

# Charting the Course VI

## North Inland Region Forum

### Introduction

The Inland North Region Forum was held on August 3, 2010, at the First United Methodist Church in Escondido, Calif. The forum was attended by 54 community stakeholders representing a wide variety of programs and organizations, including Head Start, substance abuse agencies, California State University, refugee services, adult day care, hospitals, social service agencies, physical and mental healthcare providers, city and county governments, and several community collaborative groups and foundations. Geographic areas represented included Escondido, Fallbrook, Valley Center, San Marcos, Vista, Panama Valley, Poway and San Diego.

During the four-hour forum, Leslie Ray, County of San Diego, Health and Human Services Agency, Public Health Services epidemiologist presented a health issues briefing with data specific to the North Inland Region. During this briefing, a variety of demographic and health data was presented to participants along with more in-depth information specific to the three health issue focus areas being emphasized in this year's needs assessment. These health issues included:

- Weight status, nutrition, physical activity and fitness
- Injury and violence
- Mental health

Participants were given the opportunity to ask questions and make comments.

Following the health issue briefing, stakeholders were broken into three groups, one for each health issue, for a more in-depth discussion. A leader took each group through a structured discussion, during which the group members developed a vision for the region in relation to the assigned health issue topic, as well as a set of statements that defined their vision. Based on these statements, the final effort of the breakout session was a root-cause analysis, during which participants identified, from their perspective, as many root causes as possible for the issues they identified in the preceding steps. The subgroups identified three or four goals and completed an Ishikawa cause-effect chart for each of the desired effects.

The final event of the afternoon was a plenary session, during which all participants reassembled and each group presented the visions, goals and root causes it had developed.

At the end of the event, participants were asked to evaluate the forum. The mean score was 3.4 with scores ranging from 3.0 for food to 3.7 for the location, based on a 4-point scale with 4 being excellent and 1 being poor. See the Forum Evaluation section of this report for more details.

The following section of this report presents the demographic and health-related data presented during the forum, plus additional relevant data and is followed by a detailed write-up of the individual sessions related to each of the focused health issues.

### North Inland Region Data Presentation

The following briefly presents the information contained in the health issues briefing and additional relevant data. A copy of the presentation and additional information are available in the appendix and online at <http://www.SDHealthStatistics.com>.

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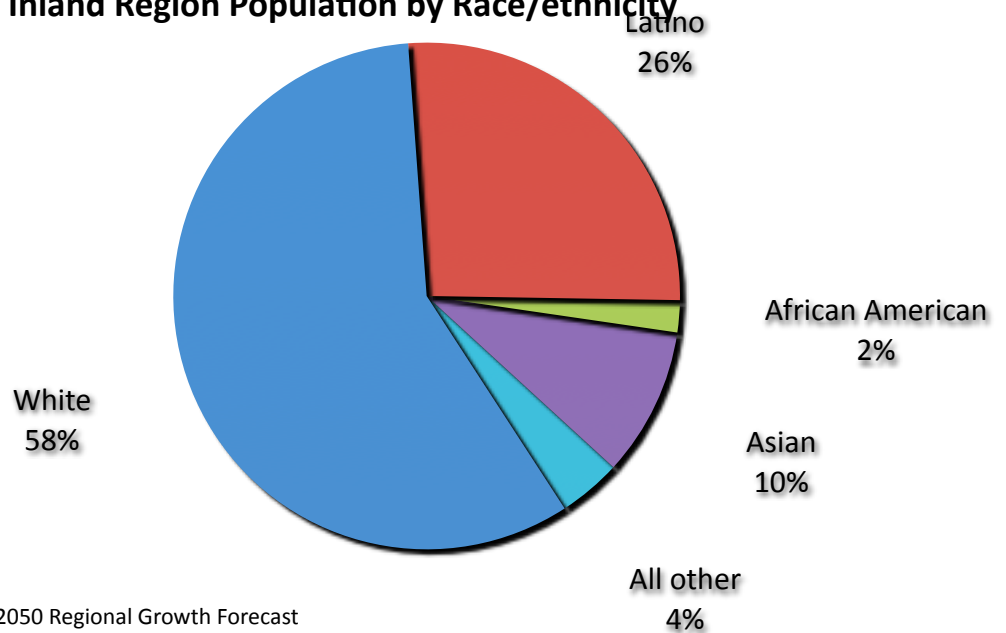
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#### Demographics

The following demographic estimates and projections are based on SANDAG 2010 estimates and are available at the zip code level at <http://datawarehouse.sandag.org/>

- Current North Inland population estimate – 604,233
- Projected 2020 population – 664,600, a 10% projected growth rate between 2008 and 2020
- While the overall population of the North Inland Region is expected to grow by 10% by 2020, growth rates among Latinos, African Americans and Asians are all expected to grow at higher rates, 27%, 25% and 19%, respectively. The white population is expected to grow less than 1% and the American Indian population is expected to decline by over 8%.

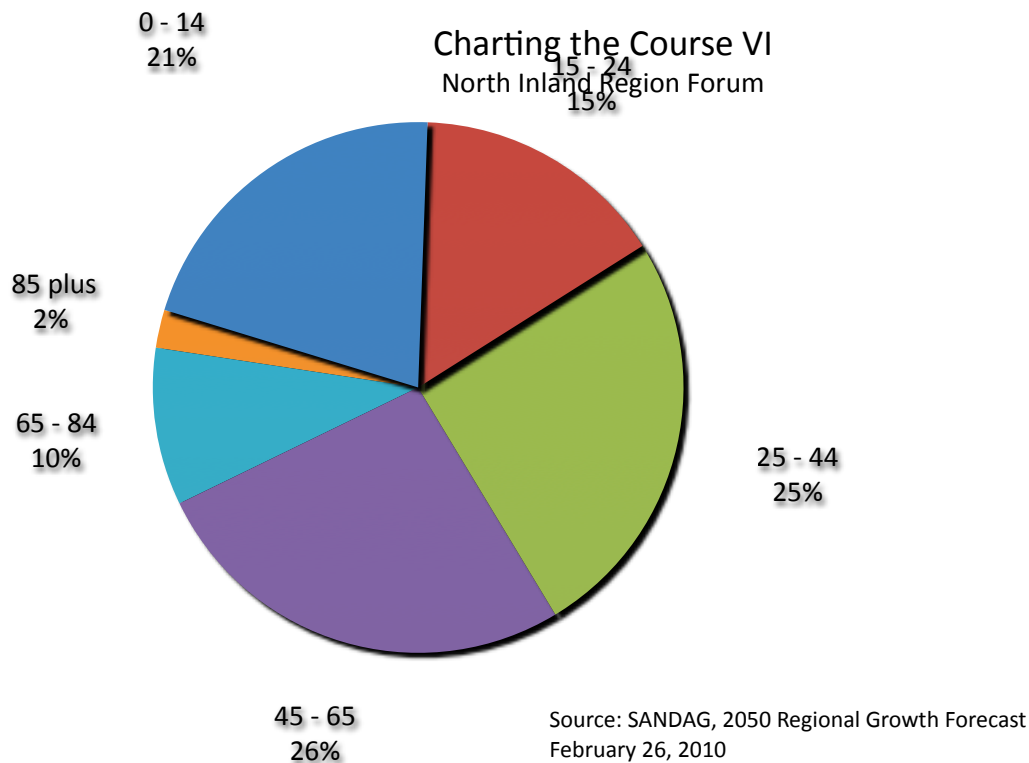
#### 2008 North Inland Region Population by Race/ethnicity



Source: SANDAG, 2050 Regional Growth Forecast  
February 26, 2010

- By 2020, there will be a significant shift in the age distribution of the North Inland Region. The percentage of those ages 65 and over is expected to grow by 38%, accounting for 15% of the population, while the percentage of those under age 26 is expected to grow by less than 4%, accounting for 34% of the population.

