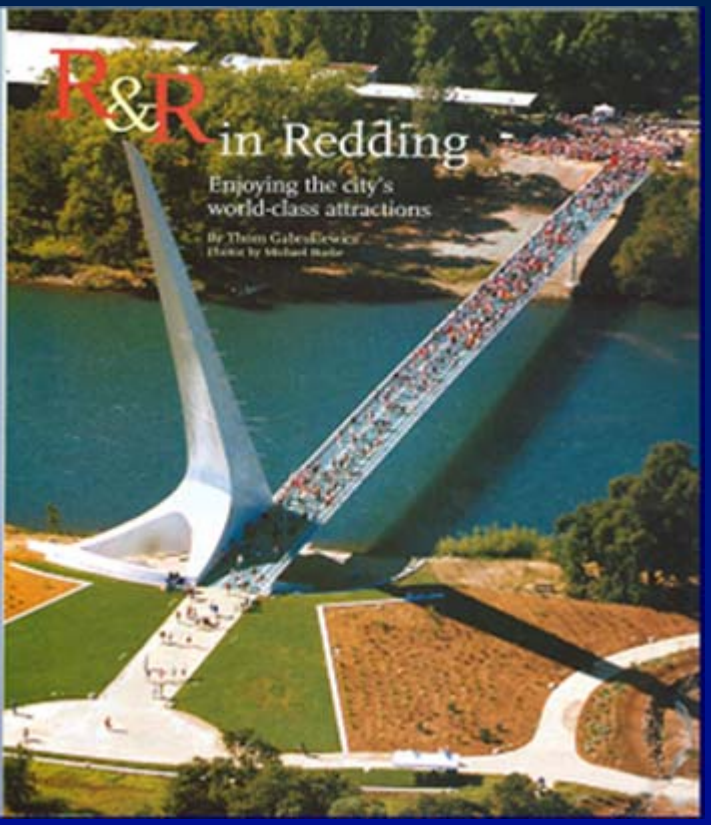
Shasta County Public Health and Health Equity



CCLHO 10-22-09

Andrew Deckert, MD, MPH, Health Officer

Shasta County Health and Human Services—Public Health

Outline

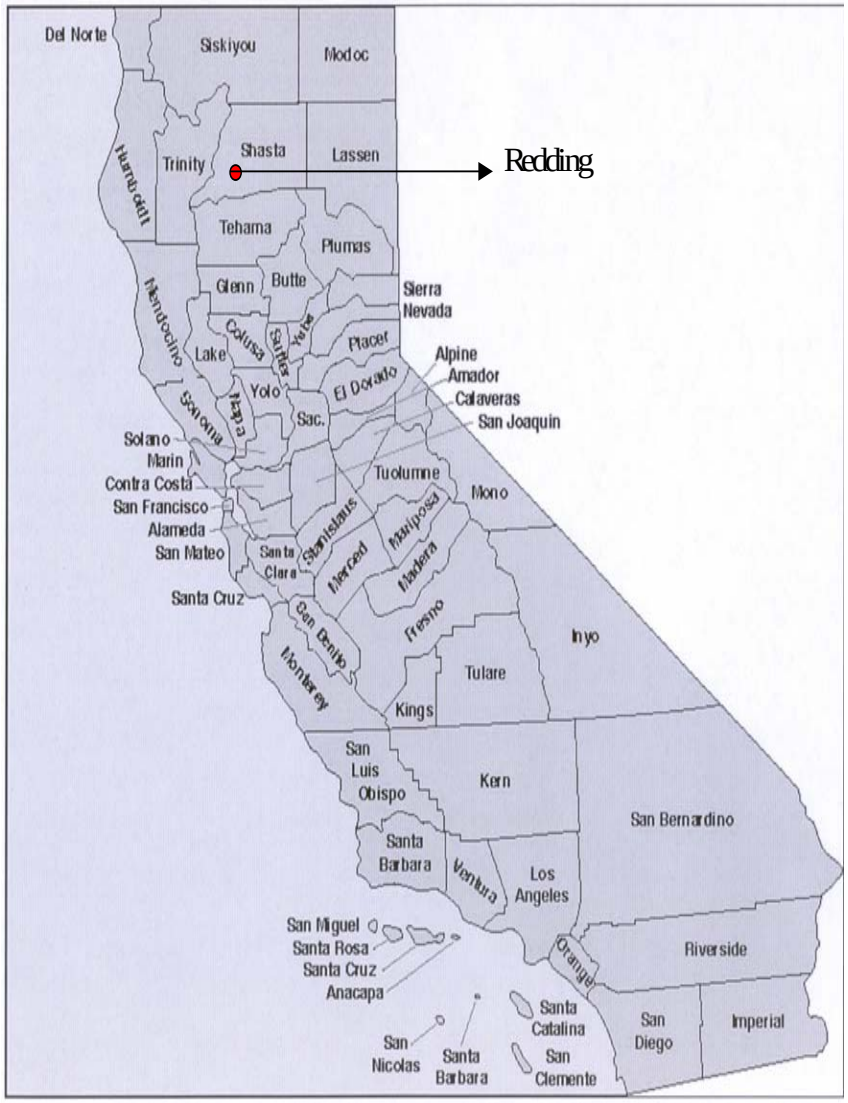
- Shasta County context
- Learning/training
- Data can support
  Health Equity
- Cultural Committee
- Community partnerships
- In-Progress/Future

Shasta County context

Shasta County

Semi-rural

California



2005 Populations

Shasta County: 178,000

Redding: 88,000

Boomers Retiring

Growth projected Shasta County:

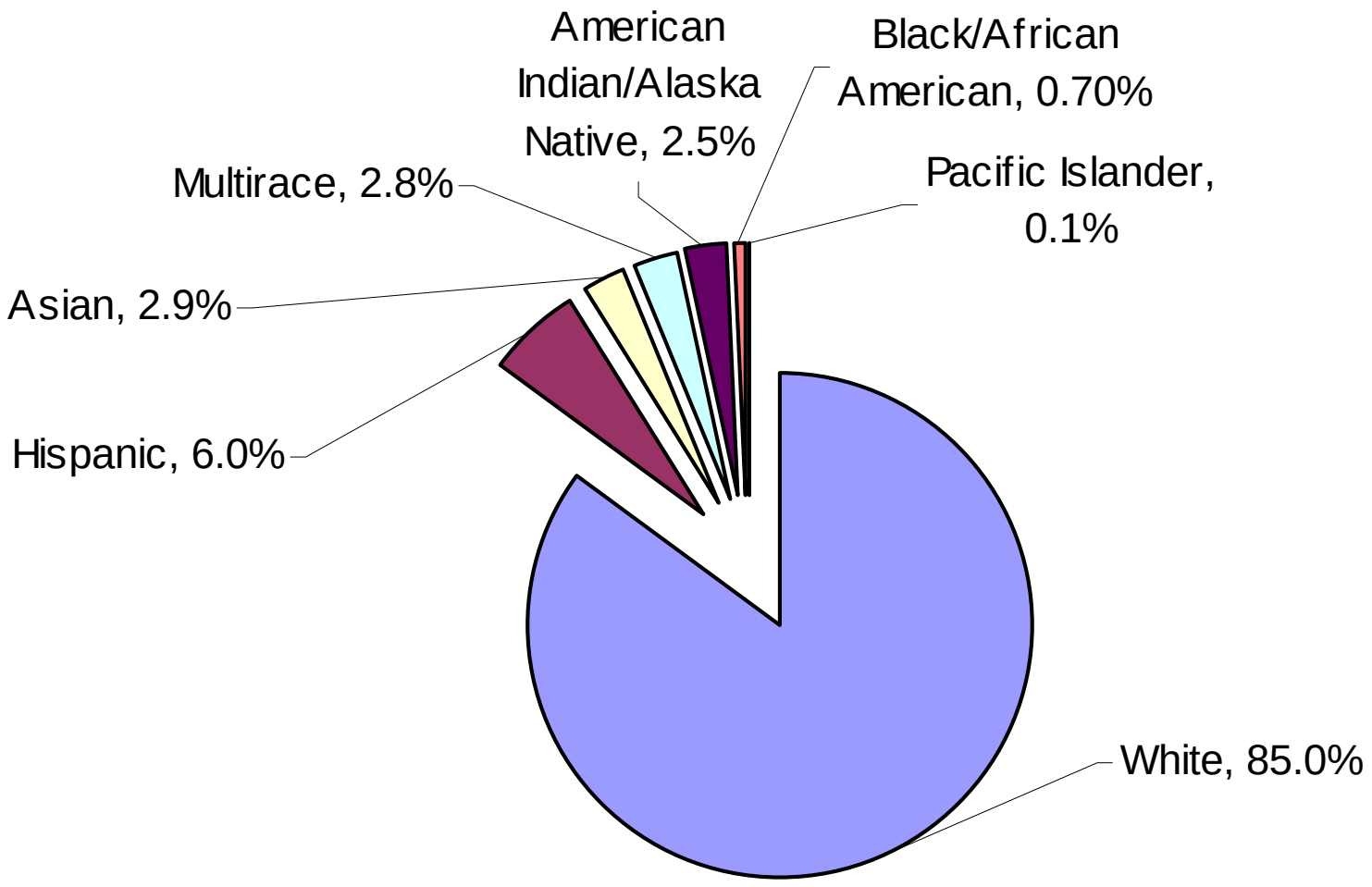
2005 = 178,000

2020 = 227,922

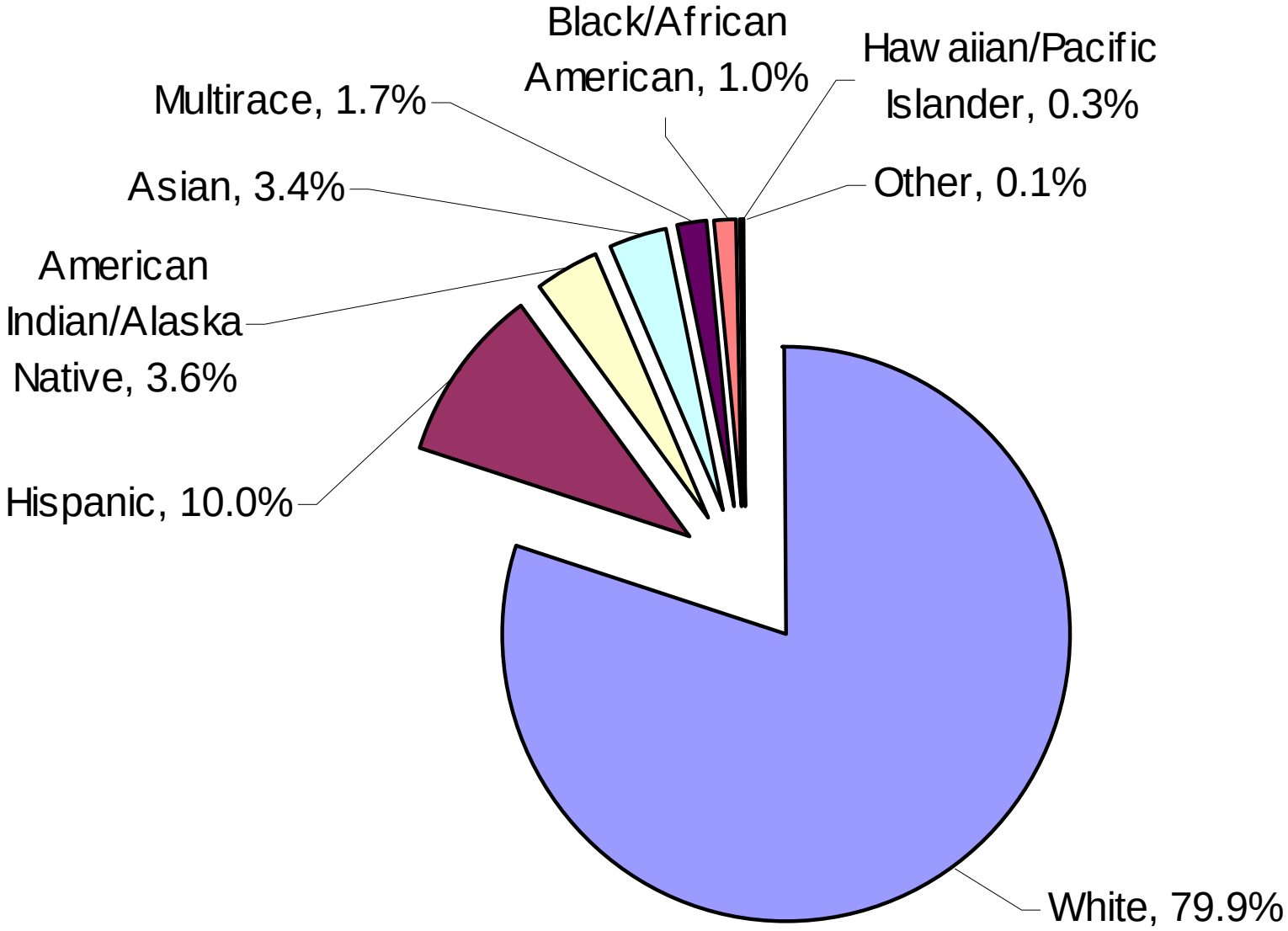
2050 = 334,348

3 incorporated cities: Anderson, Redding, and Shasta Lake

Racial/Ethnic Breakdown of Shasta County's Population, CA DOF 1/09



2008 **Births** to Shasta County Residents by Race/Ethnicity

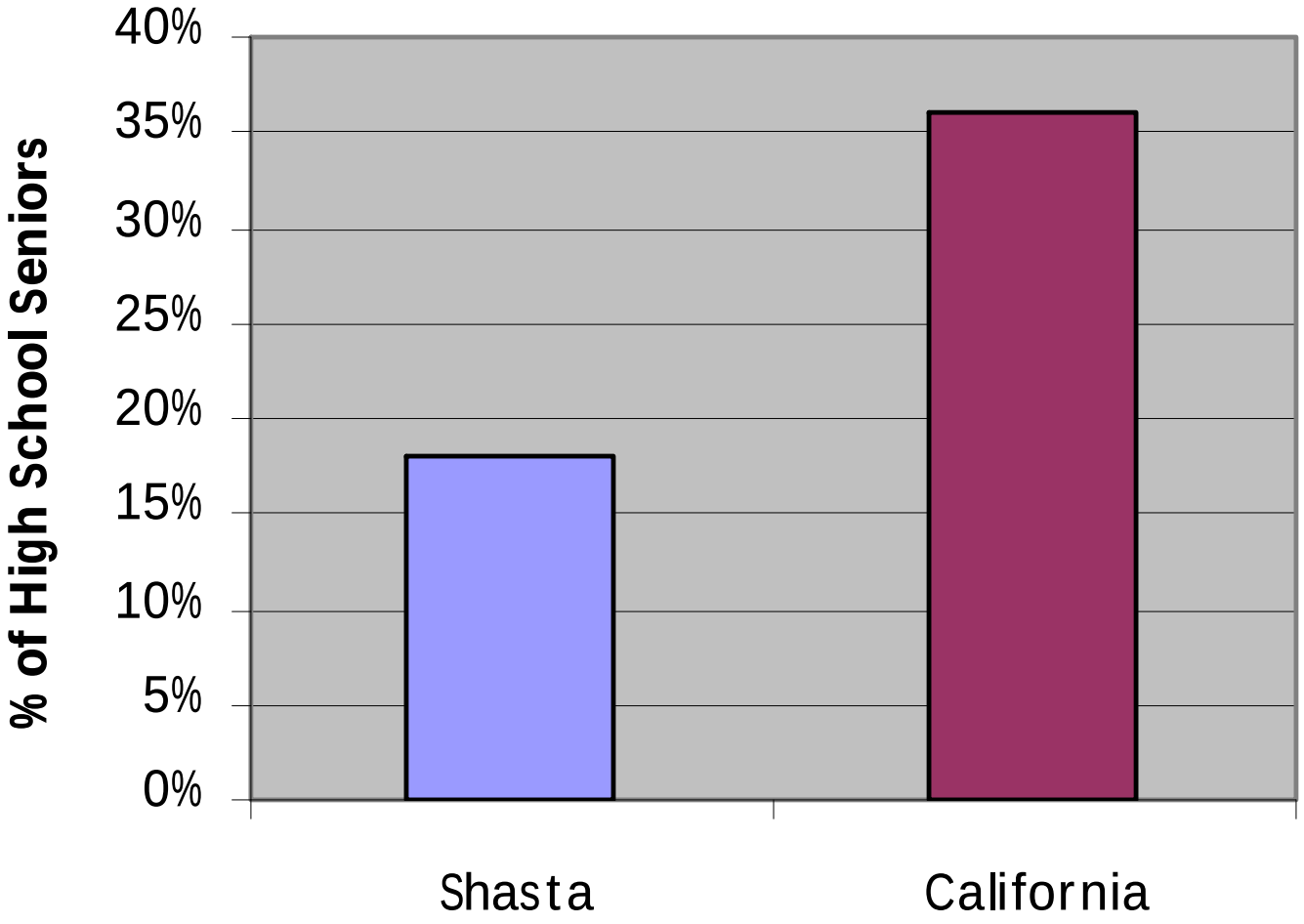


GROW

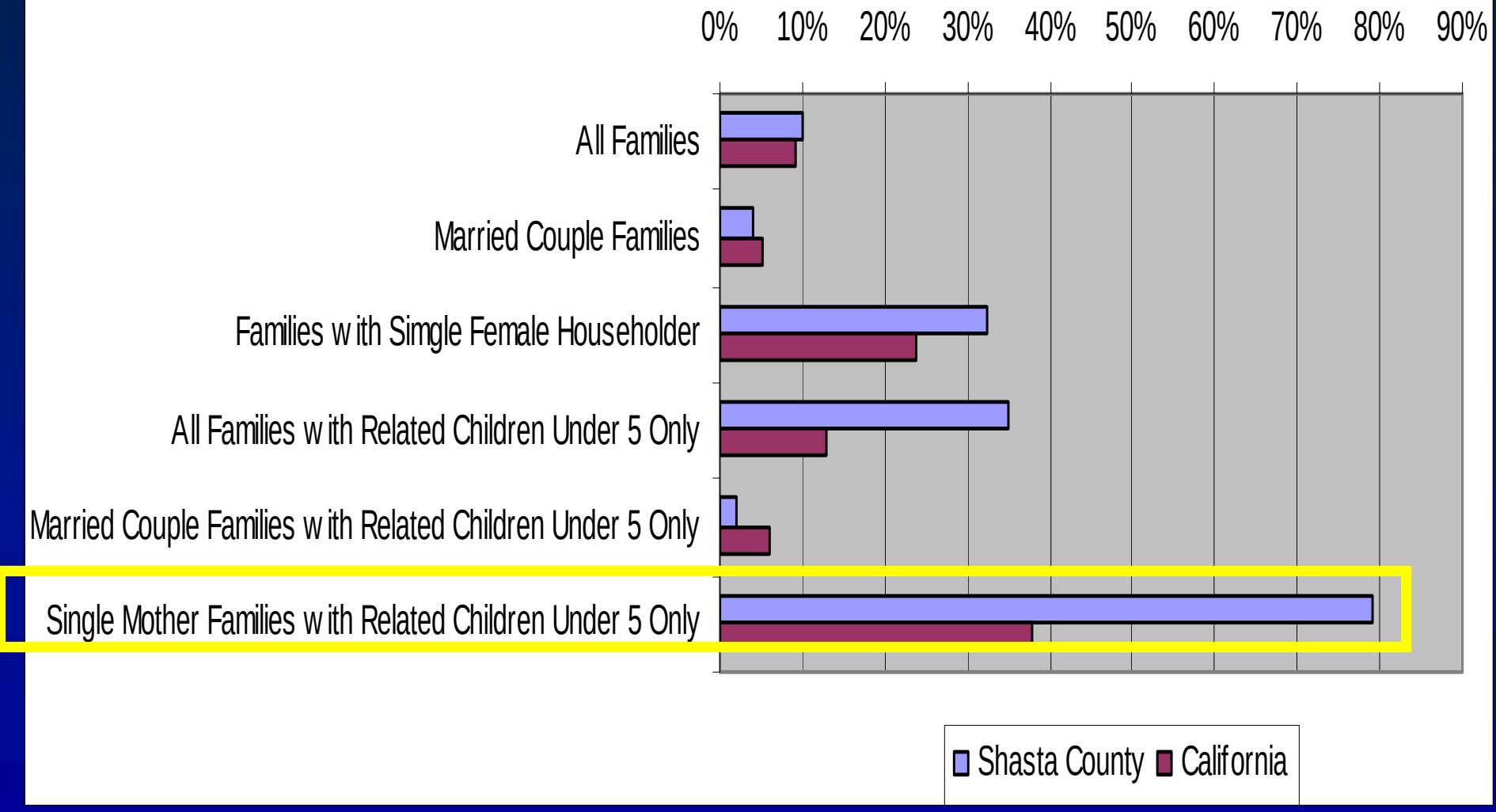
ECKO
SouthPole

HAPPY

Percent of High School Seniors Taking the SAT, FY07-08



Percentage of Families in Poverty, 2007

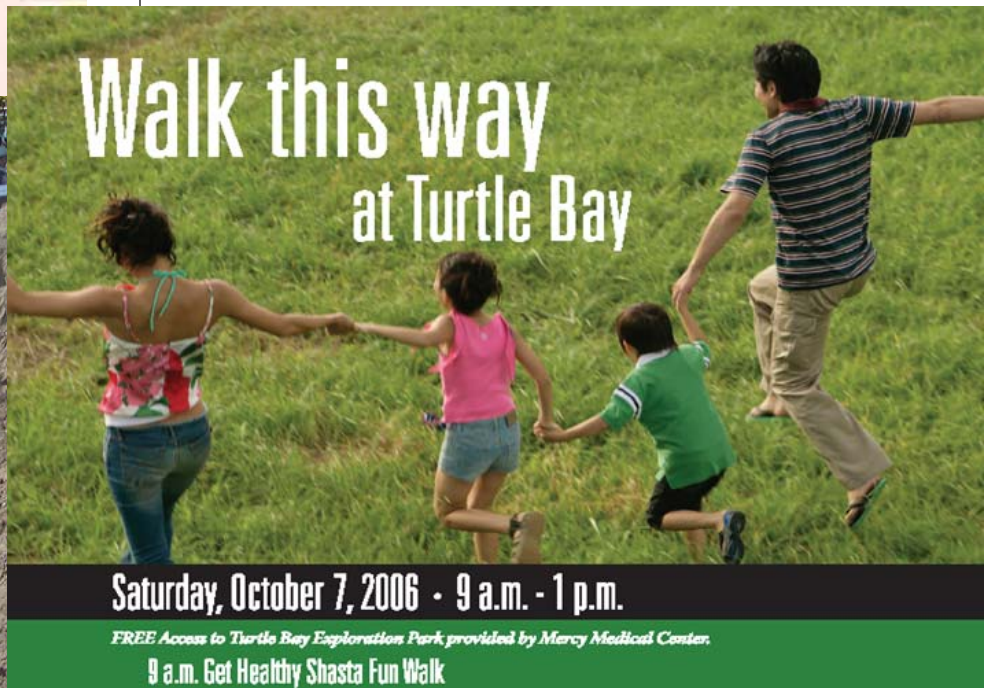


Shasta County Registered Voters October 09		
Party	**Voters**	**Percent**
Republican Party	45,072	47.63%
Democratic Party	28,080	29.67%
Decline to State	17,270	18.25%
American Independent Party	2,768	2.93%
Libertarian Party	582	0.62%
Green Party	480	0.51%
Peace and Freedom Party	226	0.24%
Other Parties	151	0.16%
Total	94,629	100.00%

CASCADE
JONNY LANG JULY 21 BRUCE HORNSBY AUG 14
MARTINIS WITH SANTA AUG 15 LOS LONELY BOYS SEPT 16

This is one
food fight
you really need to win.
www.healthyshasta.org

Shasta County Chapter
Parents, Families and Frien
of Lesbians & Gays
PFLAG


Walk this way
at Turtle Bay
Saturday, October 7, 2006 - 9 a.m. - 1 p.m.
FREE Access to Turtle Bay Exploration Park provided by Mercy Medical Center.
9 a.m. Get Healthy Shasta Fun Walk

REDDING RANCHERIA
WINTU
PIT RIVER

PIT RIVER
HEALTH SERVIC
36977 PARK AV

Shasta County Public Health (SCPH) Organizational Values:

Compassion – *Caring about people*
We value people…We strive to treat all people with dignity, respect…

Community Collaboration – *Working with partners*
We believe that residents know their communities best and have a vested interest in their well-being. We partner in innovative ways with communities … to create healthful places to live, work, and play.

Prevention – *Creating and preserving health***…**We address … the full spectrum of prevention,… to system and policy change. We use facts discovered through scientific methods to establish and evaluate programs, interventions, and policies to improve health.

Equality – *Serving everyone*
We strive to serve every person living in or visiting Shasta County in a culturally competent manner. We work toward the elimination of health disparities between groups of people. Every community in the county is important to us, and we seek to assure that each has access to important preventive and other health services.

Integrity – *Accountable and honest*
…. We are committed to honesty in all of our activities, transparency in decision-making and information sharing, and sincerity in our relationships.

Shasta County Health and Human Services Agency

Vision

Healthy people in thriving and safe communities

Mission

Partnering with communities to protect
and improve health and well-being

Values

Compassion

Caring about people

We value each person and are sensitive to unique individual needs. We seek a high-quality life that is healthy and free from harm.

Prevention

Stopping problems before they start

We implement solutions to prevent the impact of disease and social challenges in current and future generations.

Collaboration

Teamwork and partnership

We partner with our clients, families, the community and each other to empower and support people to create safe and healthy places to work, live and play. We support teamwork, trust, confidentiality and shared leadership as keys to successful collaboration.

Equality

Serving all with dignity and respect

We serve every person in a culturally competent manner. We work toward the elimination of social and health inequities within our communities. We nurture a workforce that is skilled, diverse and engaged.

Excellence

Quality, integrity and accountability

We provide the highest quality professional service to everyone. We conduct our activities with diligence, objectivity and honesty. We are committed to efficient and productive use of the public's funds, and utilize proven methods to establish and evaluate programs and policies that improve health and social well-being.

