



**AGENDA
GOVERNMENT/PUBLIC ENGAGEMENT COMMITTEE**

**Wednesday, March 27, 2019 at 5:30 P.M.
Community Room, 138 S. Brandon Rd., Fallbrook CA 92028**

Committee Members: Kate Schwartz-Frates and Barbara Mroz

Interim Director: Wendy Lyon

Staff Members: Linda Bannerman and Mireya Banuelos

1. Call to Order/Roll Call
2. Public Comment
3. Discussion Items
 - a. Improving community connections by enhancing our community engagement through use of new tools and strategies.
 - b. Increasing the district's presence within the community
 - c. Increasing district's participation and attendance at local and County meetings
 - d. Communication with local and state representatives
 - e. Researching county programs that would intersect with the district's mission and goals.
 - f. Increase the district's interaction with the Spanish-speaking population
 - g. Community programs and events
 - i. WOW
 - ii. CCHW
 - iii. NCCCHI
 - iv. Health Fair
 - v. Avocado Festival
 - vi. Harvest Faire
 - vii. Christmas Parade
 - h. Website
 - i. Social Media
 - j. Community Resource Directory
4. Adjournment

I certify that on March 22, 2019, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 72 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink that reads "Pamela Knox". The signature is written in a cursive style and is positioned above a horizontal line.

align our mission and goals

VISION

Healthy people in healthy communities.

MISSION

To promote health and improve quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters.

VALUES

- Collaboration
- Diversity
- Respect
- Responsiveness
- Transparency



BRANCH GOALS

ADMINISTRATION, PUBLIC HEALTH SERVICES (PHS Admin)

- ◆ Provide leadership that guides the organization, advances health equity for all residents, and establishes an environment for success;
- ◆ Promote strategy development that stimulates innovation and leverages opportunities to make an impact on key issues—such as healthy aging, the opioid epidemic, increasing rates of Hepatitis C, and TB elimination;
- ◆ Create a culture of customer service within PHS that enables staff to serve, engage, and always be responsive to feedback from customers;
- ◆ Ensure that the County and its residents are served by an agile, adaptable, highly-skilled, public health workforce;
- ◆ Design, manage, improve, and innovate work processes to increase operational effectiveness;
- ◆ Use information, data, and analysis in a continuous fashion so that decisions are data-driven;
- ◆ Develop, curate, and disseminate population data to inform action for collective impact;
- ◆ Maximize federal revenues with Medi-Cal dollars available for benefits outreach in order to strengthen the region’s healthcare safety net; and
- ◆ Facilitate communication, collaboration, and coordination at the local, state and federal levels in the United States and Mexico to address public health issues of mutual concern in the San Diego-Tijuana border region.



CALIFORNIA CHILDREN’S SERVICES (CCS)

- ◆ Coordinate efforts to improve health equity in services provided while also encouraging family participation in CCS programs;
- ◆ Ensure all CCS clients have a medical home and that their care is coordinated;
- ◆ Ensure optimal utilization of Special Care Center Services to improve health outcomes for CCS clients;
- ◆ Engage Medical Therapy Program patients in activities to improve functional level;
- ◆ Ensure timely transition planning services for CCS clients to promote optimal health and independence once these clients leave the CCS program; and
- ◆ Promote operational excellence throughout for the benefit of customers and staff alike.



EPIDEMIOLOGY AND IMMUNIZATION SERVICES (EISB)

- ◆ Promote a comprehensive Immunization Information System to the community;
- ◆ Promote high quality immunization practices among public and private providers;
- ◆ Promote the importance of immunizations throughout the County and monitor coverage across schools and childcare centers;
- ◆ Minimize the spread of vaccine-preventable disease through timely investigations of suspect cases;
- ◆ Reduce childhood lead poisoning through education, outreach, and early identification and treatment of children with elevated blood lead levels;
- ◆ Provide effective surveillance, investigation, and response to protect the community from disease;
- ◆ Ensure timely and complete reporting of HIV and AIDS cases;
- ◆ Maintain a state-of-the-art laboratory that incorporates best practice and technology to support outbreak investigations and operates with the greatest efficiency to protect community health; and
- ◆ Ensure superior service delivery by providing timely and accurate birth and death certificates.



HIV, STD, AND HEPATITIS (HSHB)

- ◆ Identify all persons infected with HIV and STDs so that they can be informed and linked to care;
- ◆ Link all persons living with HIV or STDs to treatment services that follow national guidelines;
- ◆ Link all persons at risk for HIV and STD infection to prevention resources;
- ◆ Mobilize community efforts to achieve collective impact in reducing HIV and STD transmission; and
- ◆ Seek to improve outcomes for all services and activities.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES (MCFHS)

- ◆ Create environments and policies that encourage healthy behaviors and healthy communities in order to reduce chronic disease and promote health equity for all residents;
- ◆ Reduce the disproportionate African American infant mortality rate;
- ◆ Promote early detection and prevention of disease and disabilities of CHDP-eligible children, all first grade enterers, and high-risk infants in San Diego County;
- ◆ Improve pregnancy, child health, development, and safety; and enhance parent life course development;
- ◆ Reduce morbidity and mortality among low-income women and their infants through enhanced prenatal care;
- ◆ Ensure that pregnant women receive services and infants are born healthy;
- ◆ Ensure that children entering kindergarten receive an oral health screening;
- ◆ Strengthen families and improve men's health;
- ◆ Reduce fetal and infant deaths; and
- ◆ Prevent, reduce, and respond to family violence in San Diego County through trauma-informed practices.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)

- ◆ Foster preparedness within communities by supporting health and medical system response through readiness activities;
- ◆ Support County efforts to respond to public health threats and events through collaborative activities in monitoring and planning of responses; and
- ◆ Promote preparedness through drills, training, and exercises to ensure that County public health and medical staff have the ability to effectively respond to disasters and emergencies.







TUBERCULOSIS CONTROL AND REFUGEE HEALTH (TBC-RH)

- ◆ Eliminate TB in San Diego County by continuing to make progress in reducing the incidence of the disease;
- ◆ Increase awareness of TB risk;
- ◆ Enhance prevention, diagnosis, and treatment of TB disease and latent TB infection; and
- ◆ Improve the health of newly arrived refugees.



The measures below are selected high priority measures for Public Health Services (PHS). These measures are displayed by the components of Live Well San Diego, a regional vision adopted by the San Diego County Board of Supervisors, to help all San Diego County residents be healthy, safe, and thriving. The three components are Building Better Health, adopted in 2010, which focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted in 2012, which focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted in 2014, which focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life. Virtually all PHS measures align with Building Better Health, and some measures also align with the Living Safely or the Thriving component, as shown here.

Building Better Health		Target
	MCFHS: Timely preventive health examinations for children in out-of-home placements	95% of 2,000 children
	MCFHS: Timely dental exams for children in out-of-home placements	95% of 1,600 children
	MCFHS: Infants breastfed until 6 months of age	61% of 200 infants
	MCFHS: Smoke-free behavioral health treatment programs	20% of 190 programs
	TBC-RH: Refugees complete the health assessment process within 90 days	90% of 1,000 refugees
Living Safely		Target
	PHPR: Activation of public health emergency response system for drills, exercises, and actual responses	7 exercises annually
	EISB: Tuberculosis samples tested and reported by lab within one business day	90% of 2,200 samples
	EISB: Children receive age-appropriate vaccines	99% of 16,000 children
	EISB: Selected communicable disease cases contacted/investigations initiated within 24 hours	100% of 270 cases
	HSHB: Clients have a medical visit within 30 days of newly confirmed HIV diagnosis	85% of 120 clients
Thriving		Target
	MCFHS: Cities that make policy, systems, or environmental changes supporting healthy environments	3 additional cities adopt healthy food system policy; 3 additional cities adopt active transportation policy
	MCFHS: Small to medium-sized retailers participate in the Live Well Community Market (Healthy Retail) Program	5 markets annually
	MCFHS: Support provided to implement objectives in the County's Climate Action Plan related to building healthy food systems that are environmentally sustainable	Increase in consumption of locally-grown and raised food through outreach and education
Operational Excellence		Target
	CCS: Children referred to California Children's Services who have their medical eligibility determined within State required timeframe	95% of 4,000 children
	EISB: Compliance of Public Health Services Laboratory with federal and state accrediting requirements	100% compliance
	EISB: Birth certificates registered within 10 days of birth	90% of 44,000 certificates
	PHS Admin: Quality Improvement projects conducted to advance operational excellence through continuous improvement	8 projects annually

HOW THIS PHS STRATEGIC PLAN IS USED

Maintaining a strategic plan is a good management practice, consistent with the regional *Live Well San Diego* vision, the County's General Management System. It is required of all public health departments accredited by the Public Health Accreditation Board (PHAB).

This is a snapshot of the comprehensive FY 2018-21 Public Health Services (PHS) strategic plan, which includes strategies, objectives, and measures, in addition to the goals identified here. How the plan aligns with other federal and State initiatives is also provided in the full PHS strategic plan.

PHS staff within each Branch work collaboratively with other County staff to implement these goals. Community partners across every sector are integral to efforts to advance shared goals. PHS staff members also reach out to community leadership teams in each of the service delivery regions of Health and Human Services Agency (HHS) in order to engage the community in mutually supportive activities. Shared objectives appear in community health improvement plans developed for the community leadership teams and also in the comprehensive PHS strategic plan.

Each year, a strategic review is conducted across HHS to reassess and revise department priorities, including those of PHS. New public health issues, performance results, input from advisory committees, and customer service feedback are among the factors considered.

Progress in meeting objectives is monitored and reported at least quarterly, and posted annually through the Operational Plan. In addition, the *Live Well San Diego Indicators* capture the collective impact of programs, services, and interventions using evidence-based practices.

PUBLIC HEALTH ACCREDITATION

On May 17, 2016, the County of San Diego HHS, received accreditation from the Public Health Accreditation Board (PHAB). To become accredited, the County of San Diego successfully underwent a rigorous review of over 1,100 documents to demonstrate conformance to 100 standards. PHAB's standards address the full array of public health functions set forth in the 10 Essential Public Health Services, as defined by the Centers for Disease Control and Prevention, as well as two additional standards related to administrative capacity and governance.

San Diego County is one of over 230 state, local, tribal and territorial jurisdictions that have achieved accreditation as of June 2018. San Diego County is one of the first counties to receive this designation from PHAB's expanded standards and measures, adopted in June 2014. It is one of 13 accredited State and local health departments in California.

PHS supports the Agency's journey toward excellence. The California Award for Performance Excellence (CAPE) Eureka Award was conferred to HHS in December 2017. This award is modeled after the Malcolm Baldrige National Quality Award. As an accredited public health department, PHS contributed to HHS's success.



LINKS TO MORE INFORMATION

- [Live Well San Diego](#)
- [Live Well San Diego Indicators data](#)
- [County of San Diego, Public Health Services](#)
- [PHS operational goal results and budget information](#)
- [Community Leadership Teams, Community Health Assessments, and Community Health Improvement Plans](#)
New 2018-21 versions will be available by mid to late 2018.
- [Baldrige Performance Excellence Program](#)

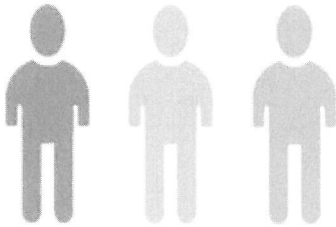


Health & Human Services Agency

Regional & Community Data

This section contains the most recent demographic, economic, behavioral, and health data available by Region and community. For example, you can find the size of a particular population in the County, the median income in a specific community, the percentage of San Diegans who are current smokers and the rate of death due to stroke among a particular age group.