#### 2008 North Inland Region Population by Age Category



**Health Issues**

General Health Status (additional information available at California Health Interview Survey [CHIS])

- Overall, 56% of the North Inland Region adults ages 18 and older reported their health as excellent or very good, which is similar to the 56% reported for the entire San Diego region.
- Among those ages 65 and older, only 50% reported their health as excellent or very good.
- Among North Inland Region residents, 29% reported being disabled due to a physical, mental or emotional problem. This was higher than the 27% of county overall.
- Among those ages 65 and older, slightly more than 47% reported being disabled, which is lower than the 55% reported for the county overall.

Medical Insurance Coverage

- Overall, 84.4% of adults ages 18 and older reported they are currently insured, which is similar to the county overall.
- Among those ages 18 to 64 years, 79.5% reported having insurance coverage the entire past year.
- Those least likely to report having insurance include the following:
  - 66.3% among those ages 18 to 24 years
  - 69.3% among Latinos
  - 39.9% in households with annual incomes under 100% of the federal poverty level

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- Among those ages 18 to 64 years, employment-based coverage is the most common source of insurance accounting for 67.7% of coverage. Public programs, including Medi-Cal and Healthy Families, account for 9% and privately purchased coverage accounted for 5% of coverage.

Three wide-ranging health topics are explored in detail in this section. These include

- Weight status, nutrition, physical activity and fitness
- Injury and violence
- Mental health

These three health issues are major factors in chronic disease and account for a significant number of preventable deaths, hospitalizations and emergency department (ED) visits. Cost associated with these health issues in terms of treatment and productivity losses are staggering. One recent study published by the Milken Institute estimated the costs associated with the seven most common chronic diseases in the U.S. — cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions and mental disorders — totaled \$277 billion in 2003 (DeVol and Bedroussian, 2007).

#### Chronic Diseases Profile

According to the Centers for Disease Control and Prevention (CDC), chronic diseases such as heart disease, stroke, cancer, diabetes and arthritis are among the most common, costly and preventable of all health problems in the U.S. (CDC, 2010).

In the North Inland Region, six chronic conditions were examined to determine their impact on the population. The following tables present the impact of these diseases in terms of deaths, hospitalizations and ED discharges. Comparison of North Inland Region rates for the six chronic conditions to overall San Diego the North Inland Region was higher (highlighted stroke hospitalizations during 2008.

**3-Four-50 Chronic Disease Concept**  
**3** risk factors – tobacco use, poor diet and lack of physical activity – contribute to the  
**Four** major chronic diseases – heart disease and stroke, type 2 diabetes, lung disease and many cancers – which are responsible for more than  
**50%** of deaths in the world

In San Diego County in 2007, the 3-Four-50 diseases, considered together, cost an estimated \$4 billion in direct treatment expenditures.

region rates found rates for three conditions in in yellow). These included diabetes deaths and

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Deaths (2008)

<i>Disease</i>	<i>North Inland Region</i>		<i>San Diego County</i>	
	<i>Number of deaths</i>	<i>Age-adjusted rate per 100,000</i>	<i>Number of deaths</i>	<i>Age-adjusted rate per 100,000</i>
<i>Cancer (All types)</i>	915	152.0	4,715	155.0
<i>Diseases of heart</i>	831	121.0	4,752	146.9
<i>COPD</i>	214	33.5	1,044	33.7
<i>Stroke</i>	211	31.1	1,121	34.9
<i>Diabetes</i>	95	15.1	571	18.4

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology & Immunization services

Hospitalizations (2008)

<i>Disease</i>	<i>North Inland Region</i>		<i>San Diego County</i>	
	<i>Number of hospitalizations</i>	<i>Rate per 100,000</i>	<i>Number of hospitalizations</i>	<i>Rate per 100,000</i>
<i>Coronary heart disease</i>	1,693	294.1	9,973	317.0
<i>Stroke</i>	1,265	219.7	6,488	206.3
<i>Diabetes</i>	520	90.3	3,972	126.2
<i>Cancer (All types)</i>	1,869	327.8	9,764	310.8
<i>COPD</i>	646	112.2	3,468	110.2
<i>Asthma</i>	327	56.8	2,267	72.0

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles except cancer which was provided by Epidemiology & Immunization services

Emergency Department Discharges (2008)

<i>Disease</i>	<i>North Inland Region</i>		<i>San Diego County</i>	
	<i>Number of ED discharges</i>	<i>Rate per 100,000</i>	<i>Number of ED discharges</i>	<i>Rate per 100,000</i>
<i>Asthma</i>	1,112	193.1	9,251	294.0
<i>COPD</i>	931	161.7	7,135	226.8
<i>Diabetes</i>	537	93.3	4,302	136.7
<i>Stroke</i>	227	39.4	1,321	42.0
<i>Coronary heart disease</i>	119	20.7	827	26.3

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

**Note: Rates for the North Inland Region, highlighted in yellow, are higher than overall San Diego County rates.**

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The primary modifiable health risk behaviors responsible for much of the illness, suffering and early death related to these chronic diseases include lack of physical activity, poor nutrition, tobacco and drug use, and excessive alcohol consumption.

#### **Physical Activity**

Engaging in regular physical activity is one of the most important things a person can do to stay healthy. Physical activity can:

- Increase the chances of living longer
- Help control weight
- Reduce risks for cardiovascular disease, type 2 diabetes, metabolic syndrome and some cancers
- Strengthen bones and muscles
- Improve mental health and mood
- Improve ability to do daily activities
- Prevent falls among older adults

(CDC, 2009)

Within the North Inland Region, 79% of adults reported walking for transport, fun or exercise. This is similar to the 79% reported by adults in the county overall.

Vigorous activity among children, defined as at least 60 minutes three times per week, was reported for 78% of children ages 5 to 11, which is a higher percentage when compared to the County's overall average of 73%. Among children ages 12 to 17, the percentage was 65%, slightly lower than the county's overall average for this age group of 67%.

A review of California Department of Education physical fitness reports for 2008-09 for schools in the North Inland Region (school districts included Escondido Union, Fallbrook Union, Poway Unified, Ramona City Unified, San Marcos Unified, Valley Center-Pauma Unified and Valley Center High) found that only 50% of children in grades 5, 7 and 9 were able to meet the fitness criteria in six physical fitness areas. The fitness areas tested annually in grades 5, 7 and 9 include the evaluation of each student's aerobic capacity, muscular strength, endurance and flexibility. County-wide, only 37% of children in grades 5, 7 and 9 were able to meet the fitness criteria for all six physical fitness areas (California Department of Education, 2010).