Staff Health Equity Education

- PH Mngmt, PH All staff and PH Adv Bd mtgs
- HHSA Study group – 10 sessions, in depth focus on gender, race & class inequities
- PH Division meetings – staff trainings tailored to each division
- Program meetings – staff trainings tailored to each categorical program
- HHSA Brown Bag lunches – generic HE discussions/videos/learning opportunities
- HHSA New Employee Orientation – generic HE training

Inequalities begin from birth

……**Michael** from Marin……

Baby

Born to affluent parents[1] – will live 5.5 years longer than Sean[2]

Age 10

Enjoying a good life, lots of access to playgrounds and open space

Age 20

Attends a 4-year university[3], plays sports and eats a healthy diet

Age 45

Fit and healthy businessman, manages stress by mountain biking

Age 60

Retires early to travel and spend time with his grandchildren

Born to a teen mom[4] who had late and inadequate prenatal care[5]

Growing up in poverty, as are over a quarter of the kids in Shasta[6]

Finished high school, left college early, drinks, smokes[7] and is physically inactive[8]

Has security stress (financial, employment, housing and neighborhood), is overweight[9] and has high blood pressure[10]

Dies of coronary heart disease[11]

……**Sean** from Shasta……

Objectives

- What are health inequities?
- Who experiences health inequities?
- What are some causes of health inequities?
- Why are health inequities a public health issue?

Why Is Health Equity a Public Health Issue?

- Improve health outcomes – our basic mission
- Healthy People 2010 (& 2020?) overarching goa
- Crosscutting strategy in our PH Strategic Plan
- Organizational values: Compassion, Equality
- Equity in health status benefits everyone; we all pay for a sicker population
- Focus on primary prevention- focus upstream, root causes

How Can Racism Affect Health Status?

- Racism: “A system that assigns privilege based on how people look”
  - --Camara Jones, MD, PhD, Centers for Disease Control
- Differences in socio-economic status and environmental conditions
- Differences in exposure to cumulative“stress”
- Differences in access to health care
- Differences in diagnostic testing, treatment, and the quality of care received within the health care system
- Differences in health behaviors

Health Equity Study Group Objective

Illuminate the ways in which the agency's policies and practices have bearing on the root causes of health inequity – the systematic and unjust differences in the distribution of illness and disease – in Shasta County, either positive or negative, and create an action plan for improving the agency's responsiveness to those root causes.

Health Equity Study Group Agenda

July 19th – Overview Session

August 9th – Classism Overview

August 30th – Classism Action Planning

September 20th – Racism Overview

October 11th – Racism Action Planning

November 1st – Gender Discrimination Overview

November 15th – Gender Discrimination Action Planning

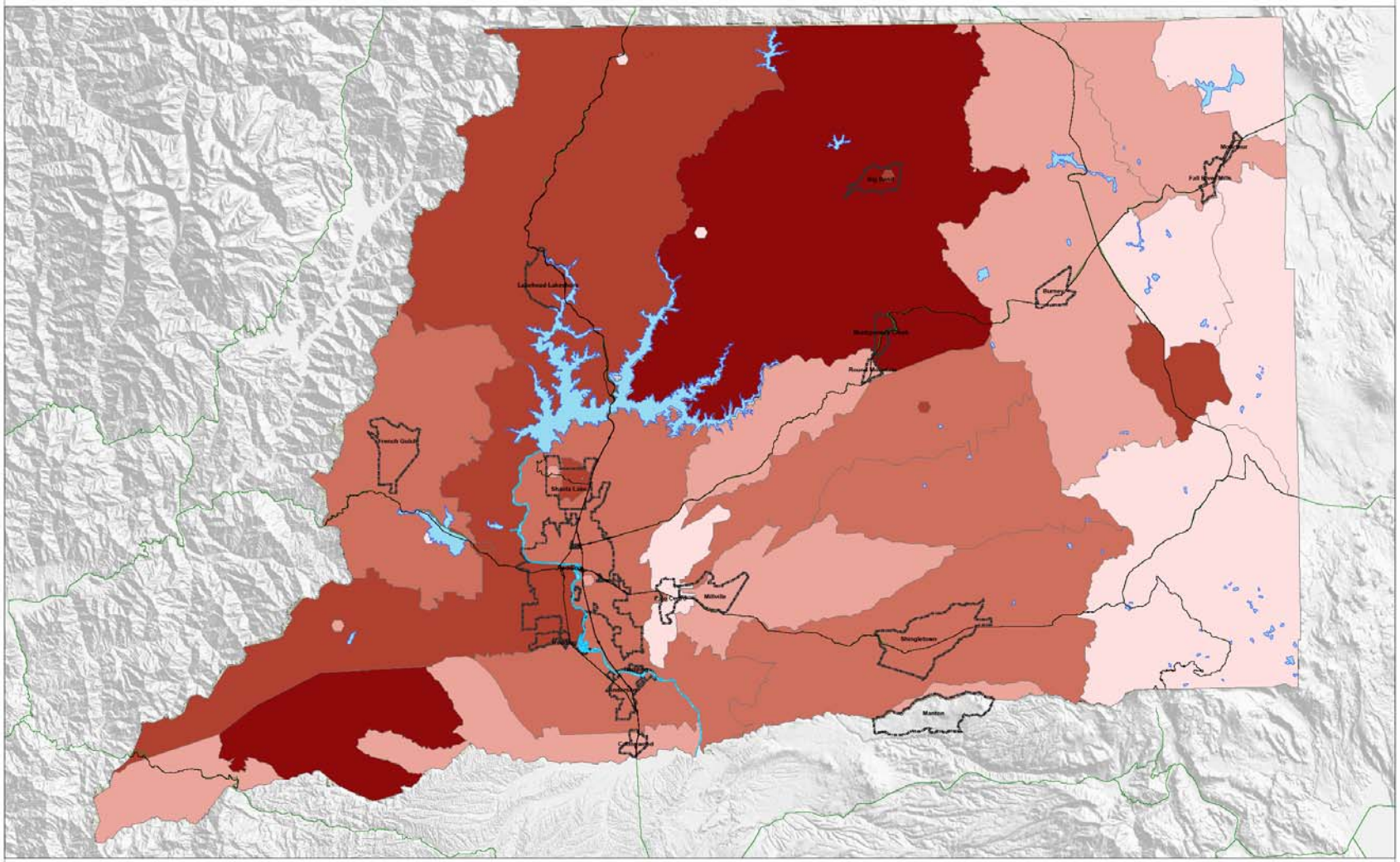
November 29th – Final Action Planning

HEALTH DISPARITY ANALYSIS

- “In addition to data on the overall population of Shasta County, or on specific subgroups already defined (children, adolescents, WIC clients, etc.), data in Shasta County’s *People’s Health* will also be broken down by the following characteristics whenever possible: income/poverty, education, race/ethnicity, and sex. The data will also be mapped, whenever possible, using place of residence, by census tract.”

- www.shastpublichealth.net, >>”News & Publications”>>People’s Health

AVERAGE ANNUAL HEPATITIS C RATE* BY ZIP CODE, 1997-2006



Legend

Rate of Hepatitis C (per 100,000)

- 0 - 72
- 73 - 143
- 144 - 215
- 216 - 286
- 287 - 358
- Major Roads in Shasta County
- Major Roads in Other Counties
- Sacramento River
- Lakes
- Populated Areas

building a healthier community

Shasta County Public Health

Shasta County Public Health - 2007

Scale: 1:213,321

* Likely to be an overestimate as population data from the 2000 U.S. Census was used

N

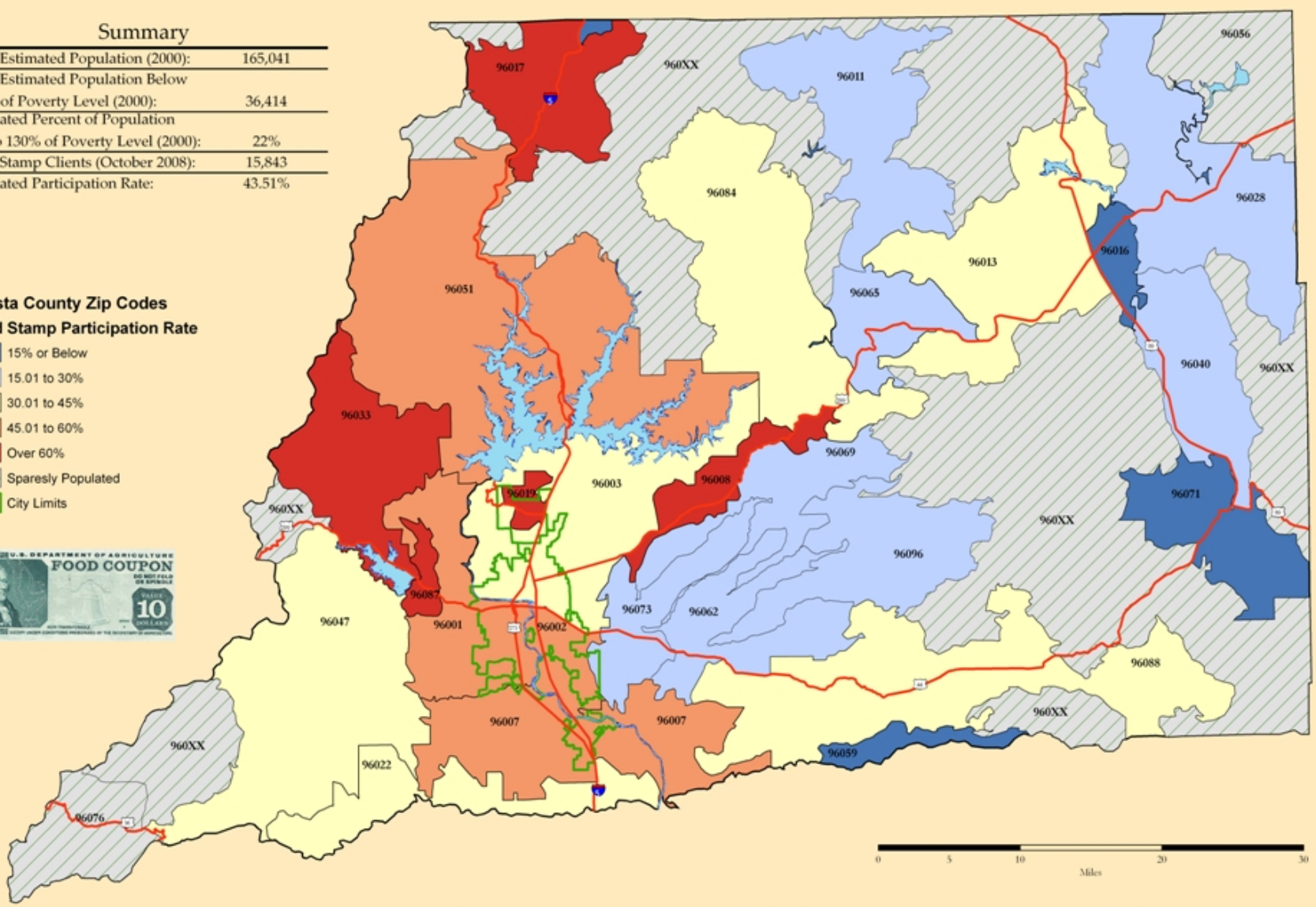
10 5 0 10 20 30 40 50 60 70 Miles

Data Source: Automated Vital Statistics Reporting System (AVSS)

SHASTA COUNTY FOOD STAMP PARTICIPATION RATE BY ZIP CODE

Summary

Total Estimated Population (2000):	165,041
Total Estimated Population Below 130% of Poverty Level (2000):	36,414
Estimated Percent of Population belwo 130% of Poverty Level (2000):	22%
Food Stamp Clients (October 2008):	15,843
Estimated Participation Rate:	43.51%

