

Charting the Course VI

North Coastal Region Forum

Introduction

The North Coastal Region Forum was held on August 18, 2010, at National University in Carlsbad, California. The forum was attended by 28 community stakeholders representing a wide variety of programs and organizations, including Oceanside Parks and Recreation and Housing Department, MAAC Project Head Start, Episcopal Refugee Network, Scripps Health, North County Health Services, Vista Community Clinic, County of San Diego HHSA, NAMI North Coast Fallbrook Healthcare District, Kaiser Permanente, CRF-Turning Point Crisis Center, San Diego Alliance for Drug Free Youth, UPAC-EMASS Program, Interfaith Community Service and several community foundations. Geographic areas represented included Oceanside, Encinitas, Vista, Carlsbad, San Marcos, Fallbrook, Escondido and San Diego.

During the 4-hour forum, Leslie Ray, County of San Diego, Health and Human Services Agency, Public Health Services epidemiologist presented to community stakeholders a health issues briefing with data specific to the North Coastal Region. During this briefing, a variety of demographic and health data were 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. Each group was led through a structured discussion during which members developed a vision for the region in relation to the assigned health issue topic, as well as a set of goals designed to facilitate the achievement of their vision. Based on these goals, the final effort of the breakout session was a root-cause analysis during which participants identified, from their perspective, as many causes as possible for the problems they had 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 overall score was 3.6 on a 4-point scale, with 4 being excellent and 1 being poor. Scores ranged from 3.3 for food to 3.8 for the facilitators. A complete presentation of the forum evaluation is contained in the Forum Evaluation section of this report.

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.

Charting the Course VI North Coastal Region Forum

North Coastal Region Data Presentation

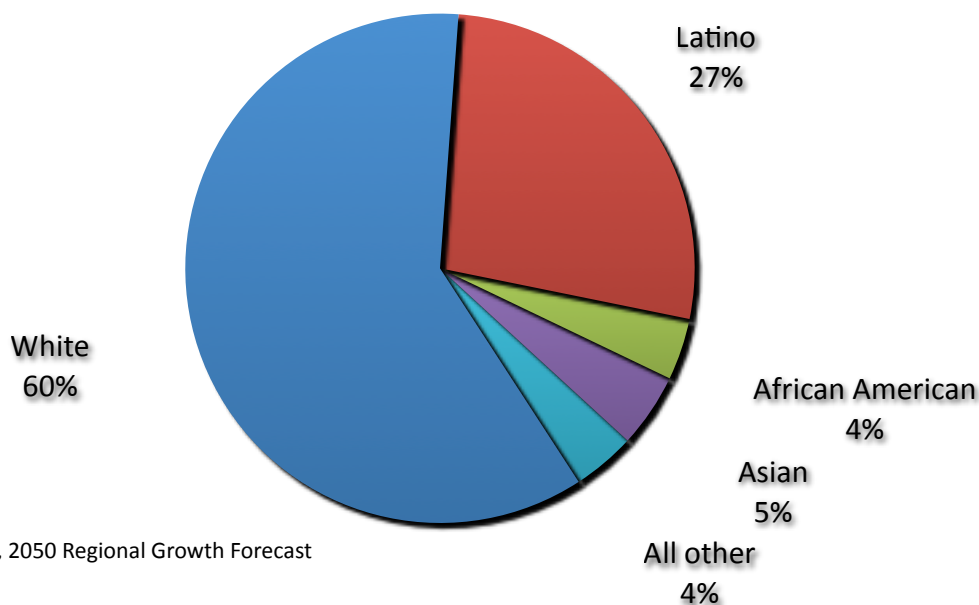
The following briefly presents the information contained in the health issues briefing and additional relevant data. A copy of the presentation and additional information are available in the appendix and online at: <http://www.SDHealthStatistics.com>.

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 Coastal population estimate – 499,324
- Projected 2020 population – 555,026, a 11.2% projected growth rate between 2008 and 2020
- While the overall population of the North Coastal Region is expected to grow by slightly over 11% by 2020, growth rates among Asians and Latinos are expected to grow at higher rates, 20.9% and 18.4%, respectively. The African American population is expected increase by 9.7%, while the white and American Indian population is expected to increase by 7.4% and 2.2%, respectively.

