# Fallbrook Regional Health District Health and Wellness Center

STRATEGIC PLANNING COMMITTEE OF THE BOARD

MAY 20, 2020



## Today's Agenda

- Review the Project Objective, Timeline and Status
- Review of Existing Information
- Summary Points of Board Interviews
- Summary Points of Community-Based Organization Interviews
- Informational Gaps to Develop Optimal Health and Wellness Center Programming
- Proposed Approach to Move Forward

# Review Project Purpose, Timeline & Status

#### **PURPOSE OF PRE-PHASE 1: DISCOVERY**

To facilitate the Board to come to consensus on the validity, nature and scope of the planning information collected todate, and then to agree on an approach to collect/analyze any additional information needed to responsibly inform the optimal mix of programs and services to be offered by the Community Health & Wellness Center.

Project Week	4/6	4/13	4/20	4/27	5/4	5/11	5/18	5/25	6/1	6/8	6/15
Detailed Review of Information Collected To-Date											
Identification of Additional Information Needed and Approach to Phase 1											
Board Facilitated Session to Review and Reach Consensus on Phase 1 Approach									6/5		
Present Approved Statement of Work and Fees for Phase 1											

# **Review of Existing Information/Scope of Interviews**



### **Review of Existing** Information

- FRHD 2017 and 2018 Annual Report
- 2018 Fallbrook Community **Overview CentraForce** Health
- Fallbrook 2018 Pre-Diabetes Population
- Fallbrook Health & Wellness Population CentraForce
- Summary of conversations with representatives from elementary schools and the **Bonsall School District**
- Summary of Ideas generated on February 14, March 24 and March 31, 2018 from Wellness Advisory Committee Meetings



### Members of the **Board of FRHD**

- Howard Salmon, Chair
- Jennifer Jefferies, Treasurer
- Barbara Mroz, Vice Chair
- Bill Leach, Secretary
- Kate Schwartz-Frates, Director
- Rachel Mason, Executive Director



**Community-Based Organization Partners** 

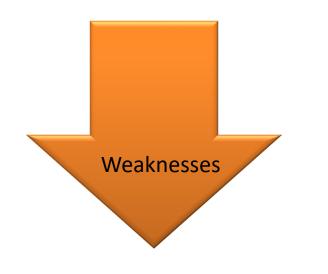
- Allison Barclay, Boys & Girls Club of North County
- Shae Gawlak, Food Pantry
- Keith Birkfeld, Foundation for Senior Care
- Patti Christensen & Lisa Turner, Palomar Family Counseling
- Graydon Skeoch, Medical & Urgent Care
- Mary Murphy, North **County Fire Protection**

# Review of **Existing** Data Information



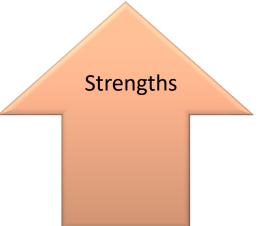
Information Informing Programs	CentraForce information is based on averages which does not represent different populations with different needs. Information does not consider the root causes driving many of the underlying community needs. Information does not incorporate census tract data and incidence of disease.
Voice of the District Residents	Voice of the senior citizens were captured through community forums. The information did not reflect input from other population segments such as Latinos, Youth, Military, Working Class Families, and others.
Voice of Community Leaders and Potential Partners	Legacy partners' input was represented in the community forums. Local hospital representatives were not engaged in early feedback secessions.
Information Gathered from the Community Forums	Information collected appears to reflect the wants of the community forums attendees. Information does not appear to be correlated to any analytical platform or analysis. Information did not inform prioritization of programs. No input gathered regarding challenges/barriers to accessing programs at the Center.

# Board Interviews **Strengths & Weakness** of Prior Efforts



- Several segments of the population have not had a voice in the planning to date and there needs to be a mechanism to get their input
- Additional community-based organizations' and hospitals' input needed to fully inform the community needs and potential collaborations
- Updated and expanded data collection and analysis is needed to drive the program priorities of the community

- Executed community forums and began to engage the community
- Input from the Seniors in the community
- Input from FRHD grant recipients
- Input from some of the schools
- Reports from CentraForce were directionally helpful



# Board Interviews – Need to Hear From





#### **Unique District Populations**

- Low Income Latino families
- Early Settlers
- Youth/Pre-Teen/Young Adults
- Moms-English Learners
- PTA Representatives
- Military Families
- De Luz and Rainbow Geographies
- Reps from Fallbrook High School
- Middle Class Families

#### **Community Partners**

- Community Clinic
- FQHC
- Area Hospitals
- Chamber of Commerce for each community
- Others?