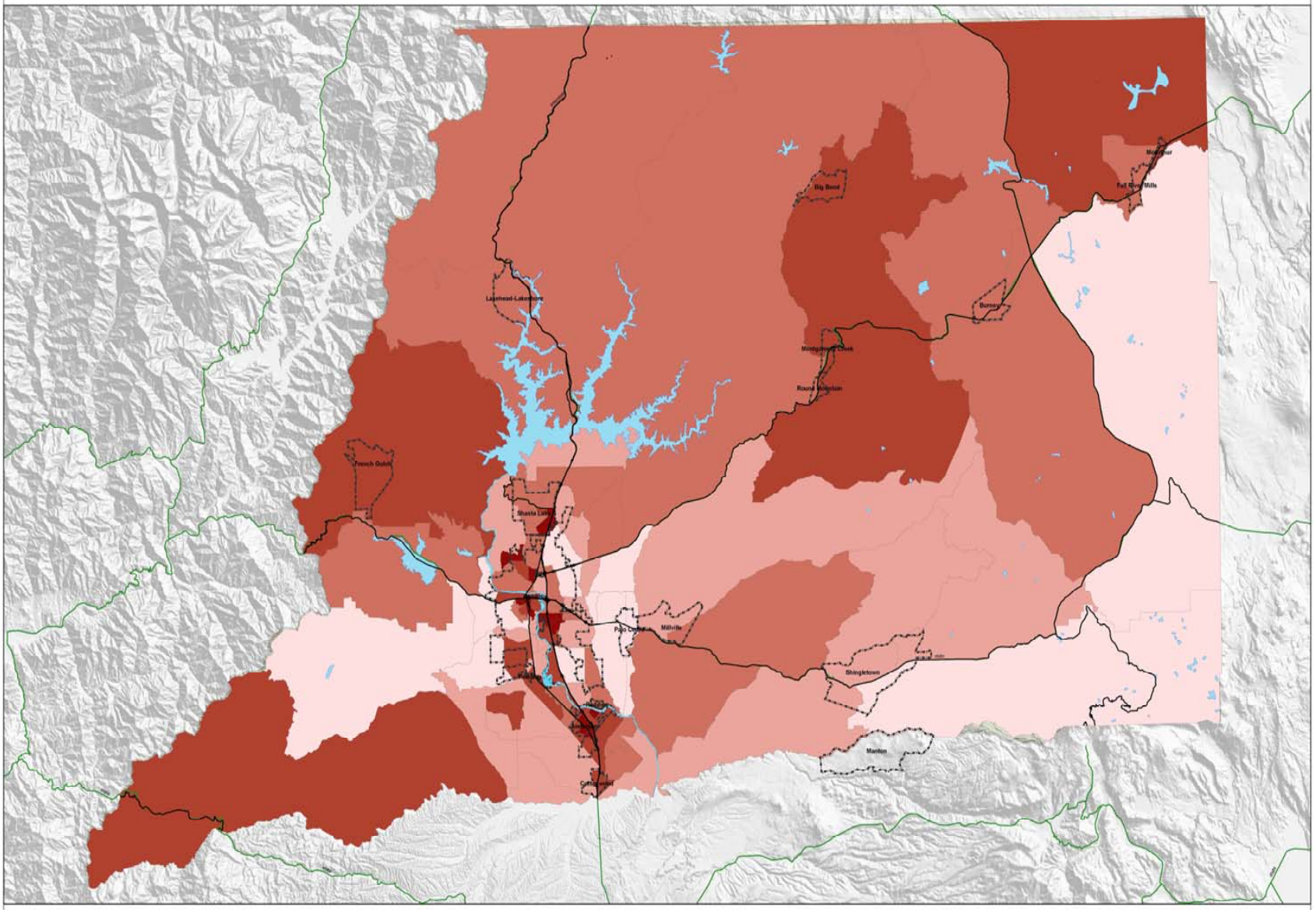


Data Sources: Food Stamp Client Counts provided by Shasta County Department of Social Services (October 2008) Poverty Data from 2000 Census ST3 File, PCT50 Table (Age by Ratio of Income in 1999 to Poverty Level)

Methodology: Sum number of food stamp clients by zip code (numerator). Sum individuals living below 130% of poverty level from PCT50 table from 2000 census by zip code (denominator). Divide numerator by denominator.

Zip Code 96022 (Cottonwood Area) presented a special case. Only 40.4% of this Zip Code lies in Shasta County–the other portion is in Tehama County. The population data available from the Census does not report the population of the zip code that lies in each county, so an adjustment was necessary. In order to estimate the portion of 96022 residents that live in Shasta County, NAIP Imagery of the 96022 Zip Code was analyzed visually. An estimate was arrived at based on the observed housing densities. The best guess was that 67% of the 96022 Zip Code lives in Shasta County, so the census-reported population was multiplied by .67. It was assumed that the portion of those living below 130% of the poverty level remained constant across the county line.

Percent of Population Living Below 185% Federal Poverty Level by Census Tract



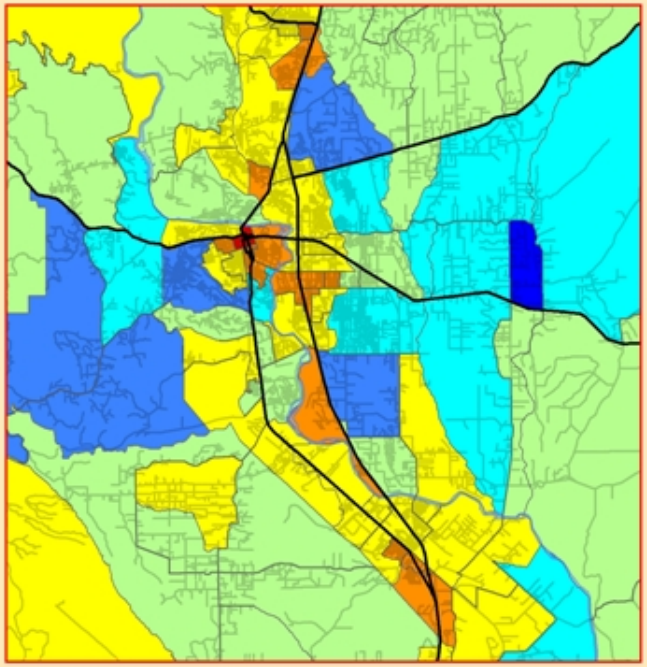
building a healthier community

Shasta County Public Health

Shasta County Public Health - 2007

Scale: 1:213,321

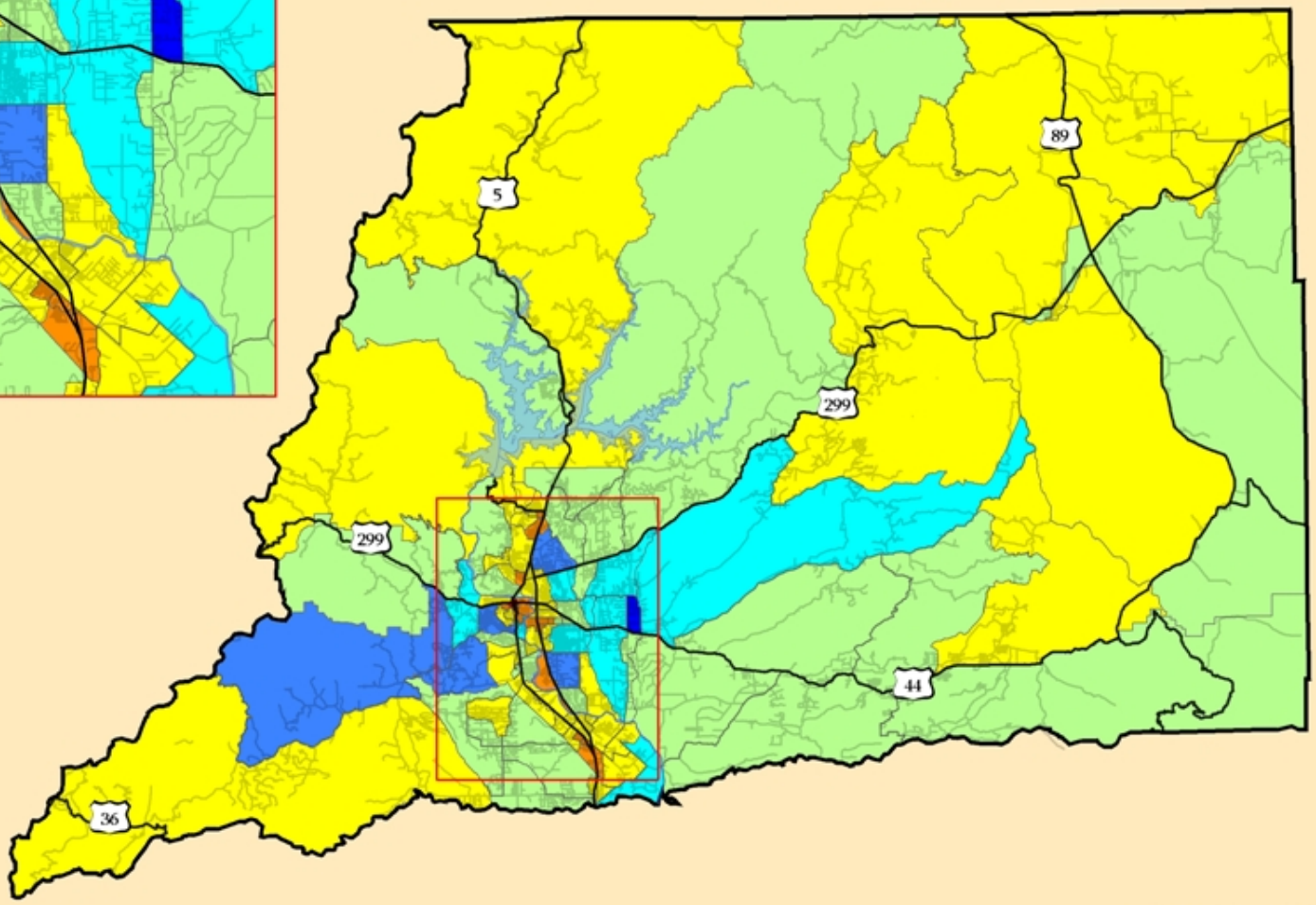
SHASTA COUNTY CENSUS BLOCK GROUPS--MEDIAN INCOME



Minimum--$11,071
Maximum--$66,875
Mean--$34,392
Std. Dev.--$10,413

Median Income

- Shasta_Highways
- $15,000 and Under
- 15,001 to 25,000
- 25,001 to 35,000
- 35,001 to 45,000
- 45,001 to 55,000
- 55,001 to 65,000
- $65,001 and over

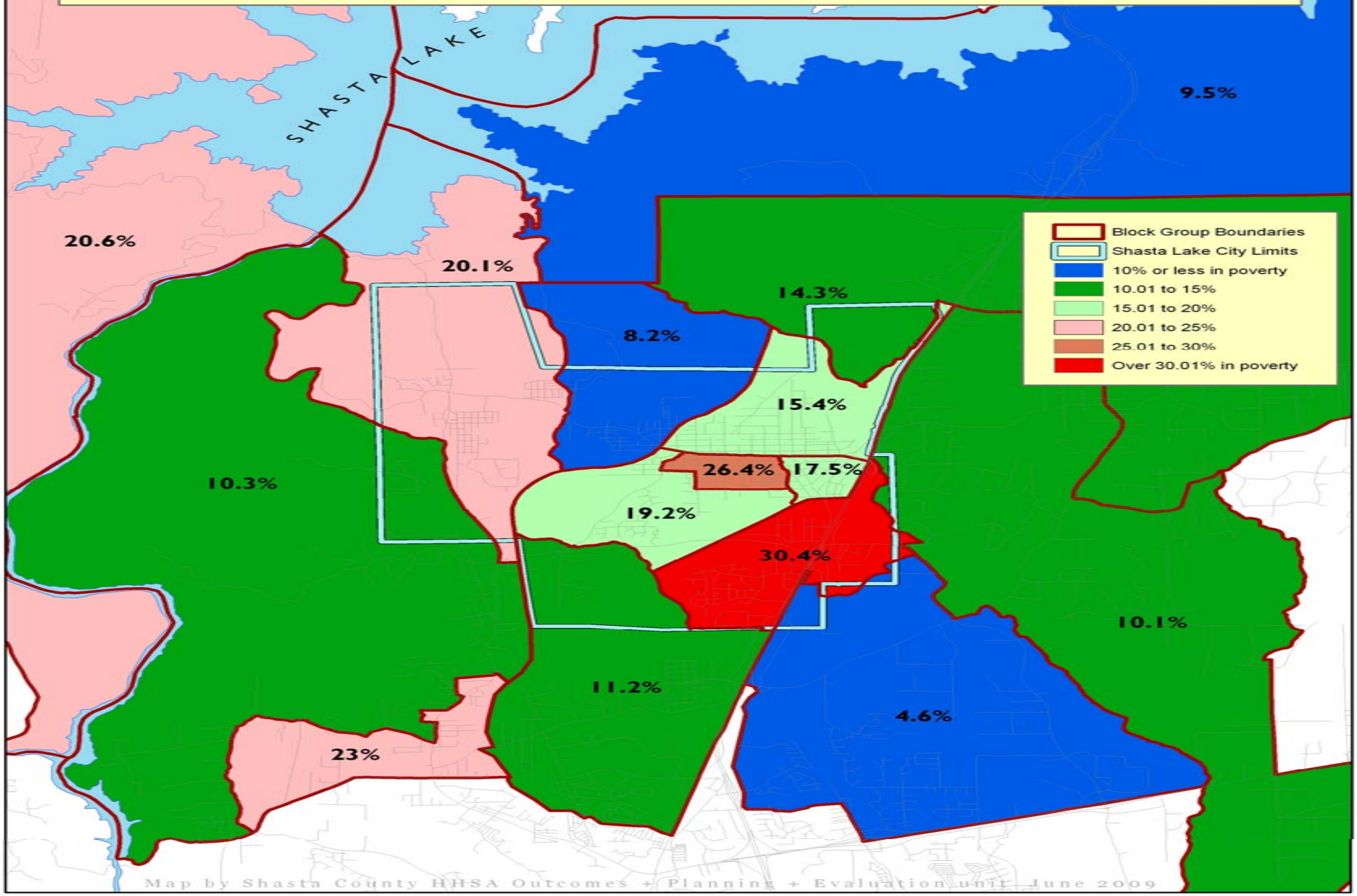


Shasta County HHSA January 2009

All data from 2000 Census

Poverty in Shasta Lake by Census Block Group

Map shows the percent of individuals living in households with incomes below the Federal Poverty Line
--in 1999--
at the Census Block Group Level. Data is from the 2000 Census.