Demographic Profiles contain the most recent demographic and economic data available by Region and community. The current profiles reflect 2016 data.



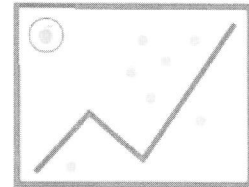
Current: 2016 Demographic Profiles

Current: 2016 City Demographic Profiles

Archived: 2015 Demographic Profiles

Health Data:

Our varied health profiles contain the most recent health data available at the county, region, and community levels. This section contains printable information as well as documents to pinpoint a single statistic.



Community Profiles contain a variety of health-related information in San Diego County and its communities. We are currently have 2011-2016 hospitalizations, emergency department discharges, in-patient treatment discharges for all conditions. We have expanded the indicators to collect data by age groups by race/ethnicity as well. Additionally, we have added in more geographies to include cities and Supervisor Districts!

For machine-readable data, visit our **data access portal**.

Notification: as of September 2018, we are matching the Agency for Healthcare Research and Quality's (AHRQ) Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software (CCS) definitions for conditions. Please see the Codebook and Data Guide for more information.

2011-2016 Health Data

- **Non-Communicable (Chronic) Disease**
- **Communicable Disease**



- Maternal and Child Health
- Injury
- Behavioral Health Outcomes
- Alzheimer's Disease and Related Dementias (ADRD)
- Any Mention Conditions Coming Soon!

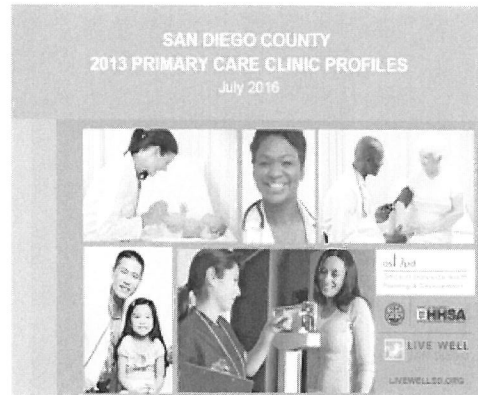
Related Codebooks and Data Guides

- Public Health Services Codebook, Data Guide and Metadata file

For previous years' health data, dating back to 2000, visit our [archives](#).

Primary Care Clinic Utilization Profiles contain a variety of health and operation-related information on community primary care clinics in San Diego County.

- 2013 Primary Care Clinics Profile



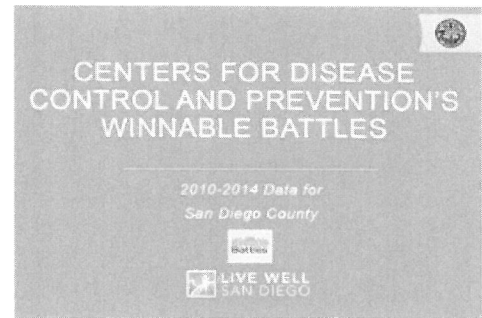
San Diego County Health Briefs
Central Region, 2013

Non-Communicable Disease	2013		2012	2011
	Prevalence	Prevalence		
Age	11.4	11.5	11.5	11.5
Age 0-14	21.4	21.4	21.4	21.4
Age 15-64	11.1	11.1	11.1	11.1
Age 65-99	11.1	11.1	11.1	11.1
Male	11.1	11.1	11.1	11.1
Female	11.1	11.1	11.1	11.1
White	11.1	11.1	11.1	11.1
Hispanic	11.1	11.1	11.1	11.1
Other	11.1	11.1	11.1	11.1
Unemployed	11.1	11.1	11.1	11.1
Unemployed with health insurance	11.1	11.1	11.1	11.1
Unemployed without health insurance	11.1	11.1	11.1	11.1

Health Briefs are easy-to-read, printable health statistics by Region using data from the Community Profiles and the California Health Interview Survey (CHIS). Each health brief is divided into non-communicable disease, communicable disease, ADOD, maternal & child health, injury, and behavioral health data.

- Central Region
- East Region
- North Central Region
- North Coastal Region
- North Inland Region
- South Region

CDC's Winnable Battles: Winnable Battles are public health priorities where the CDC and public health partners, like the County of San Diego, can make significant progress in a relatively short timeframe. For information on the first national set of Winnable Battles please see the **Winnable Battles Final Report** as well as National Progress Reports published in **2013** and **2014**. For local data, please click the image or [here](#).



San Diego County Motor Vehicle Crashes: 1998-2011 provides a summary of traffic related crashes, injuries, and death in San Diego County from 1998 through 2011 from the California Highway Patrol Statewide Integrated Traffic Records System (SWITRS).

- **2011 Data Tables**
- **2010 Data Tables**
- **2000-2009 Data Tables**
- **1998-2007 Data Tables**

Health Behavior Data:

California Health Interview Survey (CHIS) is a source of information on health, health behaviors, and access to health care services. The survey is conducted every two years through telephone surveys of adults, adolescents, and children, and is the largest state health survey in the nation. In the following documents, information from CHIS is presented and used to estimate the number of residents represented by the survey data. Both County-level and Health and Human Services Agency (HHS) Region-level information is provided.



- **Adults 2001-2015**
- **Adolescents 2001-2015**
- **Children 2001-2015**



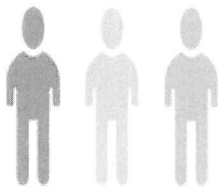
Health & Human Services Agency

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Start Your Data Journey Here!

I am looking for...



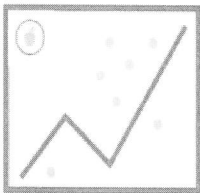
Demographics:

- Population size
- Race/Ethnicity
- Languages spoken
- Poverty level
- and more...



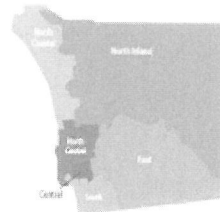
Reports:

Publications



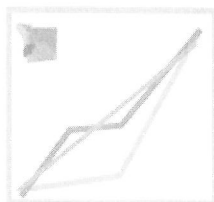
Health Data:

- Deaths, Hospitalizations, and ED Discharge data
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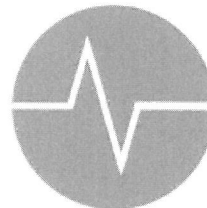
Maps and Spatial Data:

- Disease Atlases
- Community Features Atlases



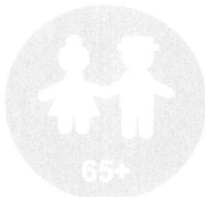
Regional Data:

- Regional Health Status Reports
- Regional Presentations



Measures of Mortality:

- Leading Causes of Death
- Life Expectancy
- Smoking Attributable Mortality



Data on Seniors:

- Demographics
- Health
- Spending on care



3-4-50:

- Briefs
- Publications
- Data Tables

Fun Factoids: Top Baby Names in San Diego County

Disease Information:

- Fact Sheets



- Top names for boys and girls
- Historical name lists for the last 20 years

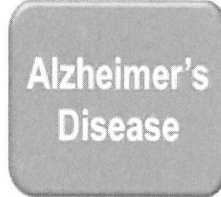


- Critical Pathways
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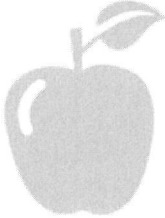
Health Equity

- Publications
- Data by Age, Gender, Race/ethnicity
- SES and Geography data



Alzheimer's Disease and Related Dementias:

- Prevalence estimates
- Cost estimates
- Maps and related information



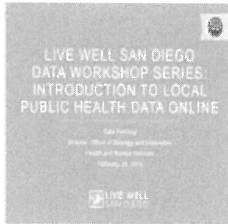
Behavioral Data:

CHIS Survey



Archives:

Past Tables and Reports



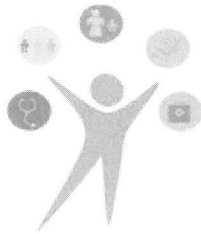
Workshops:

Past workshops and presentations



Resources:

- County
- State
- National



About Us:

- Contact information
- Survey



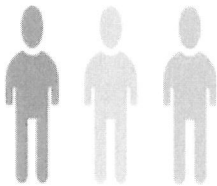
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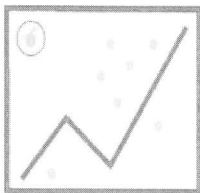
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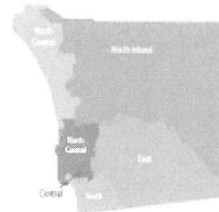
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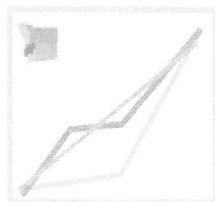
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- Motor Vehicle Crashes



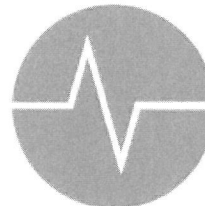
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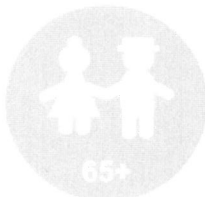
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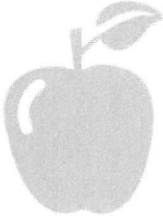
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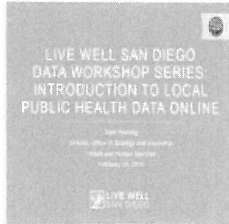
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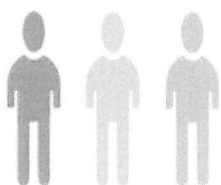
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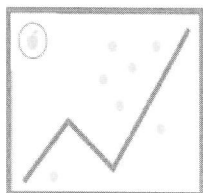
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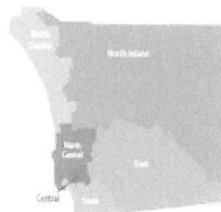
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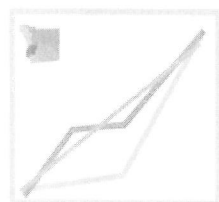
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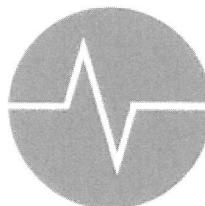
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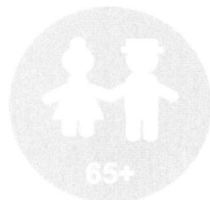
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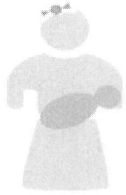
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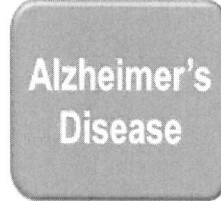


- Critical Pathways
- Presentations
- Data Briefs



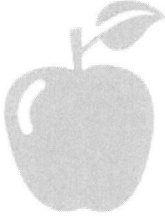
Health Equity

- Publications
- Data by Age, Gender, Race/ethnicity
- SES and Geography data



Alzheimer's Disease and Related Dementias:

- Prevalence estimates
- Cost estimates
- Maps and related information



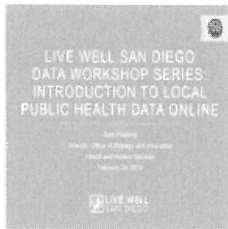
Behavioral Data:

CHIS Survey



Archives:

Past Tables and Reports



Workshops:

Past workshops and presentations



Resources:

- County
- State
- National



About Us:

- Contact information
- Survey

San Diego County Health Briefs

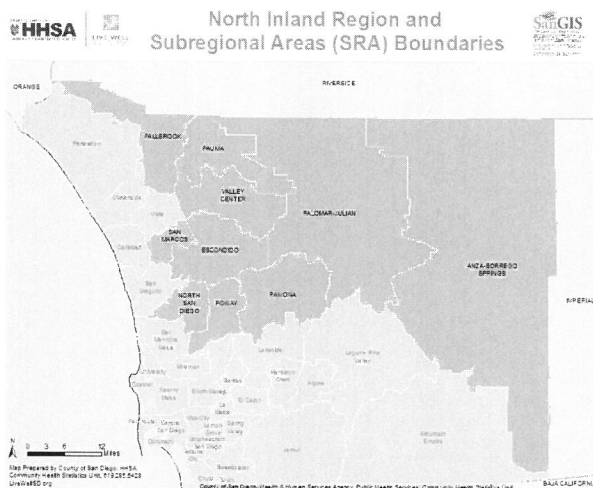
North Inland Region, 2013



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
Ages 45-64	26.5	24.6
Ages 65+	13.8	12.2
White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Health Outcomes ^{2, 3, 4}	North Inland Region		County	
	Number	Rate*	Number	Rate*
Coronary Heart Disease				
Death	643	110.0	3,404	107.9
Hospitalization	1,126	192.6	6,526	206.9
Emergency Department Discharge	180	30.8	1,046	33.2
Stroke				
Death	229	39.2	1,114	35.3
Hospitalization	1,210	207.0	6,611	209.6
Emergency Department Discharge	331	56.6	1,730	54.8
Diabetes				
Death	116	19.8	614	19.5
Hospitalization	649	111.0	4,415	140.0
Emergency Department Discharge	715	122.3	4,592	145.6
COPD				
Death	225	38.5	1,042	33.0
Hospitalization	435	74.4	3,050	96.7
Emergency Department Discharge	964	164.9	7,426	235.4
Asthma				
Death	8	1.4	35	1.1
Hospitalization	283	48.4	2,093	66.3
Emergency Department Discharge	1,202	205.6	9,862	312.6
Cancer, All Causes				
Death	1,113	190.4	5,030	159.5

For more data and statistics, visit www.SDHealthStatistics.com

Non-Communicable (Chronic) Disease

San Diego County Health Briefs

North Inland Region, 2013



Access and Utilization ⁵	North Inland Region (%)	County (%)
No Usual Source of Care (ages 18-64)	19.7	18.3
Uninsured All or Part of Year (ages 18-64)	30.8	27.8
Visited Emergency Room in the Past Year (ages 18-64)	17.0	14.7

Health Behaviors ⁵	North Inland Region (%)	County (%)
Current Smoker (ages 18+)	19.6	13.4
Overweight/Obese (ages 18+)	58.6	57.4
Physically Active 1+ Hours Per Day in Past Week (ages 5-11)	**	28.2
Ate Fast Food 3 or More Times in Past Week (all ages)	26.2	22.1
Binge Drinking in Past Year (ages 18+)	25.4	34.5
Ever Diagnosed with High Blood Pressure (ages 18+)	19.8	27.6
Ever Diagnosed with Diabetes (ages 18+)	12.1	8.5
Ever Diagnosed with Asthma (all ages)	12.2	12.9

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
3. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
4. Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, released 10/2013.
5. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2013.

††Federal Poverty Level for 2013 (\$11,490 for single person, \$4,020 for each additional person, \$23,550 for four-person-family).

* Rates are per 100,000 population.

** Indicates statistically unstable estimate.

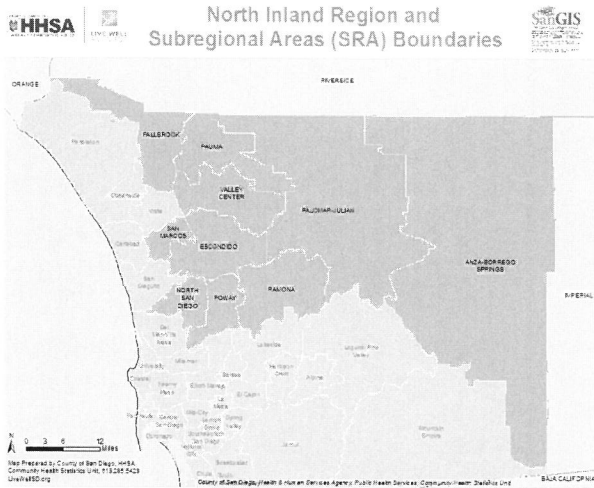
§ Rates not calculated for fewer than 5 events.

San Diego County Health Briefs

North Inland Region, 2013



Communicable Disease



Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
Ages 45-64	26.5	24.6
Ages 65+	13.8	12.2
White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Health Outcomes ^{2, 3, 4, 5, 6, 7, 8}	North Inland Region		County	
	Number	Rate*	Number	Rate*
Tuberculosis	26	4.4	206	6.5
Chronic Hepatitis C, Reported (2012)	235	40.4	2,588	82.3
AIDS Incidence	<20	§	269	8.5
HIV Incidence	<20	§	322	10.2
Chlamydia Reported, Underestimate‡	1,647	281.8	16,042	508.5
Gonorrhea Reported, Underestimate‡	197	33.7	2,865	90.8
Primary and Secondary Syphilis Reported	16	2.7	347	11.0
Deaths				
Influenza (Flu) and Pneumonia	61	10.4	334	10.6
Hospitalizations				
Influenza	155	26.5	783	24.8
Pneumonia	1,032	176.6	5,248	166.4
Emergency Department Discharges				
Influenza	644	110.2	4,598	145.8
Pneumonia	1,024	175.2	6,110	193.7

Health Behaviors & Related Health Factors	North Inland Region (%)	County (%)
Binge Drinking in Past Year (ages 18+) ⁹	25.4	34.5
Has Ever Had Sex (High School Students) ¹⁰	**	36.6
Has had Flu Vaccination in Past 12 Months (ages 18+) ⁹ (2014)	43.2	43.6
Has had Flu Vaccination in Past 12 Months (ages 0-11) ⁹ (2014)	46.3	58.6

For more data and statistics, visit www.SDHealthStatistics.com

San Diego County Health Briefs

North Inland Region, 2013



Access and Utilization ⁹	North Inland Region (%)	County (%)
No Usual Source of Care (ages 18-64)	19.7	18.3
Uninsured All or Part of Year (ages 18-64)	30.8	27.8
Visited Emergency Room in the Past Year (ages 18-64)	17.0	14.7

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. County of San Diego, Health & Human Services Agency, Tuberculosis Control Program, County TB Registry; SANDAG, Current Population Estimates, released 10/2013.
3. County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, Communicable Disease Data; SANDAG, Current Population Estimates, released 10/2013.
4. County of San Diego, Health & Human Services Agency, HIV/AIDS Epidemiology Unit, HIV/AIDS Reporting System; SANDAG, Current Population Estimates, released 10/2013.
5. County of San Diego, Health & Human Services Agency, HIV, STD and Hepatitis Branch, Morbidity Database; SANDAG, Current Population Estimates, released 10/2013.
6. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
7. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
8. Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, released 10/2013.
9. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2013, 2014.
10. Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey (YRBS), 2013.

††Federal Poverty Level for 2013 (\$11,490 for single person, \$4,020 for each additional person, \$23,550 for four-person-family).

* Rates are per 100,000 population.

§ Rates note calculated for fewer than 20 events.

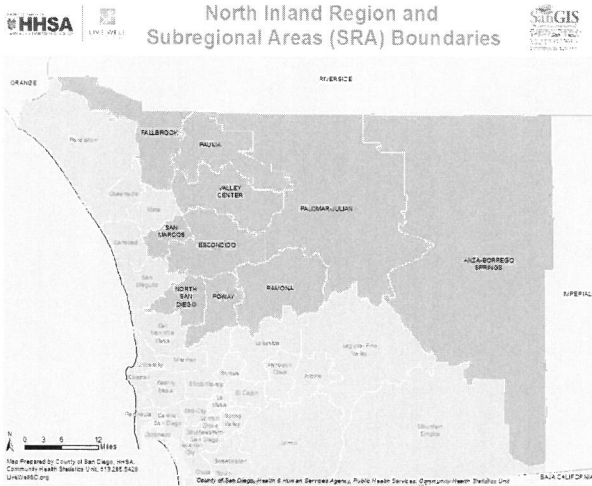
‡ Underestimate due to cases with unknown residence. Approximately 30% of chlamydia and gonorrhea cases have missing residence data each year.

** Indicates statistically unstable estimate.

Communicable Disease

San Diego County Health Briefs

North Inland Region, 2013



Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
Ages 45-64	26.5	24.6
Ages 65+	13.8	12.2
White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Maternal & Child Health

Health Outcomes ^{2, 3, 4, 5}	North Inland Region		County	
	Number	Rate*/(%)	Number	Rate*/(%)
Live Births, % of County Births	7,950	18.2%	43,627	100.0%
Live Births to Girls, Ages 15-17, % of County births	93	1.2%	558	1.3%
Live Births with Early Prenatal Care, % of Known Prenatal Care	6,732	84.7%	36,940	84.8%
Live Births born Preterm, % of County births	643	8.1%	3,624	8.3%
Low Birth Weight Births, % of County births	466	5.9%	2,824	6.5%
Very Low Birth Weight Births, % of County births	64	0.8%	480	1.1%
Fetal Mortality Rate per 1,000 live births & fetal deaths (2011)	43	5.4	183	4.2
Infant Mortality, Rate per 1,000 live births	33	4.2	199	4.6
Child Restraint Use, % of MVO Injured ^{††} , Ages 0-5 (2012)	32	88.9%	121	94.5%

Access and Utilization ⁶	North Inland Region (%)	County (%)
No Usual Source of Care (ages 18-64)	19.7	18.3
Uninsured All or Part of Year (ages 18-64)	30.8	27.8
Visited Emergency Room in the Past Year (ages 18-64)	17.0	14.7
Currently Receiving Supplemental Security Income (SSI)	**	5.0
Currently Receiving TANF or CalWORKS (all ages, 300% of FPL)	**	4.5
Currently Pregnant (ages 18-64) (2011-2012)	**	2.4
Children Age 6 and Under Currently on WIC	**	27.9
Women with Children Under 7 or Are Pregnant on WIC (2012)	**	47.8
Residents Under 200% FPL Receiving Food Stamps (all ages)	**	20.6
Women Below 200% FPL (ages 18-64)	**	53.8

Health Behaviors ⁶	North Inland Region (%)	County (%)
Adults Under 200% FPL Unable to Afford Enough Food	40.7	42.3
Ate Fast Food 3 or More Times in Past Week (ages 2-17)	**	19.3
Children Who Eat Less Than 5 Servings of Fruits and Vegetables Daily (ages 2-11) (2012)	44.6	45.9

For more data and statistics, visit www.SDHealthStatistics.com

San Diego County Health Briefs

North Inland Region, 2013



COUNTY OF SAN DIEGO
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LIVE WELL
SAN DIEGO

Health Behaviors	North Inland Region (%)	County (%)
Women with a High School Degree or Less Education (ages 25+) ⁶	24.7	30.2
Child Attends Preschool, Nursery school, or Head Start Program At Least 10 hrs/wk (ages <6) ⁶	**	11.7
Agree or Strongly Agree that Adults Look Out for Children (ages 12-17) ⁶	**	**
More Than a Year Since Last Dental Visit (ages 2-11) ⁷	**	4.7
Delayed or Didn't Get Medical Care (ages 0-11) ⁶	**	**
Presence of an Adult at Least Some of the Time After School Hours (ages 12-17) (2012) ⁶	**	96.7
Has had Flu Vaccination in Past 12 Months (ages 0-11) ⁶ (2014)	46.3	58.6

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. Birth Statistical Master File (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services.
3. Fetal Death & Birth Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Maternal, Child, & Family Health Services.
4. Birth & Death Statistical Master File (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services.
5. Statewide Integrated Traffic Records System Database (CHP), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services.
6. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2011-2012, 2013, 2014.
7. Lucille Packard Foundation for Children's Health. Kidsdata.org, 2012.