2008 North Coastal Region Population by Race/ethnicity



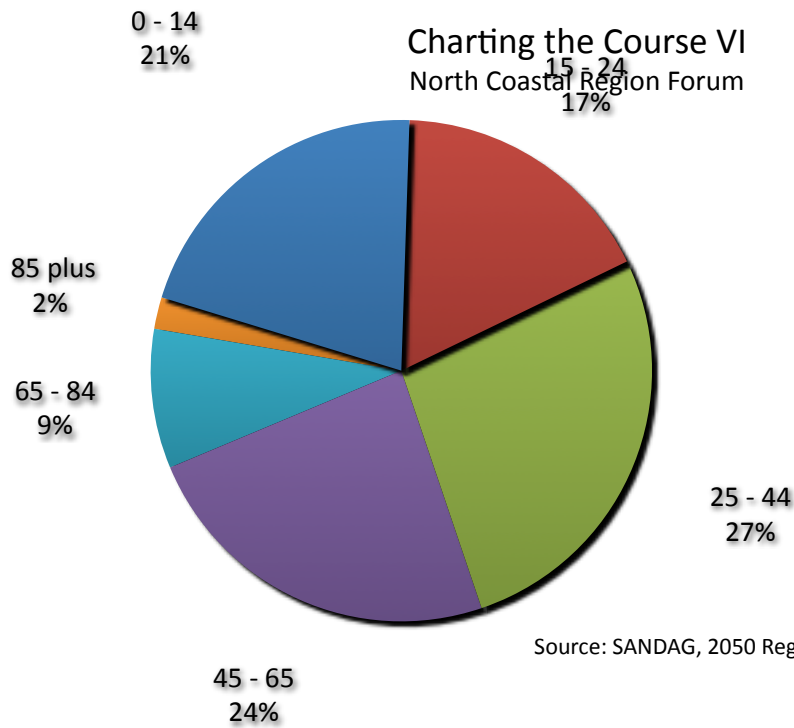
Source: SANDAG, 2050 Regional Growth Forecast

- By 2020, there will be a significant shift in the age distribution of the North Coastal Region. The percentage of those ages 65 and over is expected to grow by almost 45%, accounting for 14.4% of the population, while the percentage of those under age 26 is expected to grow by less than 3%, accounting for 35.2% of the population.

2008 North Coastal Region Population by Age Category

Charting the Course VI

North Coastal Region Forum



Source: SANDAG, 2050 Regional Growth Forecast

Health Issues

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

- Overall, 59.7% of the North Coastal Region adults ages 18 and older reported their health as excellent or very good, which is slightly higher than the 56% reported for the entire San Diego Region.
- Among those ages 65 and older, only 48% reported their health as excellent or very good.
- Among North Coastal Region residents, 27% reported being disabled due to a physical, mental or emotional problem. This was similar to the County's overall rate of 27%.
- Among those ages 65 and older, 54% reported being disabled, which is slightly lower than the 55% reported for the County overall.

Medical Insurance Coverage

- Overall, 85% of adults ages 18 and older reported that they are currently insured, which is slightly higher than the County overall rate of 85%.
- Among those ages 18 to 64 years, 77.5% reported having insurance coverage during the entire past year.
- Those least likely to report having insurance include the following:
 - 78% among those ages 18 to 24 years
 - 58% among Latinos
 - 61% in households with annual incomes under 200% of the federal poverty level
 - 68% among those with a high school education or less

Charting the Course VI

North Coastal Region Forum

- Among those ages 18 to 64 years, employment-based coverage is the most common source of insurance, accounting for 66.4% of coverage. Public programs, including Medi-Cal and Healthy Families, account for 7.6% and privately purchased coverage accounted for 9.2% of coverage.

This section explores three wide-ranging health topics in detail. These include:

- Nutrition and weight status, physical activity and fitness
- Injury and violence
- Mental health and mental disorders

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. Costs 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 six 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 Coastal 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 Coastal Region rates for the six chronic conditions to overall San Diego Region rates found rates for three conditions (highlighted in yellow). These included stroke discharges 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.

in the North Coastal Region were higher deaths and ED discharges and COPD ED

Deaths (2008)

Charting the Course VI
North Coastal Region Forum

Disease	North Coastal Region		San Diego County	
	Number of deaths	Age-adjusted rate per 100,000	Number of deaths	Age-adjusted rate per 100,000
Cancer (All types)	764	142.3	4,715	155.0
Diseases of heart	853	143.1	4,752	146.9
COPD	174	31.5	1,044	33.7
Stroke	213	36.1	1,121	34.9
Diabetes	76	13.6	571	18.4

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

Hospitalizations (2008)

Disease	North Coastal Region		San Diego County	
	Number of hospitalizations	Rate per 100,000	Number of hospitalizations	Rate per 100,000
Coronary Heart disease	1,365	258.5	9,973	317.0
Stroke	920	174.2	6,488	206.2
Diabetes	416	78.8	3,972	126.2
Cancer (All types)	1,463	263.4	9,764	310.8
COPD	454	86.0	3,468	110.2
Asthma	204	38.6	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)

Disease	North Coastal Region		San Diego County	
	Number of ED discharges	Rate per 100,000	Number of ED discharges	Rate per 100,000
Asthma	924	175.0	9,251	294.0
COPD	1,220	231.0	7,135	226.8
Diabetes	530	100.4	4,302	136.7
Stroke	243	46.0	1,321	42.0
Coronary heart disease	119	22.5	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 Coastal Region highlighted in yellow are higher than overall San Diego County rates.

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.

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North Coastal Region Forum

Physical Activity

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 Coastal Region, 81% of adults reported walking for transport, fun or exercise. This is slightly higher than 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 rate was 73%, higher than the County's overall average for this age group of 67%.