Map by Shasta County HHSA Outcomes + Planning + Evaluation unit June 2009

Nutrition Network Qualifying Areas

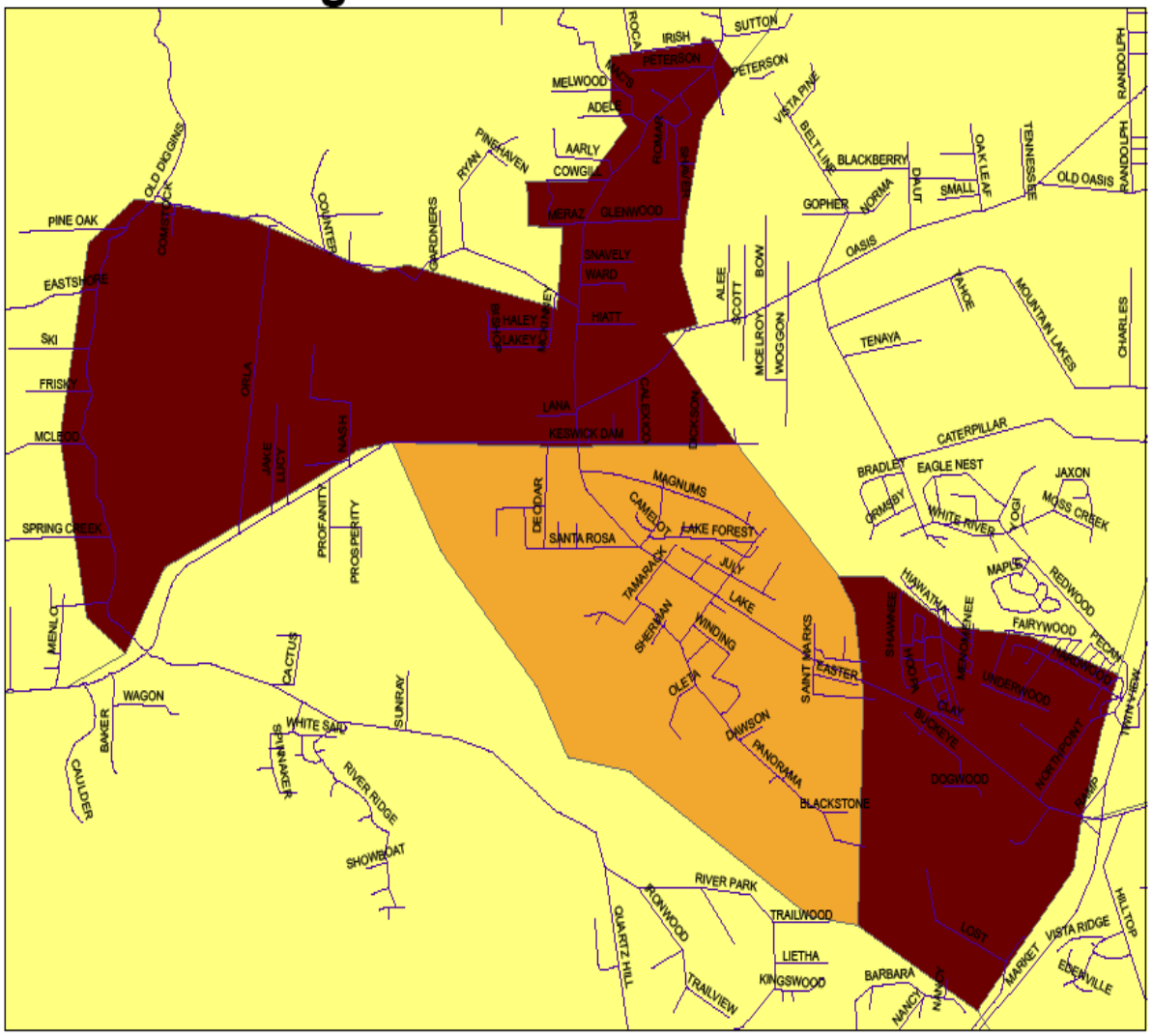
Legend

City Street

Percent of Population Living Below 185% FPL

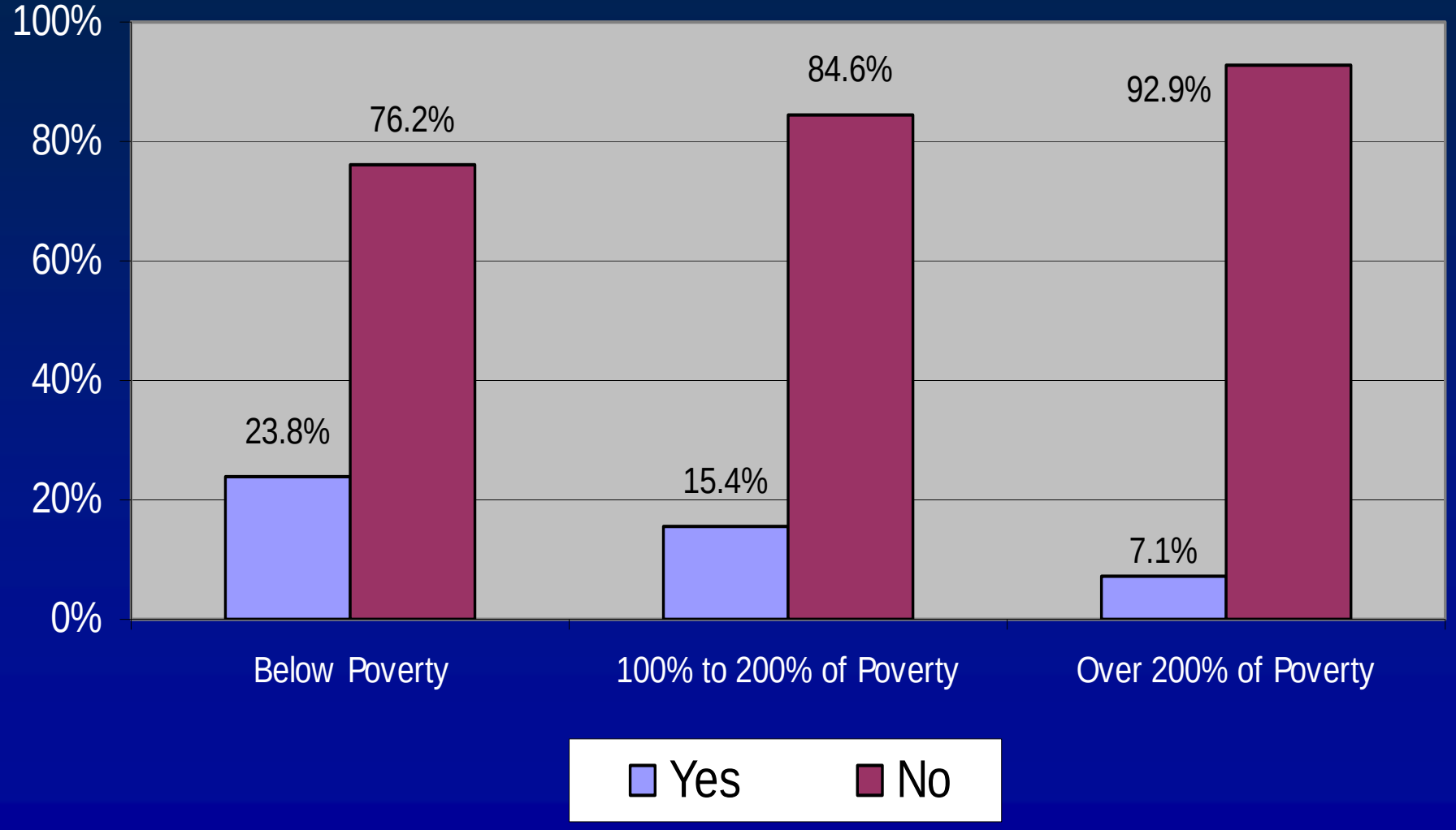
- 11 - 40
- 41 - 49
- 50 - 77

North Redding

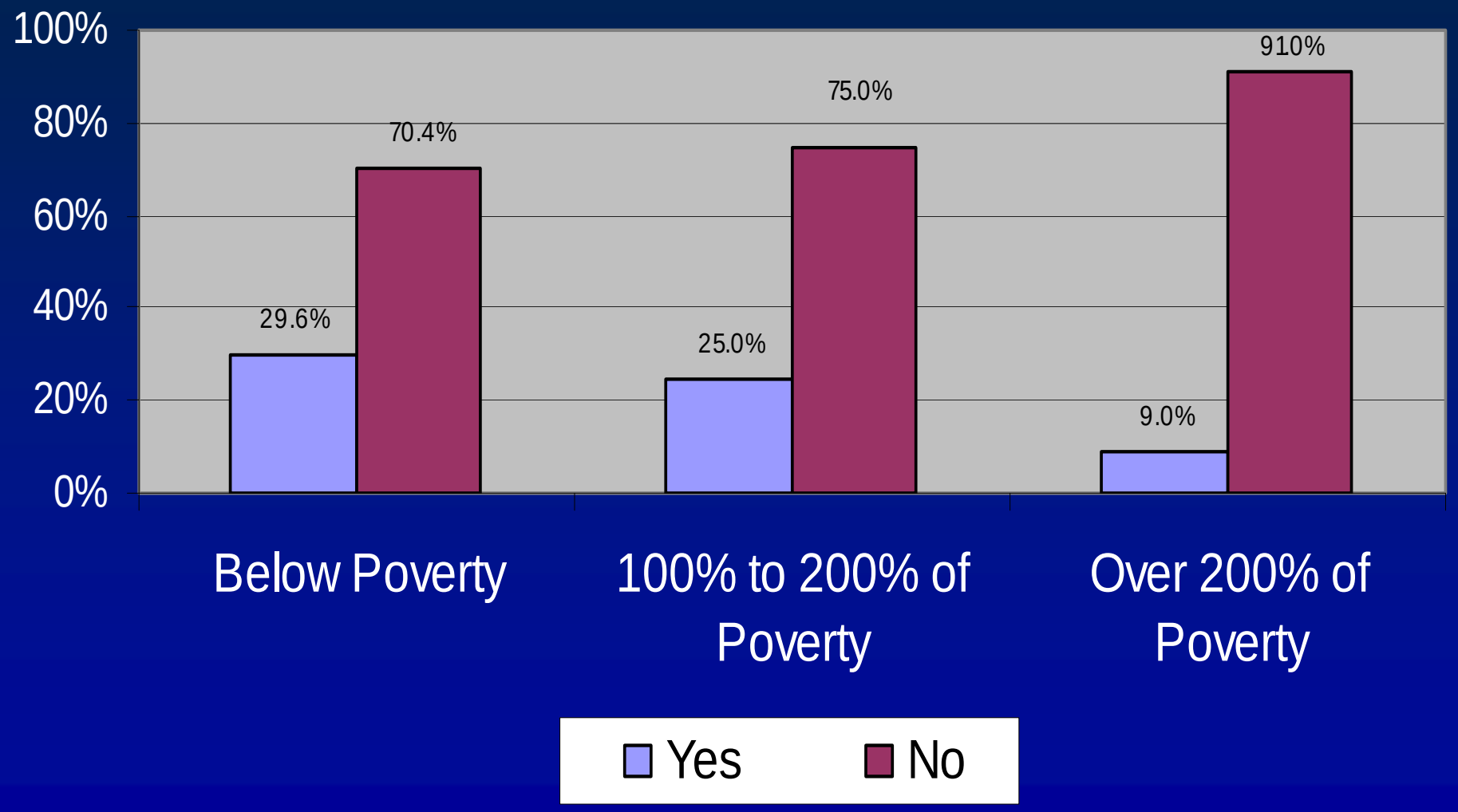


Data Source: U.S Census Bureau, 2000 Census

Ever Diagnosed with Chronic Lung Disease (including bronchitis or emphysema) by Poverty Level, Shasta County, 2004



