponsor a forum to raise awareness of health care access issues affecting people with disabilities. Participants in this forum might include consumer, caregiver, insurance, provider, government and foundation representatives.

Other strategies focused on increasing collaboration between health care professionals to reduce duplication of services. For example, health education programs sponsored by area hospitals could be offered in partnership. Additionally, local agencies could pool resources to provide services, rather than competing for resources. Neighborhood-based "one-stop shops" could provide comprehensive health and family services. Regional centers could be established for the provision of more specialized medical care. Many residents also suggested the increased use of mobile health services, particularly in the back country. In addition, health services could be located at school sites through partnerships and an increase in funding for school nurses.

Ideas to provide health care for the uninsured and indigent population include: support from Grossmont Hospital to provide outreach, health education and health promotion services designed to decrease chronic health problems; the provision of chronic disease management services to decrease the use of expensive emergency room visits; and the implementation of a system to streamline care provided in the emergency room.

To address public transportation issues, many suggested increasing collaboration among area transit systems and the development of a regional transportation plan for East County. Partnerships might be developed between school districts and

public bussing services to allow more options for families that need to reach medical facilities. In addition, pooled funds could allow for expanded services, particularly for the Mountain Empire region. Residents also called for the removal of barriers that prevent some transit services from crossing community boundaries.

Others suggested that free or reduced cost bus passes could be available for low-income people. Many suggested that the trolley system expand its hours of operation in order to accommodate evening workers. An extension of the trolley service to Lakeside was also suggested. Some suggested designating a special lane on major freeways for emergency service vehicles.

Strategies to increase community health education and information about available services include: a partnership with the local newspaper to publish an annual listing of Spanish-speaking services; the addition of health tips to utility bills; a quarterly health education flyer distributed to residents in the Grossmont Healthcare District; the implementation of a health care hot line; and an annual community event that highlights area services. Health education workshops could be offered regularly during designated lunchtimes at schools and other community locations.

Some residents suggested establishing a library and resource center in East County that includes information pertinent to the health concerns of people with disabilities. Such a center could be operated by local parents. Others wanted mandatory education for pediatricians, social workers and teachers about resources available to families. Some suggested linking education requirements for physicians to hospital privileges.

Residents also indicated that current resource directories need updating and revision. Others advocated for an East County-wide phone book that includes a community resource section. Some residents suggested the development of a State resource guide that provides information about

family life, health and welfare. In addition, many discussed the need for a centralized location for information and referral services that would be staffed by an available person.

Some suggested that additional bilingual health care professionals are needed. Other suggested the development of a Latino coalition comprised of current health care providers.

A number of area residents also suggested an increased use of mass media to better inform community members about available services. For example, advertisements for area services could be placed on neighborhood billboards, public transportation benches, and on public cable television stations. In addition, an East County-wide toll-free phone number could be implemented to provide information and referral. Funding to provide these services could be furnished through a collaboration of area agencies.

The involvement of industry is key since businesses benefit from having a safe, healthy community, said one key informant. Residents suggested that a long-term economic development plan is needed for the East County region. Strategies for attracting local industry and high-tech information based companies, and developing a customer base for businesses in East County are some elements that might be addressed in a plan.

Issue: Nutrition for Seniors & Families

Thirty percent of all focus groups, including almost half of all teen groups, indicated that nutrition was an issue of concern. Poor nutrition is another result of isolation and busy or fragmented family life, many said. Several focus group participants and key informants expressed concern that partial or working families often resort to eating fast food. "People make choices based on convenience. They don't have the time to shop, prepare and cook a healthy meal. They might choose fast food instead which is poorer nutrition and higher cholesterol,"

a college student said. Working women don't always take the time to take care of themselves and eat right, while seniors may also not eat appropriately if living in isolation, some residents said. Another discussed heart disease and cancer as the effect busy lifestyles and poor nutrition can have on overall health. A lack of education about healthy eating habits is the underlying cause of poor nutrition, a particularly important issue for youth. Finally, some residents had concerns about eating disorders such as bulimia and anorexia nervosa.

Some residents, most notably seniors and those in the back country, said that lack of transportation is a barrier that affects their ability to buy groceries and that a grocery van is

"Even on a low income, you can eat healthily but it's not a top priority. The priority is keeping a roof over your head and any food on the table."

— HEALTH CARE PROVIDER

needed. For those in the Mountain Empire communities, the closest chain grocery store is 50 miles away, one key informant said. And those who rely on the bus for transportation are limited to bringing back only two bags of groceries, she added.

Meals on Wheels, a program that delivers nutritious meals to senior citizen's homes, is limited to those considered low-income, El Cajon seniors said. However, Meals on Wheels is not available in Pine Valley at all, seniors there said. Some seniors said that assistance maintaining good nutrition is needed. For example, help with meal planning, food preparation, and suggestions for supplements that would help increase immune functioning and increase appetite. Personal food shoppers and congregate meal facilities would also help with good nutrition, they said. There are approximately 15 senior nutrition programs, not



including Meals on Wheels, operating in East County, according to listings in the East County Human Resources Directory. However, one key informant estimated that there are 63 - 68 centers that provide nutritional services to seniors. However due to financial constraints, "centers that used to be open five days a week are now open only three days," she added.

Many identified poverty or lack of financial resources as the main barrier to healthy eating. "The stress of economic demands reduces the family commitment to diet, especially among teenagers and elementary school-age children," said one health care provider. Even when parents know their children need to eat a balanced diet, this is not possible because food is very expensive, Latinas in one focus group said. "Lucky's is expensive and there are no other markets in this area," said one Spring Valley parent. A less expensive grocery store, Food for Less, moved out of the neighborhood, they said. In the Mountain Empire area, some children do not get breakfast at home because their family lacks enough food, one key informant said. The school, however, does serve breakfast. Others were concerned that the only food children sometimes get is at school. Again, parental substance abuse can also affect the availability of basic needs such as food, key informants said.

The school lunch and breakfast programs are federally funded programs that reimburse schools for providing meals according to the income level of the child served. Children from families at or below 130% of the federal poverty level are eligible for free meals, while children from families with income falling between 130% and 185% of federal poverty guidelines are eligible for reduced cost meals. There are an average of 3.3 million school lunch and breakfast meals served daily in San Diego County (*CA Food Policy Advocates*). Seventy percent of school lunches are free, while 89% of all school breakfasts served are free. An additional 8% of school lunches and 5% of school breakfasts are served at reduced cost. The average cost for a

school lunch in the county is \$1.45, while the average cost of a school breakfast is \$0.78.

The school breakfast program is severely underutilized in California. Only 33% of the low-income children receiving free and reduced-price lunch also receive school breakfast. In a survey conducted by CFPA, 84% of school districts contacted have an average breakfast cost at or below the reimbursement rate. That allowed most school districts to break even on breakfast costs, and some reported using gains to help pay for school lunch programs (*CA Food Policy Advocates*).

There are five schools in East County that do not have a school breakfast program but are eligible for a \$10,000 start-up grant, according to research compiled by CFPA. These include four schools in the Cajon Valley School District: Flying Hills and Meridian Elementary Schools and Emerald and Montgomery Middle Schools, as well as Loma Elementary in the La Mesa-Spring Valley school district. The total enrollment of students in these schools is 3,933 (*CA Food Policy Advocates*).

The Summer Food Service Program is a federally funded child nutrition program that offers reimbursement to local organizations that provide free meals to low-income children during off-school periods. There are several sites that offer a summer food program for youth in East County. Some of these are available at the Boys & Girls Club and Harvest Time Church both in El Cajon, Spring Valley Tween and Teen Center and Spring Valley School, and Camp Cuyamaca in Descanso (*CA Food Policy Advocates*).

Strategies in Progress

Many East County residents identified the SHARE program as a resource for purchasing food at a reduced cost. For approximately \$14 and a donation of 2 hours volunteer time monthly, residents are able to receive groceries below cost. The program is not limited by income eligibility requirements, and food packages include meats, grains, vegetables and fruit.

Mama's Kitchen, a food delivery service for

people with AIDS, provides meals to people in many East County Communities. Approximately 36 meals are delivered daily in El Cajon, Lemon Grove, La Mesa, Spring Valley.

Potential Strategies

Some suggested using local community centers and other places with senior nutrition programs for evening family meals as well. Nutritious meals could be served combined with the availability of tutoring and casual recreation such as ping pong or basketball. More ethnically diverse restaurants are needed in East County, some said.

Issue: Discrimination and Racism

Racism

Forty two percent of all the focus groups, including half the teen groups, identified racism and discrimination as critical issues affecting health in East County communities. Tension around issues of race and culture are often attributed to a slow adjustment in response to changes in East County's population – including the addition of many immigrants from a variety of cultures.

One consequence of racism is the effect on mental health, said some concerned parents, and parents worry that their children's self esteem suffers from exposure to racism. "Racism contributes to depression because people feel rejected and classified as non desirable in society," said one Latina mother.

Teens also spoke of the effect of racism and discrimination they endure. For example, Chaldean teens described name calling and racial slurs encountered on a daily basis in school, often leading to physical fights with other students. Racial tensions run high at Grossmont High School and sports events, especially since the district stopped funding for a peer-to-peer counseling

program, said one key informant.

"Going from one culture to another, learning another language, not knowing about the society; it's a big shock. You have to learn how the U.S. works because it's very different," said an East County Latina mother. There is a language barrier for many Hispanics and cultural differences that people don't understand, members of the Jacumba Faith community said. Others stated that there is discrimination against immigrants, particularly those who are undocumented. "When you are undocumented you feel you do not have rights whatsoever," said one Latina.

African Americans also have felt the effects of racism and discrimination in East County. In particular, for many years Lakeside was regarded as a community to be feared and not even visited by African Americans, said several key informants.

However, several key informants also point to improvements made in race relations in the last 10-20 years. Many point to the increasing tolerance for diversity in East County due to changes in the population. "There have been slow changes that when you look back, are really dramatic," one El Cajon resident said. One example of progress is

"The melting pot is not melting."

– EL CAJON RESIDENT

The International Friendship Festival, an annual community celebration sponsored by the city of El Cajon that provides opportunity for people of all ethnicities to experience a variety of cultural activities. In addition, the Heartland Human Resources Commission has investigated complaints of civil rights violations in East County such as discrimination in renting to people of color, said one key informant.

Still, many point to a need for further improvements. One resident suggests that agencies and leaders in the faith community bring people of diverse cultures and socioeconomic backgrounds together for dialogue to explore other points of view.

Discrimination Due to Differences

Many people with physical or developmental disabilities experience discrimination and are treated differently by able-bodied people. A wheelchair sets up a barrier with people who are not disabled. "The first thing they think when they see a wheelchair is access, money, sick time off," said a Challenge Center administrator. Consequently, people who want to work are often never given a chance.

Community education and awareness about people with differences is a concern among some focus group participants and key informants. "It's hard to make friends in a community that is not disabled," said one Challenge Center participant. Many focus group participants asserted that education is needed in public school settings, where children can attend assemblies and learn about disabilities. "People are afraid of me – they treat me like a monster," said one young girl who visits the Challenge Center.

People with developmental disabilities don't feel a part of a community, are not welcomed, and are often without friends, said several residents. "Even in places where we have relationships, you see people back up. At restaurants, people won't sit near us," said one care provider. Several focus group participants expressed fears about venturing into the community. "People were whispering behind me and I used to think I'd get my head broken," said one man about his travels on the trolley.

There are efforts to move away from stereotypes that limit the type of work developmentally delayed people perform. "We have people who can do a lot more than just clean," said a program director at St. Madeline Sophie's Center. Participants at St. Madeline Sophie's Center learn computer and horticulture skills, run a catering business and many are also accomplished artists. In addition, they volunteer at community programs such as SHARE or by visiting the elderly. In fact, people with disabilities possess a variety of per-

sonal attributes from the tenacity and determination often shown by people with physical disabilities, to the loyalty and sensitivity shown by many who are developmentally disabled.

On the job however, people with developmental disabilities experience discrimination on a daily basis, in part because modifications are often not made to accommodate people's ability to understand certain situations or instructions. "In

the workplace, people don't know how to communicate," a provider explained. It was suggested that area health care facilities should be at the forefront of encouraging real integration into the community. For example, offering employment as candy strippers or

"No one likes to be looked at as needy. If you have a disability, you are already labeled."

– CHALLENGE CENTER
PARTICIPANT.

guides to people with disabilities.

Wheelchair Access

Despite the passage of the American with Disabilities Act (ADA), many public facilities are still not wheelchair accessible, said some key informants. And, it can be difficult to find unisex bathrooms that are big enough to provide assistance. Several focus groups also said roads, sidewalks, and public transportation throughout some East County communities need improvements to accommodate wheelchairs.

Ageism

Focus group participants and key informants alike indicated that as a society, we undervalue and underutilize our elders in the community. "We are now just understanding that we have 30 years left after age 65," said one senior service provider.

Discrimination Against the Poor

Some groups identified a societal attitude towards people in poverty that assigns blame, as though most people do not want to improve their circumstances or don't work enough. Several focus groups

also said that community members who receive public assistance are often treated in a discriminatory manner.

Potential Strategies

Many residents suggested that issues of diversity and tolerance be addressed through community meetings, events and educational programs. One goal might be to reduce tensions around differences and develop a sense of pleasure in the diversity within the community. For example, round-table discussions could take place in a multi-ethnic, bilingual environment.

To reduce language and other cultural barriers, schools could provide adult English as a Second Language (ESL) classes at elementary school sites during regular school hours. Other topics might include: high school equivalency exam preparation; citizenship; tax preparation; buying a home; and making funeral arrangements.

Issue: Homelessness & Housing

Lack of Affordable Housing

While East County communities generally identified affordable housing as one of the area's strengths, one quarter of all adult focus groups identified the lack of affordable housing as an issue in their community. Two of these 10 focus groups consisted of residents from the Mountain Empire region and four consisted of Latino residents. Businesses have declined to locate in East County

due to the lack of affordable housing, said one key informant.

Families surviving on minimum wage salaries are often forced to find low-income housing, the conditions not always ideal for young children. For example, many of the affordable apartment complexes do not have outside play areas for children, parents said. Others said that less expensive housing is often unclean and in bad condition.

"Everyone wants to have a chance to contribute – it gives people a sense of dignity and the good feeling that comes with helping someone."

– MOUNTAIN EMPIRE RESIDENT

"Housing is extremely expensive," said one Latina. "For two bedrooms and one bath I am paying \$675 plus telephone, gas, and electricity." Consequently, many people live in crowded conditions in small quarters because larger residences are unaffordable. Sometimes the lack of affordable housing results in homelessness for working families. "Some people sleep outside in cardboard boxes, yet they are working," said one East County parent. A local service provider expects homeless rates to rise this summer as new public assistance regulations are enacted. San Diego County has recently instituted electronic banking transaction debit cards in place of food stamp vouchers. Previously, many recipients of vouchers were able to sell them, using the cash to pay rent, she said. Moreover, there are long waiting-lists for rental assistance programs such as Section 8. The wait can stretch out to six years, said one resident, and if family income changes, the rank on the list may be affected.

Senior citizens are also concerned about the rising costs of housing and lack of rent control. Some said seniors have been forced to leave mobile home parks due to the rising cost of rent, most notably from parks in El Cajon and Grossmont Gardens in La Mesa.



In Mountain Empire communities, homes often can be in poor condition, without running water or electricity, residents said. If local volunteer fire departments are forced to close due to lack of funding, local home fire insurance rates will rise, adding to the cost of maintaining a single-family home, said one key informant. Residents here also raised concerns about high rents. "We need more affordable housing. It's about \$500 for a one-bedroom house and \$600 - \$700 for a two-bedroom house," said one mother. In comparison, a four bedroom house can be rented just over the border in Mexico for \$400 a month, she said.

One quarter of the focus groups specifically identified local apartment developments as an issue. Interestingly, two of these groups were Santee teens. El Cajon has a high percentage of multi-family dwellings in comparison to other East County communities and many identify problems associated with these apartments.

For example, rental apartments are often associated with high rates of transiency within the community. In a 1996 assessment of 51 families conducted by the El Cajon Collaborative, 59% of those surveyed reported moving within the year. This can destabilize a neighborhood or area because when people do not own their own homes, there is less investment within the community, focus group participants said. Others said that offers of a free month's rent at many local apartment complexes encourages high turnover and mobility of families. In addition, poor conditions, drug use, and higher crime and teen pregnancy rates were often associated with multi-family housing by focus group participants and key informants.

Others point to the need for code enforcement and improved zoning. Several focus groups said that the location of bars and adult video stores

in residential areas is an issue of concern, particularly when nearby schools.

Homelessness

Twenty eight percent of all focus groups identified homelessness as an issue in East County, including six out of 11 teen focus groups. Interestingly, focus groups from Descanso and other Mountain Empire communities did not identify homelessness as an issue in the back country.

A 1996 report issued by the Regional Task Force on the Homeless estimates the numbers of homeless in the rural and suburban areas of El Cajon, La Mesa, Lemon Grove, and Santee total nearly 1,000 individuals.

In El Cajon, there is an estimated 85-100 chronically homeless people that are concentrated in several areas of downtown El Cajon, according to both focus groups and the Regional Task Force report. "It's sadly ironic that the most politically

powerless population congregate near the steps of City Hall – where the mayor has declared they don't exist," said a local health care provider. The other notable areas include Wells Park, the duck pond, and the local Lucky's supermarket, said focus group participants. They said that safety is compromised in these areas, particularly for seniors living in housing near local parks

often frequented by homeless individuals.