In terms of physical inactivity, 10% of adults living in the North Coastal Region reported that they were involved in no physical activity. This percentage is lower 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, 3 or more hours on weekdays
 - 14% of ages 4-11 years (slightly lower than the County overall, 15%)
 - 21% of ages 12-17 years (slower than the County overall, 25%)
- TV viewing and video gaming, 3 or more hours on weekends
 - 38% of ages 4-11 years (slightly lower than the County overall, 47%)
 - 40% of ages 12-17 years (lower than County overall, 45%)

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

Charting the Course VI

North Coastal Region Forum

- Enhanced self esteem
(CDC, 2009)

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

- More than half of all adults were overweight or obese.
 - Overweight 32% (County overall, 33%)
 - Obese 20% (County overall, 22%)
- Among adolescents ages 12-17 years, 81% were in the normal weight range.
 - Higher than the County overall (73%)
- Among children, ages 2-11 years, 89% were in the normal weight range (based on age and gender specific BMI percentiles).
 - Same as the County overall (91%)

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 Coastal Region residents found the following nutritional information:

- Only 51% of children ages 2-11 years consumed five or more servings of fruits and vegetables daily. This rate is slightly higher 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. 17.7% of North Coastal Region residents reported eating fast food three or more times during the previous seven days, ranging from 5.5% among those ages 65 and older to 20.9% 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 Coastal Region residents indicated the following tobacco use:

- 13.7% of the North Coastal Region adults reported they are currently smokers and 27.9% 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
- The smoking levels are highest among those with a high school education or less and lowest among those with more than a high school education, 23.4% and 8.9%, respectively.

Charting the Course VI

North Coastal Region Forum

Injury and Violence

Unintentional injuries and deaths, unlike “accidents,” which are events that are inevitable and unavoidable, are the results of incidents that are regarded as being both predictable and preventable. Environmental and behavioral changes can 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 Coastal Region residents has increased from 99 (21.5 deaths per 10,000) to 159 (30.7 deaths per 10,000), a 60.6% increase (CDPH, 2008).

In the North Coastal 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. Suicide (n=451, 22.8%)
2. Motor vehicle (n=428, 21.6%)
3. Drug/alcohol overdose (n=385, 19.5%)
4. Fall (n=331, 16.7%)
5. Homicide (n=116, 5.9%)

Between 2006 and 2008, five causes accounted for 72% of injury-related hospital ED discharges. The five leading causes were:

1. Fall (n=21,707, 31.1%)
2. Struck by/against (n=10,698, 15.3%)
3. Overexertion (n=6,871, 9.8%)
4. Cut/Pierced (n=5,808, 8.3%)
5. Motor vehicle occupant (n=5,232, 7.5%)

During 2008, there were 2,839 unintentional injury hospitalizations among North Coastal Region residents. The rate of unintentional injury hospitalization during 2008 for North Coastal Region residents was 537.6 per 100,000, the lowest rate among all San Diego County regions.

Between 2000 and 2008, the number of unintentional injury hospitalizations of North Coastal Region residents increased 15.9% from 2,449 (532.5 per 100,000) to 2,839 (537.6 per 100,000).

Charting the Course VI

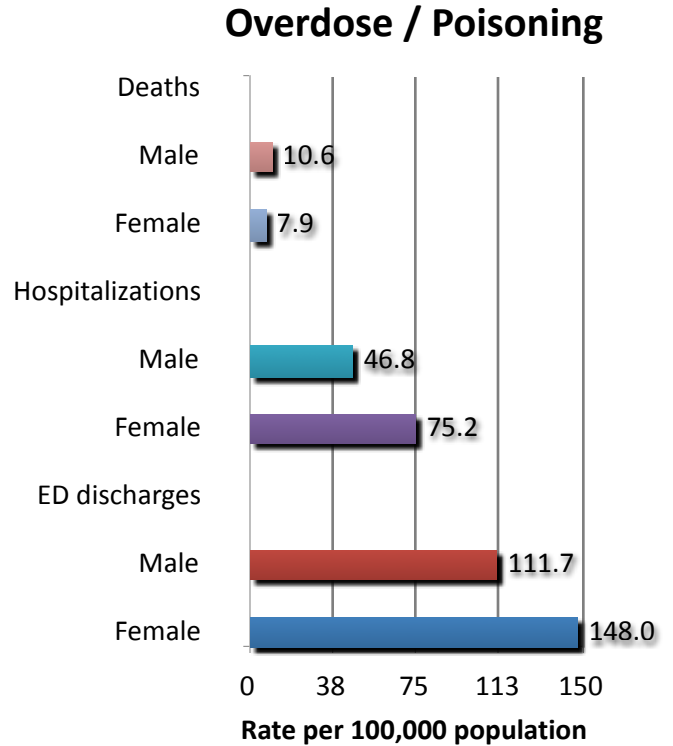
North Coastal Region Forum

Overdose and Poisoning

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

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

- Deaths: 2nd lowest overall
 - 2nd lowest males
 - 2nd lowest females
 - 2nd lowest ages 25-64
- Hospitalizations: 2nd lowest
 - 4th highest ages 15-24
 - 2nd lowest ages 25-64
- ED discharges: 4th highest



Trends

Between 2000 and 2007, the death rate due to overdose and poisoning among North Coastal Region residents increased by 55%, from 6.7 per 100,000 population in 2000 to 9.3 in 2007.