†Federal Poverty Level for 2013 (\$11,490 for single person, \$4,020 for each additional person, \$23,550 for four-person-family).

* Rates are per 1,000 population.

†† Child Restraint Use percentage is defined as the percentage of children ages 0-5 who are properly restrained as motor vehicle occupants (MVO) in crashes occurring on public roads where the status of restraint use was known. Data are by location of occurrence. The data come from the California Highway Patrol Statewide Integrates Traffic Records System.

** Indicates statistically unstable estimate.

San Diego County Health Briefs

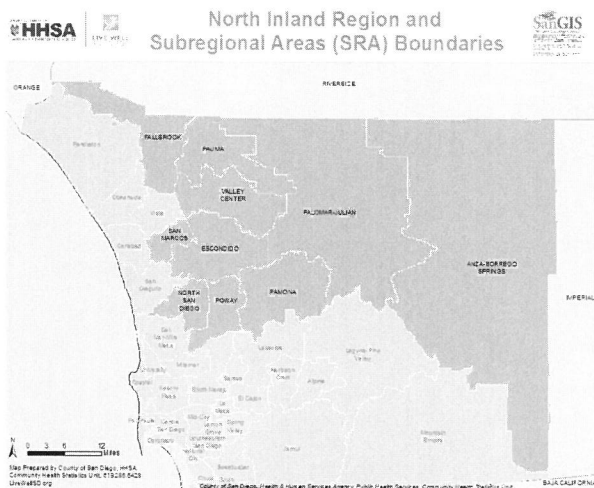
North Inland Region, 2013



COUNTY OF SAN DIEGO
HHS
HEALTH AND HUMAN SERVICES DEPARTMENT



LIVE WELL
SAN DIEGO



Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
Ages 45-64	26.5	24.6
Ages 65+	13.8	12.2
White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Injury

Health Outcomes ^{2, 3, 4, 5}	North Inland Region		County	
	Number	Rate*/(%)	Number	Rate*/(%)
Unintentional Injury (All Causes)				
Deaths	193	33.0	1,015	32.2
Hospitalizations	3,829	655.1	22,454	711.8
Emergency Department Discharges	28,586	4,890.6	156,940	4,975.0
Fall-Related Injury				
Deaths	66	11.3	301	9.5
Hospitalizations	1,943	332.4	11,231	356.0
Emergency Department Discharges	10,367	1,773.6	56,458	1,789.7
Overdose/ Poisoning				
Deaths	79	13.5	471	14.9
Hospitalizations	344	58.9	2,473	78.4
Emergency Department Discharges	848	145.1	5,254	166.6
Motor Vehicle Injuries				
Deaths due to Motor Vehicle Crash (MVC) Injury	45	7.7	193	6.1
Hospitalizations due to MV Injury	395	67.6	2,800	88.8
Emergency Department Discharges due to MV Injury	2,980	509.8	16,014	507.6
Motor Vehicle Crash (MVC) Injuries (2012)	3,439	591.0	18,178	578.3
Alcohol-involved MVC Injuries (2012)	466	80.1	2,403	76.4
Drinking Drivers Involved in MV Crashes (2012)	305	52.4	1,547	49.2
Active Restraint Use, % of Motor Vehicle Occupants (MVO) Injured ^{††} , Ages 6+ (2012)	2,427	96.8%	11,025	96.8%
Child Restraint Use, % of MVO Injured ^{†††} , Ages 0-5 (2012)	32	88.9%	121	94.5%

For more data and statistics, visit www.SDHealthStatistics.com

San Diego County Health Briefs

North Inland Region, 2013



Injury

Health Outcomes ^{2, 3, 4, 5}	North Inland Region		County	
	Number	Rate*/(%)	Number	Rate*/(%)
Pedestrian Injuries				
Deaths due to motor vehicle crashes (MVC)	9	1.5	42	1.3
Hospitalizations due to MVC	41	7.0	396	12.6
Emergency Department Discharges due to MVC	138	23.6	993	31.5
Injuries due to MVC (2012)	115	19.8	1,105	35.2
Assault				
Homicides	12	2.1	88	2.8
Hospitalizations	132	22.6	1,461	46.3
Emergency Department Discharges	854	146.1	7,278	230.7
Self-Inflicted Injuries				
Suicides	81	13.9	430	13.6
Hospitalizations	271	46.4	1,769	56.1
Emergency Department Discharges	519	88.8	2,666	84.5
Firearm-Related Injuries				
Deaths	45	7.7	219	6.9
Hospitalizations	26	4.4	159	5.0
Emergency Department Discharges	32	5.5	164	5.2
Access and Utilization⁶				
	North Inland Region (%)		County (%)	
No Usual Source of Care (ages 18-64)	19.7		18.3	
Uninsured All or Part of Year (ages 18-64)	30.8		27.8	
Visited Emergency Room in the Past Year (ages 18-64)	17.0		14.7	
Health Behaviors⁶				
	North Inland Region (%)		County (%)	
Binge Drinking in Past Year (ages 18+)	25.4		34.5	
Ever Seriously Thought About Committing Suicide (ages 18+)	**		8.4	

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
3. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
4. Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, released 10/2013.
5. Statewide Integrated Traffic Records System Database (CHP), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services.
6. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2013.

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* Rates are per 100,000 population.

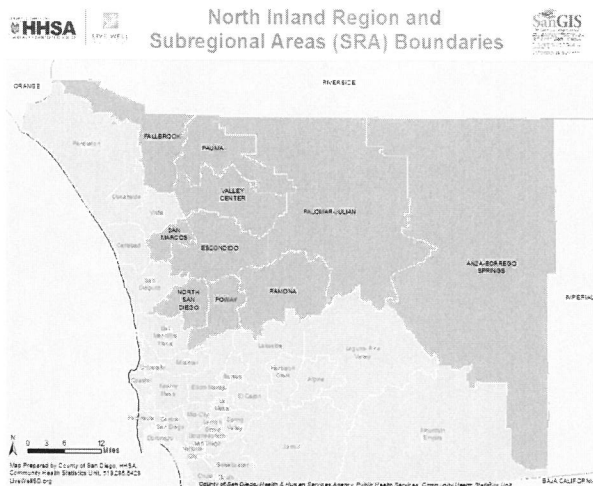
†† Active Restraint Use percentage is defined as those ages 6 years and older who were injured in motor vehicle crashes (MVC) occurring on public roads where the status of active restraint use was known. Data are by location of occurrence. The data come from the California Highway Patrol Statewide Integrates Traffic Records System.

††† Child Restraint Use percentage is defined as the percentage of children ages 0-5 who are properly restrained as motor vehicle occupants (MVO) in crashes occurring on public roads where the status of restraint use was known. Data are by location of occurrence. The data come from the California Highway Patrol Statewide Integrates Traffic Records System.

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San Diego County Health Briefs

North Inland Region, 2013



Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
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White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Behavioral Health

Health Outcomes ^{2, 3, 4}	North Inland Region		County	
	Number	Rate*	Number	Rate*
Overdose/Poisoning				
Death	79	13.5	471	14.9
Hospitalization	344	58.9	2,473	78.4
Emergency Department Discharge	848	145.1	5,254	166.6
Suicide/Self-Inflicted Injury				
Death	81	13.9	430	13.6
Hospitalization	271	46.4	1,769	56.1
Emergency Department Discharge	519	88.8	2,666	84.5
Acute Alcohol-Related Disorder				
Hospitalization	339	58.0	2,084	66.1
Emergency Department Discharge	1,140	195.0	7,159	226.9
Chronic Alcohol-Related Disorder				
Hospitalization	134	22.9	902	28.6
Emergency Department Discharge	313	50.6	2,226	70.6
Acute Substance-Related Disorder				
Hospitalization	253	43.3	1,206	38.2
Emergency Department Discharge	383	65.5	2,484	78.7
Chronic Substance-Related Disorder				
Hospitalization	92	15.7	592	18.8
Emergency Department Discharge	21	3.6	190	6.0
Mood Disorders				
Hospitalization	1,897	324.5	10,618	336.6
Emergency Department Discharge	852	145.8	5,001	158.5

For more data and statistics, visit www.SDHealthStatistics.com

San Diego County Health Briefs

North Inland Region, 2013



Behavioral Health

Mental Health Behaviors & Related Health Factors	North Inland Region (%)	County (%)
Likely Has Had Serious Psychological Distress During Past Year (ages 18+) ⁵	**	7.5
Likely Has Had Serious Psychological Distress During Past Month (ages 18+) ⁵	**	2.9
Felt so sad or Hopeless Almost every day for 2+ weeks During Past Year They Stopped Doing Some Usual Activities (High School Students) ⁶	**	29.6
Emotions Severely Impaired Social Life in Past 12 Months (ages 18+) ⁵	**	9.0
Emotions Severely Impaired Work in Past 12 Months (ages 18+) ⁵	**	5.0
Unable to Work 8 Days or More Due to Mental Problems (ages 18+ with psychological distress) ⁵	**	56.1
Saw Any healthcare Provider for Emotional-Mental and/or Alcohol-Drug Issues in Past Year (ages 18+) ⁵	**	13.0
Has Taken Prescription Medicine for 2 or More Weeks for Emotional/Mental Health Issues in Past Year (ages 18+) ⁵	17.2	13.1
Received Psychological/Emotional Counseling in Past Year (ages 12-17) ⁵	**	**
Ever Seriously Thought About Committing Suicide (ages 18+) ⁵	**	8.4
Substance Abuse Health Behaviors & Related Health Factors	North Inland Region (%)	County (%)
Binge Drinking in Past Year (ages 18+) ⁵	25.4	34.5
Ever Tried Marijuana (High School Students) ⁶	**	40.5
Ever Had an Alcoholic Drink (ages 12-17) ⁵	**	22.1

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
3. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
4. Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, released 10/2013.
5. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2013.
6. Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey (YRBS), 2013.

†Federal Poverty Level for 2013 (\$11,490 for single person, \$4,020 for each additional person, \$23,550 for four-person-family).

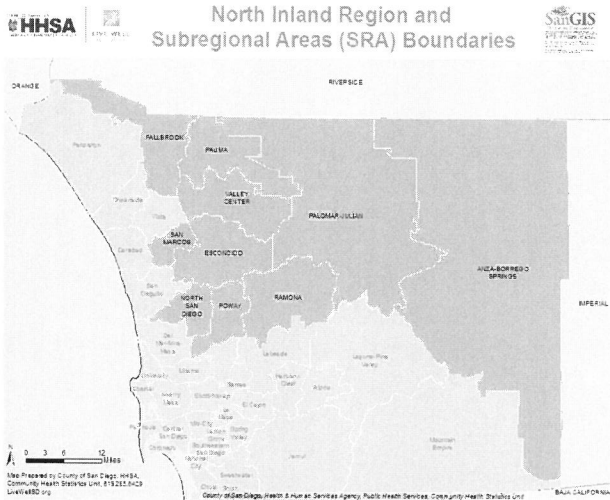
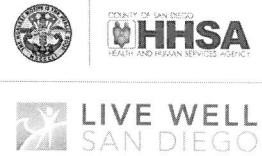
*Rates are per 100,000 population.