However, single adults are not the only ones who become homeless. Families are affected as well, such as the people in this story: "There is a little girl that goes to school everyday in El Cajon. She and her family sleep in the bushes," said an East County mother. There are teenagers among the homeless population as well, often runaways escaping an abusive home environment. Others are former wards of the court or young adults who, having reached the age of 18, are no longer provided social services. Some live in storm drains in

"We've accepted the homeless as part of the landscape and forget they are people."

– EL CAJON HEALTH CARE
PROVIDER

East County, youth workers said. Youth living on the street engage in prostitution and drug use as a means of survival, raising concerns about the spread of HIV.

Many people are concerned about the homeless, expressing sympathy and the desire to help. "I see the same woman every day in El Cajon. There should be somewhere for them to go," said one East County mother. Numerous residents discussed actions that have been taken throughout East County to try to address the needs of the homeless population. For example, referral cards to Crisis House were distributed to congregational members to dispense to panhandlers. Yet, several groups and key informants said that local city government is a barrier to addressing the issue of homelessness. "Key leaders refuse to recognize that there is a significant homeless population," one health care provider said. Many discussed a policy that maintains that the provision of assistance attracts more people in need of services. Several also discussed the example of a cooperative feeding program operated by local faith organizations that was declared a public nuisance by local officials and halted after organizers were not granted a conditional use permit.

Only 45 emergency shelter beds are available to adult men and women who are homeless in El Cajon – and the use of many services are restricted by various eligibility requirements. For example, some services only target the severely mentally ill, while others are restricted to adult women only. There are no day shelters or permanent supportive housing within the city of El Cajon. Despite the extent of homelessness, the City of El Cajon did not allocate any funds for homeless programs in fiscal year 1995-96. However, the city did purchase and renovate the building that is now leased to Crisis House for \$1 per year. In lieu of directly allocated funds for homeless programs, the city instead continues to provide an estimated \$28,000 annual in-kind allocation by offering the reduced-cost lease (Homeless Task Force).

In La Mesa, there is an estimated homeless population of approximately 90 individuals, the



majority of whom can be found in Collier Park, the Spring Street Trolley Station, and along University Avenue and Alvarado Road near the I-8 underpass. Heartland Human Relations provides case management services to the homeless in La Mesa, but there are no shelters available. In fiscal year 1995-96, the City of La Mesa allocated \$6,500 for a battered women's shelter and a transitional shelter serving youth (Homeless Task Force).

There are an estimated 60-80 homeless individuals in Lemon Grove. However, most are enrolled in residential substance abuse treatment programs operated by McAllister Institute for Treatment and Education (M.I.T.E.). The city did not allocate any funds for homeless programs between fiscal years 1992 and 1996. However, the City is a member of the County of San Diego Consortium, which receives funding on behalf of its member agencies (Homeless Task Force).

Of the 250 estimated homeless in Santee, almost all are unsheltered rural farm workers and day laborers who camp along the riverbed. After not allocating any funds for homeless programs for at least the previous three years, the City of Santee granted \$5,000 to Crisis House to provide case management services to homeless families in fiscal year 1995-96 (Homeless Task Force).

There are an estimated 500 urban homeless persons and 5,000 homeless rural farm workers and day laborers in the unincorporated areas of San Diego county. However, this figure includes many areas outside of East County and the Grossmont Healthcare District. Nonetheless, homeless people have been observed in various areas of Alpine, Spring Valley, and even Rancho San Diego. In the East County Mountain Empire region, Campo is one of the communities with the highest concentration of homeless. Homeless people were also regularly observed in Dulzura, Jacumba, Tecate and Barrett Lake. It is difficult to estimate county expenditures for homeless programs for unincorporated areas of East County (Homeless Task Force).

Currently, dental care is unavailable for the homeless in East County, key informants said. However, health services are often provided to the homeless by East County Community Clinic.

Strategies in Progress

In El Cajon, Crisis House is a long-standing community agency that is trusted. They provide services to the homeless, including a point of contact for job seekers to receive phone calls and store their belongings. The East County Interfaith Network provides shelter, food, and showers for homeless individuals during the winter months, rotating among participating churches. The Storefront, located in downtown San Diego, provides shelter for homeless teens. In El Cajon, The Gatehouse has access to six beds to shelter runaway teens. San Diego Youth and Community Services provides transitional housing for young adults aged 18-24, including teen mothers.

Potential Strategies

Suggestions to address the issue of homelessness include building a shelter that could provide showers, counseling, and job readiness programs for those able to work. Some said the old jail in

downtown El Cajon, currently vacant, would be an ideal location. Other suggested placing a shelter near Gillespie Field in a primarily industrial area. Teen focus group participants said they could volunteer to assist in building shelters.

Some would like to see a dental program offered to the homeless in East County, based on a model operated by St. Vincent de Paul in downtown San Diego, where full dental services are provided to adults and homeless people by volunteer dentists. The program began after two or three dentists collected donations to equip the facility, a local key informant said. However, one barrier to beginning such a service is that dental services are equipment intensive, requiring X-ray machines and other items found in a small medical surgery. There also needs to be a mechanism to organize dentists. "There are perhaps 75-80 dentists in La Mesa who may not realize the need," said a local provider. "There are enough generous dentists, we just don't know who they are."

Others suggested renovating area apartment complexes, especially those that do not meet the requirements of local housing codes. In addition, more transitional housing is needed, especially for families affected by welfare reform, some residents said. Increased information for first-time home buyers may also assist some in becoming home owners.

Issue: Lack of Safety

While most East County residents said a safe environment is one of the major strengths of their area, many are concerned about unsafe neighborhoods, crime and

violence in their communities. Thirty eight percent of all focus groups said violence or crime was an issue in their community. However, none of the focus groups in the Mountain Empire region (including Descanso) identified unsafe neighborhoods or violence as an critical health issue in their communities.

"Violence is a major health care problem."

— LOCAL HEALTH CARE
PROVIDER

When the Mountain Empire area focus groups are extracted, the percentage of focus groups that said safety is an issue rises to 48% of all focus groups, including 60% of the teen focus groups. Six of the focus groups, including four of the teen groups, specifically discussed the use of weapons as an issue in their communities. Some residents also expressed concern about vandalism and graffiti in their neighborhoods. Moreover, 40% of the focus groups were concerned about gangs (excluding Mountain Empire/Descanso). There is a strong connection between crime and drug use, participants in several focus groups and key interviews said. In fact, the San Diego County Trauma Registry indicates that some of the factors that contribute to juvenile violence are drugs, alcohol, gangs, and firearms (*Charting the Course*).

In a 1996 survey of families conducted by the El Cajon Collaborative, a safer community was one of four areas identified as necessary for parents to help their children. Crime and increases in gang activity are a concern, senior citizens from El Cajon said in focus groups. They also identified a possible underlying cause: young people need more after-school and weekend recreational activities.

Fear is another factor underlying safety concerns among residents. "People are too scared to do anything," a teen said. Additionally, teens said they are afraid to report crimes because they fear retaliation. Loitering youth, combined with truancy, can be perceived as threatening to community members. Police patrols and escorts back to school are needed, they added. "Adults feel threatened by teens congregating in one area. They think a criminal element will follow," said one youth worker.

Between 1988 to 1993, all jurisdictions in San Diego County reported at least a 9% increase in juvenile arrests. The areas that increased the most were in East County: El Cajon with a 39%

increase and La Mesa with a 26% increase (HNI Data Supplement).

In a 1998 Lemon Grove survey, 25% of respondents said reduced crime and an improved feeling of safety is necessary to better the community. "I'm afraid of being a victim of violence once I

walk out my door," stated one teenager from Lemon Grove. In fact, Lemon Grove had more than twice the county-wide murder rate in

1989-1993. In addition, Lemon Grove was among the top three subregional areas in San Diego with the highest rate of deaths due to firearms in 1989-1993. The incidence for deaths due to firearms in Lemon Grove was 21.8 per 100,000 while the county rate was 13.2 per 100,000 (*Building Healthier Futures*).

Some La Mesa residents said their community is not as safe as it once was and that police are not very proactive when dealing with gangs in their community. There have been a few murders in recent years and senior volunteers now guard fire vehicles as they respond to calls in order to prevent theft. "The schools are great, but the streets aren't safe," said one local mother.

In the south end of Spring Valley, there is a high incidence of crime and violence, including some drive by shootings, one key informant said. "I would never go to Spring Valley at night. I won't even go to the Community Center in South Spring Valley during the day. I just steer clear," she added. However, in 1993, Spring Valley had a homicide rate of 6.4 per 100,000 - one of the lowest in the county (*Charting the Course*).

In a Santee school district family survey conducted in 1996, 38% identified crime as a concern, and 36% were concerned about gangs. Fifty three percent of survey respondents would like to see crime prevention strengthened in Santee.

Parents and teens alike identified unhealthy television shows as one underlying cause of



violence. Adults and teens both said that parents should monitor television watching more closely. Some teens believe violence is an accepted part of society, evidenced by the popularity of shows such as *Jerry Springer* and *South Park*.

Unsafe Schools

While teens from Cajon Valley High School, Lakeside, Santee and Descanso said school safety is not an issue, the other seven teen focus groups maintained that unsafe schools are a critical health issue in their communities. One factor possibly contributing to high levels of fear among students could be recent nationwide news reports of school violence and student shootings in several rural areas.

In the 1996 El Cajon Youth Risk Behavior Survey, 8% of students sampled said they had carried a weapon to school within the 30 days preceding the survey. Ten percent of the students did not attend school one or more times because they felt unsafe either at school or on their way home. When students were asked about their experiences during the last 12 months, 28% had been in a physical fight and 13% had been either threatened or injured with a weapon.

In a Spring Valley focus group, teens reported that approximately 25% of students carry weapons such as guns, knives or razors to school. Five of the 11 participants had observed guns on campus. Hillsdale Middle School students said there are at least three fights a week at school, usually caused by name calling.

Walking to school is a frightening activity for some youths in Lemon Grove. "I'm afraid to walk by the bar down the street from school," one girl said. Another teen states she is afraid to walk to school because of local gangs.

"It's hard to change a violent environment,"
— SPRING VALLEY TEEN

"Guns and drugs go hand in hand."
— SPRING VALLEY
YOUTH WORKER

Gangs

There are an estimated 49 gangs with more than 5,000 members in the City of San Diego. A 1993 survey by a law enforcement agency identified 118 gangs county-wide. Approximately 3% of the population between the ages of ten and 19 belong to gangs, or 9,157 youth (Charting the Course). In 1993, 23% of all reported homicides in the City of San Diego were associated with gang members.

"Families move to El Cajon for safety, but their kids are still bringing gangs and recreating their previous social structure," a local social service provider said. El Cajon Collaborative members report that gangs have become increasingly segregated along racial lines in the last five years.

Some youth believe the gangs offer them a sense of family and provide safety, teens said. A focus group with teens conducted in Spring Valley identified five organized gangs in their community. Drive-by shootings and other violent gang activity is a common occurrence in Spring Valley, a community youth worker said. Often, parents are unaware of the signs and behaviors associated with gang involvement, and therefore, may not know when their child is participating. "Parents don't know where to turn for help with their children in gangs," said one member of the faith community. "I don't see them even going to their churches for help."

In Spring Valley some parents said there is a shooting war underway between rival gangs. One barrier to controlling violence is the lack of police coverage, residents said. Night coverage consists of two officers that patrol a large area from Lemon Grove-Skyline to Jamul, they said. Area law enforcement officers said that many gangs are unidentified and a specialized gang violence task force is needed. Police in El Cajon do have a gang detail, said one key informant.

Potential Strategies

Many teens suggested that security at schools be increased by using metal detectors and undercover police on campus. Parent and teens alike suggest enacting a strict dress code at school. School uniforms were another suggestion. Additionally, residents suggested that more community police involvement is needed. For example, community policing programs and law enforcement sponsored youth activities could be implemented in partnership with local residents, agencies and government. Others suggested that when patrols discover truant youth, they should return them to school.

Family Violence/Child Abuse

About thirty percent of the focus groups identified family violence or child abuse as an issue affecting the health of their community. Some key informants believed that child abuse or domestic violence occurs more easily here due to the isolation of many families living in rural areas. However, none of the Mountain Empire focus groups identified this as an issue. Others maintained that poverty, stress, and substance abuse are additional factors that contribute to incidence of family violence and abuse. Some East County residents indicated that there is a problem with child neglect or children raising themselves, due to either parental substance abuse or the lack of child care that causes children to be left alone.

"Abusive families make twisted kids."

— LEMON GROVE TEEN

Child Abuse & Neglect

In 1993, the Children's Services Bureau received a total of 79,240 referrals for child abuse. Physical abuse, sexual abuse, and general neglect were the most common reasons given for referral, accounting for nearly 80% of referrals (*Building Healthier Futures*). In fiscal year 1996-97, the Department of Social Services Children's Services Bureau received an average of 7,282 monthly referrals alleging child abuse or neglect. The department's budget included funding for 549 social workers and provides ongoing services to 8,234 children, according to statistics provided by Children's Hospital Center for Child Protection. East County communi-

"We don't take care of our youth. We don't give them a carefree childhood, we don't give them the tools they need to grow up in this society and they're at risk. As providers, we address the obvious issues, but what about the hidden ones? The emotional trauma that creates lifelong scars."

— HEALTH CARE PROVIDER

ties that have high referral rates to the Child Services Bureau for child abuse include: Spring Valley, El Cajon, Lakeside and Alpine. One local provider worried that many adolescents are not provided services or protection by Child Protective Services if they exhibit no visible damage. In the back country, "students talk a lot about child abuse and domestic violence," one key informant said.

Some local providers surmised that there is underreporting of violence and not much access to intervention services in cases of sexual abuse. In addition, the nature of abuse itself, along with language barriers, cause fear and isolation for victims and can be a barrier to seeking assistance, providers said. Several parents discussed cultural

differences involved in the issue of child abuse.

"There are strong cultural differences in terms of child abuse issues in this country," explained one Latina mother. "Parents sometimes feel threatened by their own children." Other parents discussed the issue of spanking and believed that Child Protective Services is

too severe. "Kids know if they are spanked, punished or told no that they can threaten to call CPS or the police. CPS doesn't look at the cases they really need to be involved in," said one parent.

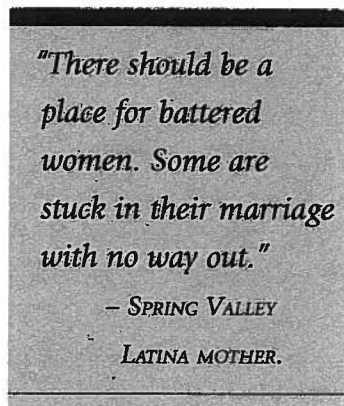
Residents in the Mountain Empire region believed that many children suffer from overall neglect including being left alone and not provided adequate food. This was generally attributed to a lack of parenting skills or substance abuse.

Strategies in Progress

Childrens Hospital's Center for Child Protection offers services to children and families involved in abuse.

Potential Strategies

Some parents suggested that mandated parenting classes be provided at hospitals. Parents might be required to pay an additional \$100 fee that would be refunded when the parenting class is complete. Others suggested that non-punitive, skill-building parenting education is needed, with a prevention focus rather than a crisis-oriented approach. Many residents suggested that additional family counseling services are needed and perhaps could be offered free of charge on a monthly basis at area agencies.



Domestic Violence

The number of domestic violence incidents reported in San Diego County increased more than 85% between 1989 and 1993 (Building Healthier Futures). In San Diego County there were more than 25,000 calls to law enforcement officials requesting assistance for domestic violence in 1995 (Department of Health Services, Office of Violence and Injury Prevention). However, most jurisdictions in East County experienced a decline in the number of reported domestic violence incidents between 1995 and 1996 except Lemon Grove, which showed a 5% increase in domestic violence incidence (HNI Data Supplement). Proportionately, domestic violence cases that involve weapons have slowly increased during a five year period, from 12% in 1992 to 15% in 1996, according to statistics provided by the Center for Community Solutions. "There is a significant problem with domestic violence. A lot of it is hidden – no one wants to talk about it," said one area health care provider.

Strategies in Progress

The County of San Diego has developed a county-wide domestic violence prevention policy (policy # A-127). The policy seeks to be inclusive of and driven by community members, promote community and family well-being, and develop strategies that target all segments of society using existing resources. The development of the county's policy was based on input from 22 focus groups that included nearly 150 participants. One conclusion was that the focus of prevention work should take an asset-based, community wellness and healthy relationship approach (Domestic Violence Prevention Policy Report).

The Domestic Violence Prevention Policy Council outlined seven components of the prevention effort, including: emphasis on primary prevention; strengthening intervention efforts; public education and community awareness; roles

of substance abuse and mental health; expanding and enhancing training; improved data and tracking; and flexibility in funding and contracting.

One East County organization that focuses on domestic violence prevention and services is the Center for Community Solutions in La Mesa. In addition, there is an East County Domestic Violence Coalition.

Potential Strategies

Some suggested developing low-rent transitional housing for battered women.

Suicide

Suicide, particularly among teens, was a concern mentioned by teen participants in two focus groups as well as several key informants. Approximately 4% of suicides reported in San Diego County between 1989 and 1993 occurred among 15-19 year olds (*Building Healthier Futures*). The suicide death rate for this age group was higher than the county-wide rate (8.1) in three East County regions including Lakeside (17.7), Spring Valley (16.2), and El Cajon (13.6) (*Building Healthier Futures*).

"Although the teen suicide rate is the highest in the county, it is based on small denominators," one Lakeside resident explained. Nonetheless, it is an issue of concern for some area teens and one educator in the Mountain Empire region reported that it is not uncommon to hear students discussing suicide.