Between 2000 and 2008, the hospitalization rate due to overdose and poisoning among North Coastal Region residents increased by almost 19%, from 58.5 per 100,000 to 69.5 per 100,000.

Charting the Course VI

North Coastal Region Forum

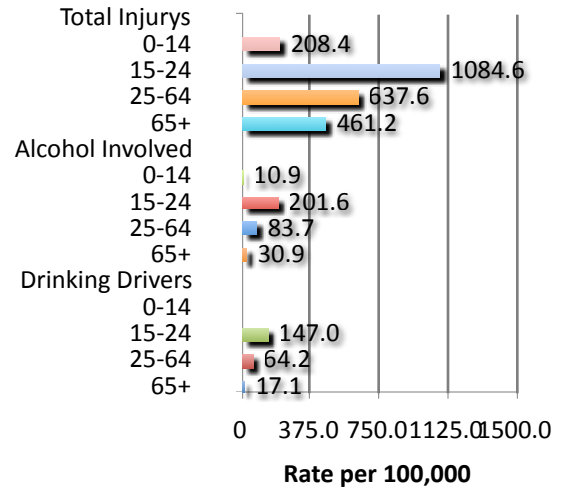
Motor Vehicle Injury

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

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

- **Location of Residence**
 - Death rates highest
 - Overall
 - Among males
 - Among whites
 - Among 15-24 year-olds
 - Among those age 65 and older
 - Hospitalization rate lowest overall
 - ED discharge rate 2nd lowest overall

Motor Vehicle Injury Crashes, 2007



- **Alcohol-involved by location of occurrence**
 - 4th highest overall
 - Highest among those age 65 and older
- **Active restraint use**
 - 93% among those 6 years and older

Motor vehicle death rate increased 26% in 2007, an increase from 92.9 per 100,000 to 117.0 per 100,000. * Rate not calculated for fewer than 5 events.

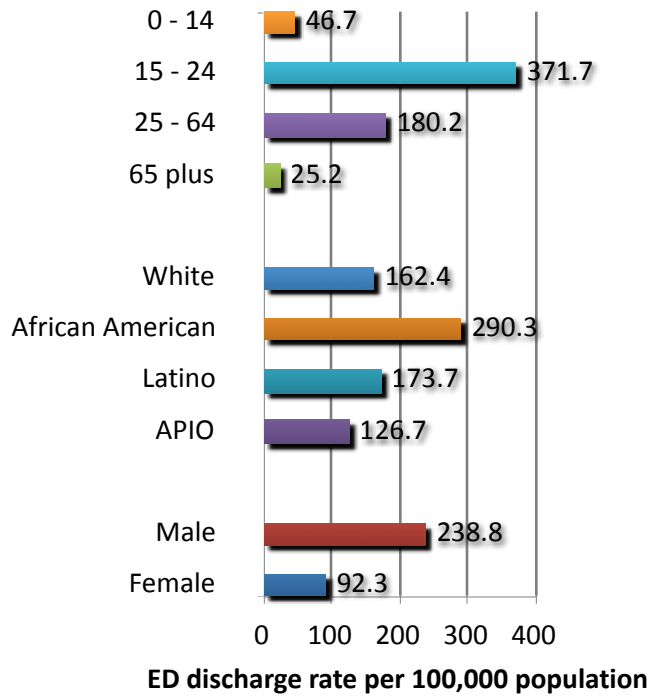
Motor vehicle hospitalization rate due to alcohol involvement decreased 26%, from 92.9 per 100,000 to 68.7 per 100,000.

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

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

- **Homicide**
 - 4th highest overall
 - 80% males
 - 80% persons ages 25-64
- **Assault hospitalizations**

Assault ED Discharges, 2008



Trends

Between 2000 and 2007, the homicide rate among North Coastal Region residents has varied between 1.9 per 100,000 in 2007 to 3.0 per 100,000 in 2006.

Between 2000 and 2008, the assault hospitalization rate among North Coastal Region residents increased by 9.7%, from 22.8 per 100,000 to 25.0 per 100,000. During this time period, the highest rate occurred in 2004 and was 32.6.

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North Coastal Region Forum

Suicide and Self-Inflicted Injury

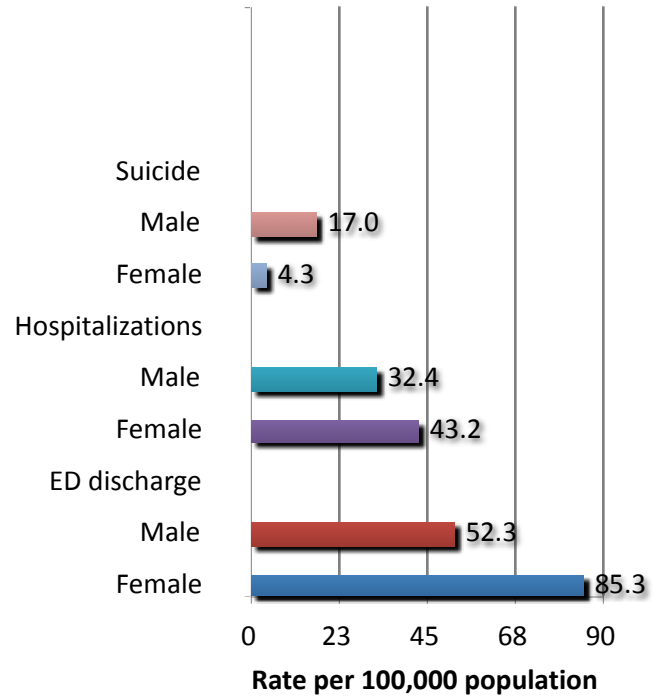
The following provides a brief overview, by gender and age category, of those most impacted by suicide and self-inflicted injury among North Coastal Region residents and a comparison to County-wide rates.