§ Rates not calculated for fewer than 5 events.

** Indicates statistically unstable estimate.

San Diego County Health Briefs

North Inland Region, 2013

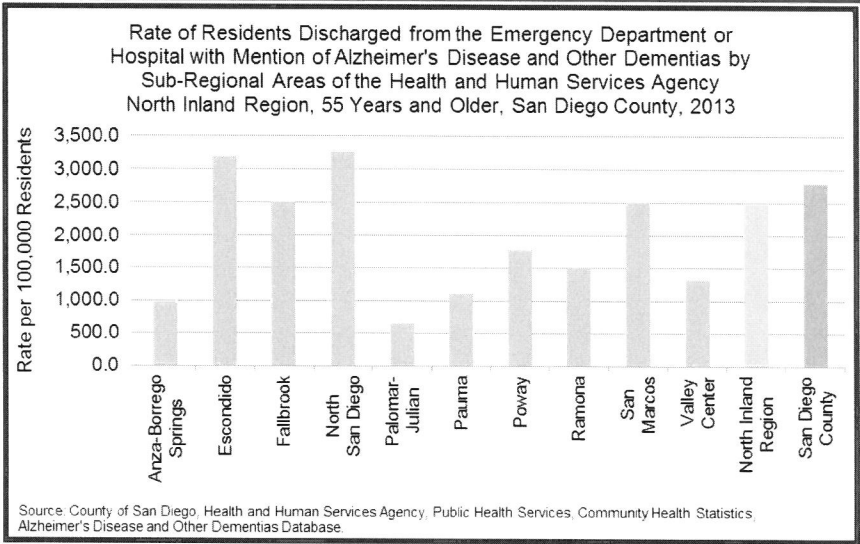


Demographics ¹	North Inland Region (%)	County (%)
Ages 0-14	20.4	19.2
Ages 15-24	14.7	16.0
Ages 25-44	24.6	28.0
Ages 45-64	26.5	24.6
Ages 65+	13.8	12.2
White	53.3	47.1
Black	1.7	4.2
Hispanic	30.4	33.4
Asian/Pacific Islander	10.9	11.4
Other	3.8	3.8
Households with income less than 200% Federal Poverty Level (FPL) [†]	28.8	32.7

Health Outcomes ^{2, 3, 4}	North Inland Region		County	
	Number	Rate*	Number	Rate*
ADOD				
Death	344	58.9	1,551	49.2
Hospitalization	176	30.1	905	28.7
Emergency Department Discharge	151	25.8	768	24.3

Alzheimer's Disease and Other Dementias in North Inland Region

- In 2013, 62,000 San Diegans age 55 years and older were living with ADOD.
- In 2013, North Inland had the second highest proportion of residents living with ADOD compared to other HHS regions.
- In 2013, over one in six San Diego County residents age 55 years and older discharged from the hospital or emergency department (ED) with a mention of ADOD lived in the North Inland Region.
- In 2013, one in three North Inland Region residents discharged from the ED or hospital with any mention of ADOD lived in Escondido.

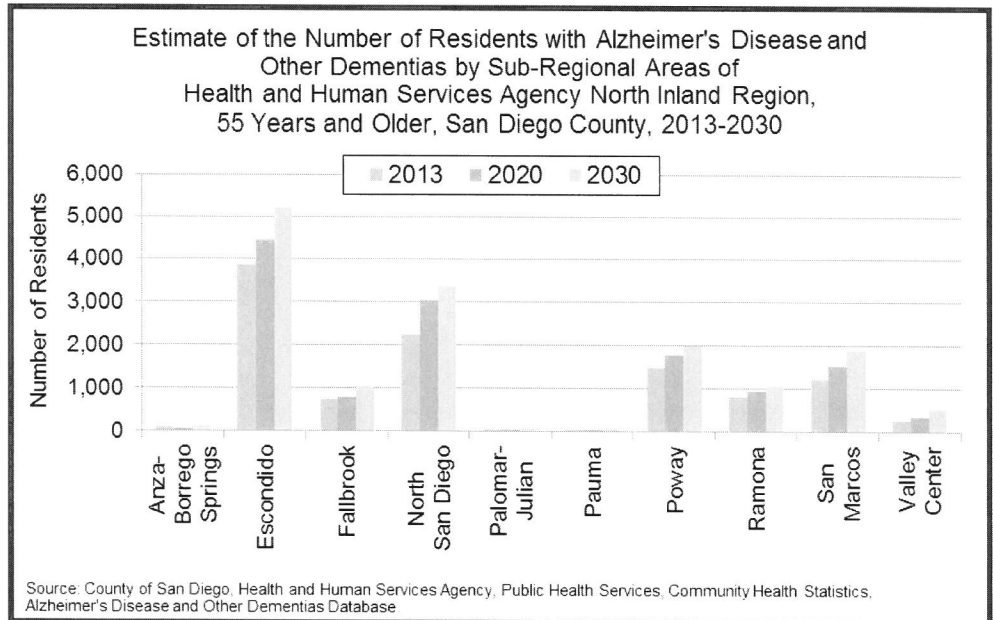


San Diego County Health Briefs

North Inland Region, 2013



- By 2030, 15,400 North Inland Region residents age 55 years and older, are expected to have ADOD. This will account for 16.4% of the county's 55 years and older ADOD population that year.
- Escondido and North San Diego are expected to have one of the highest proportions of 55 years and older residents living with ADOD by 2030.



- In 2030, an estimated 33.9% of North Inland Region residents age 55 years and older with ADOD will be living in Escondido and an additional 22.0% will be living in North San Diego.

Health Behaviors ⁵	North Inland Region (%)	County (%)
Current Smoker (ages 18+)	19.6	13.4
Overweight/Obese (ages 18+)	58.6	57.4
Physically Active 1+ Hours Per Day in Past Week (ages 5-11)	**	28.2
Ate Fast Food 3 or More Times in Past Week (all ages)	26.2	22.1
Binge Drinking in Past Year (ages 18+)	25.4	34.5
Ever Diagnosed with High Blood Pressure (ages 18+)	19.8	27.6
Ever Diagnosed with Diabetes (ages 18+)	12.1	8.5

Sources

1. Current Demographic Estimates, San Diego Association of Governments (SANDAG), released 10/2013.
2. Death Statistical Master Files (CDPH), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
3. Patient Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch; SANDAG, Current Population Estimates, released 10/2013.
4. Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services, Emergency Medical Services; SANDAG, Current Population Estimates, released 10/2013.
5. UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2013.

†Federal Poverty Level for 2013 (\$11,490 for single person, \$4,020 for each additional person, \$23,550 for four-person-family).

*Rates are per 100,000 population.

§ Rates not calculated for fewer than 5 events.

** Indicates statistically unstable estimate.

For more data and statistics, visit www.SDHealthStatistics.com

2018 Public Affairs Plan

A Strategic Guide to Government Affairs, Public Relations, and Community Engagement Activities for Fallbrook Regional Health District

Summary

The 2018 Public Affairs Plan for Fallbrook Regional Health District (FRHD) is intended to provide clarity for the District's elected Board of Directors and staff pertaining to stakeholder and community education and engagement related to FRHD's broader and more targeted initiatives related to wellness.

Areas of focus for outreach include:

Government Affairs

Outreach, engagement, and partnership with elected and agency officials at the local, state, and federal level to elevate awareness of and support for FRHD activities.

Public Relations

Broad and targeted outreach via various media channels such as earned media (news stories), Opinion-Editorial pieces, and various social media channels such as Facebook and Twitter.

Community Engagement

Outreach and engagement among key community stakeholders via presentations, speeches, educational forums, townhall meetings, and various other public activities.

Goals

- Inform and engage key stakeholders and the broader community to:
 - Educate about the Vision and Mission of FRHD
 - Promote the Fallbrook Regional Blue Zones® Project, which will work with residents and local organizations to pursue measureable improvement of the nine variables of healthier living and higher quality of life
 - Inform about the importance of wellness to the future of District-wide initiatives and activities
 - Cultivate participation in FRHD programs

Outreach Efforts

Government Affairs

Level	Elected Official	Projects	Information/Ask	✓
Local	County Supervisor Bill Horn	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support within County Health and Human Services Agency (HHS) for the effort	
Local	Mayor Jim Desmond (candidate for supervisor)	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
Local	Councilman Jerry Kern (candidate for supervisor)	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
Local	Other candidates for supervisor	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support	
State	Assemblymember Marie Waldron	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
State	Senator Joel Anderson	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
Federal	Congressman Duncan D. Hunter	Fallbrook Regional Blue Zones® Project	Provide overview of project and solicit support in promotion of District activities	
Region IX, US Health and Human Services Agency	Region IX Director, Capt. Ram Kappoka, MD, MPH	Fallbrook Regional Blue Zones® Project	Provide overview of project; solicit support from US HHS Region IX	

Public Relations

Level	Media	Projects	Narrative	✓
Local Paper	Fallbrook Village News	Fallbrook Regional Blue Zones® Project	Earned media story outlining Blue Zones and the compelling reason for Blue Zones Project adoption in Fallbrook region	
Local Paper	Fallbrook Village News	Wellness Center	Ongoing updates related to the development of the Wellness Center and various wellness programs	
Local Paper	Fallbrook Village News	Urgent Care project	Compelling story about the partnership to provide Urgent Care services under the FRHD name	
Regional Paper	San Diego Union-Tribune	Fallbrook Regional Blue Zones® Project	Fallbrook undertaking an effort that is wellness focused and is an international model	
Local Television News	Fox 5, NBC 7/39, CW 8, KUSI 9/51, 10, KPBS 15	Fallbrook Regional Blue Zones® Project	Fallbrook undertaking an effort that is wellness focused and is an international model	
Local/Regional Paper	Fallbrook Village News, San Diego Union-Tribune	Fallbrook Regional Blue Zones® Project	Opinion-Editorial piece by Board of Directors Chair (or other appropriate member) to describe project	

Community Engagement

Level	Group	Projects	Goal/Narrative	✓
Regional	North County Fall Prevention Task Force	Door-Through-Door Program	Overview of the project, qualitative and quantitative outcomes, promotion as a best practice	
State	Association of California Health Districts (ACHD)	Door-Through-Door Program	Overview of the project, qualitative and quantitative outcomes, promotion as a best practice	
Local	TBD	Fallbrook Regional Blue Zones® Project	Provide overview of the project and solicit engagement	
Local	TBD	Wellness Center	Provide overview of the project and solicit engagement	
TBD (insert information about presentations/outreach already made)				
TBD (insert information about presentations/outreach already made)				
TBD (insert information about presentations/outreach already made)				

Key Contacts

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Appendix

Elected and Agency/Department Official Bios

Federal

US House of Representatives

- Duncan D. Hunter (R-50)..... 7

State

California State Senate

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California State Assembly

- Marie Waldron (R-75)..... 9

Local

County Board of Supervisors

- Bill Horn (R-5)..... 10

- County Health & Human Services Agency..... 11

Fallbrook Regional
HEALTH DISTRICT

Serving Bonsall, De Luz, Fallbrook, Rainbow

CONFIDENTIAL

To: Fallbrook Family Health Center (FFHC)

From: Fallbrook Regional Health District (FRDH)

Date: March 18, 2019

Re: **Proposal of a Partnership for a Spanish Woman of Wellness (WOW)**

Dear FFHC,

FRHD values and appreciates the services you provide to the people of the District and would like to propose a partnership in which the FFHC mirrors our monthly WOW program through a Spanish WOW. The purpose of WOW is to educate women in matters of physical, mental, emotional health and well-being by offering a variety of monthly programs for women of all ages. We choose our topics based on the National Health Observances. This month we were unable to obtain a speaker for our chosen topic and we instead hosted a local Master Gardener to speak on the importance of pollinators- as the environment also influences our health. This flexibility would be granted to the FFHC as well.