Dangerous Roads

Some East County residents said traffic safety is a concern, particularly high speed traffic, a lack of stoplights and crosswalks, and lack of respect for pedestrians. For example, seniors said a stoplight is needed at the Orange and Chase Avenues intersection in El Cajon. Additionally, a lack of sidewalks, speed bumps and bike lanes in their communities is a safety issue, several focus groups said. Some added that better street lighting is needed to improve safety. In the Mountain Empire region, several residents said traffic associated with cross-border trade has increased as a result of the North American Free Trade Agreement (NAFTA). In turn,

this has resulted in increased congestion of large trucks along two-lane, windy roads such as Route 94, creating dangerous conditions, residents said.

Between 1989 and 1993, the East County region of San Diego had the highest rate of motor vehicle related deaths (35.3 deaths per 100,000), with Lemon Grove and El Cajon the highest in the region (16.9 and 13.6 respectively). During the same time period, the San Diego County death rate was 13.8 per 100,000 (*Building Healthier Futures*). However, rates were not calculated for the Laguna-Pine Valley or Mountain Empire regions. In addition, these rates are calculated based on the victim's area of residence, not the location of the incident.

In 1993 alone, six of 11 areas in East County exceeded the county-wide rate of mortality (12.9 per 100,000) from transportation-related deaths. These were: Jamul, Lemon Grove, Lakeside, Alpine, Laguna-Pine Valley and Mountain Empire. Mountain Empire had the highest mortality rate in the county with 278.8 deaths per 100,000 people. Caution should be used with interpreting these rates however, due to the small population in Mountain Empire (*HNI Data Supplement*).

There was also a high rate of injuries due to motor vehicle crashes as well as pedestrian and bicycle injuries in a few East County communities between 1989 – 1993 (*Building Healthier Futures*). During this time period, the San Diego subregional area with the highest rate of injuries due to motor vehicle crashes was Lemon Grove (1,138 injuries per 100,000) – more than twice the county-wide rate of 488 per 100,000. In addition, six of 11 areas in East County exceeded the county-wide rate (609 per 100,000) of transportation-related injuries in 1993 (*HNI Data Supplement*).

Illegal Border Crossings

Illegal immigration is a major challenge for San Diego County and surrounding areas. The international border between San Diego and Tijuana is one of the busiest land border crossings in the world. Tijuana and Tecate, the two large Mexican cities directly south of San Diego, have a combined

population of more than 2 million people (Hospital Council of San Diego and Imperial Counties).

Observing 75–100 people in your backyard at night is not an unusual experience, said one Dulzura resident. The impact is primarily upon the safety of area homes and property, several area residents said. Focus group participants and key informants described incidence of theft and vandalism that they attributed to illegal immigrants. Sheriff's Department statistics point to a sharp rise in property crimes in a 300-square-mile area along state Route 94 between Jamul and Jacumba. More than 100 burglaries were reported in the area in 1996, up from 57 in 1994. Motor vehicle thefts rose from 24 in 1994 to 63 in 1996. It is not certain, however, that illegal immigrants are responsible for the increase, sheriff's department official said. (*San Diego Union-Tribune*, 1996)

Illegal immigration also has caused an increase in litter and environmental damage and increases the risk of large fires due to fires started by campers. Illegal immigrants face dehydration, hypothermia and other hardships caused by long treks through mountain and desert terrain. Volunteer firefighters are occasionally called out to aid injured illegal immigrants, who have begun to travel over Mount Laguna to avoid the nearby Interstate 8 checkpoint, according to a Mt. Laguna's volunteer fire chief (*San Diego Union-Tribune*).

Issue: Lack of Child Care

One quarter of all adult focus groups said that lack of child care was an issue in their community. Some parents indicated that it is difficult to find trustworthy people who can care for children and discussed their fear of potential abuse perpetrated by a child care provider. "With no family nearby, I don't feel comfortable leaving my kids with someone," said one mother. "I leave them alone for an hour. I trust them more than someone else." Some local providers and residents expressed concern for "latchkey kids" – children they observed left alone after-school and during evenings.

Others indicated that there is a lack of community involvement in child care and believed that many men fear being a victim of false child abuse accusations. Some believed the cost of conducting appropriate background checks is prohibitive. Others maintained that the cost of liability insurance is a barrier to businesses that might otherwise provide child care. When family members were unavailable, some parents said they found child care providers through friends.

The cost of child care is a barrier for many parents, according to focus group participants. For example, Project SAFE, a school-based program in Santee, costs \$77 per week for one child to attend three hours a day after school, parents said. Several said the YMCA offers child care with a sliding fee scale. Some preschool is subsidized however and may cost \$86 per month for full-time care, said one area provider. A number of parents expressed frustration about the unavailability of infant care. Many providers will not take children in diapers and infant care is very expensive, parents said. One parent said a local program that accepts infants cost \$600 per month.

Parents also discussed the impact that lack of child care has on their ability to work. "If I

wanted to work more hours, I'd have to find child care and it's tough to find someone you can trust," said one Mountain Empire mother. "I would like to work," said another. "But without day care, I can't." Area service providers expressed

concern about the lack of support, including child care, that is given to parents reentering the work force as a result of welfare reform. As a result, people are not remaining employed, they said. Another provider said that many parents of children enrolled in Head Start, 80% of whom receive public assistance, are frantic

"Child care is so expensive. It takes your whole paycheck."

– MOUNTAIN EMPIRE

MOTHER

trying to find evening child care in order to be able to work. In response, Head Start is beginning a Twilight program that will run from 3:30 p.m.–11:30 p.m.

Some parents, most notably parents of children with disabilities, indicated that a lack of child care was a barrier to accessing other community services.

Strategies in Progress

At the Sycuan Reservation, child care is provided on-site to employees of the casino.

Potential Strategies

Many agreed that quality child care needs to be available for children of all ages with fees based on family income. Several focus groups participants and key informants suggested that businesses should provide on-site child care. If employers offer on-site child care, this would enable parents to interact with their children during the day. This would increase the amount of time parents spend with their children and reduce anxieties about child care safety or possible health emergencies, possibly creating more productive employees, some said. Residents suggested small businesses form a cooperative and locate the child care facility in a central place. Child care needs could also be reduced if children were able to attend school near their parents' employer, some said.

A number of groups also suggested that child care be provided at area schools. Others suggestions include forming non-profit organizations to provide child care and training women and retirees to run child care centers or provide in-home child care. Finally, another suggestion involves training teens to babysit and providing a completion certificate that could be presented to working parents.

Issue: Isolation & the Changing Dynamic of Families

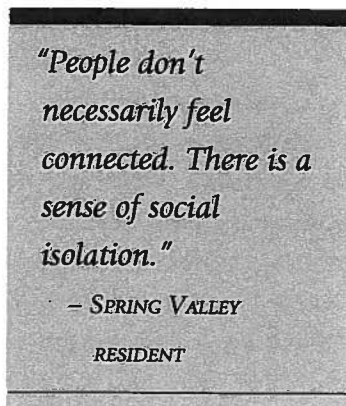
About one in three focus groups identified isolation as an issue for families, children and seniors in East County communities. Some residents said a lack of communication within families is part of the issue, other point to parents who are uninvolved and appear unconcerned about their children. "Youth are isolated in their own homes. Some live totally alone," said one Mountain Empire educator. About half of the teen focus groups said that they are not listened to by their parents or other adults.

One area health care provider maintained that there is not a strong enough network for seniors in East County. A lack of transportation or loss of mobility compounds the isolation of many elderly, some key informants and focus group participants said. One area senior services provider explained that for seniors who have suffered an illness, socialization is an important component of relapse prevention. Speaking of the local community center she said, "People who don't maintain attendance deteriorate." In Jacumba, focus group participants expressed concern for seniors isolated in mobile home parks, without access that accommodates disabilities. One program currently underway at Grossmont Hospital's Senior Resource Center is Project Care. This volunteer program checks-in with seniors on a daily basis, focus group participants said.

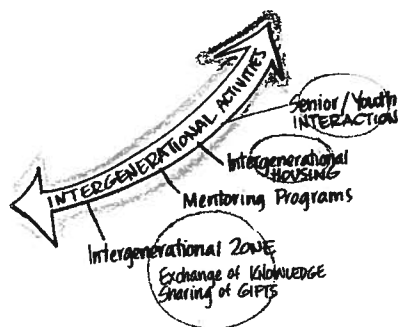
The changing dynamic of families was another factor impacting isolation identified by many East County residents. Many discussed the conditions created by single-parent households, divorce and two-parents working.



"There is a loss of support systems, such as extended families or neighborhood social structures. What we see are symptoms of that lack," said an area service provider. "Families are fragmented and so is the community," said one member of the faith community.



The pressure of two parents working is certainly felt by some East County families. "By the time you see your kids at the end of the day, they get the worst of you and you get the worst of them," one parent explained. "My kids say, 'You guys work too much,'" another parent said. And yet another parent had this to say: "I wish I could stay home and work so I could be at home with my kids and watch them grow."



Potential Strategies

Creating more opportunities for intergenerational contact is one strategy suggested by many residents. For example, neighborhood coalitions might be developed to involve youth with seniors, said one key informant. Teens could assist with yard clean-up, housework and light maintenance perhaps earning a small stipend or community service credit to fulfill high school requirements.

One idea is to utilize people who visit the homes of elderly citizens on a daily basis, such as mail carriers or newspaper delivery people, to

check-in with isolated seniors. Another idea utilizes a welcome-wagon approach to develop neighborhood ties among residents.

Issue: Lack of Community Involvement & Leadership

About one quarter of all the focus groups said a lack of community involvement was an issue affecting the health of their community. Many residents, especially area teens, also identified apathy or a lack of community pride. "People are just not willing to give a little of their time," said one Lemon Grove teen. "They don't believe they can make a difference," said another teen. Others described the problem of busy modern life. "People work more and have less time to volunteer," said a member of the faith community.

Many in East County said local senior citizens and retirees create a rich pool of likely volunteers. However, many area residents also believed that the talents of the senior population are underutilized in East County. "Senior aren't utilized because we don't value their life experience," said one member of the faith community.

Several area residents discussed a change in community norms related to child rearing. "Years ago the community used to get involved with the raising of a child. Other parents used to correct children and they don't do that anymore," said one Santee mother. "The result is less respect and less discipline."

About twenty percent of the focus groups also described a lack of leadership, often at the government level, as an additional factor affecting the ability of East County communities to address issues of

"Unless we help each other, we can't expect government or some other agency to help. Why can't we help each other?"

- FAITH COMMUNITY MEMBER

concern. "The political structure doesn't support assisting people and creating programs. The perception is that it will attract those people rather than helping people who are members of the community," said one El Cajon service provider. In one teen focus group, all of the youth believed that the local city council did not care about their welfare. Several groups, including some seniors and residents of the Mountain Empire region, related incidents of local representatives not attending community meetings. A number of residents believed that East County, especially Mountain Empire communities, are not given attention by political leaders because a greater concentration of voters is located in other areas of the county. However, a number of residents identified their county supervisor, Dianne Jacob, as a resource.

However, apathy among community members was also a factor in the political process, according to some residents. "Most people don't get involved politically, most don't vote. Until that changes, we won't see many changes," said one Mountain Empire resident. "We have to find the time and make time to get our ideas known to our representatives." Others maintain that people need education about the process. For example, one area PTA member described how her organization successfully approached the local Parks and Recreation Department and their state representative for help in obtaining funding for a local park. "The community is not aware of how to go about the process," she said. "Funds are available, they just need education."

Potential Strategies

Many residents suggested efforts to increase voter turnout in East County communities, including eligible teens. "Organize kids as a political force in their own communities," one resident suggested. Citizenship education about participating in the democratic process, including youth leadership development activities, is needed, some said. Some in the Latino community suggested that legal

COMMUNITY BUILDING

residents should pursue possibilities to obtain citizenship which would enable them to vote. Some residents discussed the need to hold elected

officials accountable.

To increase community leadership and involvement, many advised bringing people together in positive ways; developing stronger ties between county department and local government representatives; and coordinating an East County-wide collaborative. Existing collaboratives could provide support to other East County communities developing their own groups.

More community-wide events would help involve people with each other and their neighborhood, many residents said. For example, block parties with prizes for the best lawn was suggested by some teens.

Issue: Lack of Recreational Activities for Children, Youth and Families

Almost two out of every three of all focus groups, including almost seventy-five percent of teen groups, indicated that there is a lack of recreational activities in East County communities. Eight of the 11 teen focus groups indicated that peer pressure is an underlying issue for youth. Many teens said they needed a place to go for mentorship – a place where they could discuss issues and would be listened to by adults. A number of adults agreed that organized activities for teens provides an opportunity to give guidance and supervision. Without something for teens to do, "there is a lot of time for them to just hang out and get into trouble," explained a service provider. For many others, the underlying factor was a lack of financial resources needed to pay for participation in available activities. While many parents acknowledged there were recreation programs, YMCA's or Little League available in their community, they often said the cost was for membership or equipment was prohibitive.

Others indicated a lack of transportation or long distance is the underlying issue affecting access to recreational activities. This was a particular problem for teens in Mountain Empire communities because while after-school activities were offered at school, many do not have transportation home afterward. One father described driving his son from Boulevard to Alpine so that he could participate in Boy Scouts. Residents from Jacumba and Boulevard said that there is no public recreation such as parks or centers available in their community. "You have to drive 15-20 miles just to go to the gym. It's about 35 miles each way," said one resident.

A majority of teens and a great deal of adults said that teen centers or more parks were needed in their community. However, many indicated a lack of funding was a barrier. A significant number of adults believed that the political leadership in El Cajon was a barrier to developing a teen center. "We've been trying to get a teen center in El Cajon for 10 years. The city doesn't want it because they think it will destroy the neighborhood," said one local resident. "We've been told that it would have to be built in the unincorporated area so that the responsibility for safety would be with the Sheriff Department. But that wouldn't be central even though there are buses."

Some adults discussed the need for area fitness centers that are affordable for families and within walking distance from their homes, especially those residents from Lemon Grove and Spring Valley. "We need a big family gym," said one Spring Valley resident. "We need a place where children can play and families can have recreation. Perhaps it should be in areas that are undesirable places now." Many residents also indicated that more recreational activities were needed for area seniors, particularly in the Mountain

"If kids have a place that gives them a sense of community and structure after school, that would improve their lives and the community."

— SPRING VALLEY

RESIDENT

Empire communities. Activities mentioned for seniors included swimming, aerobics, dances, and other exercise. A number of adults and teens alike said more swimming pools were needed. Some residents described a lack of green space and play areas in their

communities; and a few, such as those from Potrero and Lemon Grove, described area parks that were in need of new equipment. Still others described parks that were unsafe, often due to older teens intimidating other youth.

Some parents discussed the need for drug and alcohol-free events for youth that could be chaperoned by parent volunteers. Examples of activities for youth discussed by adults and teens alike included: sports activities such as basketball, wrestling, and skate boarding; arcade games; music and dance lessons; and dancing. Others described the desire for additional educational programs such as after-school science programs, field trips and tutoring.

Strategies in Progress



There is a new YMCA being built in El Cajon as well as a new skate park in Santee. There is one business in El Cajon that provides an alcohol-free nightclub for teens. Mountain Empire High School has opened their gym to the community during off-hours in

previous years. Some teens mentioned a model youth center located in Mira Mesa. On the Campo Reservation, alternative activities that include traditional songs and games are being offered to youth.



Potential Strategies

Many residents suggested increasing the availability of youth activities through partnerships between area businesses, churches, schools and law enforcement. For example, high-tech businesses such as Qualcomm have partnered with schools to increase the availability of computers to students. There are also computer clubs and organizations that voluntarily provide instruction and install and repair computers in schools.

Others suggested creating neighborhood health and fitness centers by applying for grant funds and using currently vacant buildings. Many teens indicated a willingness to conduct fundraising activities in order to finance a local teen center. Still others said more sports festivals or other family events could be held. Some teens suggested a bike loan program. Another idea was to establish a scholarship fund to provide funds for children to participate in organized sports.

Issue: Reproductive Health

Teen pregnancy rates in San Diego County are substantially higher than national, state, and local goals (*Charting the Course*). About twenty-five percent of all focus groups maintain that teen pregnancy is an issue in their community, including just more than half of the teen focus groups and a number of residents in the Mountain Empire region. Moreover, almost one in five focus groups said that sexually transmitted infection (STI), including HIV and AIDS, is an issue of concern. Some parents believed the rate of teen pregnancy had stabilized due to changes resulting from

welfare reform, while others maintained that teen pregnancy remains an issue based on their observations of low-income adolescent girls in the community. A few residents discussed a perceived increase in societal blame focused on teen girls who become parents. Some indicated there was a need for access to affordable family planning services and education for adults as well.

It is a commonly held assumption in the public health field that half of all pregnancies among teens result in live births. Therefore, pregnancy rates for teens can be calculated by doubling the birth rate (*Charting the Course*). In San Diego County, the birth rate for girls aged 12 - 14 increased more than 20% between 1989 and 1993. During the same time period, the birth rate for adolescent girls aged 15 - 17 increased 12.5%. Moreover, birth rates for teenage girls has increased significantly among Hispanic youth, who have the highest rates of all racial/ethnic groups for both age categories. San Diego teens also are well below the national objective for condom use based on a sample of San Diego High School students (*Building Healthier Futures*).