Ever Diagnosed with Major Depression by Poverty Level, Shasta County, 2004



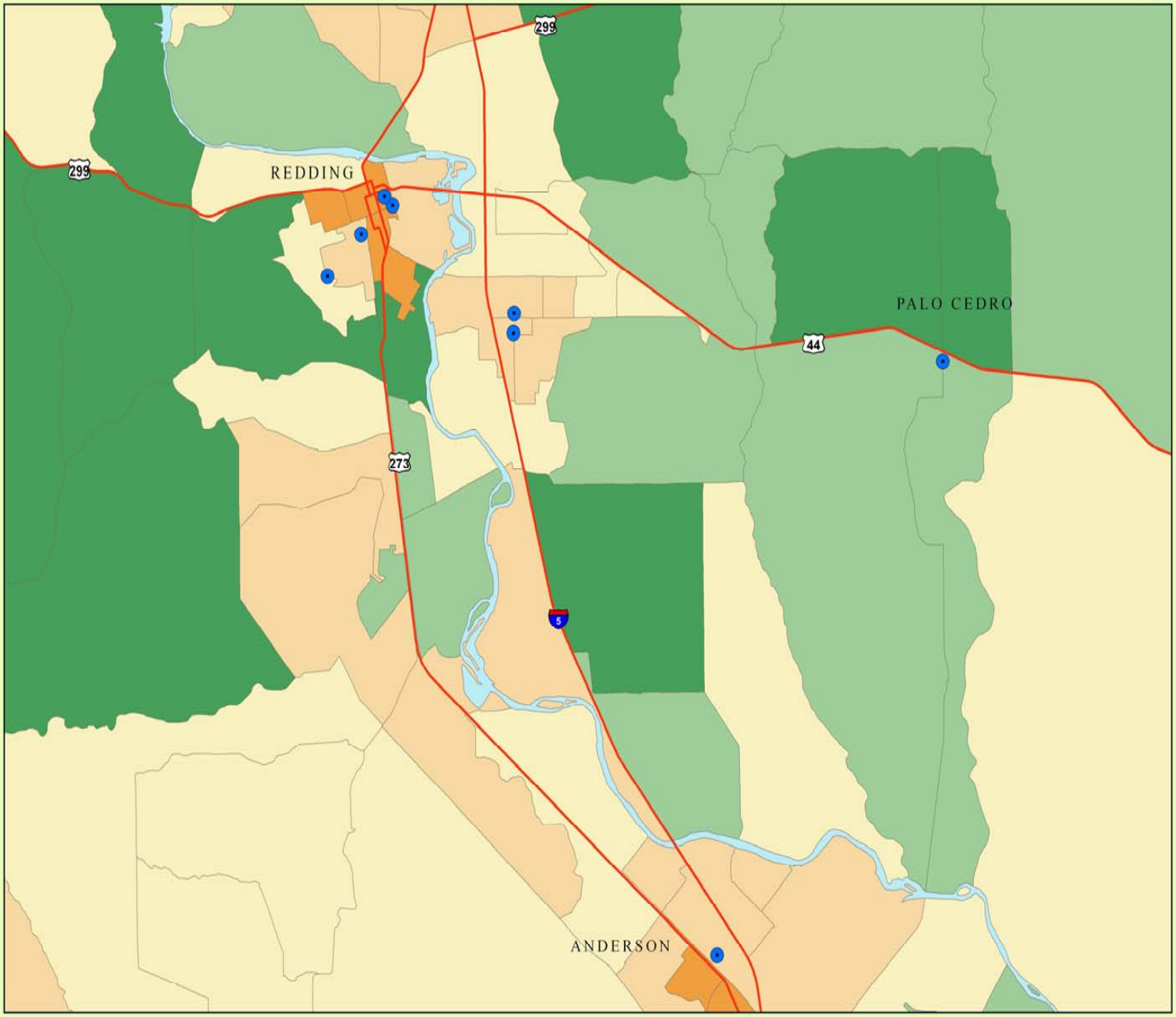
SHASTA COUNTY PUBLIC HEALTH--ANTIVIRAL DISTRIBUTION PLAN--PHARMACY LOCATIONS

Median Income per Year
Census 2000 Block Groups

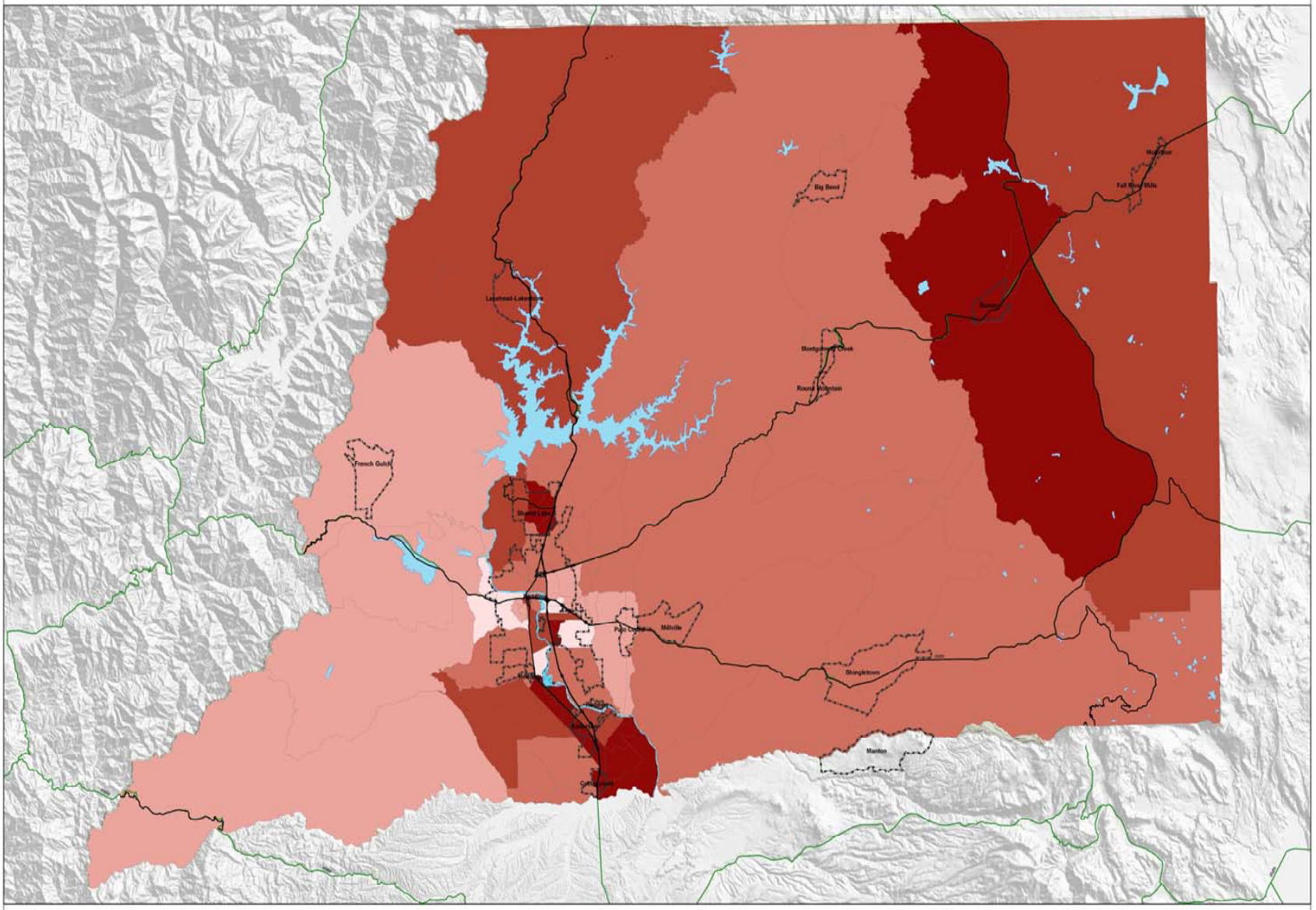
- $20,000 or less
- $20,001 to $30,000
- $30,001 to $40,000
- $40,001 to $50,000
- $50,001 or more

= Pharmacy Location in Distribution Plan

= Highway or Interstate



Percent of Population With High School Level Education or Less by Census Tract



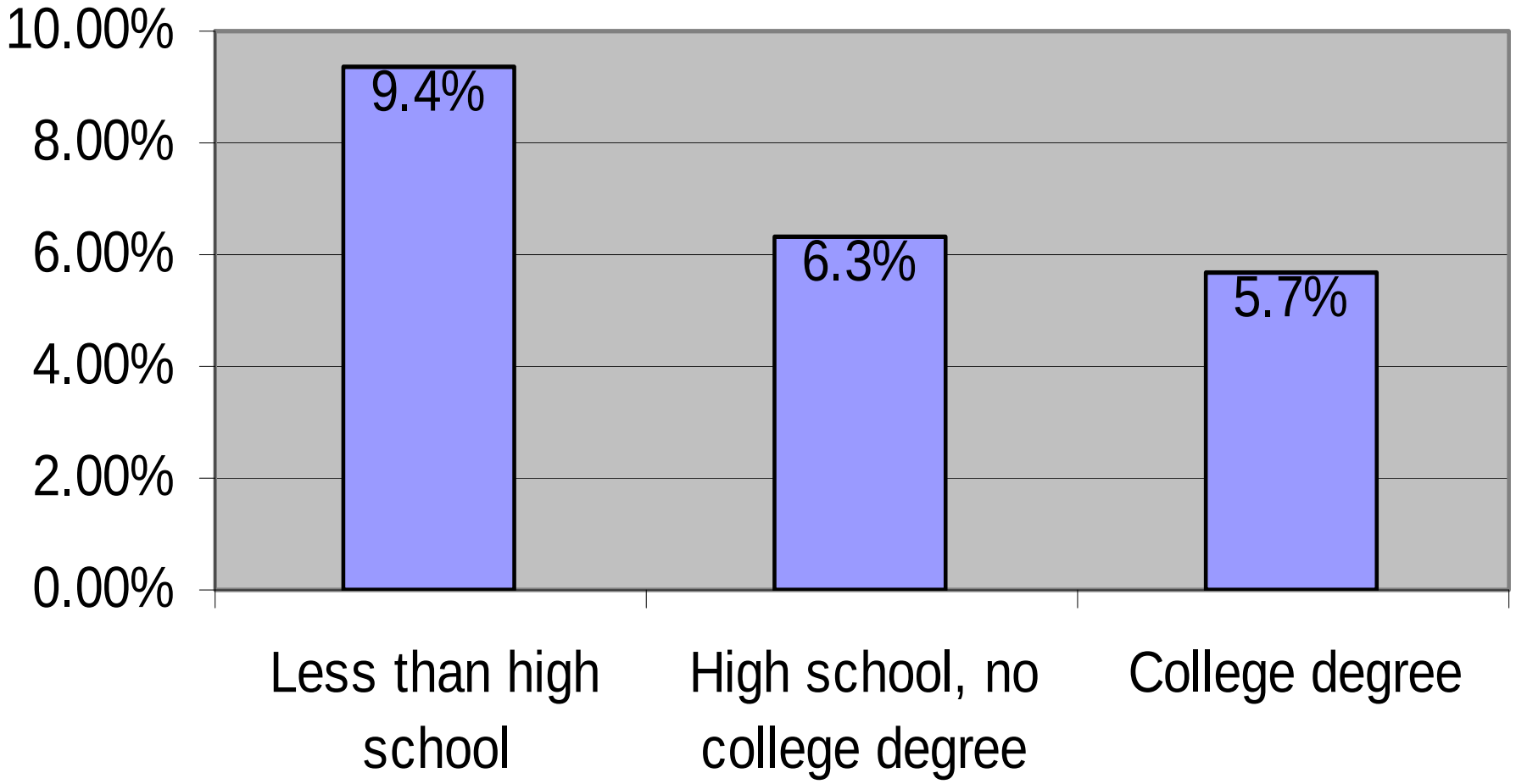
building a healthier community
Shasta County Public Health

Shasta County Public Health - 2007

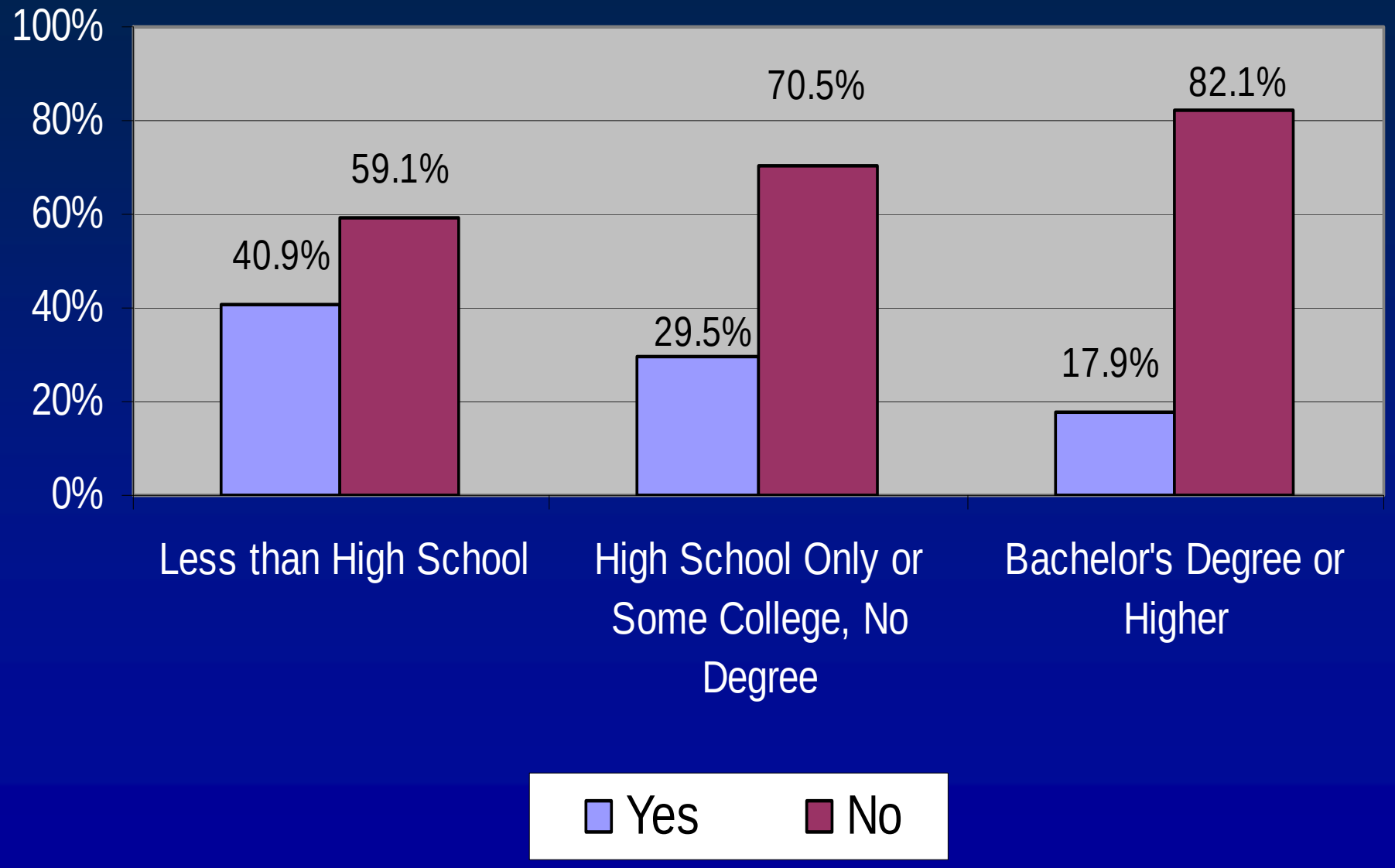
Scale: 1:213,321

Data Source: U.S. Census Bureau 2000 Census

Low Birthweight by Mother's Education, Shasta County, 2003-05



Ever Diagnosed with Arthitis or Rheumatism, by Education Level, Shasta County, 2004