In terms of physical inactivity, 17% of adults living in the North Inland Region reported they were involved in no physical activity. This rate is higher than the overall county average of 14% and higher than any other region in the County.

Review of physical inactivity among children, as measured by the amount of time spent watching TV or playing video games, found the following:

- TV viewing and video gaming, 2 or fewer hours on weekdays

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- 85% of ages 4-11 years (same as County overall, 85%)
- 72% of ages 12-17 years (lower than County overall, 75%)
- TV viewing and video gaming, 2 or fewer hours on weekends
  - 57% of ages 4-11 years (better than County overall, 53%)
  - 53% of ages 12-17 years (lower than County overall, 56%)

### Weight Status

Maintaining or achieving a healthy weight has many benefits, including:

- Reduced risk of heart disease, stroke and type 2 diabetes
- Lessened chance of developing many forms of cancer
- Relief of stress on back and joints
- Increased energy levels
- Enhanced self esteem

(CDC, 2009)

According to 2007 CHIS information related to the weight status of North Inland Region residents:

- More than half of all adults were overweight or obese.
  - Overweight 34% (County overall, 33%)
  - Obese 20% (County overall, 22%)
- Among adolescents ages 12-17 years, slightly over 82% were in the normal weight range.
  - Higher than the County overall (73%)
- Among children ages 2-11 yrs, 91% were in the normal weight range (based on age- and gender-specific BMI percentiles)
  - Same as the County overall (91%)

Review of California Department of Education physical fitness reports for 2008-09 for schools in the North Inland Region found 24.3% of children in grades 5, 7 and 9 were overweight or obese. Levels of those overweight or obese ranged from 24.7% among children in grades 5 and 7 to 23.7% among those in grade 7. County-wide, only 29.5% of children in grades 5, 7 and 9 were overweight or obese (California Department of Education, 2010).

### Nutrition

Good nutrition can help reduce the risk of chronic diseases such as heart disease, stroke, some cancers, diabetes and osteoporosis. Numerous studies have shown that increased consumption of fruits and vegetables helps reduce the risk for heart disease and certain cancers. While weight management is complex, a key factor is balancing calories consumed with the number of calories used by the body (CDC, 2009).

The 2007 CHIS survey of North Inland Region residents found the following nutritional information:

- Only 49% of children ages 2-11 years consumed five or more servings of fruits and vegetables daily. This rate is slightly lower than the County's overall rate of 50%.
- Fast food consumption is measured by the number of times a person eats fast food during the prior seven days. In the North Inland Region, 18.2% of residents reported eating fast food three

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or more times during the previous seven days, ranging from 5.3% among those ages 65 and older to 24.4% among adolescents ages 12 to 17.

#### **Tobacco Use**

The Surgeon General has concluded that tobacco use is the single most avoidable cause of disease, disability and death in the United States. Evidence-based tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths and disease caused by smoking (CDC, 2007). Cigarette smoking causes almost all cases of lung cancer, which is the leading cause of cancer death. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women. Smoking also causes cancer of the larynx, mouth and throat, esophagus, bladder, kidney, pancreas, cervix, and stomach, and causes acute myeloid leukemia (CDC, 2004).

The 2007 CHIS survey of North Inland Region residents indicated the following tobacco use:

- 14.8% of the North Inland Region adults reported they are currently smokers and 23.3% reported they are former smokers. These rates are similar to the County's overall rate of 14.1% for current smokers and 23.8% for former smokers
- Smoking levels are highest among those with a high school education or less and lowest among those with a college education, 24.6% and 9.3%, respectively.

#### ***Injury and Violence***

Unintentional injuries and deaths are the result of incidents regarded as being both predictable and preventable. Environmental and behavioral changes help prevent these injuries and deaths. Examples of unintentional injuries include motor vehicle crashes and falls.

Intentional injuries are also considered preventable, through increased awareness and behavioral changes. Examples of intentional injuries include homicide, assault, suicide and self-inflicted injury.

Between 2000 and 2008, the number of unintentional injury deaths among North Inland Region residents has increased from 108 (22.0 deaths per 10,000) to 169 (27.6 deaths per 10,000), a 56.5% increase. During 2007, there were 194 injury deaths among North Inland Region residents (CDPH, 2008).

In the North Inland Region, unintentional injuries were the sixth leading cause of death in 2008.

Between 2000 and 2008, the five leading causes of non-natural death, which include both unintentional and intentional injury related deaths, were:

1. Motor vehicle (n=484)
2. Suicide (n=483)
3. Falls (n=416)
4. Drug/alcohol overdose (n=375)
5. Homicide (n=108)

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In terms of ED discharges, between 2006 and 2008, the five leading causes of injury-related hospital ED discharge were:

1. Falls (n=21,190)
2. Struck by/against (n=10,291)
3. Motor vehicle occupant (n=6,787)
4. Cut/Pierce (n=5,535)
5. Overexertion (n=5,475)

During 2008, there were 3,964 unintentional injury hospitalizations among North Inland Region residents. The rate of unintentional injury hospitalization during 2008 for North Inland Region residents was 688.5 per 100,000, the second highest rate among all San Diego County regions.

Between 2000 and 2008, the number of unintentional injury hospitalizations of North Inland Region residents increased 25.8% from 3,154 (642.5 per 100,000) to 3,964 (688.5 per 100,000).

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#### Overdose and Poisoning

The following provides an overview by gender of who is most impacted by drug overdose and poisoning among North Inland Region residents.

In comparison to other regions and the County overall, the North Inland Region ranks:

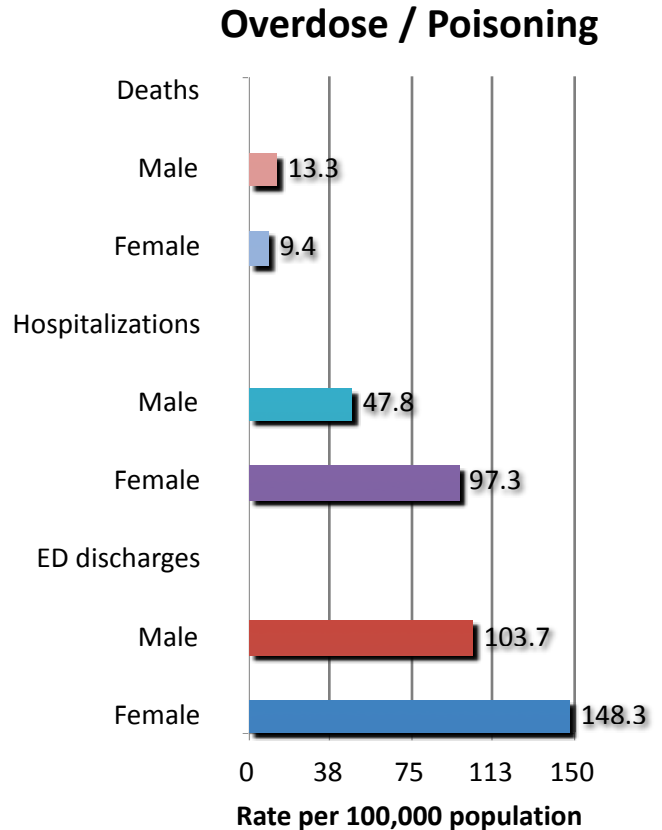
- Deaths: 4<sup>th</sup> highest overall
  - 4<sup>th</sup> highest males
  - 2<sup>nd</sup> highest females
  - 4<sup>th</sup> highest ages 25 – 64
- Hospitalizations: 4<sup>th</sup> highest
  - 3<sup>rd</sup> highest ages 15 - 24
  - 4<sup>th</sup> highest ages 25 - 64
- ED discharges: 5<sup>th</sup> highest

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health

#### RENUS

Between 2000 and 2007, the death rate due to overdose and poisoning among North Inland Region residents increased by over 58%, from 5.8 per 100,000 in 2000 to 11.3 in 2007.