# Conditions Identified by Community-Based Organization

## **Issues Identified**

Economic Insecurity/Poverty Lack of Education (Adult & Youth) Food Insecurity Housing Instability/Homelessness Family Stress & Loneliness Access to Healthcare Transportation Stigma Cultural Norms Transportation Language Barrier

Need to determine the root cause \*

## **Health Conditions**

Obesity/Nutrient Deficient Behavioral Health Addiction Diabetes Epilepsy Cancer Congestive Heart Failure Dental Dementia/Cognitive Impairment

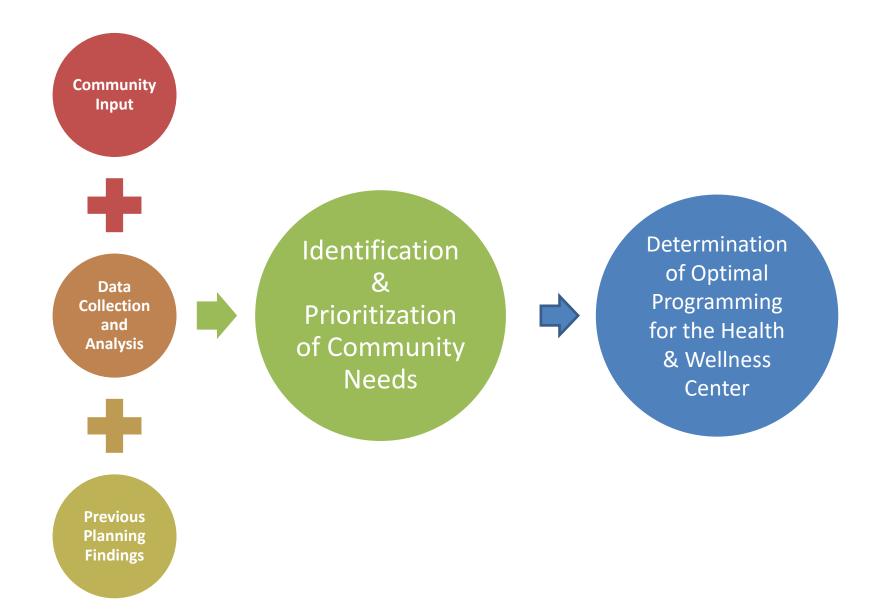
# Programs/Assets Identified by Community-Based



## **Organizations** (not all inclusive)

BOYS & GIRLS CLUBS	<ul> <li>✓ Youth Tutoring Program</li> <li>✓ Youth After School Program – 8 sites</li> <li>✓ Bus Transportation</li> <li>✓ Pool that is underutilized</li> </ul>
M pfcs	<ul> <li>✓ Intensive School-Based Behavioral Health</li> <li>✓ Batters Treatment Services</li> <li>✓ Healthy Bodies/Healthy Minds at Elementary &amp; Middle Schools</li> <li>✓ Office Counseling-sliding scale</li> <li>✓ Spanish speaking parent support groups</li> </ul>
EST. 1927	<ul> <li>✓ Emergency Services</li> <li>✓ Ambulance Transport</li> <li>✓ Education Preventive Services</li> <li>✓ Collaborate with Foundation for Senior Care</li> </ul>
MD <sup>+</sup>	<ul> <li>✓ Medical services, basic diagnostics</li> <li>✓ Telemedicine</li> </ul>
Senior Care	<ul> <li>✓ Senior Day Care</li> <li>✓ Door-through-Door program</li> <li>✓ Operate 5 buses</li> </ul>
FOOD PANTRY	<ul> <li>✓ Food/meal distribution</li> <li>✓ Building a kitchen to offer nutrition programs</li> </ul>

# **Inputs** to Determine Optimal Programming



# **Informational Gap** to Determine Optimal Programming

Community Input	Input	Information Needed	Information Currently Available	Gap	Action to Get Needed Information
	<ul> <li>District Residents</li> <li>Residents</li> <li>Students</li> <li>Parents</li> <li>Patients</li> </ul>	Input from all segments of the district population related to social and health needs, barriers to care,& daily challenges and priorities.	Existing information is focused on desired programs. Lack of input from key segments of the population. Information is 2 years old.	Significant	Collect information from key segments of the population that includes social and health needs, barriers to care & daily challenges and programming priorities.
	Community-Based Organizations (CBO)	Input from non-profit organizations, FQHC, health systems, community leaders, local government agencies, & schools to explore issues, gaps and resources.	Provided programming suggestions at community forums. Interviews with 6 CBO provided information on current programs, social and health conditions, programs gaps & challenges	Moderate	Collect information from key community stakeholders: • Hospitals • Schools • Churches • FQHC • Community Clinic • Chamber of Commerce • Others
	Public Organizations	Input from Public Health Department & Health and Human Services on information available for the District	No conversations with public organizations	Significant	Interview representative from the County of San Diego Public Health Department and Health and Human Services 11

# **Informational Gap** to Determine Optimal Programming

Data Collection and Analysis	Input	Information Needed	Information Currently Available	Gap	Action to Get Needed Information
	Demographics	Sex, age and race/ethnicity	Demographic information is provided at the District level	Moderate	<ul> <li>Federal &amp; State Census Data</li> <li>Other Local Data</li> </ul>
	Hospital & Clinic Utilization	ED discharges, hospitalizations, and community clinic visits	Averages for the District (% of the population); no ED information; how was this information collected; need to validate hospital utilization	Significant	<ul> <li>California Office of Statewide Planning &amp; Development (OSHPD)</li> <li>Truven Analytics</li> </ul>
	Morbidity & Mortality	Disease prevalence and leading cause of death	Limited, averages for the District.	Significant	<ul> <li>Truven Analytics</li> <li>County of San Diego Health Statistics</li> </ul>
	Social Determinants of Health & Health Behaviors	Conditions in the places where people live, learn, work and play.	Limited, averages for the District.	Significant	<ul> <li>Public Health Alliance of Southern California Healthy Places Index (HPI)</li> <li>Dignity Health/Truven Health Community Need Index (CNI)</li> <li>Kaiser Permanente CHNA Data Platform &amp; Analytics</li> </ul>

# Proposed Project Approach