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

- **Suicide**
 - 4th highest rate of all regions
 - Highest rate among persons age 65-plus, compared to other ages
 - Higher among males than females
- **Self-inflicted Injury**
 - 3rd lowest hospitalization rate
 - Higher rates among those ages 15-24 years, females and whites
- **Self-inflicted Injury ED discharges**
 - 3rd highest ED discharge rate
 - Higher rates among those ages 15-24 years, females and whites

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

Suicide and Self-inflicted Injury



ate among North Coastal Region residents increased by 3.9% from

Between 2000 and 2008, the hospitalization rate related to self-inflicted injury among North Coastal Region residents decreased by over 18%, from 46.3 per 100,000 to 37.7 per 100,000.

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North Coastal Region Forum

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 Coastal 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)***

20.3% of adults reported that they had experienced physical or sexual violence by an intimate partner since age 18. The rate of reported violence was higher among females than males, 23.0% and 17.6%, respectively.

Females age 40 – 64 reported the highest rate of physical or sexual violence by an intimate partner, 28.1%.

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

6.2% of adults reported that they had experienced violence by an intimate partner in the previous year, which is higher than the County's overall rate of 4.9%.

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

15.6% of adolescents ages 12-17 reported they were involved in physical fights during the previous year. This rate was higher than the County's overall rate of 13%.

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.

A combination of indicators is presented here to provide some insight into the mental health of North Coastal Region residents. These indicators include the following sources of information:

- CHIS measures related to emotional well-being; access 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 mental illness, and dual diagnoses

Emotional Well-being

Charting the Course VI

North Coastal Region Forum

- Almost 9% of adults had likely psychological distress in the past year, slightly higher than 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% of adolescents and adults likely had psychological distress in past month

Access and Utilization

- 16% of adults saw a healthcare provider for emotional-mental and/or alcohol-drug issues in past year
- 17.4% 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, 63.7% reported receiving treatment, slightly lower than the overall County rate of 65%
- Almost 10% of adults had 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

- 69% of adults reported that they drank alcohol during the previous month, higher than the County overall rate of 65%.
 - Ages 18-20: 38% (County 31%)
 - Ages 21 plus: 71% (County 66%)
- Binge drinking (number of drinks in one setting) among adults (males: 5+ drinks, females: 4+ drinks)
 - 17% engaged in binge drinking during the past month (County 18%)
 - 30% engaged in binge drinking during the past year (County 31%)

Substance Abuse ED Discharges

During 2008, there were 1,362 ED discharges with a principal diagnosis of substance use or abuse among North Coastal Region residents.

- The North Coastal Region had the 2nd highest rate in the County, with 271 discharges per 100,000, compared to the rate of 294.0 for the County overall.
- 47% (n=639) of the discharges were for nondependent abuse of alcohol and/or drugs including:
 - 80% binge drinking
 - 8% amphetamines use

Mental Illness ED Discharges

During 2008, there were 2,317 ED discharges of North Coastal Region residents with a principal diagnosis of mental illness.

Charting the Course VI

North Coastal Region Forum

- North Coastal Region ED discharge rate was 461 per 100,000 population, compared to the overall County rate of 516 per 100,000 population.

Dual Diagnosis ED Discharges

During 2008 in the North Coastal Region:

- 23.5% of ED discharges with a principal diagnosis of substance use/abuse had a secondary diagnosis of mental illness, which was higher than the County's overall rate of 19.2%.
- 19.4% of ED discharges with a principal diagnosis of mental illness had a secondary diagnosis of substance use/abuse, which was lower than the County's overall rate of 21.6%.

Charting the Course VI

North Coastal Region Forum

Breakout Sessions

This section of the report presents a Session Summary and a Session Detail of each breakout session. These sessions were lead by Community Health Improvement Partner (CHIP) facilitators using a guide developed to assure that each group discussed 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 its vision, goals and root-cause analysis.

Breakout Session Summary

The following presents a summary of the North Coastal 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 opportunities for better nutrition, with increased physical activities levels to obtain eventual optimum health for all.

The root-cause analysis completed during this breakout session identified several themes related to the environment, behaviors and policies believed to be critical in achieving the above vision.