Between 2000 and 2008, the hospitalization rate due to overdose and poisoning among North Inland Region residents decreased slightly from 68.9 per 100,000 to 67.9 per 100,000.



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#### Motor Vehicle Injury

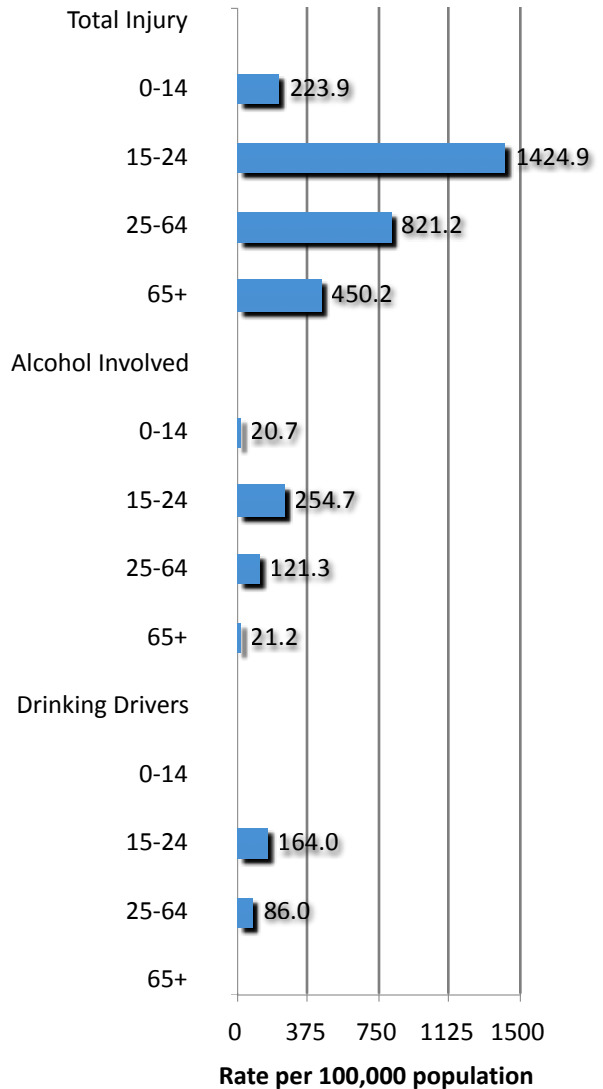
The following provides an overview of who is most impacted by motor vehicle injury by age category and alcohol involvement among North Inland Region residents.

In comparison to other regions and the county overall, the North Inland Region ranks:

- **Location of Residence**
  - 2<sup>nd</sup> highest for deaths
  - 2<sup>nd</sup> highest ED discharge rates among 15- to 24-year-olds
- **Location of Occurrence**
  - 2<sup>nd</sup> highest for total injury
  - 2<sup>nd</sup> highest alcohol-involved and drinking driver accidents
  - 2<sup>nd</sup> highest for alcohol involved and drinking driver accidents overall and among 15- to 24-year-olds
  - Highest for alcohol involved and drinking driver accidents among 25- to 64-year-olds
- **Active restraint use**
  - 92% among those 6 years and older
  - 62% among those under 6 years

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

#### Motor Vehicle Injury Crashes, 2007



Between 2000 and 2007, the motor vehicle death rate among North Inland Region residents decreased from 7.9 per 100,000 in 2000 to 14.4 in 2006. The 2007 rate was 14.4 per 100,000. \* Rate not calculated for fewer than 5 events.

Between 2000 and 2008, the hospitalization rate due to motor vehicles among North Inland Region residents decreased by over 11%, from 106.7 per 100,000 to 94.5 per 100,000.

#### Homicide and Assault

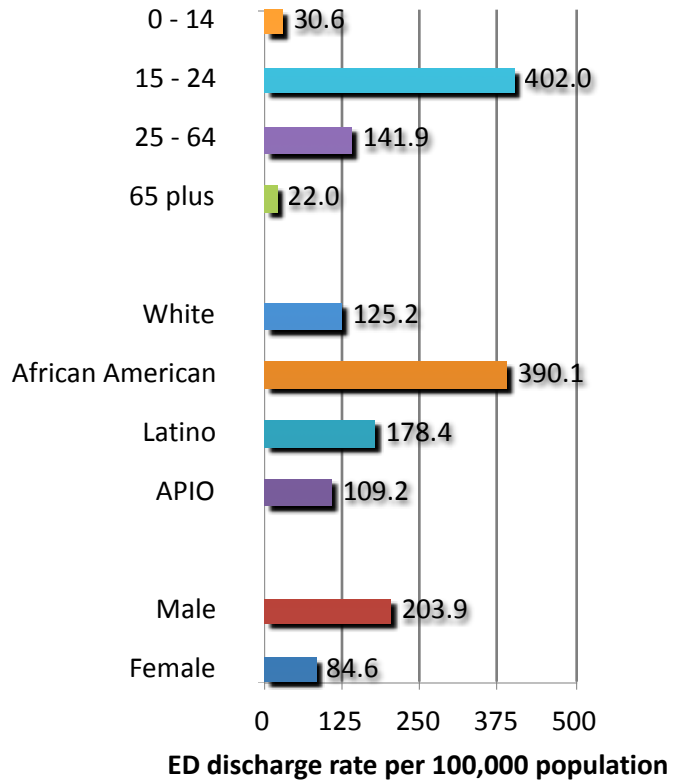
The following provides a brief overview of who is most impacted by homicide and assault by gender, race/ethnicity and age category among North Inland Region residents.

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In comparison to other regions and the County overall, the North Inland Region ranks:

- **Homicide**
  - 2<sup>nd</sup> lowest rate
  - 90% males
  - 60% persons ages 25-64
- **Assault hospitalizations**
  - Lowest rate of hospitalization discharges
  - Hospitalization rates highest among
    - Males
    - Latinos
    - Persons ages 15-24
- **ED Discharges**
  - Lowest rate overall
  - ED discharge rates are higher among
    - Males
    - African Americans
    - Persons ages 15-24

**Assault ED Discharges, 2008**



Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

de rate among North Inland Region residents has varied between 1.6 per 100,000 in 2000 to 2.9 in 2006. The 2007 rate was 1.8 per 100,000.

Between 2000 and 2008, the assault hospitalization rate among North Inland Region residents increased by over 7.2%, from 22.2 per 100,000 to 23.8 per 100,000. During this time period, the highest rate occurred in 2007 and was 31.8.