We propose that through an agreement, that the FFHC plan (topic choices will be provided by a designated FRHD Staff Member), coordinate, and facilitate a Spanish WOW utilizing their own staff and the Fallbrook Regional Health District would sponsor it. Though we prefer the program be provided monthly, the frequency of the program is up for discussion. Below are further details of the time and finances required to host such a program *monthly*.

Free Event Includes: refreshments, snacks, 5 raffle prizes, an informative presentation and/or demonstration, and health education materials

Monthly Planning (securing speaker, creating flyer, outreach) and Prep Time: 8 hours

Setup, Event Duration, Cleanup: 2.5 hours

Monthly Financial Expenses: snacks and refreshments (\$50) + raffle prizes (\$50) + paperware (\$20) + non-clinical staff pay (10.5 x \$17.50* = \$183.75) = \$303.75

*can be negotiated between FFHC and FRHD depending on what staff member/department will be coordinating the monthly program

We hope you are as excited about this proposal as we are. Please let us know your thoughts.

Sincerely,


Howard Salmon, Board President

MARCH 27, 2019

GOVERNMENTAL & PUBLIC ENGAGEMENT COMMITTEE

Current Activities and Prior Activities

Current:

Woman of Wellness	Monthly - working toward a Spanish WOW:
Chair Yoga by Fitness Moves	Every Wednesday, 10:30-11:30 in Meeting Room
Mahjong (6-week course)	Thursdays, 1-3pm
Prostate Cancer Screening	On a Saturday each September
Harvest Faire	Chamber of Commerce Event in Autumn, FRHD invites SD County public health nurses to provide flu and other vaccines Sunday
Christmas Parade	Every December
CCHW Community Collaborative Health & Wellness	Coordinated and facilitated by Fallbrook Smiles Project - Originated by District, combined with another Collaborative
NCCCHI North County Community Collaborative Wellness Initiative	Created by District, together with several CHC recipients to pool ideas to promote health wellness and funding, obtaining grants, etc.

Plan to attend:

Bonsall Chamber Easter Event	April 18, 2019
Fallbrook Family Health Center	April 20, 2019

Prior Events Attended/Hosted (we no longer do so):

Avocado Festival	Every year, on a Sunday in April. Provided District information.
Healthcare Heroes	Stopped with new CEO
Health Fair	District sponsored in past Last one very poorly attended – Possibilities for Future at Wellness Center
Community Collaborative Breakfast	Provides update to community on District

Fallbrook Regional Health District	Policy # _____	Page 1 of 5
	Title: Social Media Policy	
Policies and Procedures Manual	Latest Revision Date: 4/11/2018	

SOCIAL MEDIA POLICY

Fallbrook Regional Health District (the "District") has a need to augment traditional communication methods with the use of social media channels. The use of social media presents opportunity and risk to the District. In general, the District supports the use of social media to further District missions and goals. The District endorses the secure use of social media technology to enhance communication, collaboration, and the exchange of information; streamline processes; and to foster productivity improvements. However, their application must not compromise data confidentiality and integrity. The same standards of conduct, principles and guidelines that apply to the District employees in the performance of their assigned duties apply to employee social media technology use. This policy establishes District social media use policies, protocols, and procedures intended to mitigate associated risks from use of this technology where possible.

Definitions:

Social Media. The U.S. Government defines social media as the various activities that integrate technology, social interaction, and content creation. Through social media, individuals or groups can create, organize, edit or comment on, combine, and share content. Social media uses many technologies and forms, including social networking, blogs, wikis, photo-sharing, video sharing, podcasts, social bookmarking mash ups, widgets, virtual worlds, microblogs, Really Simple Syndication (RSS), and more. Not all forms of social media may be appropriate for use by the District.

Office District Email Account. Email account provided by the District mail system or approved external mailbox that is used for official District business.

Approved District Social Networking Site. Approved District Social Networking Site refers to social networks that the CEO and the District's Information Services and Technology (IST) Provider have assessed and approved for use by the District.

Post. An administrator submitted message/blog in the form of, but may not be limited to, text, videos, photographs, graphics, links (hyperlinks), documents, computer applications, etc.

Comment. A user submitted response to an administrator post.

Responsibility:

The CEO or their designee are responsible for facilitating this policy, in compliance with established Board policies and procedures. This includes responsibility to audit the District's use of social media and to enforce policy compliance.

Social Media Coordinator. A Social Media Coordinator may be appointed by the CEO, with authority to use social media on behalf of the District and to be responsible to ensure the appropriateness of the content.

Procedures:

District Social Media Technology Use. District use of social media technology shall conform to the policies, protocols, and procedures contained or referenced herein.

Comply with all applicable federal, state, and District laws, regulations, and policies. This includes adherence to, but may not be limited to, established laws and policies regarding copyright, records retention, Freedom of Information Act (FOIA), California Public Records Act, First Amendment, Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA), Hatch Act of 1939, privacy laws, employment-related laws, plus District established Policies and Procedures.

Requirements for District's Use of Social Media:

Establish a well thought out social media work plan that complements District-wide policies and considers the District's mission and goals, audience, legal risks, technical capabilities, security issues, emergency response procedures, etc.

The CEO shall be the Social Media Coordinator or shall appoint one that is responsible for overseeing the District's social media activity, policy compliance, and security protection.

Authorized Use: The CEO or designee is responsible for designating appropriate levels of use.

Social media network usage shall be limited only those with a clear business purpose to use the forum.

Appropriate usage levels include identifying what sites the individual is approved to use, as well as defining capability: publish, edit, comment, or view only.

Only the CEO or appointed Social Media Coordinator(s) shall be considered authorized users and have permission to post and to respond.

Authorized users shall review the District's social media policies and procedures and are required to acknowledge their understanding and acceptance of their scope of responsibility via signing an Acknowledgement Form.

Fallbrook Regional Health District	Policy #	Page 2 of 5
	Title: Social Media Use	
Policies and Procedures Manual	Latest Revision Date: 4/11/2018	

User Behavior. The same standards, principles, and guidelines that apply to District employees and Board members in the performance of their assigned duties apply to employee social media technology use.

Authorized users shall do so only within the scope defined by the CEO or Social Media Coordinator(s) and in compliance with all District policies, practices, and user agreements and guidelines.

Authorized social media spokespersons participating in social networking discussions related to District business matters in off-District time shall indicate that viewpoints are personal and do not necessarily reflect District opinion.

Violations of this policy shall be reviewed on a case-by-case basis and may result in appropriate disciplinary actions.

Approved Social Media Networks. The District shall only utilize District-approved social media networks for hosting official District social media sites.

New social media networks under consideration will be reviewed and approved by the CEO with consultation from the District's IST Provider when appropriate.

For each approved social media network, usage standards will be developed to optimize government use of the site.

The Social Media Coordinator may request review and approval of additional social media networks to the CEO as needed.

Authenticity Establishment. District social media sites shall be created and maintained with identifiable characteristics of an official District site that distinguishes them from non-professional or personal uses.

District social media network accounts shall be created using an official District email account.

Contact information should display an official District email address, include a statement saying it is the "official account," and provide a link to the District's website.

Fallbrook Regional Health District	Policy #	Page 3 of 5
	Title: Social Media Use	
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The name "Fallbrook Regional Health District" and/or the official District logo must be displayed.

Link (hyperlink) to the District's Social Media Policy must be displayed.

Site Content. The CEO and/or Social Media Coordinator(s) are responsible for establishing and maintaining content posted to the District's social media site(s).

The CEO and/or Social Media Coordinator(s) shall review site activity daily for exploitation or misuse.

Social media content shall fully comply with all of the District's Personnel Policies.

Contents posted on District social media sites may be considered public records subject to disclosure under California's Public Record Act ("PRA" – Government Code §§ 6250 et. Seq.). PRA requests for the production of posts on a District social media site may be referred to District Counsel for review and response.

Sites shall provide a link to the District's Social Media policy and, if needed, consult with District Counsel to develop specific disclaimers to meet the District's legal needs.

The following forms of content posted by external and authorized users may be subject to removal if they contain:

- Profane language or content;
- Content that promotes, fosters, or perpetuates discrimination of protected classes;
- Sexual harassment content;
- Solicitations of commerce or advertisements, including promotion or endorsement;
- Promotion or endorsement of political issues, groups, or individuals;
- Conduct or encouragement of illegal activity;
- Information that may tend to compromise the safety or security of the public or public systems;
- Content intended to defame any person, group, or organization;
- Content that violates a legal ownership interest of any other party, such as trademark or copyright infringement;
- Making or publishing of false, vicious, or malicious statements, concerning any employee, the District, or its operations;

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- Violent or threatening content;
- Disclosure of confidential, sensitive or proprietary information;
- Advocating for alteration of hours, wages, and/or terms and conditions of employment (applies to District employees only).

Unacceptable content and repeat individual violators shall be removed. Contact District Counsel on any legal issues.

The District shall have preventative measures in place against potential destructive technical incidents.

Records Management. The District's use of social media shall be documented and maintained in an easily accessible format that tracks account information.

The CEO and/or Social Media Coordinator(s) are responsible for the creation, administration, and deactivation of social media accounts.

All content is to be fully accessible to any person requesting documents from the social media site.

Content deemed inappropriate or technically destructive shall be promptly documented (screenshot/printout), saved pursuant to District policies and procedures regarding record retention, and then be removed immediately. Contact District Counsel on any legal issues.

Individuals (e.g., friends, fans, or followers) who continue to post inappropriate content shall be removed.

Network Security. The District shall have security controls in place to protect District information and technology assets against potential destructive technical incidents.

Perceived or known compromises to the District's internal network shall be promptly reported to the District's IST Provider.

Computers, laptops, and mobile devices used to administer District social media sites shall have up-to-date software to protect against destructive technical incidents, including, but not limited to, cyber, virus, malware, and spyware/adware attacks.