In East County communities, approximately 1,000 teenage girls gave birth during this five year period. Nonetheless, in East County subregional areas, only Lemon Grove had a slightly higher rate of teen births than the overall county rate for girls aged 12 - 14 (2.7 per 1,000 and 2.0 per 1,000). Between 1989 and 1993, none of the East County regions had teen birth rates higher than the county-wide rates for girls aged 15 - 17. However, rates for Mountain Empire and Laguna-Pine Valley were not calculated (*Building Healthier Futures*). However, key informant interviews in 1997 indicate that there were 72 known pregnancies among students at Mountain Empire High School during the academic year.

Many adults as well as teens believed a lack of communication with parents was a factor underlying teen pregnancy. "We need better communication between parents and children and more information on communication and sexuality

education for youth and also adults," said one Spring Valley mother. Adults with developmental disabilities also need access to reproductive health education, one provider said.

Many of the focus groups described teens engaging in sexual intercourse with multiple partners at very young ages, often by sixth or seventh grade. Usually, these teens do not have the education or information needed to prevent pregnancy or disease, they said. Adults and teens alike said that education about the consequences of early sexual activity is necessary, especially for young adolescents and preteens. However, some teen focus group participants believed they did not need access to birth control and a few maintained that early pregnancy is not an issue of concern.

A number of residents discussed barriers they believed prevent teens from accessing sexuality information and family planning services, such as: the conservative orientation of the area's school boards and many faith communities; a perceived lack of confidentiality due to a small town atmosphere; no convenient place to get condoms in the back country; embarrassment; and parents who do not educate their children about sexuality. "Teens need a place to go to ask questions and get information about health issues since the schools aren't open to that and they're uncomfortable going to clinics," one service provider said. Peer pressure is a likely underlying cause contributing to early teen intercourse and pregnancy, evidenced by the high number of teen focus groups who discussed this pressure. Cultural differences may also impact a teen's decision to parent. "Hispanic culture – and others too – don't really allow for adoption," one Spring Valley resident said.

The AIDS rate in San Diego County increased between 1989 and 1993 and an estimated 4,276 people were diagnosed at that time (*Building Healthier Futures*). In East County, most areas were well below the county-wide rate for AIDS incidence between 1989 and 1993 (38.9 cases per 100,000). One notable exception is Lemon Grove (88.4 per 100,000), an area that had more than twice the county-wide incidence rate (HNI Data Supple-

ment). "AIDS is kept very hidden and is still considered a gay man's disease, especially in the Hispanic community," one Spring Valley resident said. "It's still thought of as a very shameful disease." Some said that substance abuse, particularly injecting drug use, and prostitution contribute to the spread of AIDS in East County. Pressure to engage in sexual activity may also be an underlying factor affecting the spread of STI's. A member of the faith community related this conversation with a young woman, "I knew he had AIDS, but he wanted sex and I felt I had to give it to him."

Moreover, a contributing factor is that many people believe AIDS is no longer a problem. "Epidemics come in waves and we haven't really seen the third wave yet and that will be women," said a Spring Valley resident. Again, some residents believed that school-based education, especially when taught as part of biology, is not making an impact.

Potential Strategies

To prevent teen pregnancy, schools should provide hands-on parenting classes in junior and senior high school by combining child development classes with a child care facility located at the high school, some parents said. Rather than using computerized dolls, classes should provide adolescents with actual daily experience of caring for infants throughout the semester, they added. Adults in need of child care, especially those seeking employment, could utilize the school facility.

Many residents indicated that more resources were needed to prevent teen pregnancy, particularly for sexuality education provided consistently beginning at early ages. Some suggested that if area schools were unwilling to provide comprehensive sexuality education, that other local associations and institutions, such as churches and youth groups, should offer that education.

Teen parents believed they could best educate other teens about the reality of teen parenthood. For example, they thought that information about

physiological changes in the female body as a result of pregnancy – such as stretch marks – would dissuade some girls from pregnancy. Moreover, these teen parents said that other teens are more likely to listen to advice from peers than from adults. Some suggested that a panel of people affected by AIDS should provide education. "People tell their stories and it really makes an impact. Maybe they'll think twice," said a member of the faith community.

Teens from Santee said a Planned Parenthood Center is needed in close proximity to the high schools. Others suggested the distribution of condoms at area schools.

Issue: Environmental Health

By 1994, San Diego regional air quality had improved continuously for six years. Federal clean air standards were unmet on only nine days in 1994 compared to 55 days in 1989. There was also 50% fewer days when county ozone levels exceeded acceptable state levels when these years are compared. However, the only one of nine air quality monitoring stations that did not meet the federal ozone standard for clean air is located in East County at the mountain slope station in Alpine (*Charting the Course*). In fact, each year between 1988 and 1993, of all county monitoring stations, Alpine had the greatest number of days exceeding the clean air standard. In 1993, all but one of the days exceeding the federal clean air standard in San Diego was attributed to air pollution drifting southward from Los Angeles (*Building Healthier Futures*).

Drinking water in San Diego County is generally safe. However, numerous polluted transnational river basins and aquifers contaminate drinking water in Mexico, and recreational water on both sides of the border. In 1994, San Diego County surface waters were closed for 234 days due to elevated bacterial levels and three locations in the county have permanent or seasonal water closure postings.

Environmental conditions in Mexico, such as an outdated infrastructure, poor supply and distribution of drinking water, inadequate wastewater treatment, industrial water and air pollution, and illegal dumping of hazardous waste may place San Diego County residents at greater risk for exposure to pollutants than other California residents. For example, industrial pollution contributes to respiratory, cardiovascular and skin disease (*Charting the Course*).

About 25% of all focus groups, including seven of the teen focus groups, indicated environmental pollution is a concern. Air and water quality were the primary concerns. For example, residents in Descanso were likely to be concerned about the quality of their drinking water. However, some were concerned about sanitation, unkempt property, or unclean lakes. For example, seniors in El Cajon said a drainage system is needed at the end of Chase and Orange streets, while residents in Jacumba said that the high cost of trash disposal causes illegal dumping. A number of residents expressed concern about increased growth and development in their communities.

Strategies in Progress

With the help of grants from the federal Environmental Protection Agency, Campo and two dozen other tribes along the U.S.-Mexico border are creating partnerships to address water and air pollution. The Campo tribe was the first in California to receive an EPA general assistance program grant and is spearheading an Indian environmental movement that uses ancient techniques to create streams and grow traditional foods, herbs and medicines (*Sacramento Bee*).

Potential Strategies

Many teens indicated a willingness to engage in environmental improvement activities, such as tree planting, in their communities.

Issue: Disease

The diseases typically mentioned as concerns by East County residents were: tuberculosis, diabetes, cancer, heart disease, lice, and asthma, allergies or other respiratory problems. Some residents expressed concerns about lifestyle choices that may lead to the development of many of these diseases. In fact, dietary factors are associated with five of the ten leading causes of death: heart disease, some cancers, stroke, non-insulin-dependent diabetes, and all atherosclerosis (*Setting Sail*). Some said children's respiratory problems were related to dramatic changes between outdoor temperatures and indoor air conditioning. Many focus group participants with diabetes reported that there are inadequate services and information available to treat the condition.

Nationwide, San Diego County is the thirteenth highest TB incidence area, with 421 cases in 1994. However, there are indications that the epidemic may have peaked and is slowing in San Diego (*Charting the Course*). Preventive treatment costs \$240 per person, whereas treatment of active TB costs approximately \$3,250. Drug resistant TB occurs in about 20% of cases (*Setting Sail*). In the Mountain Empire region, out of 384 children tested, 19% were positive for TB, one key informant said. Testing and treatment has not been consistent however, due to a lack of resources.

In East County, some key informants believed that international immigration has caused TB rates to rise. With 6 million legal crossing annually

between San Diego and Tijuana, many infections and health hazards are shared among residents of both nations (*San Diego Union-Tribune*). In addition, "The fact that undocumented people do not have access to health care is a great problem. It has an impact on all of us," one Latina health care provider said. In fact, 60% - 65% of TB cases in San Diego County occur among persons born outside of the U.S. with immigrants from Mexico and the Philippines accounting for 43% of all cases reported in 1993 (*Charting the Course*).

Between 1989-1993, at least four areas in East County exceeded the county-wide rate of mortality from heart disease (125.9 per 100,000), while four areas exceeded the county-wide rate for other circulatory diseases (38.3 per 100,000). Moreover, at least three exceeded the county-wide rate (124.9 per 100,000) of mortality from malignant neoplasms (cancer). During this same time period, at least three areas in East County exceeded the county-wide mortality rate (43.2 per 100,000) from respiratory system diseases.



Strategies in Progress

The development of comprehensive plans to address binational health issues such as tuberculosis, AIDS, and substance abuse is now

underway. Funding is provided by an alliance of foundations that includes The California Endowment, The California Wellness Foundation and San Diego-based Alliance Healthcare Foundation (*San Diego Union-Tribune*).

Highlights:

The Communities of East County San Diego

EL CAJON

ZIP Codes:

92019, 92020, 92021

Population:

111,174

Median Household Income:

\$30,344

Local Schools:

*Cajon Valley Union Elementary School
District; Grossmont Union High School
District*



In a healthy community, everyone gets along and it's safe when you walk down the street. There are no drugs, violence, or gangs. Guns would not be available to children. There is no racism and everyone is treated equally without discrimination. People who govern the community and have the power to make changes are understanding and merciful. There is leadership at the grassroots level and willingness to try new, open-minded approaches to problem-solving. Laws are fair and it is peaceful.

Community Description

Incorporated in 1912, El Cajon is the largest city in East County and is just a short 15 mile drive east of San Diego's beaches. A suburban community located in a valley surrounded by hills, the city's name means "The Box" in Spanish. El Cajon is a good place to live and work, many residents declared. Primarily a residential area with a large number of churches, and safer than more urban areas, it is conducive to raising children, many said.

"My church is quite small and like an extended family. We've been together a number of years, but are warm and friendly to new people," a member of the faith community said. "You know you have support in all directions if you need it."

"We know who our neighbors are on both sides of our houses and across the street," another resident explained. With a relaxed, small town atmosphere and friendly people who are interested in community service, El Cajon is affordable and in a convenient location with ready access to goods and services. "I've never had a problem getting around," said one Challenge Center patron. "I feel at home in El Cajon, getting out on my own in a wheelchair." Well-maintained freeways are easily accessible and public transportation is effective, many residents said. There

Vision for a Healthy Community

In focus groups and key interviews, residents of El Cajon said in a healthy community, the environment is beautiful and clean with a sanitary water supply and many trees. There is consistency and strong community spirit. It is family-oriented with a strong economic base. People make the community healthy, that is friends, trusting relationships, and people who share similar goals and values. Neighbors help each other, caretakers of people with disabilities are given assistance and people are not afraid to get involved. Volunteers are involved with the elderly and neighborhood clean-up projects. A healthy community can monitor itself. For example, neighbors are comfortable correcting someone else's child.

A healthy community is one that interacts and is aware and informed. Everyone is welcome and there are social activities such as potlucks, block parties, and neighborhood walks. Swimming and exercise equipment is affordable. There are good schools for children that offer affordable high quality education with small classes and access to computers. Health, dental and vision care is provided for the poor and indigenous people.

are nine community parks located throughout El Cajon, two golf courses and the East County Performing Arts Center (Chamber of Commerce).

El Cajon is a community with growing diversity among its population. With the theme of "Valuing Ethnic Diversity", the annual International Friendship Festival is held each September in El Cajon. The festival provides an opportunity for area residents to appreciate the community's ethnic diversity through food, entertainment, and fine arts from around the world. El Cajon is also host to the second largest parade in the state, The Mother Goose Parade, which first began in the 1940's.

Also an economically diverse community, residents said they appreciated the balance of blue collar and white collar workers. With pockets of poverty and wealth, the cost of living in El Cajon is lower than many areas in San Diego county and many residents find affordable housing here. El Cajon has the highest percentage of multi-family homes in East County (50.9%), largely concentrated on the valley floor (SANDAG). The hills around El Cajon are generally higher income neighborhoods and there is also a contrast between the incorporated and outlying areas.

The Fletcher Hills neighborhood in the hills is generally an older, more settled, affluent neighborhood. The streets are quiet, and uniquely designed houses are further apart, one resident said. Rancho San Diego, also a generally affluent area, is known for its newer housing developments. Nearby San Carlos is not traditionally known as part of East County. However, it is part of the Grossmont Healthcare District and borders El Cajon. Cowles Mountain, the tallest mountain in the San Diego city limits and known for its hiking trail, is in the northern part of San Carlos. Crest is another growing hill town that borders El Cajon.

El Cajon has an improving economy and a good minimum wage job market, ideal for young adults and retirees. However, many local business owners don't live in town, key informants said. With nearly 5,000 businesses, more than 30 large employers, and approximately 500 manufacturing plants, El Cajon is the business center of East County. Industry consists primarily of light manufacturing, research and development, aerospace, and distribution and services. Gillespie Field, a home-base for more than 800 private aircraft, is a full service airport designed for small aircraft including business jets and helicopters (Chamber of Commerce). The Eagle is El Cajon's community newspaper.

In recent years a downtown revitalization

project has yielded new senior housing projects, two retail shopping complexes, a fire station, a community center and a library (*Sign-On San Diego*). However, some residents described numerous vacant buildings. Citizens are committed to improving conditions and some said El Cajon is returning to its roots as a close-knit community. While downtown El Cajon has been known for problems with drug use, it is slowly becoming a drug-free environment. Friday noon-time concerts are one highlight.

"The school district was a very important part of the decision to live here," one long-time resident said. "Grossmont High is excellent socially and academically. Teachers take a personal interest in students and there are smaller schools." "Schools are a key player in trying to rally people around issues," one health provider said. For example, the school district is involved in primary prevention, there are after-school programs for children, and community forums at El Cajon High School have addressed genuine issues, residents said.

"In El Cajon we work together because we get left out of the rest of the county. We're self-reliant and willing to try new things," said one service provider. There are many existing, active partnerships that are not fragmented nor disjointed. For example, the El Cajon Collaborative is considered a great source of networking, and Little House Family Services is a model for the delivery of coordinated family services. In addition, El Cajon is a community that is mostly self-sustaining for substance abuse services such as prevention, counseling, and rehabilitation centers, service providers said. There is also strong support for seniors through the Parks and Recreation Department and area health services such as Grossmont Hospital, some said.

El Cajon needs a public relations campaign to improve its image and strong leadership with the vision to recognize positive attributes in the city, some residents said. They would like to elect leaders that will set goals, be creative and take the initiative. Many suggested recruiting compatible businesses and using incentives to develop higher paying jobs in El Cajon. The community also needs additional redevelopment and renovation in downtown areas, including apartment complexes, residents said. El Cajon needs to be more youth-friendly and develop neighborhood-based, family-friendly supports. Many suggested building a shelter for the homeless or a transitional living facility in El Cajon. Others suggested greater police involvement in the community to create a more positive image of the police.

LA MESA



ZIP Codes:

91941, 91942

Population:

55,039

Median Household Income:

\$32,084

Local Schools:

*La Mesa-Spring Valley Elementary; Grossmont
Union High School District.*

Vision for a Healthy Community

In focus groups and key interviews, residents of La Mesa said a healthy community is one that is diverse and family-oriented. There is affordable housing, a sound economic base, and a strong city government. A healthy community has active citizens; strong service clubs and churches; and cultural and intergenerational activities. There is access to health care for everyone and good public transportation.

Community Description

Incorporated in 1912, La Mesa was once one of Southern California's boom towns. Referred to as the "Pasadena of San Diego," it was an operating base for the construction of a railroad. Located between Highway 94, Highway 125, and Interstate 8; and north of Lemon Grove, La Mesa is a community of hillsides, tract developments and older homes (*Sign-On San Diego*). "When I was growing up on the border of El Cajon and La Mesa, it was very rural and people had horses," one resident remembers.

La Mesa is a uniquely diverse area that includes middle and upper-class; working people and wealthy residents; families and senior citizens. There is controlled growth and stability in the neighborhoods. "We don't move very much in our neighborhood," explained a member of the faith community. Just over 51% of the homes in La Mesa are single-family structures, including many in the hilly, generally affluent Mount Helix area. La Mesa also contains Navy housing and other multi-family apartment complexes.

"La Mesa is established, clean, well-kept, and there is lots of pride in the community," a long-time local businessman said. La Mesa has a village atmosphere and

a city government that supports community assets. The annual Oktoberfest and Christmas Village celebration are frequently mentioned community events. "Knowing each other in your neighborhood means a great deal," said one resident. "The man across the street knows everything and if anything happened, he'd be there. People watch out for each other here." Neighborliness continues to be a community tradition, explained one member of the faith community. "Some young people with families moved in, hosted a block party and invited everyone," she said. "It was a wonderful summer evening."

"It feels safe here and although we do see some homeless, it doesn't feel uncomfortable to walk to the library or bank from downtown La Mesa," one resident said. Many chose to live here because of the close proximity to their jobs, the naval station, or for the renowned public schools. Residents spoke highly of the community services available in their area, including the protection of police, firefighters, and paramedics. "Law enforcement is on the job and has a good rapport with the community," one resident said.

Many of the community landmarks are area churches including Mount Helix cross, where Easter Sunrise services are held annually. And while some said there is great deal of fundamentalism, many described preschool programs, youth activities and services to the poor that are provided by local faith organizations. There is strong volunteerism and a sincere quality among the people of La Mesa, residents said.

La Mesa was once considered East County's economic hub, but that has changed, residents said. There are 5,310 businesses licensed in the city including many car dealerships, small antique shops, Grossmont Hospital, and new commercial developments. A variety of professionals call La Mesa home, including a large number of health care providers, key informants said.