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### Suicide and Self-Inflicted Injury

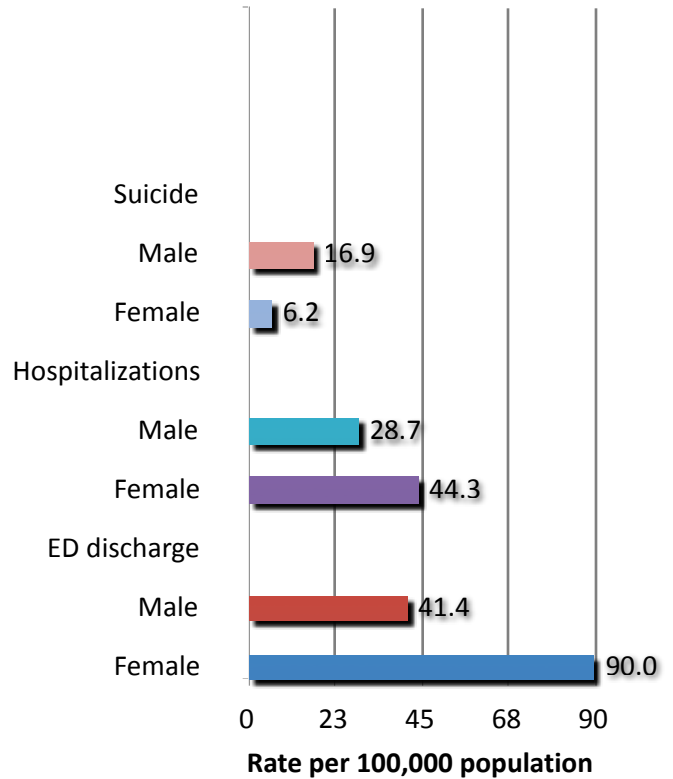
The following provides a brief overview of those most impacted by suicide and self-inflicted injury by gender and age category among North Inland Region residents and a comparison to County-wide rates.

In comparison to other regions and the County overall, the North Inland Region ranks:

- **Suicide**
  - 2<sup>nd</sup> highest rate of all regions
  - Highest rate among persons age 65 plus years, compared to other ages
- **Self-inflicted Injury**
  - 2<sup>nd</sup> lowest hospitalization rate
  - High rate among those ages 15-24 years, compared to other ages
  - Among females

Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Community Profiles

### Suicide and Self-inflicted Injury



Between 2000 and 2007, the suicide rate among North Inland Region residents increased by 10.6% from 10.4 per 100,000 to 11.5 per 100,000.

Between 2000 and 2008, the hospitalization rate related to self-inflicted injury among North Inland Region residents decreased by almost 26%, from 49.5 per 100,000 to 36.6 per 100,000.

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#### Violence

While there are many types of violence, including murder, rape, armed robbery and assault, because of limitation on available CHIS data for the North Inland Region, the focus of this section of the report will be limited to youth violence and intimate partner violence.

- ***Intimate partner violence since age 18 (ages 18-64)***

19.2% of adults reported they had experienced physical or sexual violence by an intimate partner since age 18. The rate of reported violence was twice as high among females as males, 25.8% and 12.9%, respectively.

Females age 40 – 64 reported the highest rate of physical or sexual violence by an intimate partner, 22.3%.

- ***Intimate partner violence during past year (ages 18-64)***

3.7% of adults reported they had experienced violence by an intimate partner in the previous year, which is slightly lower than the County's overall rate of 4.9%.

- ***Youth Violence (ages 12-17)***

8% of adolescents ages 12-17 reported they were involved in physical fights during the previous year. This rate was lower than the County's overall rate of 13% and the lowest rate overall.

#### Mental Health

Mental health and mental illness are points on a continuum. Somewhere in the middle of the continuum are “mental health problems,” which most people have experienced at some point in their lives. The boundaries between mental health problems and milder forms of mental illness are often indistinct, just as they are in many other areas of health. At the far end of the continuum lie disabling mental illnesses such as major depression, schizophrenia, and bipolar disorder. Left untreated, these disorders can become devastating.

The combination of indicators presented here provides some insight into the mental health of North Inland Region residents. These indicators include the following sources of information:

- CHIS measures related to emotional well-being, access to and utilization of health services for emotional, mental and/or alcohol and drug related issues, and alcohol use and abuse
- ED discharge information related to substance use or abuse, and to mental illness and dual diagnoses

#### Emotional Well-being

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- Almost 6% of adults had psychological distress in the past year, slightly lower than the 8% for the County overall. (This is based on the Kessler 6 series, which measures psychological distress, including sadness, nervousness, restlessness, hopelessness, worthlessness and effort.)
- Nearly 3.1% of adolescents and adults had psychological distress in the past month.

#### Access and Utilization

- 14% of adults saw a healthcare provider for emotional-mental and/or alcohol-drug issues in past year.
- 14% of adults felt they needed help for emotional-mental and/or alcohol/drug issues in the past year. Of those who felt they needed help, 66% reported receiving treatment, similar to the overall County rate of 65%.
- Almost 10% of adults have taken prescription medicine for emotional/mental health issues, for at least two weeks during the past year, the same as the overall County rate of 10%.

#### Alcohol Use and/or Abuse

- 65.8% of adults reported they drank alcohol during the past month, similar to the County overall rate of 65%.
- Binge drinking (number of drinks in one setting) among adults (males: 5+ drinks, females: 4+ drinks)
  - 15% engaged in binge drinking during the past month (County 18%)
  - 29.3% engaged in binge drinking during the past year (County 31%)

#### Substance Abuse ED Discharges

During 2008, there were 1,256 ED discharges with a principal diagnosis of substance use or abuse among North Inland Region residents.

- The North Inland Region had the lowest rate in the County, with 157.3 discharges per 100,000, compared to the rate of 294.0 for the County overall.
- 57% (n=545) of the discharges were for nondependent abuse of alcohol and/or drugs, including:
  - 83% binge drinking
  - 5.9% amphetamines use
  - 4.6% other, mixed, or unspecified drug abuse

#### Mental Illness ED Discharges

During 2008, there were 2,526 ED discharges of North Inland Region residents with a principal diagnosis of mental illness.

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- North Inland Region ED discharge rate was 419 per 100,000 population, compared to the overall County rate of 516 per 100,000 population.
- North Inland Region rate was the second lowest compared to all other regions.

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### Breakout Sessions

This section of the report presents a Session Summary and a Session Detail of each breakout session. These sessions were led by Community Health Improvement Partner (CHIP) facilitators using a guide developed to ensure that the groups discussed each of the topics using the same methodology. In addition to the facilitator, groups were supported by an epidemiologist to provide additional information if needed, a scribe to take notes and a timekeeper to keep the group on track. Each session lasted approximately two hours and was followed by a plenary session, during which each group presented their vision, goals and root-cause analysis.

### Breakout Session Summary

The following presents a summary of the North Inland Region breakout session for the three health issues. For more information about each session, refer to the Breakout Session Detail section of this report.

#### **Weight status, nutrition, physical activity and fitness**

The vision developed during this breakout session focused on the North Inland Region as an educated community, where residents can make the choices necessary to achieve and maintain a healthy lifestyle, and can do so in a supportive and sustainable environment where services are accessible and affordable.”