County of Shasta
Health and Human Services Agency
Outcomes, Planning, and Evaluation Division

Education in Shasta County

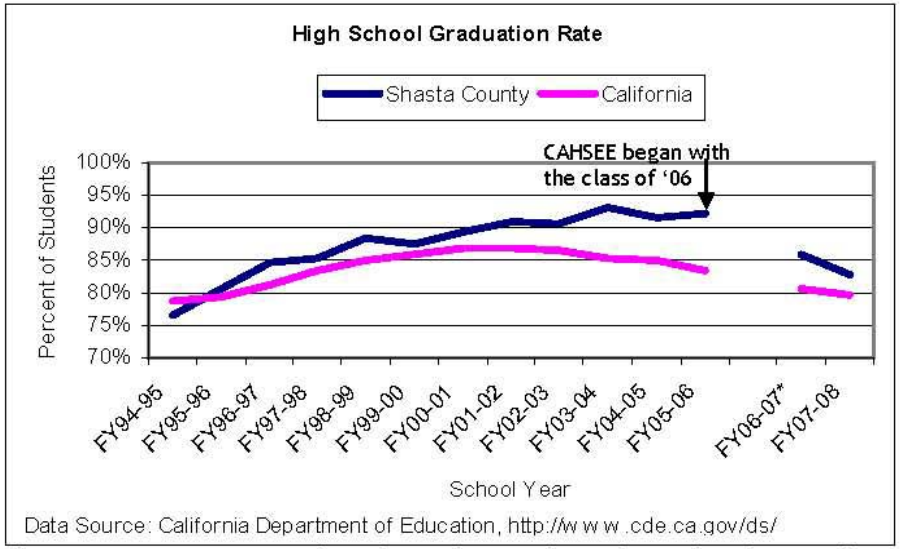
Introduction

Education is an important predictor of health because it both shapes and reflects so many other factors that affect people's life circumstances. Education matters because it can provide us with the knowledge, skills, confidence, connections and opportunities we need to negotiate the world and exert greater control over our lives. Education can reduce inequalities, create tolerance, build social cohesion, and boost the health of entire communities. Education also improves quality of life by helping people get better paying jobs and reducing financial worries. How well we do and how far we get in our schooling impacts not only our future earning potential but also our mastery of our environment and our ability to navigate institutions and gain access to power - all of which are consequential to success and wellbeing. This report will look at education both by assessing educational measures among high school students and educational attainment among adult populations.

High School Completion

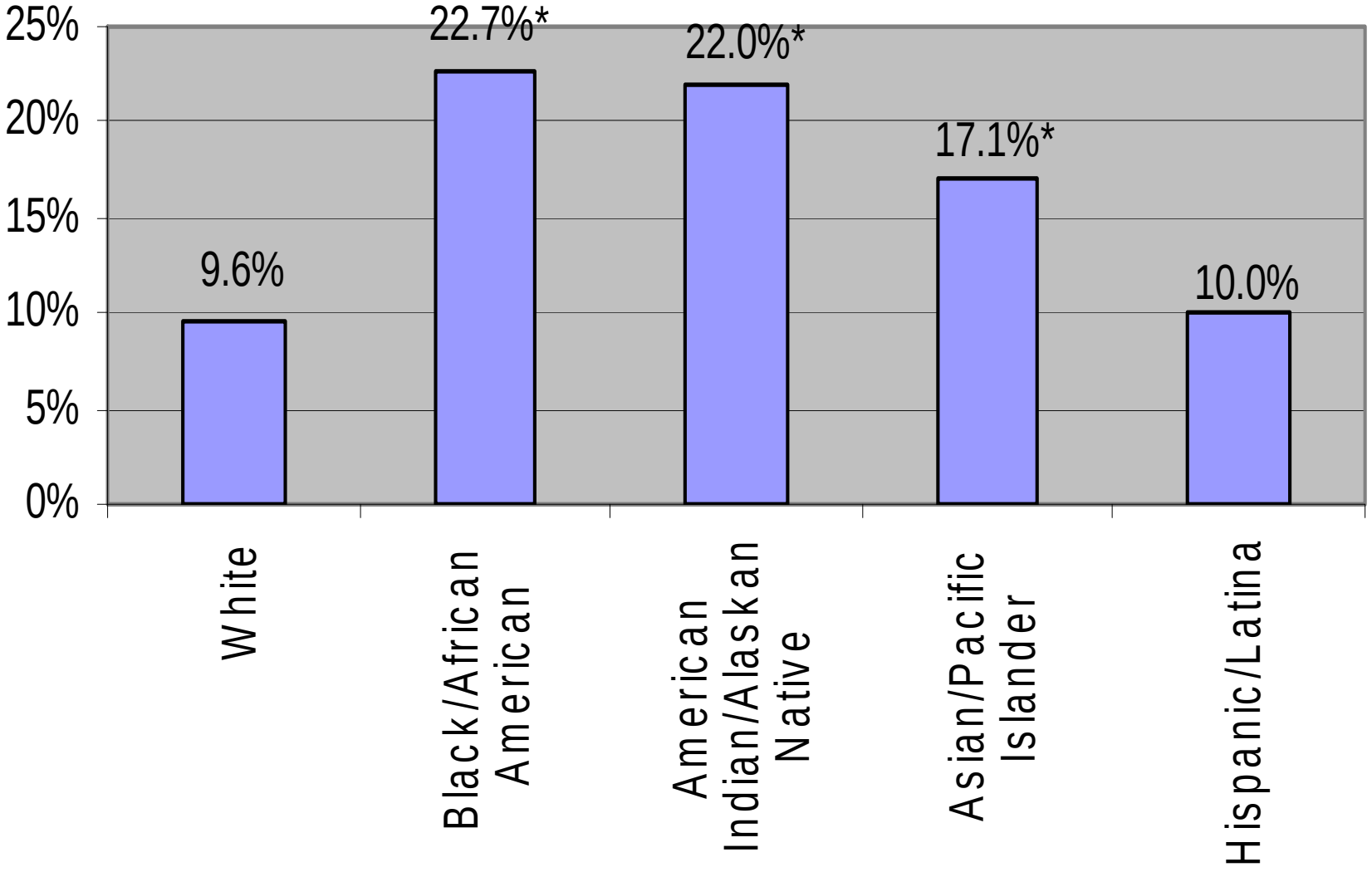
The High School Graduation Rates (Figure 1) are based on the National Center for Education Statistics definition. The formula for calculating the rate is (the number of students who graduated with a regular diploma + the number of students who were alternative completers) / (the number of students who graduated with a regular diploma + the number of students who were alternative completers + the number of students who dropped out of the 12th grade in that year, grade 11 in the previous year, grade 10 the year

Figure 1

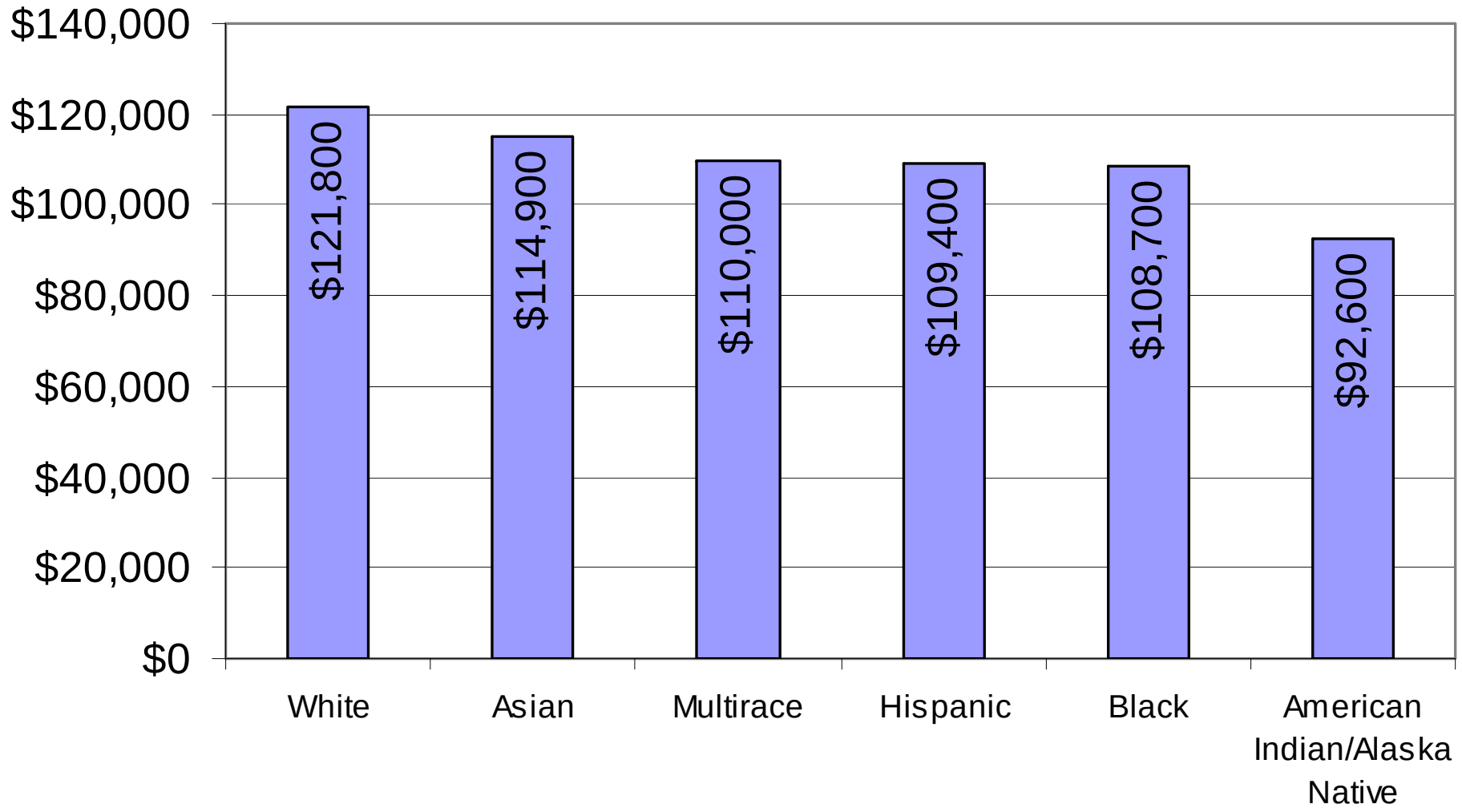


* Beginning in 2006-07 Statewide Student IDs began to be used to track graduates and