Like many of the suburban East County "bed-room communities," La Mesa is easily accessible to other areas, retail shopping, and medical services. It is close to Grossmont Community College and San Diego State University, and has recreational centers for children and adults. "From downtown La Mesa, you can bike ride or walk to the pool. There is easy freeway access," a member of the faith community said.

La Mesa residents described a wealth of community resources including: 14 parks, a public swimming pool, a golf course, La Mesa Community Center, the YMCA, Mesa Valley Grove Senior Center, La Mesa Library, Lake Murray recreational park, a farmer's market and roller-skating rink. There are also cultural events at La Mesa Theater, Christian Community Theater and Mt. Helix Amphitheater.

LEMON GROVE



ZIP Code:

91945

Population:

28,193

Median Household Income:

\$32,849

Local Schools:

*Lemon Grove Union Elementary School
District; Grossmont Union High School
District*

Vision for a Healthy Community

In focus groups and key interviews, teens, seniors citizens, parents and service providers from Lemon Grove described a healthy community as a safe, clean place without gangs or pollution. People in a healthy community look forward to going home and want to take care of their neighborhoods and each other. There is unity within a healthy community and people are willing to help each other. For example, there are good neighbors who will watch out for your children. A healthy community helps youth with their problems and is a place where everyone gets along. There is a good educational system and safe schools. There are no homeless or run down buildings. There are jobs for all residents, good restaurants and free entertainment such as sporting events and a teen center. A healthy community has places that are accessible for the disabled and people without cars.

Community Description

Incorporated in 1977, Lemon Grove is named for lemon orchards planted in the late 1800's. The city's namesake fruit is honored with a large lemon monument in the center of town near the trolley stop. However, the citrus groves have long been replaced by homes and small businesses.

Just under 4 square miles, this small city is bordered by Highway 94, Sweetwater Road, Canyon Drive and 69th Street. The commercial center of Lemon Grove can be found along a 3 mile stretch of Broadway Avenue, with a mix of the usual retail chains and mom-and-pop storefronts. Residential neighborhoods, tracts and rural sections without

sidewalks are characteristic of this area (*Sign-On San Diego*).

Located only eight miles from downtown San Diego, it often described as a community with small-town, traditional values and with dedicated community members, many of whom have long-time, family roots. There are more single family homes (73%) than apartments in Lemon Grove (SANDAG). It is an ethnically diverse community with a large senior population. Lemon Grove is a small community that sees itself as a succinct area and not merely an extension of San Diego. There are fewer homeless people in Lemon Grove, resident said, speculating that they pass through to bigger communities such as El Cajon.

Many people described Lemon Grove as a safe environment without much crime. In fact, when surveyed by the city, 93% of respondents reported feeling safe in their neighborhoods during the day. This may be due to the fact that there are sheriff's deputies that live in Lemon Grove and are familiar with the community. As a result, they are involved with and have a stake in the community. They said crime prevention efforts encourage participation through Neighborhood Watch groups. "When gangs moved into their area, residents joined together and went to the police, who took action to remove the gangs," a local mother said.

The schools have a relaxing atmosphere, offer adult education, and there is parent involvement. "People feel free to talk with and approach other parents," one mother explained. And while there is not a bilingual environment in some Lemon Grove schools, there are bilingual assistants and children are learning English at school, Latino parents said.

Some said that there is a responsive city government, with accessibility to decision makers. In fact, in Lemon Grove's recent public opinion survey, a majority of respondents feel the City is maintaining or improving the quality of life for them and their families. Nearly two out of three respondents (62%) feel that the City of Lemon Grove is doing a good or excellent job in that area. Most also reported a high level of satisfaction with city departments. The three departments receiving the top ratings were the Fire Department (95%), Parks and Recreation Department (89%), and the City Clerk (87%).

There are a number of community resources in Lemon Grove including: senior centers, the fire department, the trolley, the City of Lemon Grove Newsletter, the Lemon Grove Review, and a Parks and Recreation Department that sponsors activities for children and adults. The annual Old Time Days parade and celebration, now in its 36th year, is a well-known community event along with free concerts in the park, an annual summer event for 19 years. Teens

enjoy the easy access to movie theaters and said that in addition to their parents, the Lemon Grove Project and Planned Parenthood provide a place to turn to when they need help.

According to the 1998 Lemon Grove public opinion survey, the most important things needed to make Lemon Grove a better community in which to live are: fix the roads (mentioned by 27%); reduce crime and improve the feeling of safety (25%), and clean up Lemon Grove (18%). In that survey, 54% said the streets in Lemon Grove are significantly cracked or covered with potholes. Focus group participants also discussed the need for sidewalks and bike lanes. Walking along the roadside to the school or park is particularly dangerous for mothers of young children who must push strollers while minding other children.

And while most residents do feel safe in Lemon Grove, there are differences in feelings of safety at night, particularly in the business area. For example, almost 90% of survey respondents feel safe in Lemon Grove business areas during the day, but only 55% feel the same level of safety in business areas at night that most do during the day. Some suggested a partnership with the city to take an active role in community oriented policing, along with the establishment of store front police offices and additional deputies for specialized work.

Lemon Grove residents are concerned about economic development in their community and discussed the need for an economic development strategy that includes a plan for more employment opportunities, increased light industry, and the promotion of more local, small businesses through incentive programs.

Many focus group participants and key informants would like to implement alternative activities for youth, including more after-school science programs, sports, and field trips. For young children, parents would like to have the Head Start program extended to a full day program that is not home based. Families and seniors also have recreation and exercise needs, so some suggested that residents organize to bring the YMCA or other fitness center to Lemon Grove that is within walking distance. Others suggested that \$36 per month per family is not affordable and a public recreation facility is preferred. To address health and other concerns, many suggested a one-stop community resource center with co-located services.

Suggestions to increase parent participation at schools included producing easily readable material and invitations to school activities that interest parents.

Transportation is an issue for parents of children in grades 3-6 and they suggest extending

bussing to accommodate children in the upper elementary grades.

Finally, collaboration, communication, strong leadership, and greater citizen involvement are strategies for improving the health of the community. Suggestions included volunteering and donating food, money, or time to others. Teens in particular were interested in finding ways to get involved with their community. They thought youth could become more involved in the community by mentoring younger kids, planting trees, visiting the elderly, cleaning up the neighborhoods, and holding clothing and food drives. Some would like to find sponsors willing to pay older teens to act as mentors to younger children.

Teens would also like to find a way to build community support and raise funds to build a shelter in order to help the homeless.

SPRING VALLEY

ZIP Code:

91977

Population:

72,685

Median Household Income:

\$40,553

Local Schools:

*La Mesa-Spring Valley Union Elementary
School District; Grossmont Union High School
District*

Vision for a Healthy Community

In focus groups and key interviews, residents said a healthy community is one that offers good friends. It is a safe place free of drug abuse and alcoholism and there is no violence. People in a healthy community have good hearts, work together to make improvements and treat each other equally. There is no racism or discrimination. In a healthy community, there is access to health care and information, including home visits by doctors and dentists. People are able to earn a good living and jobs are available. There are places for family recreation, clean parks and after-school programs for youth. There is good public transportation.

Community Description

Spring Valley lies to the east of Lemon Grove and is a rapidly changing community, in part due to the construction of highways through the area and a growing population, residents said. It is sometimes difficult to distinguish Spring Valley from other communities due to irregular boundaries. La Presa and Casa de Oro are two communities within the Spring Valley region.

"Homes in Spring Valley used to have citrus and avocado groves," one long-time resident said. However, the groves are gone, replaced with new tracts of homes and condos. For many, Spring Valley was once thought of as a bedroom community, but it is transforming to a self-sustaining area with local employers and shops. Many residents said they enjoyed the convenience of walking to local stores. However, some said the development has not only increased shopping areas, but also traffic. Others described local concern about water conservation and efforts to increase eco-tourism. Nonetheless, the area also includes a significant amount of open space, wide streets, and houses that have plenty of space between them, residents said. Approximately 70% of the homes in Spring Valley are single-family dwellings, while 25% are multi-family homes (SANDAG).

Like Lemon Grove, Spring Valley is one of the most ethnically diverse areas of East County. There are also clusters of both extreme poverty and wealth in Spring Valley and some residents described two distinct areas. For example, the northern part of Spring Valley has primarily middle-to-high income residents and new, upscale housing developments that contain custom-built homes. Divided by a hill, the southern part is an area that is considered to have more crime, violence, and drug problems, one key informant said.

Yet, many residents described peaceful, well-kept neighborhoods, good schools and a family-like environment where people support each other. Others describe an area with friendly, caring, and concerned people. There is camaraderie and friendship among neighbors and unity between people who share the same culture, Latina focus group participants said. Nonetheless, many residents also described areas that experience crime, gang activity, and drug abuse – some said guns were the community's most critical issue. A number of residents described a need for greater community involvement to address some of the area issues.

Residents in Spring Valley rely on the Sheriff Department and California Highway Patrol for law enforcement and many would like to see police patrols increased, particularly at night. Some residents use the Sheriff's Department as a resource for information and

there is a COPPS satellite office in Spring Valley. However, many residents described a need for more information about available community resources.

According to area residents, the strengths of schools include: support from teachers, counselors, school nurses, and psychologists; available adult education and parenting classes; and parent involvement in the classrooms. Cuyamaca Community College is also located in Spring Valley and opens its track to the community.

There are also active collaboratives including the Spring Valley Youth and Family Health Coalition and the Spring Valley Ecumenical Alliance. All of the area churches have senior programs and many operate food banks in the area, one resident said. And while there has not been access to a local health clinic previously, Logan Heights Family Health Center is opening a new site in Spring Valley. The Spring Valley Recreation Center get lots of community use, one key informant shared. For youth, the Spring Valley Tween and Teen Center offers field trips, Girl Talk Support Groups, and a mentoring program.

"I remember trying to take a bus from Spring Valley to San Diego State and it took two and half hours. Now it takes one hour to go 12 miles," one resident shared. Many residents described a need for further improvements in public transportation.

LAKESIDE

ZIP Code:

92040

Population:

49,780

Median Household Income:

\$37,746

Local Schools:

Lakeside Union School District; Grossmont Union High School District.



Vision for a Healthy Community

Focus group participants and key informants from Lakeside believed a healthy community is one in which parents and children are educated and teachers are involved. There is open communication between children and adults and an environment that allows people to share ideas, feelings, and needs. Young people are never put down for asking questions and are kept involved in sports and other positive activi-

ties. A healthy community would have clinics, emergency centers, and doctors available in the area. Transportation to other communities would provide good and timely services for those who no longer drive. There are parks, trees, sidewalks, and centers for seniors and teenagers in a healthy community. There is low-cost recreation available, particularly for special needs kids.

People in a healthy community exercise, eat healthy foods and don't use drugs. A healthy community is one that interacts together, including the school officials, volunteers, and public officials. There is involvement with others on a daily basis. Neighborhoods are well-kept, there is no littering or pollution. A healthy community is peaceful, without gangs or drug problems. There is no anger, denial or fear in a healthy community. There is tolerance for people with different lifestyles.

Community Description

This rural Spanish-Western heritage city lies just east of Santee in the western foothills of the Cuyamaca Mountains and on the San Diego River. It is approximately 21 miles east of downtown San Diego, a commute that generally takes about a half hour. Neighborhoods include, Lakeview, Glenview, Eucalyptus Hills, Morena, and Blossom Valley (Chamber of Commerce).

Lakeside features one of the region's recreational lakes, Lake Jennings, and a county park of the same name. Also there is the smaller Lindo Lake and its park. Lakeside's jewel is the Silverwood Wildlife Sanctuary, the San Diego Audubon Society's 700-acre preserve that is paradise for bird watchers (*San Diego Source*).

Lakeside is cowboy country, a characteristic celebrated annually during the town's Western Days Parade and Rodeo, a well-known community event, residents said. In this unincorporated area, there is no city council and taxes are not as high as in incorporated cities, appealing to those on fixed incomes, residents said. There are wide open spaces, farming possibilities and yet, it is readily accessible to downtown San Diego. There are also some new upscale housing developments, residents said.



Lara Lindo Lake Park, Lakeside Ron Dipping, photographer, Daily Californian

Lakeside is known for its many horse ranches, however area businesses have expanded to include dairy products and poultry. Today's top employers are Barona Casino and the Lakeside School District (Chamber of Commerce). Other businesses mentioned by residents include a new mall, Walmart, supermarkets, and many small downtown shops. Employees often know customers by name,

residents said. "People have fears about Lakeside, but it is actually a tolerant community," one key informant said. "It's surprisingly diverse with the Barona Indian Reservation nearby and a growing number of Latinos and Middle Eastern residents." Most people believed that Lakeside offers a safe environment and does not have a serious gang problem. There is a great feeling of community in Lakeside and people are willing to help each other, residents said. For example, there are parent support groups, many volunteer senior citizens, and a number of planning groups that work together to maintain the community. However, some regard the local groups as isolated by their special interests and would like to have a united effort to identify community goals and develop solutions. One key informant said

that the community is held together by the Lakeside Historical Society, a group that preserves local history.

There are a number of community resources mentioned by residents from Lakeside including: El Capitan Family Health Center, a teen recovery program, the Sheriff's Storefront office, the Salvation Army, an after-school Rap Club for teens, and the Christian Help Center that donates food, clothing and diapers to those in need. Seniors said the local ambulance service is free, the cost paid by a special community tax and the service is truly appreciated. Emergency response is three minutes or less, some said. There are also recreation programs for youngsters and many cited 4-H as an important group for area youth. However, public transportation needs improvement in Lakeside, including an extension of the trolley, many residents said.

The Lakeside Community Health Advisory Board (L-CHAB), a local collaborative, involves representatives from the schools, local agencies, law enforcement and other community members. Through their efforts, and in collaboration with ECCC, the Lakeside clinic opened three years ago. "We have few businesses and we're not a

wealthy community, but we were able to raise \$60,000," one local resident explained. And while many Lakeside residents would like additional local medical and dental services, one barrier is a lack of funding. Some residents suggested requesting county funds that could be designated to address health issues in Lakeside.

"Lakeside School District has been tremendously innovative," one local resident declared, citing art education, support for alternative schools, and diversity programs. "The Lakeside school district is a super group of people committed to making improvement and advancement in tolerance." Recently, the school district completed its first youth risk assessment survey. There are seven elementary schools and two middle schools in the Lakeside School District. High school students generally attend El Capitan High in the Grossmont Union High School District. Some residents would like to see more community involvement with GUSD, especially since there has been controversy regarding elected school board members.

SANTEE

ZIP Code:

92071

Population:

51,455

Median Household Income:

\$40,439

Local Schools:

*Santee Union School District; Grossmont
Union High School District*

Vision for a Healthy Community

In focus groups and key interviews, residents of Santee said a healthy community is one that has good fire departments, law enforcement, health care, and public transportation. The community would have tolerance for differences and be free from gangs, violence, drug abuse and homelessness.

For teens, especially important is a clean environment that includes fresh air in classrooms and is without pollution, exposed sewers, trash, and cigarette smoking. Schools would serve nutritious food. In a healthy community, there are parks for skate boarding and other recreational activities, a go-cart track and low-cost Family Fun Center. Teens envision a place that offers games, an arcade, and

food along with outdoor activities such as skate boarding and bike riding. And they also suggest that the center offer free tutoring provided by paid teen tutors. An ideal teen center would be open during the evening hours and in the summer and provide a suggestion box for youth ideas. Youth would be involved in community decision making.

Community Description

Originating in the early 1800's, Santee was purchased through a Spanish land grant. The city lies in a valley bordered by Cowles Mountain and Sycamore Canyon Park Reserve (Sign-On San Diego). The community of Lakeside is nearby, as is the unincorporated area of El Cajon. Downtown El Cajon is a quick drive south on the freeway, or can be reached by driving on surface streets. Residents in Santee also have access to the trolley system; a one-way ticket to El Cajon is \$1.75.

Santee is growing economically – at one of the fastest rates in East County, residents said. However, growth has caused tension in the community and there are active community groups that support slow growth and oppose additional housing developments. The thriving business community has built strong connections with schools, supporting children's special events and fundraisers, parents said. The business area is also standardizing architecture to create an attractive look with a Western theme. The largest area employers are Costco, Buck Knives, and Walmart, focus group participants said. Walmart is particularly notable because part-time employees can receive benefits, they said. The Santee Elementary School District and Edgemoor Geriatric Hospital are also large area employers.

Most residents said Santee is a safe community, has less crime than many other areas, and there is very little trouble with gangs. Residents also said that Santee offers many extended hands – people helping one another with many strong faith organizations and service clubs.

Santee has strong, safe elementary schools that are clean and well-kept with a friendly staff that is willing to help, focus group participants said. Parents said that the schools use a holistic approach to educating students, looking at the family and children as a whole. School administrators in Santee want to work with city government on prevention so problems will not escalate. The School Board also strives to educate the community about the impact of curriculums and encourages an atmosphere of openness and ownership.

In addition, the School District serves as a lead agency in the local Medi-Cal Advisory Collaborative. In 1996-97 school year, the collaborative conducted an extensive assessment of family and student health



needs in order to identify local funding priorities. Project SAFE, a district before and after-school program, operates at ten sites. Both parents and teens in focus groups described Project SAFE as a strength in their community and teens discussed duplicating the program in other areas. Parents however, would like to see the program offered at a lower cost.

There is no middle school in Santee. Rather, younger students attend a K-8 grade school in Santee, while secondary students usually attend either Santana or West Hills High Schools, both of which are part of Grossmont Union School District. However, teens in Santee said a middle school is preferable, citing the belief that they are treated more like children than young teens by teachers. Yet, Santee teens said they enjoy acting as role models for younger students. There is some concern that the transition to high school might be more difficult for Santee youth due to slower social development promoted in a K-8 school, said one area service provider.