The root-cause analysis completed during this breakout session identified several themes related to the development of sustainable education programs, access to nutritious and affordable food, and access to safe and accessible areas for physical activity, all of which are believed to be critical in achieving the above vision.

Environmental themes include:

Challenges to providing sustainable educational programs related to food production, nutrition and healthy lifestyles:

- Massive amounts of food advertising with limited educational value

Limited access to nutritious and affordable food due to:

- Limited infrastructure for local processing and distribution of food
- Food preparation not taught in schools
- Some geographic areas have limited access to grocery stores

Challenges to providing safe and accessible areas for physical activity:

- Limited areas for outside activity in some areas
- Fear and public safety issues

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- Limited bike paths and sidewalks in some areas

#### People and behavior themes include:

Challenges to providing sustainable educational program related to food production, nutrition and healthy lifestyles:

- Limited time, knowledge and motivation related to nutrition and physical activity
- Inexpensive and easily obtainable fast and highly processed foods

Limited access to nutritious and affordable food due to:

- Lack of motivation to grow food
- Inexpensive fast food

Challenges to providing safe and accessible areas for physical activity:

- Over-dependence on cars for transportation
- Prevalence of sedentary activities

#### Policy themes include:

Challenges to providing sustainable educational programs related to food production, nutrition and lifestyles:

- Schools no longer offer programs related to nutrition and other health topics.
- Food labeling is confusing to some people.
- Vending machines offering unhealthy foods are omnipresent.

Limited access to nutritious and affordable food due to:

- Highly processed foods having long shelf life
- Limited access to food stamps in San Diego County
- Some unhealthy foods perceived as less expensive because of government subsidies

Challenges to providing safe and accessible areas for physical activity:

- School campuses closed after school hours
- Apathy – people don't demand safer places
- Budget constraints and reductions that impact parks and recreation programs

### **Injury and violence**

The visions developed during this breakout session focused on reducing injuries and violence in the North Inland Region utilizing best practices in prevention. Those who experience an injury or violence

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will receive a comprehensive and timely response in all parts of the community and action will be taken to prevent future occurrences.

The root-cause analysis completed during this breakout session identified several themes related to: increasing education and awareness efforts and prevention, increasing integration of services related to ED mental health services and infrastructure, and law enforcement improvements that are believed to be critical in achieving the above vision.

#### Environmental themes include:

Challenges to providing increased education and awareness efforts related to injury, suicide and substance abuse, and preventive measures:

- Isolation among seniors and teens
- Rural areas with very rough terrain and limited infrastructure and lighting

Challenges to the integration of services related to ED mental health services:

- Service providers geographically spread out
- Geographic size of region makes networking difficult
- Limited public transportation

Infrastructure and law enforcement improvements

- Large geographic area with limited infrastructure in rural areas
- Isolation
- Heavy dependence on automobiles for services

#### People and behaviors themes include:

Increased education and awareness efforts related to injury, suicide and substance abuse, and preventive measures

- Unsafe behaviors
- Low literacy
- Cultural and language issues
- Limited family support and supervision

Integration of services related to ED mental health services

- Inappropriate use of ED, often precipitated lack of insurance and limited financial resources
- Stigma

Infrastructure and law enforcement improvements challenges:

- Affordable locations often have limited infrastructure.
- Language and cultural issues related to laws

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- Higher levels of poverty in rural areas

#### Policy themes include:

Challenges to providing increased education and awareness efforts related to injury, suicide and substance abuse, and preventive measures:

- Limited funding for law enforcement
- Increasing poverty levels
- Schools no longer offer drivers education

Challenges to providing integration of services related to ED mental health services

- Lack of affordability of health insurance
- Lack of immigration documentation precludes access to insurance.
- Limited coordination between ED and other community services
- 2-1-1 San Diego does not represent North County well

Infrastructure and law enforcement improvement challenges:

- Rural areas with rough terrain have limited roads and services
- Traffic issues/casinos serving alcohol

### **Mental health**

The vision developed during this breakout session focused on a supportive, caring community such that all individuals are able to realize their goals and dreams regardless of their mental health challenges.

The root-cause analysis completed during this breakout session identified several themes related to access to appropriate care, in a supportive, stigma free community and with an emphasis on prevention and which are believed to be critical to achieving the above vision.

#### Environmental themes include:

Limited access to mental health services due to:

- Economic weakness
- Providers unwilling to accept Medi-Cal
- Limited transportation

Reduced self-sufficiency and community support due to:

- Providers who do not collaborate
- A fragmented care and support system

Challenges to providing a stigma-free environment with an emphasis on prevention and early detection:

- Providers do not collaborate.
- Payment streams are restrictive.

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- Assessment tool issues

#### People and behavior themes include:

Limited access to mental health services due to:

- Fear and stigma associated with seeking treatment for mental health problem

Reduced self-sufficiency and community support due to:

- Noncompliance, either by choice or as a result of mental status
- Language and cultural barriers

Challenges to providing a stigma free environment with an emphasis on prevention and early detection:

- Limited access to services
- Language barriers

#### Policy themes include:

Limited access to mental health services due to:

- Low insurance reimbursement rates
- Weak economy

Reduced self-sufficiency and community support due to:

- Limited funding
- Weak economy
- Disjointed system of care
- Fear of litigation

Challenges to providing a stigma free environment with an emphasis on prevention and early detection:

- Schools reluctant to play a role in mental health treatment
- Low reimbursement rates and limited funding

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## North Inland Region Forum

### Breakout Session Detail

The following section presents the details of each breakout session.

#### Weight Status, Nutrition, Physical Activity and Fitness

The weight status, nutrition, physical activity and fitness breakout session was attended by 15 stakeholders and facilitated by Katie Shultz, Director, Communications and Resource Development. Participants represented a variety of public and private organizations, including community benefit organizations, hospitals, clinics and a healthcare district, the City of Escondido, the San Marcos School District, the YMCA, and several community collaborative groups.

##### ***Vision statement***

The vision statement developed by the weight status, nutrition, activity and fitness breakout group was:

“We envision the North Inland Region as an educated community where residents can make the choices necessary to achieve and maintain a healthy lifestyle, and can do so in a supportive and sustainable environment where services are accessible and affordable.”