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North Coastal Mental Health Center (M)(C) uninsured (760) 967-4475
 Neighborhood Behavioral Healthcare Clinic (760) 520-8340 Escondido
 – psychiatry & psychology (M)(C) (951) 225-6400 Temecula
 North County LifeLine – youth counseling (C) (760) 726-4900
 –parenting classes, domestic violence program, anger management
 Palomar Family Counseling (C) 120 W Hawthorne St. (760) 731-3235
 San Diego County Psychiatric Hospital uninsured (C) (619) 692-8232

20. Military & Veteran / Servicios a Militares y Veteranos

Courage to Call 211, 1(English), 4 or (877) 698-7838
 DAV-Disabled American Veteran www.dav.org (619) 299-6916
 – assistance for benefits, transportation, rehabilitation, education, employment
 Foundation for Senior Care – free veterans advocate (760) 723-7570
 – 2nd Friday & 4th Wednesday by appointment only
 Homefront San Diego emergency services and additional help (760) 392-1551
 –for active duty personnel and families ranks E-5 and below HomeFrontSanDiego.org
 K9 Guardians.org www.k9guardians.org (844) 594-8273
 Military One Source www.militaryonesource.mil (800) 342-9647
 San Marcos Vet Center – free veterans advocate (855) 898-6050
 Veteran's Combat Call Center – 24/7 (877) 927-8387
 – support for combat veteran's readjustment issues
 PTSD (Post Traumatic Stress Disorder) www.VA.gov

Veterans of Foreign Wars veterans helping veteran, resources (760) 728-8784

21. Food Resources - Nutrition / Nutrición - Recursos de Comida

Brother Benno's M-F 6:30a-1:00p/Sat 8am-1pm Oceanside (760) 439-1244
 Fallbrook Food Pantry (extended hours for seniors) (760) 728-7608
 M-F 9:30-12:30 1042 S. Mission Rd (entrance off of Aviation)
 Last Wed 8-10a Life Pointe Church parking lot, Hawthorne St & Pico Ave
 Fallbrook Senior Center – meal program 399 Heald Ln. (760) 728-4498
 Feeding America Mobile Food Pantry (858) 452-3663
 1st & 3rd Tue 9:30-10:30 Sonrise Christian Fellowship, 463 S Stage Coach Ln
 2nd & 4th Mon 10-11 Riverview Evangelical Church, 4980 Sweetwater Ln, Bonsall
 Food www.calfresh.ca.gov (866) 262-9881
 Meals-On-Wheels Greater San Diego (760) 736-9900
 Project Food Box – provided by Western Eagle (951) 695-7206
 M-F 9-5, Sat/Sun 9-4, 40940 County Center Dr., Temecula

WIC – Women Infants Children 1328 S Mission Rd (C) (888) 999-6897

22. Safety / Seguridad

CERT – Community Emergency Response Team (760) 723-2046
 CPR/AED & disaster preparedness courses (low cost) leave a message
 Fire Prevention (760) 723-2010
 Fire Protection District – business office/non-emergency (760) 723-2005
 Fallbrook Citizens Crime Prevention Committee (760) 731-9127
 –neighborhood & community crime prevention seminars & awareness, facebook
 *National Human Trafficking Resource Center (888) 373-7888
 *Red Cross – health & safety courses (800) 733-2767x3
 www.redcross.org/ca/san-diego

*Sheriff's Department Mon-Fri 8a-5p 388 E Alvarado St (760) 451-3100
 –Senior Volunteer Patrol & YANA – You Are Not Alone (760) 451-3144
 –Take Me Home – Persons with developmental or medical conditions
 Registration required
 –Graffiti Hotline (760) 451-3144

23. Senior Services / Servicios para Personas Mayores

*Alzheimer's Association of America www.alz.org/sandiego (800) 272-3900
 *ADT Home Health Security Services (866) 865-5006
 –medical alert system
 *Phillips Lifeline Medical Alert Service (855) 681-5351
 –personal safety alert button www.lifeline.phillips.com

*Elder Law & Advocacy – HICAP (760) 439-2535
 –For Medicare info (858) 565-8772

*Fallbrook Family Health Center (760) 451-4720

Fallbrook In Home Companion Care (760) 500-1423, (760) 250-9713

*Fallbrook Senior Center & Thrift Shop 399 Heald Ln (760) 723-4602
 –information activities/lunch program/exercise/hearing screenings

Fallbrook Podiatry 407 Potter St #A (M) (760) 728-4800
 –Dr Gregory Patish DPM in-ground toenails, orthotics, diabetic wound care

*Fitness Moves – SilverSneakers Yoga (760) 845-6602

Foundation for Senior Care FoundationForSeniorCare.org (760) 723-7570
 Care Van and Wheelchair Service • Expanded Rides • Senior Care Advocacy •
 Computer Learning Center • Adult Day Program "The Club" 9am-5pm

Road-Runner Errands Kathy Ford (760) 277-0089

*San Diego County Aging and Independent Services (800) 510-2020
 –Vial of Life, Mental Health, Support Groups www.ais-sd.org

*Senior Care Referral Specialists (800) 587-4410 (951) 824-8299
 –Free referrals to Senior living and care options www.SRcareinfo.com

*Vista Senior Center 1400 Vale Terrace Dr., Vista (760) 639-6160

*YANA (You Are Not Alone) Fallbrook Sheriff's Dept. (760) 451-3145
 –free daily check-ups & elder abuse prevention www.sdsheriff.net

24. Support Groups / Grupos de Apoyo

*Alcoholic's Anonymous San Diego County (760) 758-2514
 www.NOSDCO-AA.org Thurs. evenings only Español: (760) 758-6905

*Al-Anon – support group for families of alcoholics (619) 296-2666
 – English and Spanish speaking meeting locations listed on www.alanonsandiego.org

Al-Anon Español cell: (626) 260-2315

*Alzheimer's Support Group – 3rd Wed 2:00, Silvergate (760) 728-8880

*Bereavement Support – Hospice of the North Coast (760) 431-4100
 – 1st & 3rd Tuesdays 3-4pm, Silvergate Fallbrook (760) 728-8880

*Empty Cradle – loss of a baby (619) 595-3887

*Fallbrook Senior Center – AA meeting Friday evenings (760) 728-4498

Food Addicts – Mon 7-8:30 pm Nancy (951) 314-4633 Doug (858) 395-2921

*La Leche League Helpline (877) 4-LaLeche

Lupus Janet McDonald (951) 719-4287

*MADD – Mothers Against Drunk Driving (858) 564-0780

*Michelle's Place – breast cancer support Temecula (951) 699-5455
 27645 Jefferson Ave. Suite 117, Temecula

MS Support Group – meets 1st Wednesday Joe Bator (760) 451-5090

*NAMI – National Alliance for the Mentally Ill NamiNorthCoastal.org
 (619) 543-1434 or (800) 523-5933 / North County (760) 722-3754

*Narcotics Anonymous North County (866) 331-1958
 Español (619) 546-0774

*Nar-Anon – support group for families of addicts (800) 477-6291

25. Physical Therapy / Terapia Física

*All Star Physical Therapy (760) 723-2687

*Fallbrook Spine Center (760) 728-8999

*Rancho Physical Therapy (760) 723-8337

26. Transportation / Transportación

*5-1-1 FREE up-to-minute transportation info 24/7 511
 – traffic, public transportation, taxi referrals, ride sharing, carpool
 & vanpool referrals, roadside assistance & road conditions www.511sd.com

*Care Van – Foundation for Senior Care (760) 723-7570

*Courier – new program "Expanded Rides" by Foundation for Senior Care
 (similar to Fallbrook Hospital Auxiliary Courier Service) (760) 723-7570

*Expanded Rides – Foundation for Senior Care (760) 723-7570

*North County Transit District (760) 966-6500

– Bus and Train service in San Diego County www.GONCTD.com

*North County Transit District – Disabled (American Disabilities Act 1990)
 – Application (ADA Ride - Certification to ride) (877) 232-7433
 – Scheduling (NCTD LIFT - Curb-to-Curb Service) (760) 726-1111
 Transport Van Services – wheelchair, fees apply (760) 978-3079
 – ambulatory and non-ambulatory (805) 407-6549

27. Drug & Alcohol Abuse / Abuso de Drogas y Alcohol

*ACCESS & Crisis Line (800) 479-3339

*Alcoholic's Anonymous San Diego County (760) 758-2514
 www.NOSDCO-AA.org Español: (760) 758-6905

*Capalina Clinic – methadone clinic San Marcos (760) 744-2104

*Core Solutions – At-Risk Teen Treatment Options (888) 411-7565

*Hill Alcohol & Drug Treatment (951) 719-3685
 – outpatient programs for adolescents & adults

*North Inland Regional Recovery Center www.MHSinc.org (760) 741-7708

*Mental Health Systems www.MHSinc.org (M)(C) (858) 573-2600

*MITE Regional Recovery Center – Oceanside (C) (760) 721-2781

*Palomar Family Counseling (C) 120 W Hawthorne St. (760) 731-3235

*San Diego County Meth Hotline (877) NO2-METH or (877) 662-6384

*Acadia HealthCare 40700 California Oaks Rd #201-203 Murrieta (951) 894-5072

28. Fitness / Condición Física

*Aevum Wellness-Fallbrook – bone strengthening program (760) 451-9162

*California Bodies – boot camp & TRX suspension training (760) 717-4799

*Boys & Girls Club (760) 728-5871

*Club Paradise Fitness – gym & classes (760) 731-0133

*Fallbrook Community Center – various classes (760) 728-1671

*Fallbrook Library – various fitness classes (760) 731-4650

*Fallbrook Senior Center (760) 728-4498

*Fitness Moves – yoga, SilverSneakers chair yoga & chair, fitness at Club
 Paradise, Sage Yoga Studios and Fallbrook Library (760) 845-6602

*Laughter Matters – laughter yoga www.laughtermatters.org (619) 255-4622

*Sage Yoga Studios – yoga & melt (760) 451-8771

*Wade into Fitness – Fitness Fusion & Healing Yoga @ FCC (760) 728-1671

29. Health Coverage / Asistencia para Cobertura de Salud

*Covered California – www.coveredca.com (800) 300-1506

*Fallbrook Community Resource Center (866) 262-9881

*Fallbrook Family Health Center (760) 451-4728

*Medi-Cal – apply online at www.coveredca.com (800) 300-1506

– apply in person at Fallbrook Community Resource Center (866) 262-9881

*HICAP – free info for Medicare Legal (858) 565-1392, Seniors (858) 565-8772

*Medicare – apply at www.medicare.gov 24/7 assistance (800) 633-4227

30. Medical Equipment & Supply / Equipo y Accesorios Médicos

*Apria Healthcare Murrieta, CA (M) (951) 658-7466

*Fallbrook Senior Center (760) 728-4498

*Foundation for Senior Care – equipment loaned (760) 723-7570

*Global Medical Equipment & Supplies Murrieta, CA (951) 200-6555

31. Urgent Care / Cuidado Urgente

*MedPlus+ Urgent Care, 617 E Alvarado St (760) 509-9509
 Hours: Mon-Fri 9am-7pm, Sat 9am-2pm, Sun 9am-2pm
 Some major holidays 9am-2pm

*Fallbrook Medical Center/Urgent Care, 593 E Elder St #B (760) 723-5900

*Fallbrook Urgent Care (760) 451-3500
 706 S Main Ave M-F 10-7/Sat 10-6/Sun 12-5

*Temecula 24 Hour Urgent Care (M) (951) 308-4451
 – 41715 Winchester Rd #101 Hours: 24/7 (closed on Christmas Day)

Fallbrook Regional Health District
 138 Brandon Road • 2nd Flr • Fallbrook • 760-731-9187
 Website: www.fallbrookhealth.org

(M) = Business/Service accepts Medicare

(C) = Business/Service accepts Medi-Cal/Medicaid

Fallbrook Regional HEALTH DISTRICT

2019 Community Resources Directory

Directorio de Recursos de la Comunidad

Special Service Project of the:
 Community Collaborative Committee

Revised April 2019

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1. Animal Safety / Protección de Animales
Animal Control (760) 438-2312
www.ssdac.com

Animal Safe House (760) 753-6476
www.rhumansociety.org

Falbrook Animal Sanctuary – dog & cat adoption (760) 685-3533
North County Humane Society (760) 757-4357
www.schumane.org