The environment in Santee is important to residents who enjoy the climate, controlled pollution and a peaceful, less stressful atmosphere. To reduce traffic congestion, air pollution and damage to city streets, the City of Santee passed an ordinance that outlaws large freight trucks from traveling on city surface streets unless delivering local goods, said one key informant.

With its many parks, Santee is known as a greenbelt to East County residents. Mission Trails Regional Park, which is larger than San Diego's famous Balboa Park, is located here. Other local areas available for recreation include Carlton Oaks Country Club for golfers and the Santee Lakes Regional Park for fishing, hiking, camping and biking. Teens also said open space behind local malls provides a place for bike riding. In addition, there is a YMCA in Santee that offers gymnastics for younger children. However, some parents said it is expensive and does not have a pool or basketball court.

Teens and adults alike said that more activities are needed for Santee youth, particularly during the summer. The Boys and Girls Club was an affordable activity available within walking distance, said some parents. However, it is no longer offered due to a lack of city funding, they said. In the school's 1996 family survey, 38% of respondents said the lack of after-school activities was a concern, while 29% identified the lack of recreational facilities as a concern. Fifty four percent of respondents wanted to see after-school activities strengthened, while 47% desired stronger recreational facilities. Some teens suggested placing a donation box at area schools to raise money for a teen center and that teens can take other steps to help raise funds.

Currently, the Parks and Recreation Department is building a free skate park in Woodland Vista Park, much to the delight of local youth. No doubt parents and local law enforcement are also pleased since the community has experienced friction between officers and local skate boarders.

Access to affordable counseling was a need identified by parents in focus groups as well as school staff in the 1996 survey. While there is one counselor in Santee that has a sliding scale fee, there is no access to family counseling for those with Medi-Cal. Some parents described a program operated by Children's Hospital and offered at Grossmont Hospital that provides children's counseling.

ALPINE

ZIP Code:

91901

Population:

10,647

Median Household Income:

\$39,435

Local Schools:

*Alpine Union Elementary School District,
Grossmont Union High School District*

Community Description

The last place to visit a supermarket before venturing into the back country, Alpine is about a half hour drive from San Diego along Interstate 8. Alpine has been the homeland of the Kumeyaay Indians for about 1,000 years. Known as the Viejas Stop in the 1800's, the present day town began as a stage stop for travelers between the mines in the Cuyamaca Mountains and San Diego (*Sign-On San Diego*). Alpine is a small town known for its scenic beauty, panoramic views, mild climate and village atmosphere.

Some East County residents perceive Alpine as a bedroom community experiencing rapid growth. However, there is also the perception of strong local control over development. Like many in East County's smaller towns, residents in Alpine said they like the small, rural nature of the community as well as the surrounding natural beauty. "It is quiet in Alpine, even though we are seeing lots of residential growth," said one local resident.

There are small ranches throughout the hills of this wealthy community that covers 108 square miles. Groves of eucalyptus, pepper, and sycamore trees are common throughout this rural area and two lakes are located within the vicinity.



Nearby communities include the Crown Hills development and Harbison Crest, known for its small ranches and nice older homes, key informants said. There is a somewhat eclectic population of 13,183 in Harbison Crest, including local motorcycle enthusiasts and a nudist colony. The median household income is \$41,947.

Local businesses in Alpine include: the nearby Viejas Casino which offers entry level jobs for many East County residents; a small lumber company; and small retail shops, explained one local resident. There is also a community center and park, an elementary school, fire station, the Chamber of Commerce, small businesses, and restaurants. In the center of downtown Alpine, the historic town hall is used for community events and is home to the Alpine Woman's Club. Many seniors make their home in the two mobile home parks (*Alpine Sun On-Line*).

The Alpine Community Center has programs for seniors and youth and is used by a variety of local organizations, including Kiwanis, Daisy Troop, 4-H, and 12-step groups such as Alcoholics Anonymous, a local resident shared. There is also tutoring for children provided by local senior citizens. Local residents annually contribute \$40,000 - \$45,000 to help operate the center and supplement grant funding, one key informant said.

Recently, the center broke ground for a new facility. Community members raised more than \$525,000 to build the new center and were able to hire additional staff with a generous donation from Board members, a key informant said. The new facility will serve residents from Campo, Dulzura, Crest, and Pine Valley. Child care programs will be available at the center after the existing building is remodeled with funding through a Community Development Block Grant. The new facility will also have new equipment purchased with grant funding from the Area Agency on Aging (*Alpine Home Page*).

A unique community effort called Sage & Songbirds is a collaboration of Alpine Chamber of Commerce, Alpine Community Center, Back Country Land Trust and CHIRP for Garden Wildlife. The group hosts a festival as well as other community events, and encourages local residents to plant sage which provides habitat for butterflies and hummingbirds (*Alpine Home Page*).

The Alpine Sheriff's Department sponsors the Senior Volunteer Patrol (SVP), staffed by volunteers 55 years and older. Volunteers attend formal training to learn security procedures, crime prevention, CPR, first aid, and traffic control. Among other activities, volunteers visit the homebound through the YANA (You Are Not Alone) program, assist in locating Alzheimer's patients, enforce handicapped parking

regulations, and make vacation home security checks (*Alpine Home Page*).

For health services, there is the Southern Indian Health Clinic which serves patients from both the Native American and non-Indian community. Grossmont Senior Center also provides a nurse to deliver vaccines, a key informant said. However, the local community center would like to be able to offer health care and other early intervention services, particularly for children.

Like in many of East County's areas, undocumented immigrants cross the border into the U.S. from Mexico, often passing through Alpine. Deaths due to dehydration sometimes occur, local residents said. While the town was known for the best air quality in the 1970's, today the air pollution is the highest in the county.

Mountain Empire Communities

Boulevard, Campo, Descanso, Dulzura, Guatay, Jacumba, Jamul, Lake Morena, Lake Barrett, Manzanita, Mt. Laguna, Pine Valley, Potrero, Tecate

ZIP Codes:

91906, 91905, 91916, 91934, 91962, 91963

Population:

5,390 in Mountain Empire

Population:

4,824 in Laguna-Pine Valley

Population:

9,337 in Jamul

Median Household Income:

\$26,122 in Mountain Empire

Median Household Income:

\$43, 756 in Laguna-Pine Valley

Median Household Income:

\$52,944 in Jamul

School Districts:

Mountain Empire Unified School District,
Jamul-Dulzura Union Elementary.

Vision for a Healthy Community

In focus groups and key interviews, Mountain Empire residents described strategies that would improve the health of their communities. A healthy community is

one that offers activities for children and seniors through partnerships between businesses, law enforcement, schools and churches. Vacant buildings are converted to senior centers and visiting nurses help the homebound. People are caring and non-judgmental; they have community pride, vision and initiative.

Jobs are available in a healthy community, and funding is available for community projects. Transportation and child care are available. Children are not neglected due to poverty or drug abuse.

In a healthy community, there are health education programs, counseling and emergency services available. There is more outreach from agencies in the suburban areas and more involvement from local politicians. There are support programs for people with drug and alcohol problems, including a 12-step program at the school. Health services are provided by mobile vans and at school clinics. Residents are able to use nearby clinics and see a local doctor, rather than traveling to an insurance-approved provider.

Community Description

Just north of the Mexican border, the Mountain Empire region of East County is a beautiful, vast and rugged area of high desert, jutting rock formations, and small scattered communities. Each of the various towns have unique characteristics and local flavor. For example, Lake Morena features a beautiful bass fishing lake, oak groves and a village setting while Mount Laguna – set among a majestic mountain range, pine trees and open meadows filled with wildflowers – draws many urban tourists. Some of the communities are prosperous, while other struggle economically. For example, Pine Valley has a median household income of \$43,756, far above the median for most of the area.

An hour's drive from downtown San Diego, Mountain Empire's location is perhaps its greatest strength, but often a challenging barrier. "It's away from all the rest of the people and the hubbub of downtown life," one local said. The crisp, clean air is yet another benefit of the location that many residents described.

It is generally a safe area that is less stressful and provides more peace of mind. Part of that security is drawn from the familiar camaraderie among neighbors. In the informal environment that defines the Mountain Empire region, people have personal knowledge of each other and help one another in times of need. Isolated from "city problems," Mountain Empire communities have less crime, traffic, gang involvement and graffiti, residents said.

Teachers are able to give individual attention to students at the small area schools and the school

nurse is often used by students as their primary care provider. Parent involvement and community participation varies, but many residents are supportive of their local schools. The high school has opened its gym to the community in previous years. The Mountain Empire Junior and Senior High schools draws students together, leading to a greater sense of identity and community pride, one key informant said. In fact, the school district, along with casinos, are the major employers in this area, focus group participants said.

"The mountains are a good place to raise children until high school, then it becomes more challenging," one area mother said. Part of the challenge arises from inexperienced teen drivers traveling on windy, back country roads, often in inclement weather. Youth in Mountain Empire are polite, have empathy for one another, and are helpful, residents said.

Churches are scattered throughout the Mountain Empire communities and some, like one in Pine Valley, offer senior programs, focus group participants said.

There are several senior nutrition programs offered in communities such as Campo, Guatay, and Jacumba. There is also once again funding for some home health care services for seniors, one key informant said.

BOULEVARD, CAMPO, POTRERO, & TECATE

"I didn't make a conscious choice to move here. But, it's a place that's home," one long-time Boulevard resident said. Boulevard is a high desert, mountain community with huge oak trees, small ponds and lakes. Wild lilacs and flowers fill the mountainsides of this spacious countryside that is accessible to the freeway. Nearby, in the community of Manzanita, there are Borrego desert views and a Native American Indian Reservation.

Potrero, about a 20 minute drive from Campo, features meadows, oak trees, and a spacious area surrounded by a medium size mountain range. There is a diverse population that includes many seniors and a large undocumented population, key informants said. There are two churches in Potrero, a preschool, and a county park.

Tecate, known for its hot springs and famous beer industry, is a small border community that shares its name with a sister city in Mexico. "In Tecate every thing is close by and accessible," one resident said. "I can shop, visit family, or go to the doctor or pharmacy in Mexico. There is even a Payless Shoes store now."

The Indians called it Milquataj for "big foot" or "wide valley," but the name Campo is taken from the Spanish word for "field." This remote and sparsely developed community was once known as New Texas because so many Texans tried their luck at ranching there (San Diego Source). Campo is a less mountainous area with spacious meadows, small hills and large sheep and cattle ranches.

Mountain Health Center is based in Campo, and offers health services to area families, including some from neighboring Imperial County. Mountain Health Center offers Child Health and Disability Program (CHDP) exams, immunizations and reproductive health care, among other services. However, due to the prohibitive cost, they do not have a full-time physician on staff.

Each year, staff from the Mountain Health Center host "Christmas in Campo," a spaghetti dinner that draws residents from a number of area communities. Staff and participants from the Freedom Ranch recovery center also assist in the event. The dinner is free, but people bring a toy or canned goods that are later donated to area families. Now that there is a new clinic site in Pine Valley, there are plans to duplicate the annual event.

Campo also has its own community center, a site that offers a senior nutrition program and dance and exercise programs. The building is leased from the county for \$1 a month, a key informant said. However, without any county funds for operating costs, the community center relies on community support. "The community as a whole is not rich," a key informant said. "The more prices go up for activities, the less people can afford to pay." Recently, Mountain Empire Health Center has assumed responsibility for the operation of the community center.

Local volunteer fire departments provide stability and a meeting place for many area residents. One troubling development is the potential closure of the Volunteer Fire Department in Campo. If it closes in September due to a lack of funds, this will impact many in the community. Fire insurance rates may rise and many seniors who use the fire department to help with minor health issues, may turn to more costly services. "It's a very fragile infrastructure," one key informant said.

For area youth, there are some local activities including: a camp at Lake Barrett, 4-H clubs, the Campo Kiwanis sponsored local Key Club, area Little League teams and a youth group sponsored by Lake

"A lot of people at county think that East County rural is El Cajon. If they provide service to El Cajon, then they think they've fulfilled their mission."

— MOUNTAIN EMPIRE RESIDENT

Morena Church. Officers from the U.S. Border Patrol substation based in both Campo and Boulevard are involved in the local schools' "Rolling Readers" program. In addition, the Mountain Empire Homemakers club provided \$500 scholarships for 10 youth in the area, one Pine Valley resident said. There is also a railroad museum in Campo.

JACUMBA

The word "Jacumba" possibly means "hut by the water" in the language of the local Native Americans. Jacumba is located along the San Diego-Arizona Railroad tracks and the original Highway 8, formerly a wagon trail (East County Home Page). Jacumba is a small, high desert community surrounding by huge, beautiful granite rock formations. There are natural hot water springs and many wildflowers, but few trees. Residents enjoy the quiet, peacefulness of the area and said there is a healing quality here. With no cross-denominational barriers, spiritualism keeps the community strong, along with good friends and clean air, focus group participants said.

Despite poverty and the perception of being one of the less desirable places to live in East County, Jacumba residents said there are "small town values" here and a slower, quieter lifestyle. Everyone knows each other and people in Jacumba watch out for one another. Community members and organizations pull together to support each other, with interaction between people of all ages groups. One individual can often serve as a catalyst for community action, a key informant said.

Safety is enhanced by overlapping protection from the U.S. Border Patrol, fire department, ambulance, and Mountain Health Center. There is an automatic reciprocal relationship between fire, police, and emergency medical service in all back country communities, residents said. The paid fire department is a primary service provider in this community and provides prevention programs for elementary students, one resident stated. The California Department of Forestry is also a partner.

Mountain Health Center's Jacumba site is a resource for community members with a full-time professional nursing staff and a doctor available three days per week, focus group members said. The SAGE (Stop Aids Get Educated) program operated by Southern Indian Health Council provides AIDS education and testing. Four out of eight students are being tested, said one local professional.

Breakfast and lunch for seniors are provided twice per week in Jacumba. There is also a good library system with Internet access, residents said. In addition, focus group participants here said there is clean, good-tasting water that is tested often.

DESCANSO

"Descanso has a preventive lifestyle," one local resident said. It's a peaceful, valley town located in a



Merigan Ranch, Descanso, California

Source: Descanso, Friends of the Library

mountain setting. With its distinct seasons and quiet night sky, many of the residents appreciate the natural beauty of their surroundings. The environment offers clean air, many outdoor activities and a slower pace of life. Children have plenty of open space in which to play, there are no malls, and Descanso strives to maintain its character and fights growth, a key informant said.

Descanso is a close knit community and there are strong family bonds among the entire population of Descanso, residents said. There is care and concern for each other, and people are able to keep a watchful eye over children. Like many Mountain Empire communities, people in Descanso know each other. Many of the residents are long-time residents, creating a sense of stability and investment in the community, residents said.

There is a small elementary school and great parent involvement in sports, PTA, and other volunteer activities. There is also a preschool, a senior lunch program, and good church involvement. However, secondary students must leave the community to attend school and some in Descanso are interested in launching a charter school, one key informant said.

The Salvation Army provides services throughout the back country, and the Volunteer Fire Department is available for emergencies. Descanso residents must travel for health care services. Some use the clinic in Campo, while others travel to Alpine, residents said. Like many back country communities, transportation and access to emergency services is a concern. "Financial resources are tight for most families," said one focus group participant.

The community has experienced tension related to water issues, and several residents said the water has a yellow color and unpleasant smell.

JAMUL

Approximately 18 miles from downtown San Diego off of Highway 94, this community is made up of ranches and wide open spaces. The region covers approximately 168 square miles north of the Mexican border and east of the Rancho San Diego development. Within the area one will find the Cleveland National Forest and Barrett Lake. Neighborhoods include Rancho Jamul Estates. (Dulzura Community Development Committee). Nearby communities include Dulzura, Chula Vista, and Spring Valley.

Jamul is an Indian word translated as "place where antelope go to drink water." This community once contained sheep ranches and was the site of territorial battles (Sign-On San Diego). Several Mountain Empire residents believe there is a great deal of difference between Jamul and some other communities in the region. For example, Jamul enjoys pockets of high income housing, key informants said. Area residents also said that drug and alcohol abuse is less frequent here, and access to drugs is more difficult. Jamul is regarded as a friendly town with abundant parent involvement, several area residents said.

DULZURA

The Barrett Cafe, a small sit-down family restaurant, is a local landmark well-known throughout the Mountain Empire region for its fish fry and friendliness, residents said. Consisting of about three houses and a tiny post office, Dulzura is a community without a town center. Its residents are more widely dispersed than in nearby Potrero. However, there are pockets of wealth in this community as well, and most people own large acreages, said one long-time resident. At one time, only two families owned the entire valley. The town has a volunteer fire department, located on South Barrett Lake Road.

NATIVE AMERICAN COMMUNITIES

BARONA, CAMPO, EWIIAAPAAYP, JAMUL, LA POSTA, MANZANITA, SYCUAN, VIEJAS

Background

There are eight Native American reservations within the Grossmont Healthcare District. Each of the Native American tribes are recognized by the United States government as a sovereign government. Three of the tribes are located close to the suburban areas of East County, four others make their home in the back country of the Mountain Empire region.

Native American bands of the Kumeyaay have lived in the San Diego County region for hundreds, if not thousands, of years. As the Spanish, missionaries, and new American settlers began moving into the San Diego region, Native Americans lost most of their land and traditional way of life.

Subsequently, many lived with high rates of poverty, unemployment, and substance abuse for decades. In 1980, the Viejas and Sycuan bands were nearly decimated, with the Sycuan Band dwindling to less than two dozen members (*Sacramento Bee*).