Environmental themes include:

Challenge to creating awareness and education related to nutrition among all residents:

- Limited culturally competent health education

Limited access to healthy and affordable food due to:

- Limited access to affordable, healthy food in some areas
- Lower cost of unhealthy food compared to healthy food in many cases
- Limited education concerning how to buy and prepare healthy food

Challenges to providing access to and participation in physical activity:

- Limited or missing connectivity between walking paths and parks
- Safety issues
- Society's encouragement of sedentary activities

People and behavior themes include:

Challenges to creating awareness and education related to nutrition among all residents

- Apathy
- Low literacy levels

Charting the Course VI

North Coastal Region Forum

- Cultural food preferences

Limited access to healthy and affordable food due to:

- Limited financial resources to purchase healthier foods
- Personal choice to purchase less expensive/lower quality foods

Limited access to and participation in physical activity due to:

- Limited time, and personal choice not to be physically active
- Apathy

Policy themes include:

Challenge to creating awareness and education related to nutrition among all residents:

- Limited funding for health education

Limited access to healthy and affordable food due to:

- Organic and high protein foods more expensive than government-subsidized corn and wheat products

Limited access to and participation in physical activity due to:

- Limited funding for infrastructure
- Perception that low socioeconomic status communities receive less funding for infrastructure improvements

Injury and violence

The vision developed during this breakout session focused on a community where families with children do not experience violence, individuals treat others with respect, drive responsibly, and practice accident prevention, and everyone complies with the laws.

The root-cause analysis completed during this breakout session identified several themes related to providing tools and preventive programs for stress, conflict management, safety and the ability to report issues without fear of reprisal, all of which are believed to be critical in achieving the above vision.

Environmental themes include:

Challenges to providing stress and conflict management tools:

- Lack of accessible, affordable and timely mental and physical healthcare services
- Economic pressures and lack of time prevent utilization of available tools and programs
- Military culture conflicts with civilian code of conduct

Challenges to providing preventive education programs:

Charting the Course VI

North Coastal Region Forum

- Ineffective outreach and marketing of programs
- Need for more collaboration between programs to reach target populations

Challenge to implementing methods of reporting safety and violence issues without fear of reprisal:

- No sense of community

People and behaviors themes include:

Challenges to providing stress and conflict management tools:

- Denial and avoidance that problems exist
- Issues related to military culture – fear of reporting problems and positional impact on career

Challenges to providing preventive education programs:

- Lack of follow through and insufficient personal responsibility
- Cultural bias against services to seniors and Latinos
- Stigma

Challenges to implementing methods of reporting safety and violence issues without fear of reprisal:

- Fear of retribution and lack of confidence that “the system” will protect their anonymity
- Cultural norms do not support reporting problems

Policy themes include:

Challenge to providing stress and conflict management tools:

- Lack of funding

Challenges to providing preventive education programs:

- Lack of funding
- Programs tend to be reactive rather than proactive

Challenges to implementing methods of reporting safety and violence issues without fear of reprisal:

- Immigration documentation issues create fear of deportation
- Concerns about confidentiality of information in schools

Mental health

The vision developed during this breakout session focused on creating a community that works collaboratively to provide individuals access to comprehensive and integrated health services.

The root-cause analysis completed during this breakout session identified several themes related to the access to needed healthcare services within one’s own community, adequate housing and an environment that promotes and enhances a healthy lifestyle, all of which are believed to be critical to achieving the above vision.

Charting the Course VI

North Coastal Region Forum

Environmental themes include:

Limited access to healthcare services when needed due to:

- Limited number of psychiatrists and nurses that are culturally competent
- Primary care physicians unwilling to accept referrals or do screening, assessment and brief interventions
- Limited transportation

Limited access to adequate housing due to:

- Weak economy
- Limited affordable housing for low- to moderate-income families in North Coastal Region
- Limited supportive board-and-care facilities

Challenges to creating an environment that promotes and enhances a healthy lifestyle:

- Ineffective marketing of mental health promotion
- Public safety issues, including gang violence in some neighborhoods

People and behavior themes include:

Limited access to healthcare services when needed due to:

- Limited linguistic and cultural competency among mental health providers
- Many uninsured have incomes too high to qualify for either Medi-Cal or Healthy Families.

Challenge to providing an environment that promotes and enhances a healthy lifestyle:

- Fear and stigma associated with mental health issues impacts many segments of the population, including older adults, military personnel and families, young adults, and various racial and ethnic populations, such as Asians and Pacific Islanders.

Policy themes include:

Limited access to healthcare services when needed due to:

- Limited funding of mental health services
- Long wait times to receive mental health services
- Sliding scales do not include many middle and low income households

Challenge to providing adequate housing:

- Cumbersome building codes and permit process make it difficult to build low- to moderate-income housing

Challenges to creating an environment that promotes and enhances a healthy lifestyle:

- Planning policies do not support healthy lifestyle

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North Coastal Region Forum

- Schools lack funding or will to provide health education programs

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 session was attended by seven stakeholders and facilitated by Cheryl Moder, Director San Diego County Childhood Obesity Initiative. Participants represented a variety of organizations, including hospitals, clinics, community collaboratives and staff from the County of San Diego Health and Human Services Agency.

Vision statement

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

“We envision a North Coastal Region that enjoys opportunities for better nutrition, with increased physical activity levels to obtain eventual optimum health for all.”