##### ***Goals***

- Initiate and sustain educational program on food production, nutrition and health lifestyles
- Provide access to nutritious and affordable food
- Assure safe, secure, accessible areas for physical activity

##### ***Root-Cause Analysis***

The group selected three effects based on the above goals to complete root-cause analysis. These included:

**Effect: Inadequately educated individuals and institutions related to food production, nutrition and healthy lifestyles**

##### **Causes:**

###### **People**

- Lack of time
- Belief that if you are not overweight you don't need to watch what you eat
- Lack of understanding about what food is for

###### **Behavior**

- Desire for cheap, fast and processed foods
- Desire for instant gratification
- People disconnected from knowledge of where food comes from

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## North Inland Region Forum

### **Environment**

- Massive amounts of food advertising

### **Policies**

- Labeling policies people believe in
- State and federal sanctions not strong enough
- Health topics not on standardized school test
- No programs on nutrition
- Vending machine locations

### **Effect: Inadequate access to nutritious and affordable food**

#### **Causes:**

##### **People**

- Perception that fast food is really cheaper

##### **Environment**

- Food sources monopolized
- Lack of accessible grocery stores in some areas
- “Scratch cooking” no longer taught in schools
- Vending machines typically contain high amounts of high-calorie foods with limited nutritional value
- No infrastructure for local processing and distribution of food

##### **Behaviors**

- Lack of motivation to grow your own food

##### **Policies**

- Government subsidies make unhealthy food cheaper (corn syrup)
- Manufactured foods last longer than fresh foods
- Lack of voice for marginalized populations

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- Lack of food stamp accessibility in San Diego County

#### **Effect: Inadequate access to safe, secure and accessible physical activity**

##### **Causes:**

###### **People**

- Automobile culture predominates
- Lack of two-parent families

###### **Policies**

- School campuses closed after hours
- No demand from people for safe places
- Cost cutting in schools has negatively impacted physical education programs.
- Cost cutting by local governments has negatively impacted parks and recreation programs.
- There is a trade off between “safe” and accessible.

###### **Behaviors**

- Too much screen time

###### **Environment**

- Parks perceived as unsafe
- Lack of sidewalks
- No bike paths in many areas
- Lack of open spaces in some areas
- Lack of community centers in some areas
- Lack of skate parks in many areas

#### **Injury and Violence**

The injury and violence breakout session was attended by 20 stakeholders and facilitated by Dana Richardson, Senior Director of Advocacy and Community Health. Participants represented a variety of

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public and private organizations, including the County of San Diego, hospitals, the City of San Marcos, a community collaborative, the County of San Diego Department of Education, and the Fallbrook Healthcare District.

#### ***Vision statement***

The vision statement developed by the injury and violence breakout group was:

“We envision a significant reduction of injuries and violence in the North Inland Region, utilizing best practices in prevention. When injury and violence do occur, we will respond in a comprehensive and timely manner in all parts of the community and take action to prevent future occurrences.”

#### ***Goals***

Based on the vision statement, members of the group identified three goals they felt would help achieve their vision. These goals included:

- Increase education and awareness related to: falls, suicide and unsafe driving; the impact of alcohol and drug use; and preventive measures
- Create more integration of services related to need for mental health services for ED patients at risk for suicide and self harm
- Improve infrastructure and cohesion, including better roads and lighting and enforcement of existing laws related to alcohol and drug use while driving

#### ***Root-Cause Analysis***

The group selected three effects based on the above goals to complete root-cause analysis. These included:

**Effect: Limited education and awareness related to suicide, falls and driving under the influence of alcohol and drugs.**

#### **Causes:**

##### **Behaviors**

- Teens make bad choices
- Peer pressure
- Lack of maturity
- Stubbornness among elderly to change
- Cell phone usage while driving

##### **People**

- Uninformed teens and adolescents

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- Migrant worker issues, including working seasonal jobs, language barriers and unfamiliarity with laws
- Lack of literacy
- Culture shock
- Culture of speeding
- Low socioeconomic status among seniors
- Lack of family support among seniors
- Lack of supervision among teens
- Lack of supervision among pets and children

#### **Environment**

- Isolated communities, no place to meet and socialize (applies to both teens and seniors)
- Communities spread out, long distances to get to needed resources and services
- Rough terrain
- Infrastructure and lighting
- Isolation among seniors

#### **Policy**

- Not enough funding
- Not enough law enforcement offices
- Not enough articulation of currently available services
- Increasing poverty levels
- Lack of behind the wheel training
- No drivers education in schools
- 18-year-old drivers have no restriction on the hours they drive

#### **Effect: Limited integration of services**

The focus of this discussion was on motor vehicle accidents resulting from alcohol and substance use, and on suicide and falls.

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### Causes:

#### Behaviors

- Inappropriate use of PHS ED (use for all healthcare needs)
- Lack of networking

#### People

- Lack of medical insurance among the undocumented population
- Issues of stigma/image
- Wealthy parents in school PTA's control policies

#### Environment

- Service providers geographically spread out
- Geography of North Inland Region makes networking difficult
- Lack of efficient public transportation
- Region too big for effective law enforcement
- Low-income housing
- Second-story windows

#### Policy

- Limited access to medical insurance
- Cost of medical insurance prohibitive
- No access to insurance for undocumented persons
- 211 does not represent North County
- Limited services after hours and on weekends
- Lack of ability to connect ED services to other, needed services in the community
- Need for MOUs (HIPPA, State, Feds and competitors all need to agree)
- Law enforcement underfunded
- ABC decisions for licensing
- Categorical funding

#### Technology

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- Need for services database
- Need for service providers to connect
- Need shared database for repeat clients
- HIPPA
- Cost of technology prohibitive for clinics

#### **Effect: Poor, non-cohesive infrastructure to support safe environments**

##### **Causes:**

###### **Behaviors**

- Lack of respect for the laws and other people

###### **People**

- Language barriers
- People gravitate to the most affordable locations, often before infrastructure has been established to support.
- Poverty often puts people in unsafe locations.

###### **Environment**

- Rural areas have limited lighting along roads.
- Rural areas require the need to drive further to use resources such as grocery stores, banks and schools.
- High prevalence of liquor stores
- Isolation, lack of contact with service providers
- No sidewalks
- Children climbing trees
- Limited cell phone reception in rural areas

###### **Policies**

- No enforcement or follow-up of persons who have lost their drivers license to determine if they are still driving.
- No immediate emergency services in many rural locations.

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- Funding of transportation
- Roads not being developed around reservations.
- Casinos serving alcohol
- Casinos focus on money not safety.
- Limited access to Valley Center, one road in and one road out.
- Law that requires tree cutting put significant financial hardship on some people, resulting in more tree-climbing accidents.

### **Mental Health**

The mental health breakout session was attended by 16 stakeholders and facilitated by Aron Fleck, CHIP Director of Programs. Participants represented a variety of public and private organizations, including County of San Diego Mental Health Services, County of San Diego Health and Human Services Agency, hospitals, an adult day care center, the faith community, community benefit organizations, senior centers, and mental health providers.

#### ***Vision statements***

The vision statement developed by the North Inland mental health breakout group was:

“We envision a North Inland Region that is a supportive, caring community such that all individuals are able to realize their goals and dreams regardless of their mental health challenges.”