Native American tribes are governed by a General Council comprised of all the voting members of the tribe. In addition, there is a Tribal Council comprised of elected tribal officials, including the tribal chairman and tribal vice-chairman. The Tribal Council meets on a weekly basis to set policies and rule on matters of importance to the tribe, in accordance with the 1932 Federal Indian Reorganization Act (Viejasnet). There is also the California Tribal Chairman Association that advocates for Native American tribes throughout the state, one key informant said.

Another branch of the tribal government is the Gaming Commission. It is comprised of four appointed tribal members, who cannot be employed by the tribe or the casino in any other aspect, and one attorney appointed by the tribe. The Gaming Commission carries the responsibility of regulating casino activities as mandated by the 1988 Indian Gaming Regulatory Act (IGRA), including employee background checks and licensing, and vendor licensing (*Barona web site*).

In 1891, the federal government established the Capitan Grande Reservation for the region's native people, forcing them to relocate. When the city bought the reservation about 40 years later to build a reservoir – now El Capitan Reservoir – the Barona Band purchased the Barona Ranch in a valley near Lakeside. Now the Barona Reservation, it is located about 30 miles northeast of San Diego (*Barona web site*).

The Viejas reservation in Alpine contains 1,600 acres of land and is home to a 288 member tribe. The community includes a casino and new shopping outlet and entertainment center. In addition, the

Viejas continue to share a joint-trust patent with the Barona Band for the 17,000-acre Capitan Grande Reservation. The city owns water rights and a small adjacent frontage on the boundary of the reservoir shoreline (Viejasnet). The Sycuan reservation is located in El Cajon and

the tribe operates a fire department, a Medical-Dental Center, and a successful casino.

Southern Indian Health Council (SIHC) operates a clinic in Alpine and at the Campo reservation, located between Campo and Jacumba. In Campo, there is a full-time physician and services are open to not only Native Americans, but the general public as well, key informants said.

In 1992, SIHC embarked upon a health assessment and community mobilization project, involving many East County tribes. At that time, of the 98 people surveyed, diabetes, substance abuse, and inactive lifestyles leading to obesity were the health issues of most concern. A lack of financial resources, unemployment and substance abuse were typically identified as underlying causes that contribute to health problems. An average of 70% of those surveyed participated in preventative health activities such as regular exercise and health exams (SIHC).

Today, substance abuse and diabetes continue to be a concern at the Campo reservation, one key informant said. "Having a clinic really helps and there are a lot of outreach programs," one key informant said. Families are also a source of support, grandparents help with children and everyone bands together in a crisis. "There is also a desire to preserve culture," she continued. "Now, people are coming back to old ways of doing things. They are learning the dances, songs and language."

*"Once you drink our water,
you'll always return."
– KUMEYAAY EXPRESSION.*

Native American Gaming Enterprises

During the 1980's, three tribes in East County opened casinos and related gaming businesses which have increased tribal prosperity. Income generated from the gaming business has allowed the tribes to diversify into other business, reinvest in Native American communities throughout the region, and restore pride among many tribal members, supporters maintain.

Proceeds have been used for infrastructure improvements, as well as health, education and other human services at several area reservations. Unemployment has dropped, people are exploring their cultural heritage, and many Native American people are experiencing a new financial independence (*Sacramento Bee*).

Some gaming tribes offer scholarships and living expenses to their college-bound members. Yet, many young Native Americans are not completing high school because they receive six-figure trust funds, plus monthly life-long dividends. However, the Barona tribe is combating high school-drop out rates by instituting policies that require young people to complete school or forfeit money (*Sacramento Bee*).

Gaming profits also make a difference for the larger community and many charitable organizations throughout the San Diego region. One program at the Barona Casino gives charitable organizations an opportunity to receive 50% of the proceeds from a

special bingo game. It is estimated that the game will generate approximately \$8,000 every month for the designated organization (*Barona web site*).

The Viejas Band is one of several gaming tribes grossing more than \$100 million annually (*Sacramento Bee*). Their casino has created nearly 2,000 jobs and contributes millions to the local economy through the purchase of goods and services. Once there was 80% unemployment on the reservation. Today, there is a job for every Viejas member who desires one and dependence on public assistance for social services or improvements to their lands is no longer necessary (*Viejasnet*).

As one of the county's largest employers, the Barona Casino has created more than 1,100 jobs, reducing unemployment on the reservation that was once as high as 70%. However, the vast majority of jobs (97%) are held by non-Indians. (*Barona web site*).

With more than 1,200 employees, the Sycuan Casino is one of El Cajon's largest employers. Revenues have funded infrastructure improvements on the reservation such as new homes and refurbished roads, along with new business ventures, improved health care, education, and trust funds for the children (*Sycuan web site*).

Recommendations

The following recommendations are the opinions of the Center for Collaborative Planning based on observations and findings from the nine month community-based study in East County San Diego.



Build on the assets of the community.

There is a demonstrated pride and commitment by the residents towards communities in which they live. Through focus groups, key interviews and community meetings, residents clearly acknowledged the expertise of individuals, the rich associational networks, and the resources of local institutions. Mobilizing and investing in these local community assets will strengthen the overall health of the community.

Support efforts towards achieving the East County healthy community vision.

At the January community forum East County residents described a healthy community vision. Elements of this vision included freedom from substance abuse, access to health care services, transportation, community building, support for local problem solving, intergenerational opportunities, improved neighborhood environment, safety, collaborations, recreational activities, and improved rural infrastructure. Many creative strategies to achieve their vision were identified in this process and are highlighted in this report. Investing in these community generated ideas will provide the momentum towards their Year 2010 Vision.

Address the issues identified in the assessment findings.

Residents clearly articulated the issues in East County that need to be addressed in order to achieve their vision of a healthy community. Substance abuse, access to health care services, safety, economics, transportation, child care, housing, discrimination, nutrition, isolation, reproductive health, environmental health and infectious diseases emerged as important issues through focus groups and key interviews. These same issues are consistent with the themes that emerged from the healthy communities vision for East County.

Support an East County wide collaborative with representation from the collaboratives and associations within East County to provide an infrastructure for community problem solving around health and well-being issues.

East County is rich with associations and networks through which residents participate in community life. These same organizations are key towards sustaining and improving community health. This collaborative could also foster the development of plans and strategies to address region wide issues. It could also be a potent force within the county as a whole to provide East County with a voice in county level decisions and to increase visibility of East County in county wide efforts.

Support local collaboratives and community groups willing to address issues identified in the study.

Residents of East County are willing to be involved in improving the health and well-being of their communities. The residents of East County contributed numerous volunteer hours towards the assessment process. They attended meetings, participated in trainings, helped identify key people and organizations to contact, hosted and facilitated interviews and focus groups, reviewed documents and provided guidance and leadership. Build on this momentum and support local community problem solving efforts that address the issues raised in the assessment process.

Support capacity building to strengthen community infrastructure for improving health.

Key determinants of success for collaborative approaches include facilitative leadership, an ability to identify and mobilize the gifts and talents of individuals, the ability to inspire and mobilize groups, continual learning among the members and celebrating successes. Support facilitative leadership, community building and skills development for improving health and well being.

Support a central resource for East County wide data, assessments and information related to East County health and well being.

While many assessments had been conducted that included East County, it was difficult to identify and locate the reports. Many individuals were unaware that previous community assessments had been conducted. An infrastructure is needed to support increased sharing of information among East County organizations and with the community at large.

Appendix

Focus Group List (Total: 50)

Congregation Members, Church of Latter Day Saints, El Cajon

Congregation Members, Foothill Methodist Church & Shepherd of the Valley Lutheran Church, La Mesa

Congregation Members, Holy Trinity Catholic Church, El Cajon (Spanish)

Congregation Members, Jacumba Methodist Church, Jacumba

Congregation Members, Pacific Church of Religious Science, El Cajon

Congregation Members, Our Lady of Light Catholic Church, Descanso

Parents/Staff, Bilingual Advisory Group, Mountain Empire School District (Spanish)

Parents of Children with Special Needs, Grossmont High School -Work Training Center, El Cajon

Parents, Goodland Acres Recreation Center Parenting Class, Spring Valley

Parents of Preschoolers, Lemon Grove Head Start

Parents of Preschoolers at Potrero State Pre-School, Mountain Empire District

Parents of Preschoolers, Santee Head Start

Parenting Teens, Grossmont Hospital (2)

Parent Volunteers, Bancroft Elementary School, Spring Valley (Spanish)

Parent Volunteers, Kempton Elementary School, Spring Valley (Spanish)

Parent Volunteers, Prospect Elementary School, Santee (Spanish)

Participants & Caregivers, Challenge Center, El Cajon

Participants, Senior Nutrition Program, Descanso

Participants, Senior Nutrition Program, Pine Valley /Guatay

Participants & Provider, St. Madeline Sophie's Center, El Cajon

Patrons, "This is It" Beauty Salon, El Cajon

Members, Friends of Library, Descanso

Members, Lemon Grove Public Safety Group, Lemon Grove

Members, PTA, Descanso Elementary School

Members, Soroptomist International of La Mesa

Moms Organized for Mutual Support/Parents of Special Needs Children, Lakeside

Mothers in Recovery, Positive Opportunities for Women Engaged in Recovery, (POWER) Lemon Grove

Residents, Lemon Grove, La Mesa, Spring Valley (Spanish)

Residents, Lakeside and Spring Valley

Senior Citizen Residents, Lakeside

Senior Citizen Residents, Spring Valley

Senior Citizen Residents, Villa Novia Mobile Home Park/Members, Commission on Aging, El Cajon (2)

Service Provider Members, El Cajon Collaborative, El Cajon (2)

Students, Cuyamaca College, El Cajon

Sheriff's Deputies, Spring Valley

Teachers, Descanso Elementary School

Teens, Black American Culture Club, El Cajon Valley High School

Teens (Chaldean), Hillsdale Middle School, El Cajon (2)

Teens, Descanso

Teens, Lakeside Critical Hours Rap Club (2)

Teens, Santee Middle School (2)

Teens, Teens with a Cause, Lemon Grove Middle School (2)

Teens, Tween and Teen Center, Spring Valley

Key Informant Interview Participant List (Total: 48)

Deb Adami, Executive Director, East County Community Clinic

Bron Anders, Medical Director, East County Community Clinic

Bob Battenfield, Owner, Battenfield & Associates

Cheri Berryman, Executive Director, San Diego County Youth Leadership Council

Richard Bea, R.N., Vice President, Board of Directors, Grossmont Healthcare District

Nancy Bryant-Wallis, Director, Off-Site Operations, Logan Heights Family Health Center

John Carter, Former Executive Director, Grossmont Healthcare District

Susanna Concha-Garcia, Board Member, East County Community Clinic

Arvell Cortez, Associate Director, Alpine Community Center

Jim Cox, Principal, Mountain Empire Junior/Senior High School

Debbie Cuero, Community Liaison /Ahmim Educator, Campo Reservation

Chuck Dierkop, Patrol Agent in Charge, U. S. Border Patrol

John Elliot, Descanso Realtor

Sister Margaret Eilerman, St. Joseph Health System, Resident, Spring Valley

Billye Giesecke, Parent Facilitator, San Diego Regional Center

Elizabeth Hammond, Co-Owner, Holidays on Horseback, Descanso

Mary Harrison, Executive Director, Communities Against Substance Abuse (CASA)

Lorenzo Higley, The Gatehouse, San Diego Youth & Community Services

Susan Hoekenga, MPA, Director of Program Development, Elderhelp

D. Hoffman, Owner, Descanso Deli

Andrea Holmberg, Volunteer Coordinator, Senior Resource Center, Grossmont Hospital

Judy Isbell, Executive Director, Mountain Health Center

Paulette LaBerge, Administrative Assistant, San Diego County Youth Leadership Council

Dena Lamprou, Counselor, Mountain Empire Junior/Senior High School

Debbie Madsen, Nurse, Mountain Empire Junior/Senior High School

Gary McClintock, Owner, McClintock Saddleworks, Descanso

Ann Melvin, Back Country Coordinator, Salvation Army

L.Miller, Owner, Descanso Deli

Vicki Mizell, Administrator, Community Health Programs, County of San Diego Health and Human Services Agency

Maria Miyares-Piper, L.C.S.W., Geriatrics/Emergency room, Scripps Hospital East, El Cajon

Kathy Moore, Manager, Grossmont Hospital Senior Center

Carole Norman, Retired Nurse Practitioner and Resident, El Cajon

Thomas J. Olinger, D.D.S., Past President, Council on Dental Health, El Cajon

Connie Pierce, Administrative Director, Challenge Center, El Cajon

Sandy Pugliese, Board Member, Santee School Board

Chuck Punnell, President, Lemon Grove Project

Betsy Reynold, PTA President, Pine Valley

Laura Smith, PTA President, Campo Elementary School

Tom Stubberud, Health Promotion Coordinator, East County Community Clinic

Valerie Thatcher, Campo Elementary Principal, Campo Elementary School

Scott Timms, Firefighter, Jacumba

Wanda Walker, Senior Citizen Activist, Lakeside

Mary Weaver, PTA President, Mountain Empire

Kenneth Whitcomb, D.D.S., Chair, El Cajon Chamber of Commerce/Dentist, Children's Dental Care & Braces

Janice Wilkins, Teacher Aid, Jacumba Community School

Robert Yarris, Board Member, Grossmont Healthcare District

Diane Yops, Principal, Clover Flat Elementary School, Boulevard

Marianela Zamudio, M.S., M.Ed., Bilingual Department, La Mesa - Spring Valley School District

Focus Group Questions

Introduction:

The Grossmont – East County Healthy Neighborhoods Initiative is interested in hearing your ideas and opinions about the health of our community. The Healthy Neighborhoods Initiative is sponsored by Grossmont Healthcare District in partnership with East County Community Clinics. Today is an opportunity to learn more about what issues concern residents most in (community), what is working well in our neighborhoods and towns, and what ideas residents have for improving the health and well-being of community members in (community).

Once all the information is gathered from the various communities, there will be an opportunity in July for everyone to come together at an East-County wide community forum to hear the findings. People working on the Initiative will also produce a report that will provide a profile of the communities in East County and make recommendations about next steps. If you are interested in learning more about the Initiative or would like to be kept informed or get involved, we can talk more in depth after the focus group.

1. What do you like about living in this community?

2. How do you define a healthy community?

3. Where do people in our community go for support or who do they turn to when they need help?

Follow up: How do people in (community) get help with health-related issues?

4. What do you think the most critical health issues are for people living in (community)?

Follow-up: Are there any other problems or issues in our community that effect the health and well-being of people?

5. What are the biggest obstacles that keep people from being healthy & happy?

6. What barriers exist that keep our community from solving these issues?

7. How do you think these barriers can be overcome?

8. If there was one thing you could change to make (community) a better place to live, what would it be?

Teen Focus Group Questions

Intro: Raise your hand if you love your community and feel that there is nothing wrong with it? Well for those of you who want a change, we are going to ask you a few questions because we're interested in hearing your ideas and opinions about the health in your community. Today is an opportunity for you to make a difference in your neighborhood. When we have gathered all the information from the various communities, you'll be invited to a forum to hear what became of your ideas.

1. What are the good things you like about (El Cajon, your neighborhood, town)?
2. What is a healthy community to you?
3. Where do most teens go for help and support about issues or health problems? Who do they turn to?

-OR-

How do teens in (your community) get help with (sex related, alcohol, violence) issues?

How do your friends?

-OR-

If you have a personal problem, who do you go to for support? (If teens in your community have a personal problem, who do they go to for support?)

-OR-

What would you do if a friend tells you a problem that you can't deal with?

-OR-

If you had a health issue or problem, where would you go for the help you need/want?

4. What do you see as health issues for teens in your community?

-OR-

What do you see as the most important health issue for teens in your community?

-OR-

Are there any other health issues in your community that you see as affecting the health and well-being of teens?

5. What keeps you or teens from being happy and healthy?

-OR-

What are the biggest issues you see keeping you from being happy and healthy in your community/neighborhood?

-OR-

What gets in the way of you/other teens from being happy and healthy in your community/neighborhood?

6. What are some of the reasons we can't solve these problems?

-OR-

What keeps us from solving these issues in our community?

- 7a. How do you think we can solve these problems?

-OR-

What actions can we take as teens to solve these problems?

- 7b. Follow-up:

What is already being done to solve these problems?

What more could be done?

-OR-

What is being done in other communities (neighborhoods, cities, schools) that might be done here?

8. If you could change anything in your community to make it a better place to live, what would it be? OR If you could change one thing in the place you live, what would it be?

Key Interview Questions

1. What do you think makes this community a good place to live?
2. What are the greatest strengths of the (sector/population, e.g. senior population, youth)?
3. What are the most important factors that contribute to the health and well-being of residents in (community)?

Follow-up: How does the (sector/population) contribute?

4. Where do (sector/population) in (community) go for support or who do they turn to when they need help?

Follow-up: How do people in (community) get help with health-related issues?

5. What do you think are the most critical health issues for people (sector) living in (community)?
6. What are the biggest obstacles that keep people (sector) from being healthy & happy?

Follow-up: Are there any other problems or issues in this community that effect the health and well-being of people?

7. What barriers exist that keep the community from solving these issues?

Follow-up: Are there particular barriers in the (system or sector)?

8. How do you think these barriers can be overcome?

Follow-up: How do you think some of these issues can be resolved?

9. What potential partnerships might be helpful in developing solutions?

Follow-up: How might the sector/population contribute?

10. If there was one change you could make in (community) to make it a better place to live, what would you do?
11. Are there other key community leaders who it would be important to interview?