Goals

- Increase awareness and education related to nutrition among all residents
- Increase access to healthy and affordable food
- Increase access to and participation in physician activity

Root-cause Analysis

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

Effect: Inadequate awareness of nutrition or nutritional education among residents

Causes:

Behavior

- Lack of community interest
- Personal choice not to educate self about nutrition and physical activity
- Community residents’ lack of initiative to seek out and participate in educational opportunities

People

- Low level of education
- Culture and tradition promote celebrating with unhealthy food habits
- Lack of discussion within the community about health and nutrition

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Environment

- Lack of cultural competency in health education
- Medical messages influence unhealthy choices and habits

Policies

- Lack of funding for health education

Effect: Insufficient access to healthy and affordable food

Causes:

Behaviors

- Systemic issues that cause people to value convenience
- More demand for unhealthy foods
- People buy cheap food
- Personal choice not to purchase healthy food

People

- Lack of adequate funds to purchase healthy food

Environment

- Price of food
- Access to affordable food
- Healthy food businesses don't locate in high crime areas
- Unhealthy food costs less than healthy food
- Location of people in relation to healthy food outlets not convenient
- Lack of adequate transportation
- Lack of education about healthy food

Policies

- Organic and high protein foods cost more to produce
- Corn and wheat production is subsidized by the government

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Effect: Insufficient access to and participation in physical activity

Causes:

Behaviors

- Perceived lack of time
- Personal choice not to do physical activity

People

- Lack of interest
- Lack of socioeconomic status
- Lack of education
- Not enough demand (advocacy)
- Cultural barriers
- Don't know how to advocate

Environment

- Lack of police presence
- Lack of connectivity among walking paths and parks
- Convenience factor encourages sedentary activities
- Modern technology encourages sedentary activities

Policies

- Lack of funding for infrastructure (e.g., sidewalks, bike paths and parks)
- Policy-maker priorities mean money is allocated elsewhere.
- Low-socioeconomic-status (SES) communities generate less revenue for public services.

Injury and Violence

The injury and violence session was attended by eight stakeholders and facilitated by Dana Richardson, Senior Director of Advocacy and Community Health. Participants represented a variety of organizations, including staff from the City of Oceanside Parks and Recreation Department, community clinics, hospitals, a healthcare district, community-based organizations, and a commercial communications agency.

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North Coastal Region Forum

Vision statement

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

“We envision a North Coastal Region where families with children do not experience violence, and individuals treat others with respect, drive responsibly, and practice accident prevention, and everyone complies with the laws.

Goals

- Ensure that communities and families have the tools needed to deal with stress and conflict
- Provide preventive programs that target education for safety issues, enhancement of well-being in the community, driver safety, and cyber safety
- Provide a safe method of reporting safety and violence issues without fear

Root-cause Analysis

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

Effect: Lack of tools to deal with stress and conflict

The group focused their discussion on three populations, including elders, those with a history of violence, and those involved with alcohol and drug use.

Causes:

Behaviors

- Denial — “Those things happen to someone else, not me.”
- Behavioral issues — too many choices and avoidance of making a choice, unable to find the tools that work for the individual

People

- Men don’t like to talk about problems and issues, especially seniors. They don’t want to go beyond the “comfort zone.”
- Generalization of issues – how people are raised
- Lack of awareness that they need tools/denial and fear.
- Military cultural issues, including stigma, chain-of-command issues and fear of reporting

Environment

- Digital divide, lack of access to hardware and software
- Lack of affordable and accessible mental and physical healthcare
- Translation issues

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- Military culture conflicts with “code of conduct” of civilians
- Training trumps social norms
- Long waits for services
- Economic pressures lead to lack of time to access tools and engage in programs

Policy

- Lack of state and federal funding
- In managed care, mental health and preventive services are not a priority
- Once a person is diagnosed they become uninsurable, which leads to stigma.
- People don’t want to pay the cost for case management

Effect: Lack of preventive programs targeting safety education and enhancement of well-being

Causes:

Behaviors

- Lack of follow through after a person has started a program
- People find out about things only through word of mouth

People

- People don’t want to wait
- Insufficient personal responsibility
- People have blinders on and feel social class problems do not exist in their community
- There is a cultural bias against services to seniors and Hispanics
- Stigma issues

Environment

- Insufficient communication of risk factors, including issues of class
- Outreach for programs has been ineffective, need better marketing
- Not reaching target populations
- Lack of collaboration between programs
- Timing issues — programs not offered at the correct times

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- No ability to rate programs
- Network of proactive care does not exist

Policy

- No funding from federal, state or local sources
- Programs not geared toward being proactive, only reactive
- Issues don't become a priority until someone is personally affected

Effect: Fear of reporting violence or abuse, lack of desire to get involved

Causes:

Behaviors

- Fear of retribution — It happens even when reporting is anonymous.
- Lack of confidence that something will be done by “the system”
- People reporting fear for their own safety

People

- Cultural issues
- People don't know what powers they have
- Lack of awareness regarding how to act
- People take things into their own hands, act out
- Possible crime related to the Internet and teasing of children often goes unobserved.