Project Wildlife – wildlife rescue www.projectwildlife.org (619) 225-9453
Vector Control – mosquito/trats/insect identification (858) 694-2888 x2

Falbrook Skilled Nursing Facility, 325 Potter St (M)(C) (760) 728-2330
http://www.progressivecarecenters.com

Regency Falbrook (760) 728-8504
Silverado – Esccondido (760) 737-7900

Silvergate – Falbrook (760) 728-8880
3. Children & Teen Services / Servicios para Niños & Jóvenes

Boys & Girls Club (760) 728-5871
California Children's Services – CCS (C) (619) 528-4000

Child Abuse Hotline (Reportes de abuso) – CPS (800) 344-6000
CATCH – Community Access to Children's Health cell (619) 261-0871

Core Solutions – at-Risk Teen Treatment Options (888) 411-7565
Falbrook Child Development Center – daycare (760) 728-5402

Falbrook Community Center (760) 728-1671
Falbrook Community Center – after school programs available

Falbrook Head Start MAAFC Project free day care available (760) 723-4189
Falbrook School of the Arts (760) 728-6383

GANAS Mentoring program – Guide Advise Nurture and Support
–mentor underserved children

Ingold Sports Park 2551 Olive Hill Rd cell (760) 731-6000
North County Lifetime – youth counseling (C) (760) 726-4900

–parenting classes, domestic violence program, anger management
North Inland Community Prevention Program (858) 391-9303 x202

Mental Health Systems –Falbrook Youth Advocacy Coalition
Palomar Family Counseling (C) 120 W Hawthorne St. (760) 731-3235

San Diego Regional Center www.sdrcc.org (858) 576-2996
–for children w/developmental disabilities

WIC – Women Infants Children (C) 1328 S Mission Rd (888) 999-6897
Community Housing Works 888-884-4CHW 619-282-6647

4. Housing / Vivienda
–affordable housing / financial classes chworks.org

La Posada de Guadalupe men's shelter/single men 18+ (760) 929-2322
www.ccstd.org

–temporary housing for men / drug and alcohol use free
Falbrook Workers Program 2478 Impala Dr. Carlsbad

San Diego County Housing & Community Development (858) 694-4801
– assistance for renters, home owners and homeless schdc.org

Solutions for Change call for appt. (760) 941-6545
– for families w/ children only

5. Dental & Vision Care / Cuidado Dental y de Vision
Bella Dental (C) 855 S. Main Ave. (760) 723-8599

Falbrook Family Health Center – Dental Clinic (M)(C) (760) 451-4730
Falbrook Family Health Center – Optometry Clinic (M)(C) (760) 451-4720

Falbrook Smiles Project – Dental & Vision cell (619) 261-0871
The Super Dentists (C) (760) 336-8478

6. Disabled Programs / Programas para Incapacitados
Care-Rite & Stepping Stone Resources (760) 728-6951
–providing programs, residential living and support for adults with developmental disabilities

Consumer Center for Health Education and Advocacy (877) 734-3258
www.lassd.org

Jeremiah's Ranch www.jeremiahsranch.org cell (760) 805-5214
– a community of special needs families

NCTD-ADA LIFT Curb-to-Curb Service (760) 726-1111
(877) 232-7433

REINS – therapeutic horsemanship program (760) 731-9168
www.reinsprogram.org

San Diego Regional Center www.sdrcc.org (858) 576-2996
– for adults w/ developmental disabilities, home placement

7. Domestic Violence & Abuse / Abuso y Violencia Doméstica
Adult Protective Services (800) 510-2020

Alternatives to Domestic Violence alternativesdv.org (951) 320-1370
Riverside

Child Abuse Hotline (800) 344-6000 or (858) 560-2191
Domestic Violence Hotline 24 hours www.ccstd.org (888) 385-4657

Esccondido (888) 385-4657
Domestic Violence Legal Advocacy/Shelter Referrals (888) 385-4657

Falbrook Sheriff 388 E Alvarado St (760) 451-3100
Palomar Family Counseling (C) 120 W Hawthorne St. (760) 731-3235

Women's Resource Center – OceanSide hotline (760) 757-3500
www.wrcsd.org office (760) 547-8800

Falbrook Library – various classes (760) 731-4650
Falbrook Senior Center – aging realities (760) 728-4498

Foundation for Senior Care www.foundationforseniorcare.org
Senior Care Computer Learning Program for 55+ (760) 723-7570

Special Education Resources –High School Contact: Melissa Marovich (760) 723-6332 ext. 6298
–Elementary Schools Contact: Sarah Engles (760) 731-5412

Vista Adult Education 510 Sunset Dr. Vista (760) 758-7122
9. Emergency Services / Servicios de Emergencia

911
Business Office (760) 451-3100
388 E Alvarado St

FALBROOK SHERIFF
911
www.sdsheiff.net

SUICIDE HOTLINE 24 HOURS www.up2sd.org (888) 724-7240
10. Medicare / Medicare

Medicare –apply at www.medicare.gov 24/7 assistance (800) 633-4227
11. Government Offices / Oficinas de Gobierno

California Children's Services – CCS (C) (619) 528-4000
County Records – birth • death • marriage certificates (760) 940-6858

Dept. of Health and Human Services Access Line (866) 262-9881
www.benefitsca.gov

*Hospital of the North Coast www.hospitenorthcoast.org (760) 431-4100
*HSS state program (C) (800) 510-2020

*Lizbeth Hospice (800) 797-2050
www.destinyhospicecare.com (951) 588-4548

*Destiny Hospice (760) 468-3075
*Affordable & Quality Home Care Services

*Lohan Health Home HealthCare (MediMedi) (C) (877) 567-4265
(M) = Business/Service accepts Medicare

*Falbrook Community Resource Center (866) 262-9881
Apply for Medi-Cal, Food Stamps, Cal Works (M)(C) 202 W College St

*Falbrook Public Utility District – sewer & water (760) 728-1125
*HICAP – free information for Medicare (800) 434-0222

*Medicare – 24/7 assistance www.medicare.gov (M) (800) 633-4227
*San Diego County Aging & Independent Services (800) 510-2020

*Social Security Office (855) 287-4793 OceanSide or (800) 772-1213
*Health Resources / Recursos de Salud 211 – free info line www.211sandiego.org 211 or (800) 227-0997

*Medi-Cal, Food Stamps, Cal Works (M)(C) (866) 262-9881
Public Health, 202 W College Street, Falbrook

*Consumer Center for Health Education and Advocacy (877) 734-3258
www.lassd.org – free assistance for health coverage

*County Medical Services – CMS (800) 587-8118
*Falbrook Family Health Center (760) 451-4720

Foundation for Senior Care FoundationForSeniorCare.org (760) 723-7570
*Falbrook Family Health Center

Falbrook Pregnancy Resource Center (760) 728-4105
125 E. Hawthorne St www.FalbrookPRC.com

*Falbrook Public Health – Immunizations & TB testing (760) 967-44019
– for uninsured, low cost

*San Diego Adolescent Pregnancy & Parenting Program (619) 344-6430
13. Healthcare / Cuidado de Salud

*Falbrook Family Health Center 1328 S. Mission Rd (M)(C) 760) 451-4720
-Pediatrics -Women's Health -Family Medicine -Optometry -Mental Health

-Internal Medicine -Dental (760) 451-4730 -Dietician: Janine (619) 261-0871
-Covered California Health Plans Enrollment Specialist

Falbrook Podiatry 407 Potter St #A (M) (760) 728-4800
-DT Gregory/Palish DPM inground tonails, orthotics, diabetic wound care

www.falbrookseniorcenter.com, (760) 723-6300 ext. 2112
Migrant Education Program (760) 723-7570

FoundationForSeniorCare.org (760) 723-7570
Senior Care Computer Learning Program for 55+ (760) 723-7570

Special Education Resources –High School Contact: Melissa Marovich (760) 723-6332 ext. 6298
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*Lizbeth Hospice (800) 797-2050
www.destinyhospicecare.com (951) 588-4548

*Destiny Hospice (760) 468-3075
*Affordable & Quality Home Care Services

*Lohan Health Home HealthCare (MediMedi) (C) (877) 567-4265
(C) = Business/Service accepts Medi-Cal/Medicaid

Palomar Home Health (760) 739-2299 or (800) 525-3010
Qualicare Hospice of Temecula (909) 626-4242

Right at Home www.rahemecula.com (951) 506-9628
Tri-City Home Health (760) 940-5800

Seasons Hospice (M) (C) (858) 592-2000
Village Home Care (760) 723-1140

15. Hospitals / Hospitales
CALL 911 for EMERGENCY

Loma Linda Medical Center – mother-baby Murreta (951) 290-4000
Inland Valley Medical Center – trauma center Willomar (951) 677-1111

Palomar Medical Center PPH.org (442) 281-5000
Neonatal ICU 2185 W. Citracado Parkway, Esccondido

Outpatient Rehab San Marcos (760) 510-7330
Wound Care Center San Marcos (760) 510-7300

Radly Children's Hospital 3020 Children's Way, SD (858) 576-1700
Rancho Sprngs Medical Center (951) 696-6000

– Neonatal ICU 2550 Medical Center Drive, Murreta (951) 331-2200
Temecula Valley Hospital (951) 331-2200

Tri-City Medical Center (760) 724-8411
4002 Vista Way, OceanSide

16. Information / Información
Free 211 Social Services Info www.211sandiego.org (800) 227-0997

–local and long distance directory (800) 373-4111
411 –traffic, public transportation, taxi referrals, ride sharing, carpool & vanpool referrals, roadside assistance & road conditions www.511sd.com 511

San Diego County Services www.sdcounty.ca.gov (858) 694-3900
San Diego County Services www.sdcounty.ca.gov (858) 694-3900

17. Legal Advice / Asesoría Legal
California Rural Legal Assistance – CRLA www.crla.com (760) 966-0511
–for field workers, employment and civil rights law, social security, and state disability

Catholic Charities – Immigration Services (appt. preferred) (760) 631-5890
Community Resource Center Social Services (760) 753-8300

Elder Law & Advocacy – free legal help for seniors (760) 439-2635
Domestic Violence Legal Advocacy/Shelter Referrals (760) 798-2835

San Diego Volunteer Lawyer Program (619) 235-5656
San Diego Volunteer Lawyer Program (619) 235-5656

18. Medications / Ayuda con Medicinas
Brother Benno's – 1-time prescription assistance (760) 439-1244
CVS 24 Hour Pharmacy (760) 723-5721

–Falbrook Pharmacy (transferred prescriptions to CVS)
Social Security Extra Help (800) 772-1213

–online application: www.socialsecurity.gov/prescriptionhelp
Village Pharmacy free delivery, unit dose packaging (760) 645-3021

19. Mental Health - Counseling Services / Salud Mental
– Servicios de Consejería
Suicide Hotline/Crisis Line 24 Hours www.up2sd.org (888) 724-7240

Aurora Behavioral Health SD limited (M)(C) (888) 565-4228
BPSR Knassis North Clinic (MHS) (M)(C) (760) 480-2255

located in Falbrook Family Health Center, 1328 S Mission Rd
Disaster Distress Helpline – natural or human-caused (800) 985-5990

Exodus Recovery – walk-in psych clinic (M)(C) (760) 758-1150
–Mon-Fri 9:00a-4:30p 524 West Vista Way, Vista

Falbrook Family Health Center - Behavioral Health (M)(C) (760) 451-4770