East County San Diego Sources

Assessment Summaries

Analysis of the Economic Costs of Alcohol and Other Drug Abuse in San Diego County, Preliminary Findings, Substance Abuse Summit III. EMT Group, Inc. December, 1997.

An overview and summary of direct and indirect health and related costs resulting from alcohol and other drug abuse in San Diego county. The total economic cost of substance abuse to San Diego county is calculated along with a breakdown of cost components, for example the costs associated with law enforcement, social welfare, and property destruction.

Building Healthier Futures Data Supplement. County of San Diego Department of Health Services. July, 1996.

A good source for county-wide and subregional area statistics related to children, youth, and families. Compares San Diego to nationwide Healthy People 2000 objectives and to San Diego specific targets where applicable. Highlights subregional areas that have highest (or lowest) statistics in given areas. Some are relevant to communities located in East County. For example, Lemon Grove was the Subregional Area with the highest rate of deaths due to firearms, 1989-93 and compares to county rate, nationwide, and San Diego goals (page 35).

Charting the Course: A San Diego County Health Needs Assessment. Written by the San Diego County SB 697 Coalition. Hospital Council of San Diego and Imperial Counties. February, 1996.

Describes the law requiring hospitals to conduct community assessments and write community benefit plans, as well as the process and players involved in San Diego County. Primarily a compilation of existing data divided into nine topic areas (e.g., Violence, Mental Health, Major Diseases,

etc.) First phase of the coalition effort to develop a coordinated community benefit plan. Comprehensive regarding county wide (and sub-regional) health statistics, often comparing to Healthy People 2000 goals and statewide stats. Also includes preliminary results of a community survey regarding health priorities for children, adolescents, and adults (survey tool included). Includes Domestic Violence rates for El Cajon & La Mesa (1990-94)

CHIP: Access to Care Work Team, Working Document. Community Health Improvement Partners. July, 1997.

Summarizes issue of access to health care in San Diego county, investigates and charts programs nationwide which address access to care, provides a draft benefit package for uninsured and working poor, includes a table of programs provided by the Department of Health Services and Social Services including numbers served, source of funding, age, and program criteria. Concludes with brief overview of status of CHIP and work teams.

City of Lemon Grove Public Opinion Survey. San Diego Association of Governments (SANDAG). April, 1998.

Results of a public opinion survey of 3,000 randomly selected households in Lemon Grove. The mail survey had a 32% response rate. Topics include opinions about city services and departments. The survey also gauged the sense of community among residents in Lemon Grove. The San Diego Association of Governments (SANDAG) assisted with the study through its Local Technical Assistance (LTA) program.

Countywide Homeless Profile. Regional Task Force on the Homeless. March, 1996.

An overview of the extent of homelessness and the distribution of facilities and services for cities and unincorporated areas of the San Diego region. Includes profiles of El Cajon, La Mesa, Lemon Grove, Santee, and communities in unincorporated areas of San Diego county.

The Demographics of East County. East County Economic Development Council. 1993.

Prepared by the Graduate Seminar on Population and Demography Department of Sociology at San Diego State University under the direction of Dr. John Weeks for East County Economic Development Council. Provides extensive overview and analysis of demographic information and trends for the East County communities of Alpine, El Cajon, Lakeside, La Mesa, Lemon Grove, Santee, and Spring Valley. Chapters profiling each community include a brief description and demographic history along with data tables that enable comparison between communities. Data tables summarize information from 1970, 1980, and 1990 population and housing censuses.

Domestic Violence Prevention Focus Group Summaries. County of San Diego Department of Health Services Office of Violence and Injury Prevention. August/September, 1996.

Summarizes perceptions of focus group participants regarding the issue of domestic violence prevention/intervention in San Diego. Mentions some programs currently operating in San Diego county.

Domestic Violence Prevention Policy Report. County of San Diego Department of Health Services Office of Violence and Injury Prevention. December, 1996.

Includes recommendations for comprehensive strategy to prevent domestic violence in San Diego county.

Health Care in San Diego: A Fragile Balance, Draft. The Hospital Council of San Diego and Imperial Counties. Prepared by Integrated Health Strategies. September, 1997.

Discussion of access to health care in San Diego. Statistics regarding insurance coverage for county, San Diego hospital/health care costs (compared to CA and U.S.), effects of managed care in San Diego, and recommendations for improving health

care system.

Health Problems/Concerns of American Indians in The Southern Indian Health Council Service Area, Results of the California Community Action and Mobilization Projects (CCAMP) 1992 survey of the SIHC Service Area.

Summarizes the findings from family surveys conducted at 7 Native American reservations and in urban areas of the Southern Indian Health Council Service Area. Results include identification of major health problems/concerns as well as health service needs of the Indian community.

Initial Community Needs Assessment. El Cajon Collaborative. June 1996.

Report summarizes findings of an assessment of family service needs and agency services available in the central El Cajon area. Focus groups, interviews, and surveys were used to obtain data from area families as well as service providers.

A Plan for Action: Establishing a Balance Between Public Health and Public Safety. County of San Diego, 1996 Substance Abuse Summit.

Developed by a collaboration of public health and public safety representatives, along with community members, this strategic action plan includes a business plan, short and long term strategies, action steps and recommendations for addressing substance abuse issues in San Diego county. Areas for action include prevention, treatment, funding and systems planning. The El Cajon Municipal Court is mentioned as a possible county-wide model for implementing a cost recovery approach for the screening and assessment of convicted drinking drivers (pg.13).

Report of the Suicide Homicide Audit Committee. County of San Diego Department of Health Services Office of Violence and Injury Prevention. December, 1996.

Reviews cases of homicide and suicide in county, includes recommendations for interventions and programs operating throughout San Diego county.

Results of the 1996-97 Santee Student Health Needs Assessment. Prepared for Santee School District by Dr. William Brock. August, 1997. Report for the LEA Medi-Cal Advisory Collaborative summarizes findings of an assessment of Santee community strengths and health-related concerns. Includes results from family and staff surveys and focus groups, family interview protocol, questionnaire samples, and detailed results analyzed by geographical region within the community of Santee.

Selected Health Statistics for San Diego County, Issues Affecting Children, Youth and Families, Developed for The Children's Initiative by Building Healthier Futures. County of San Diego Department of Health Services, 1995.

Good source for statistics. Extensive charts and statistics for issues affecting children including accidental, suicide, prenatal care, teen births (by ethnicity), low weight births, infant deaths, teen suicides, firearm-related deaths. Also tables of juvenile arrests, children living below poverty level, and drop out rates. Most data divided by subregional area in San Diego County. Areas from East County include: Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Alpine, Pine Valley, and Laguna.

Setting Sail: San Diego's Coordinated Community Benefit Plan. Community Health Improvement Partners. October, 1996.

Includes overview of county-wide health issues, hospital profiles (# of beds, medical staff, year opened, etc.). Describes needs assessment and community survey process and resulting priorities. Describes a collaborative group process method called "Open Space Technology" used to create work teams organized around priority areas. Describes county-wide goals and objectives for

each priority area. Lists resources for collaboration.

A Study of the Needs of Children and Their Families in the Communities of Potrero and Tecate, California. Martin Pearson. Spring 1998. Unpublished data.

A research project presented to the San Diego State University faculty in partial fulfillment of the requirements for a Master of Arts Degree in Educational Administration. The study describes results of a community health assessment undertaken in preparation for an application to the State Department of Education's Healthy Start program. Data collection methods include focus groups, surveys, and key informant interview of parents and service providers in the Mountain Empire region.

Additional Sources

"An Analysis of 1995 Hospital Discharge Data for Grossmont Healthcare District." prepared by Thaine Allison, Jr., published by Center for Collaborative Planning, July 1998.

"California's Lost Tribes: For Some Tribes, Casinos Fulfill American Dream." *Sacramento Bee*. July 2, 1997.

County Domestic Violence Prevention Policy, #A-127. County of San Diego Board of Supervisors. December, 1996.

Development of an Educational Needs Assessment for a Community Clinic. East County Community Clinic. 1997. Unpublished data.

Domestic Violence Calls and Cases 1994-96. San Diego Sheriff's Crime Analysis Unit.

Dulzura Community Development Committee.

East County Regional Chamber of Commerce.

Eye to the Future, 2020 Region-wide Forecasts. San Diego Association of Governments (SANDAG). <http://www.sandag.cog.ca.us>.

Family Support Population Area Profiles, East Region. Children's Hospital Center for Child Protection. 1997. Unpublished data.

"Foundations Plan Disease Fight on Border." *San Diego Union-Tribune*. July 4, 1998.

Grossmont-East County Healthy Neighborhoods Initiative Data Supplement prepared by Barbara Stepanski. Published by Center for Collaborative Planning. July, 1998.

"Immigrant Flow Shifts Eastward, Slows Here." *San Diego Union-Tribune*. August 24, 1997.

"Illegal Immigrants Now Trek Through Once Pristine East County Wilderness."

San Diego Union-Tribune. May 12, 1996.

Mountain Empire Unified School District, Strategic Action Plan. 1995.

Partners in Health: Report of the National Panel on Public-Private Strategies to Improve the Health of San Diegans. By the San Diego County Regional Healthcare Advisory Council, February 1998.

Reorienting the System of Care for the Uninsured, Second Draft. November, 1997.

"San Diego Plan Could Set Regional Standard." *California Dental Association Journal*. October 17, 1997.

"Selected Findings and Recommendations." California Oral Health Needs Assessment of Children. 1993-1994.

"Stewards of Land Return to Tribal Ways." *Sacramento Bee*. April 14, 1998.

"Visioning: Whys, Wherefores, and Resources." U.S. Public Health Service. May 1995.

Youth Risk Survey Report, El Cajon Middle School-Aged Youth. Reported by Hodik and Associates, funded by Communities Against Substance Abuse. Spring 1996.

Internet Sites

Alpine, California-Home Page

<http://nissd.com/alpine/>

Alpine Sun

<http://www.alpinesun.com/asun/index.htm>

Barona Casino

<http://www.barona.com>

East County Chamber of Commerce

<http://www.eastcountychamber.org>

East County Economic Development Council

<http://connectory.sdsu.edu/>

East County Home Page

<http://www.grossmont.k12.ca.us/>

East County Human Resources Directory

<http://www.grossmont.k12.ca.us/hsrd>

El Cajon City Web Site

<http://www.ci.el-cajon.ca.us/>

Grossmont Hospital Homepage

<http://www.sharp.com/hs/Dgrossmont.html>

San Diego Association of Governments (SANDAG)

<http://www.sandag.cog.ca.us/ftp/html/sandag.html>

San Diego Chamber of Commerce

www.sdchamber.org

San Diego-Magazine OnLine

<http://www.sandiego-online.com/>

San Diego Source - San Diego Communities

<http://www.sddt.com/realestate/communities/>

Santee Union School District

<http://www.santee.k12.ca.us/>

Sign-On San Diego (San Diego Union-Tribune)

<http://www.uniontribune.com/sandiego/communities/eastcounty/>

St. Madeline Sophie's Center

<http://www.stmsc.org>

Sycuan Casino

<http://www.sycuan.com>

Viejas Net

<http://www.viejasnet.com>

Summary of Critical Issues Identified by Focus Groups

Issue	Parents (6)	PWD (4)	Spanish (5)	Residents (4)	Seniors (4)	Faith (3)	Srv.Prov. (4)	Descanso (5)	Mt. Empire (4)	Teens (11)	Total (50)
1. Drugs/Alcohol Abuse	5	1	4	4	1	3	3	1	2	11	35
2. Language/Cultural Barriers	2	0	5	0	0	0	1	0	1	0	9
3. Racism/Discrimination	5	2	5	0	0	0	1	0	2	6	21
4. Poor Economic Base (Unemployment)	3	1	1	0	0	1	2	0	1	2	11
5. Poverty/Lack Financial Resources	3	2	5	2	2	2	2	5	1	5	29
6. Homelessness	3	0	0	2	0	2	1	0	0	6	14
7. Lack of Affordable Housing	1	1	4	0	1	1	0	0	2	0	10
8. Apartment Complex	2	0	3	1	0	2	3	0	0	2	12
9. Zoning	0	0	1	0	0	0	1	0	0	0	2
10. Lack of Recreational Activities for Children, Youth, & Families	5	0	3	4	1	3	2	2	4	8	32
11. Lack of Childcare	3	2	1	0	0	1	1	0	2	0	10
12. Teen Pregnancy	3	0	2	0	0	0	1	0	1	6	13
13. STD's/AIDS	1	1	0	3	0	0	0	0	1	3	9
14. Gangs	4	1	1	0	0	1	3	0	0	6	16
15. Violence/Crime	3	0	2	1	2	2	3	0	0	6	19
16. Weapons	1	0	0	0	0	1	0	0	0	4	6
17. Unsafe Neighborhoods	1	0	0	0	0	1	2	0	0	5	9
18. Unsafe Schools	0	0	1	0	0	0	0	0	0	7	8
19. Child Abuse/Neglect	3	0	0	0	0	1	2	0	0	1	7
20. Family/Senior Isolation	2	0	0	0	1	3	1	2	1	5	16
21. Lack of Community Involvement	2	0	0	1	1	2	0	0	3	4	13
22. Family Violence	0	0	3	0	0	0	1	0	0	4	7
23. Dating Violence	0	0	0	0	0	1	0	0	0	2	3
24. Divorce	0	0	0	0	0	1	0	0	0	4	5
25. Lack of Transportation	4	2	4	3	3	3	1	3	4	5	32
26. Dangerous Roads/Traffic	2	0	1	1	2	0	0	0	1	4	11
27. Commute to Healthcare	2	3	4	2	1	1	1	5	3	0	22
28. Limited Emergency Services Available	2	0	4	0	0	2	2	1	4	0	15
29. Limited Availability of Law Enforcement	1	0	2	0	0	0	0	1	1	2	7
30. Lack Access to Services	1	4	0	0	0	0	0	0	0	0	5
31. Lack Information About Available Services	1	3	4	3	1	2	4	1	2	6	27
32. Lack of Mental Health Services	2	0	1	3	0	2	0	0	1	1	10
33. Lack Access to Drug Treatment/Prevention Services	3	0	0	1	0	3	1	0	0	0	8

Issue	Parents (6)	PWD (4)	Spanish (5)	Residents (4)	Seniors (4)	Faith (3)	Srv.Prov. (4)	Descanso (5)	Mt. Empire (4)	Teens (11)	Total (50)
34. Access to Prenatal Care	1	0	2	0	0	0	0	0	2	0	5
35. Access to Family Planning	1	1	0	1	0	1	0	0	1	3	8
36. Homehealth Care Access	0	1	0	0	0	2	0	1	1	0	5
37. Cost of Healthcare for Uninsured	2	2	4	1	0	3	1	1	2	0	16
38. Eligibility Requirements	2	2	5	1	0	3	0	1	3	0	17
39. Expensive Prescriptions	2	0	0	0	1	0	0	0	2	0	5
40. Long Waits at Clinics	3	0	0	0	0	0	0	0	0	0	3
41. Access to Affordable Dental Care	1	0	3	1	1	0	0	1	1	0	7
42. Lack of Medical Equipment	0	0	0	0	0	0	0	0	1	0	1
43. Alternative Health Access	0	0	0	0	0	2	0	0	0	0	2
44. Wheelchair Accessibility	0	1	0	1	1	1	0	0	0	0	4
45. Welfare Reform	1	0	0	0	0	0	1	0	0	0	2
46. Lack Leadership (Government)	1	0	0	0	1	1	2	1	1	3	10
47. Depression/Stress	0	0	3	0	0	0	0	0	0	2	5
48. Suicide	0	0	0	0	0	0	0	0	0	2	2
49. Apathy/Lack Community Pride	0	0	0	1	1	1	0	0	0	6	9
50. Adults don't listen to teens	1	0	0	0	0	0	0	0	0	6	7
51. Poor Nutrition	1	1	2	2	1	1	0	1	1	5	15
52. Eating Disorders	1	0	0	0	0	0	0	0	0	1	2
53. Smoking	0	0	4	1	0	1	0	0	0	8	14
54. Graffiti	0	0	0	0	0	0	1	0	0	4	5
55. Pollution	0	0	1	1	0	1	0	2	1	7	13
56. Sanitation	0	0	0	0	0	0	0	0	1	0	1
57. Prostitution	0	0	0	0	0	0	1	0	0	0	1
58. Illegal Border Crossings	0	0	0	0	0	0	0	0	1	0	1
59. Friction Between Community & Law Enforcement	2	0	0	0	0	0	0	0	1	2	5
60. Growth/Construction	0	0	0	0	0	0	0	0	0	2	2
61. Asthma/Allergies	2	0	5	1	0	1	0	0	0	1	9
62. Television Violence/Media	1	0	1	0	0	0	0	0	0	4	6
63. Peer Pressure	0	0	0	0	0	0	0	0	0	8	8
64. Cancer	0	0	3	1	0	0	0	0	0	0	4
65. Diabetes	1	0	3	0	0	0	0	0	0	4	0
66. Tuberculosis	0	0	2	0	0	0	0	0	0	0	2
67. Obesity	0	0	1	0	0	0	0	0	0	0	1
68. Heart Disease	0	0	1	0	0	0	0	0	0	0	1
69. Strokes	0	0	1	0	0	0	0	0	0	0	1
70. High Blood Pressure	0	0	1	0	0	0	0	0	0	0	1
71. High Cholesterol	0	0	1	0	0	0	0	0	0	0	1
72. Use of ER	0	0	1	0	0	0	0	0	0	0	1
73. Competition among providers	0	0	0	0	0	0	0	0	0	0	0
74. Two-parents working	1	0	0	1	0	1	0	0	0	0	3