#### ***Goals***

Goals developed by this group included the following:

- Ensure that all individuals have access to continuous, high-quality and appropriate care regardless of demographics, geographic location, culture, language or economic status
- Provide continuous, coordinated, collaborative, integrative care that promotes self-sufficiency and community support
- Create an environment without stigma and with overall increased health through education, prevention and early detection

#### ***Root-Cause Analysis***

The group selected three effects based on the above goals to complete root-cause analysis. These included:

**Effect: Not all individuals have access to high-quality and appropriate care**

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#### **Causes:**

##### **People**

- Fear in certain populations of loss in status (i.e., veterans and members of the military)
- Seniors and members of the military
- Cultural groups, including members of the Native American community
- Cultural and language barriers

##### **Behaviors**

- Stigma results in individual not wanting to seek/access care

##### **Environment**

- Lack of transportation
- Unsafe neighborhoods
- Economics
- Some physicians and providers unwilling to take insurance or health plans
- Lack of “walkable” communities leads to isolation

##### **Policies**

- Insurance reimbursement rates too low
- Poor economy

**Effect: Continuous, coordinated, collaborative, integrated care that promotes self-sufficiency and community support is not offered**

#### **Causes:**

##### **People**

- Language and cultural barriers (i.e., Farsi)
- Sense of independence, self-reliance in the America culture
- Lack of family support and other support systems i.e., neighborhoods and organizations
- Interconnectedness of family support and supportive services not valued

##### **Behaviors**

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- Noncompliance by consumer, either by choice or as a result of mental state

#### **Policies**

- Lack of funding (i.e., insurance policies, Federal funding, co-pays, medication deductibles)
- Poor economics causing lack of available resources for everyone across the board
- Non-unified system
- Current laws prevent mandatory treatment.
- Fear of litigation

#### **Environment**

- Providers operate in silos.
- Providers operate in “comfort zone.”
- Fragmented system
- Lack of funding for research

**Effect: Current environment lacks education. Prevention and early detection needed to improve health and decrease stigma.**

#### **Causes:**

##### **People**

- Lack of language-appropriate services
- Lack of access to services
- Persons outside the mainstream not valued as humans (i.e., seniors and immigrants)

##### **Policies**

- Schools reluctant to play a role in mental health treatment
- Lack of funding for healthcare, schools and research for mental health and substance abuse
- Reimbursement rates

##### **Environment**

- Providers operate in silos, unwilling to refer

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- Payment streams are in silos.
- Not enough promotion of power of a healthy family or community network.
- Inadequate assessment tools to distinguish between mental health issues and substance abuse issues

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### Forum Evaluation

The following presents the results of the forum evaluation questionnaire completed by each stakeholder at the end of the event.

1. How would you rate each of the following (scores based on a scale of 1-4, with 4 being “excellent”):

a. Event location:	3.67
b. Event time:	3.46
c. Food:	3.02
d. Presentations:	3.44
e. Facilitators:	3.35

2. Please tell us your level of agreement with the following statements (scores based on a scale of 1-5, with 5 being “strongly agree with the statement”):

<b>Statement</b>	
a. I found the day energizing and/or inspirational	3.89
b. The data presentations provided useful, clear information about the region and were useful to the day’s process	4.32
c. The event facilitated open and honest discussion about the issue areas in our community.	4.35
d. I personally gained knowledge and/or skills that I can apply in my work	3.78

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#### 3. What was your favorite part of the Regional Event?

- Lunch and opening presentation by the epidemiologist (5)
- Leslie's data, the great mental health discussion, the networking, food
- The data presented was intriguing / Regional Statistics (2)
- Break out session (3)
- Interesting Process
- Strategic Planning
- Plenary Session/feedback presentation at end (3)
- Start with goals, gaps and root causes, thanks for all your efforts
- Open discussion
- Open communication in breakout session- well done
- Hearing other ideas
- Mental health breakout session (3)
- Networking, brainstorming, getting an idea of what is happening in the County
- Learning something new about the group in which I was involved
- Listening during the discussion
- The stats on the % ages that are in this community
- Crafting the vision statement, moving on to goals and identifying gaps and root causes
- Goals and root-causes group discussion /group activity/analysis (3)
- Networking (3)
- Seeing the passion of the individuals participating
- Interesting to meet so many people from other areas
- Interaction with professionals from diverse organizations
- That it was close by and many agencies were represented
- The collaboration and coming together in consensus
- Brainstorming with colleagues and community members

#### 4. What was your least favorite part of the Regional Event?

- Time to move
- Data overview was a little lengthy (2)
- Length (2)
- Short session
- Felt rushed- could have used the whole 4 hours for program (instead of including lunch) All groups weren't sticking to the time schedule when it was time to reconvene
- Being forced into a present framework rather than having the time to work through the process
- Breaking up into the groups
- Confusion of the process
- Creating the vision statement was not clearly explained as we began
- Trying to come up with the 'Vision for the Future'
- Vision/Goals/Gaps & Root Causes was good, logical and needed to occur but it dragged
- Visioning
- Visioning was a bit much. Could've been presented differently to avoid redundancy
- Facilitator was much more of a participant than facilitator, the cause-effect exercise presupposes a linear relationship, which is shortsighted and ignorant of the systemic relationships of food and health

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- More time is not needed-better facilitation; explanation of goals, process outcomes needed. Groups need to refocus OFTEN!!!
- Needed more time, felt rushed at times, small enclosed rooms, lack of air
- Staying on track
- Visionary process became tedious
- Rushed, lack of clear outcome for the work
- Too rushed, not all ideas written down
- Injury
- Lack of statistics on mental health community
- Mental health session was not representative of the members who attended. Would have been helpful to have representatives from children's mental health.
  
- Many people spent 4 hours of their day here working with you. Someone should have gone anywhere and bought more food. Room too warm.
- I was placed in a group for which I did not have adequate knowledge.

#### **5. How interested would you be receiving a print/hardcopy version of the final Needs Assessment Report?**

Most were Interested-Very Interested. Two people reported that they would be interested in paying for a hard copy of the report; while 36 people reported that they would rather receive the report electronically.

#### **6. If you have any additional comments, please include them below.**

- It might be helpful to give an explanation of where/how the data comes from — not sure everyone understands how this works
- Provide 1st PowerPoint as well. In regards to statistics, include all ages, all death rates among children, to resemble all of the County.
- Perhaps hosting a longer session on formulating vision, goals, gaps and root causes
- Would have been more productive to find challenges then come up with goals and an ultimate vision than the other way around. My group seemed to have a tough time breaking up the vision into goals and challenges
- Could have been shorter; very disappointed that food ran out, with obesity as a huge health issue I suggest fruit instead of cookies, sandwiches/salads were good
- Well organized, great tone, great location, job well done, great turn out
- Your breakout sessions could have been more descriptive so people would have gone to the session more appropriate to their knowledge and interest.
- It may have been more beneficial to have a pre-session survey to aggregate initial goals/ideas
- Too rushed- Too much time on brainstorming vision before putting it into the previously structured format
- Asked to add this: If the meeting were all day I would still be able to attend
- I would recommend making the session 1-2 hours longer
- Evaluation session- work on making all wrapping up their subject matter follow outline to make a clearer statement
- 4 hours was appropriate amount of time, however, lunch could have been an option earlier, then start workshop later for people that didn't/weren't able to take extra time

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- One person was allowed to dominate throughout the mental health session; it was basically a conversation between her and the facilitator (Aron). Very disappointing. Her feedback and opinion is what is written on the board. Some of it is incorrect-take note!
- Registered-didn't work-not on list
- Group behaved with some lack of courtesy
- Excellent job by Erica and Aron

#### **7. What type of organization are you from? (please mark one)**

- Adult Day Healthcare
- City
- Community Based: Fallbrook Healthcare District
- Community Service Organization
- County department
- Education
- Education: school food services
- Foundation
- Healthcare district
- Hospital or Clinic
- Mental Health Organization
- Municipality
- Non-profit
- Other Social Services Organization
- Safety Wellness Advocacy Coalition and Ninth District PTA
- STOD

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