Environment

- Lack of community — neighbors don't know their neighbors
- “It's not personal”

Policies

- Immigration-status issues related to fear of being sent out of the country
- Confidentiality issues in schools
- “No room” in the jails
- Law enforcement has no teeth

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North Coastal Region Forum

Mental Health

The mental health session was attended by 10 stakeholders and facilitated by Aron Fleck, CHIP Director of Programs. Participants represented a variety of organizations, including North County Health Services, community benefit organizations, staff from the City of Oceanside Housing Department, refugee advocates, and faith-based organizations.

Vision statements

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

“We envision a stigma-free North Coastal Region that works collaboratively to provide individuals access to comprehensive and integrated health services.”

Goals

Goals developed by this group included the following:

- Accessible healthcare within one’s community when one needs it
- Everyone has adequate housing
- An environment that promotes and enhances a healthy lifestyle

Root-cause Analysis

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

Effect: Healthcare is not accessible or convenient to everyone.

Causes:

People

- Perception that additional healthcare access is not needed in the North Coastal Region
- Uninsured population – Many people’s incomes are too high to qualify for Medi-Cal and Healthy Families and they are forced to go without medical insurance.
- People do not feel comfortable seeking care from providers that are not culturally competent, especially for mental health.
- Lack of medical translators

Environment

- Lack of public transportation
- Lack of access to medical resources (e.g., directory of providers and specialists that care for specialized populations)
- Not in My Back Yard (NIMBYism) in Oceanside

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- Primary care physicians are concerned about treating severe — “too ill” — patients and will not accept referrals.
- Not enough culturally competent psychiatrists, child psychiatrists and nurses
- Not enough physicians willing to do screening, assessment and brief interventions.

Policies

- Sliding scales do not encompass middle- and low-income individuals and families.
- Contractual limitation of services — three visits per year for CMS
- Program capacity issues — long wait times
- Funding issues — Decisions about how funds are used are not local.

Effect: Lack of adequate housing resources for some

Causes:

Policies

- Building codes and permit process make it difficult to build low- to moderate-income housing that is safe and decent.

Environment

- Poor economic conditions
- Overall lack of affordable housing for low- to moderate-income families within the North Coastal Region
- Lack of supportive housing, including a continuum of housing such as board-and-care facilities
- Need median salary wages to afford median housing
- Job market for low-income group is not flourishing, very difficult to find jobs. (This issue is especially difficult for middle managers in the 55 to 65 year age category.)
- Loss of manufacturing-based workforce
- Loss of jobs in general

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Effect: Current environment does not promote and enhance a healthy lifestyle

Causes:

Behaviors

- Perception that there are no poor people in the North Coastal Region
- Denial of problems in the Carlsbad area

People

- Fear and stigma dominate current environment
- Stigma among
 - Older adults
 - Military
 - Public safety personnel
 - API (keep it in the family)
 - Younger adults ages 18 to 24
 - Transitional Aged Youth (TAY) population
- Stigma of addiction impacts families
- Denial of parents
- Primary care physicians treating mentally ill patients do not want to treat the stigma associated with mental illness

Environment

- Media messaging not effective
- Adults and children do not use parks because of gangs and violence in some neighborhoods.
- Lack of information about certain populations, especially older adults
- NIMBYism in Oceanside
- Lack of media training and involvement of social media related to mental health
- No funding for media training
- Lack of credible information about resources and programs

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North Coastal Region Forum

Policies

- Policies do not support healthy lifestyles
- Funding and policies make it difficult to get into schools to hold health education programs

Charting the Course VI
North Coastal Region Forum

Forum Evaluation

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

a. Event location:	3.6
b. Event time:	3.6
c. Food:	3.3
d. Presentations:	3.6
e. Facilitators:	3.7
f. Overall event:	3.6

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”):

<i>Statement</i>	
a. I found the day energizing and/or inspirational.	4.3
b. The data presentations provided useful, clear information about the Region and were useful to the day’s process.	4.6
c. The event facilitated open and honest discussion about the issue areas in our community.	4.7
d. I personally gained knowledge and/or skills that I can apply in my work.	4.5

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

- Goal setting
- Discussing gaps and root causes
- Great organization, CHIP staff is always so well prepared-much appreciated!
- Group interaction/discussion
- Discussions/statistics
- Group session

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North Coastal Region Forum

- The CHIP presenters were well prepared.
- Open discussion
- The breakout sessions
- I liked the openness and welcome attitude! Made sharing comfortable.
- Hearing from others in the community
- N/A
- Data presented and egg timers
- The Why
- Group interaction
- Small group discussion

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

- Sidebar conversations during discussion-Aron attempted to control, but difficult to manage when discussing heated subjects
- Too much digging on fishbone
- Presentation
- Length-but I understand it needs to be this long to get the information in the areas needed.
- Fast pace of sections in the breakout
- Beginning
- All the initial percentages, prefer am or pm, not both, location off of Palomar was difficult to find

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

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

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

- Great time. Curious what follow-up will be or look like.
- Great food, thanks! Would have liked to do introductions with larger group.
- This forum was very valuable, thanks for inviting me!

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- It was very well organized and moved at a good pace.

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

- Other social services organization
- Mental health organization
- County department
- Starfish Resources-Resource Consulting for Seniors
- Hospital or clinic
- HSAB Community Rep 50th District
- Hospital or clinic/education
- AOD Prevention
- City

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North Coastal Region Forum

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