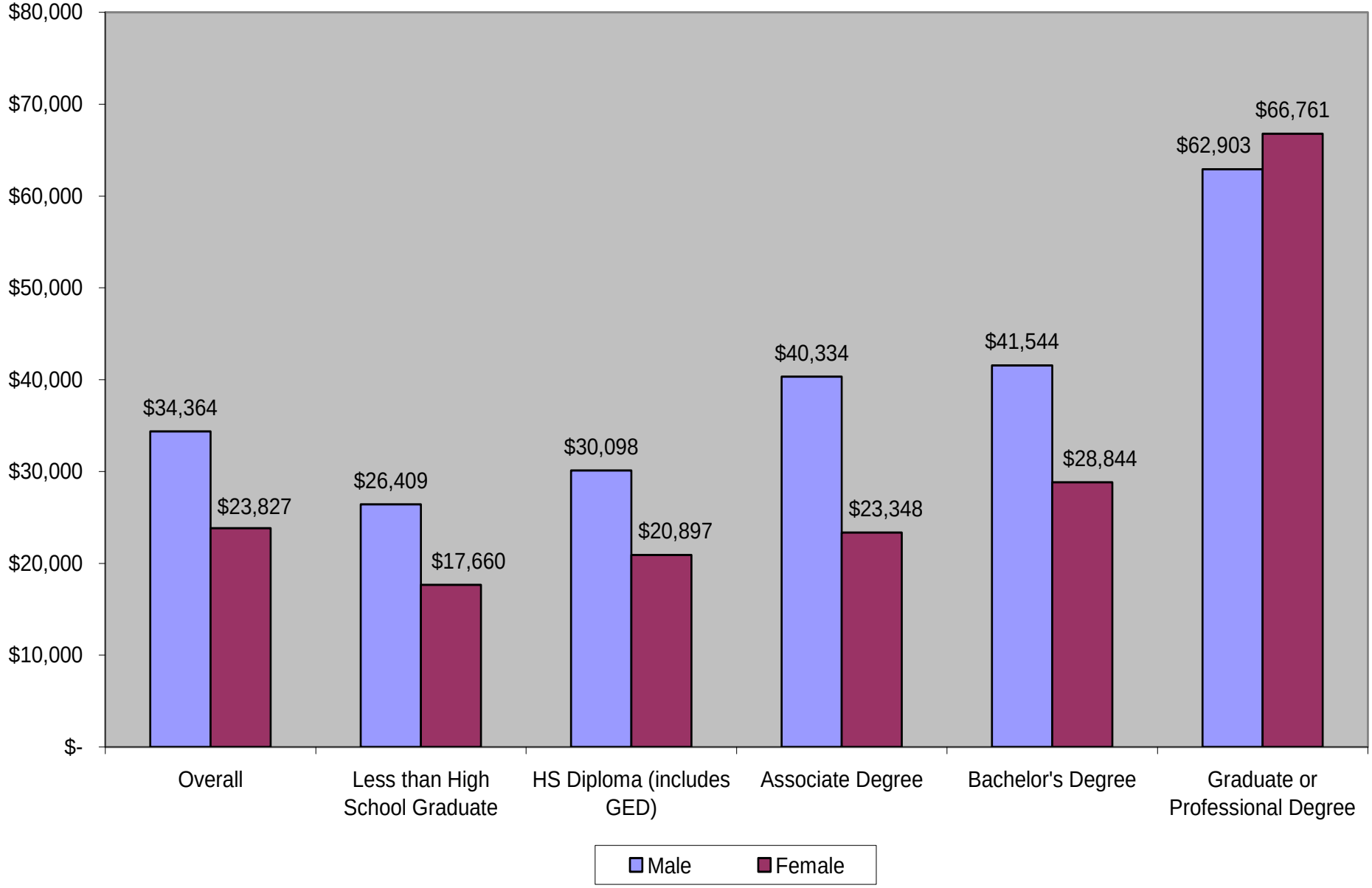
Late or No Prenatal Care, Shasta County, 2003-05



Median Owner-Occupied Home Values by Householder Race/Ethnicity, Shasta Co 2000

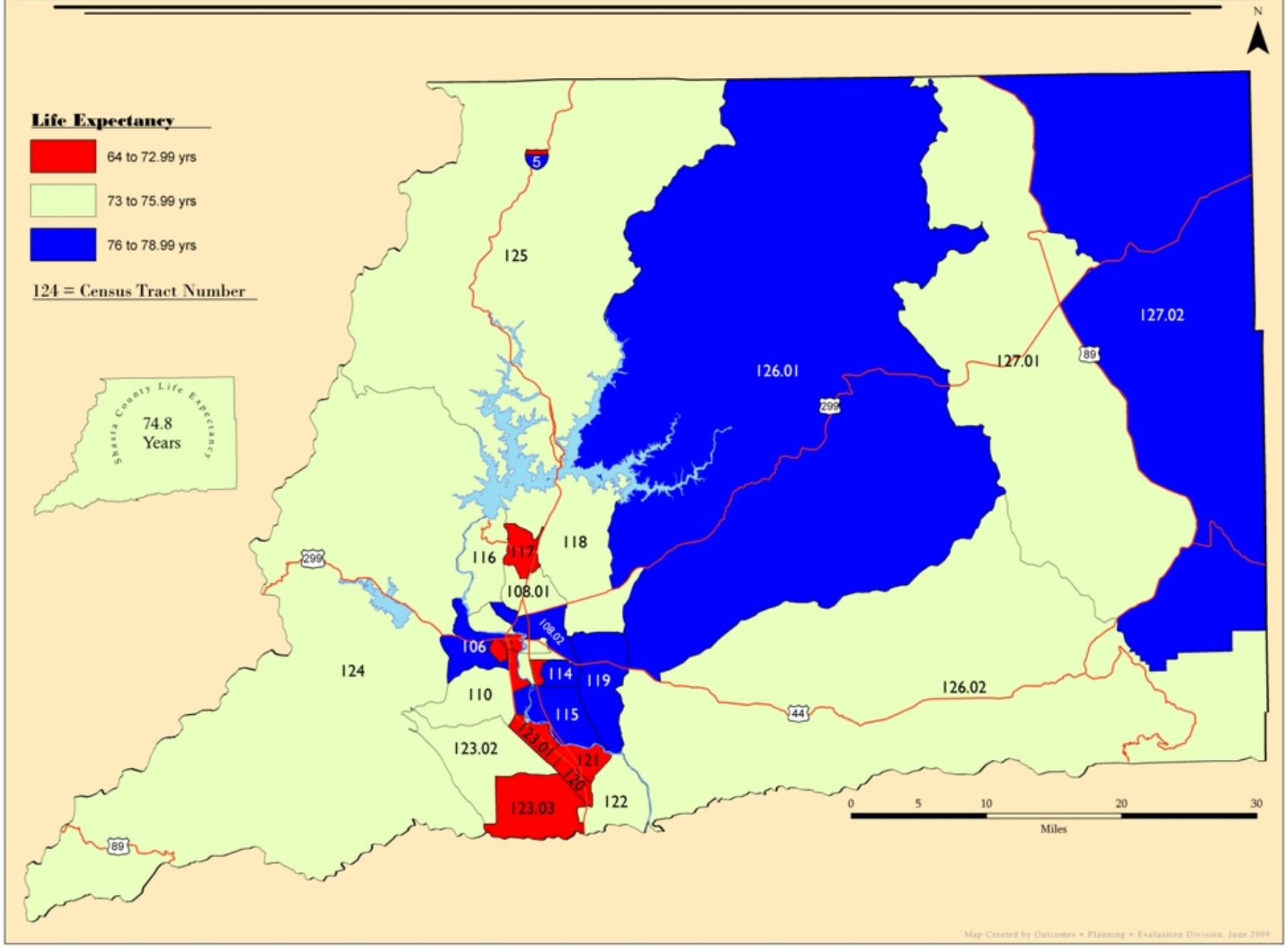


Shasta County Median Income for Persons Age 25 and Older, by Sex and Educational Attainment, 2006



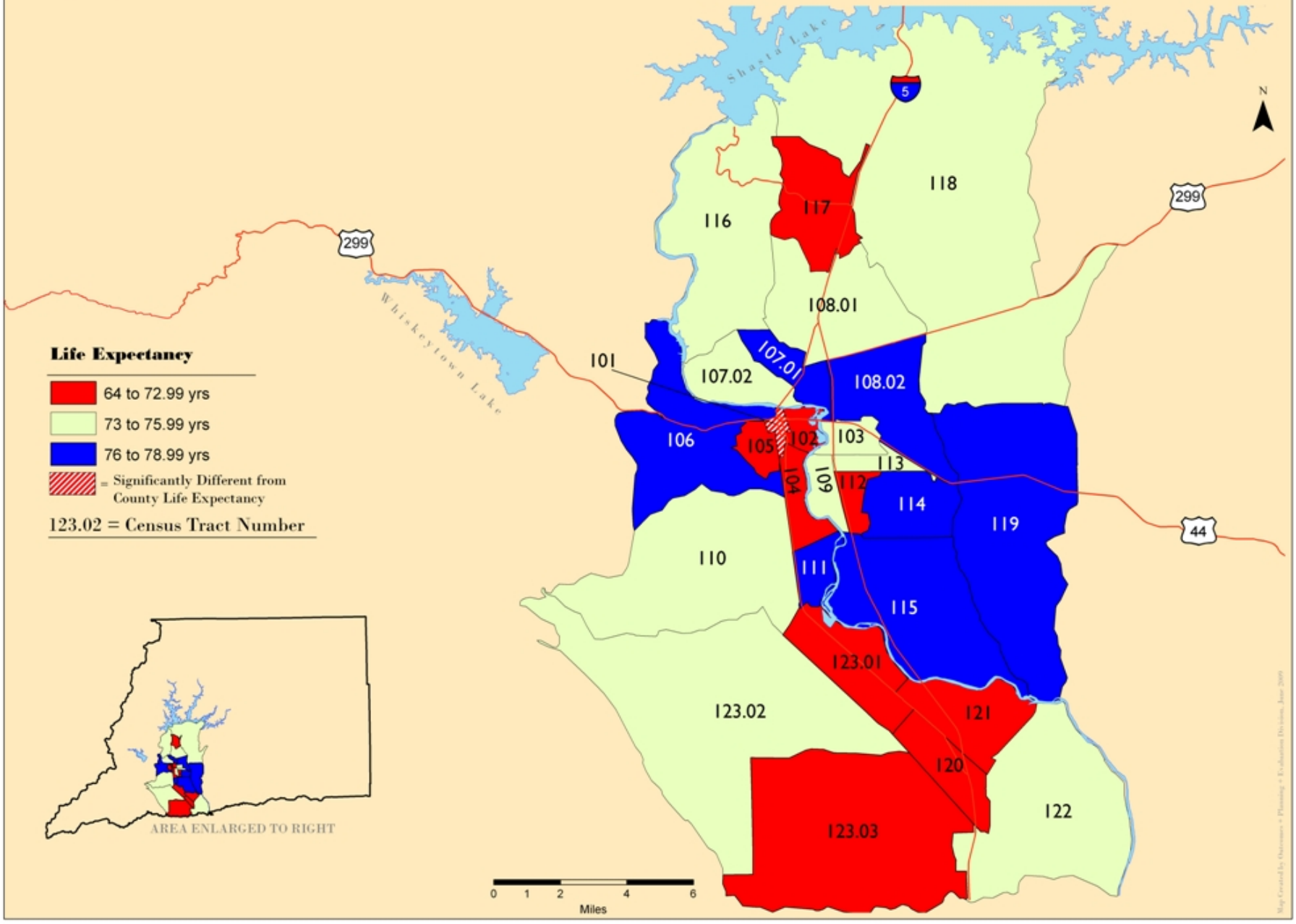
SHASTA COUNTY

Life Expectancy by Census Tract, 2005-2007



SHASTA COUNTY

Life Expectancy by Census Tract--Urban Area, 2005-2007



Healthy Neighborhoods

- Community Organizing

Census Tract	Neighborhood	Life Expectancy (years) **Years: 2005-07**	Bachelor's Degree or Higher (%) **Year: 2000**	Median Household Income ($) **Year: 2000**	Owner Occupied Home Value ($) **Year: 2000**	Median Rent ($) **Year: 2000**
101	Downtown Redding	64.1	10.8	13,287	83,500	443
120	South Anderson	70.2	6.1	22,163	83,400	476
105	West of Downtown Redding	70.5	19.5	24,621	104,600	530
117	City of Shasta Lake	71.3	6.7	25,355	89,900	571
104	Parkview/Bonnyview	71.4	17.1	32,479	110,200	554
107.01	North Redding	76.9	17.9	28,227	120,100	570
119	Palo Cedro	77.1	26.5	50,848	164,600	835
114	East Redding	77.3	22.3	47,220	124,000	795
127.02	Fall River Valley	77.7	15.1	32,586	108,500	398
106	West Redding	78.5	34.9	51,324	157,100	580

Hire community leaders

HHSA Advocates for Cultural Proficiency

Purpose statement

- Advocate for cultural proficiency among HHSA staff by advancing organizational practices that promote awareness, inclusivity, compassion and equity.

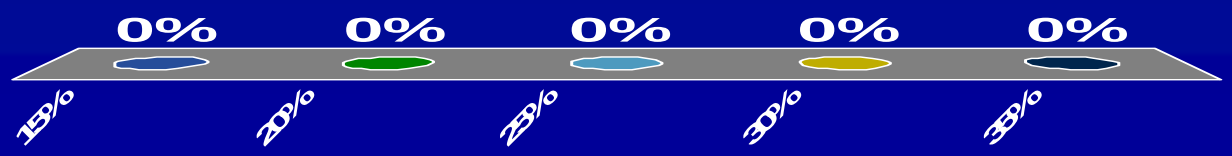
Town Hall Meetings

- Fall of 2008
- responses gathered 2 ways
  - Turning Point Response Cards (or “clickers”) – 161 responses
  - Written surveys – 115 responses
- At least 250 people attended the town hall meetings

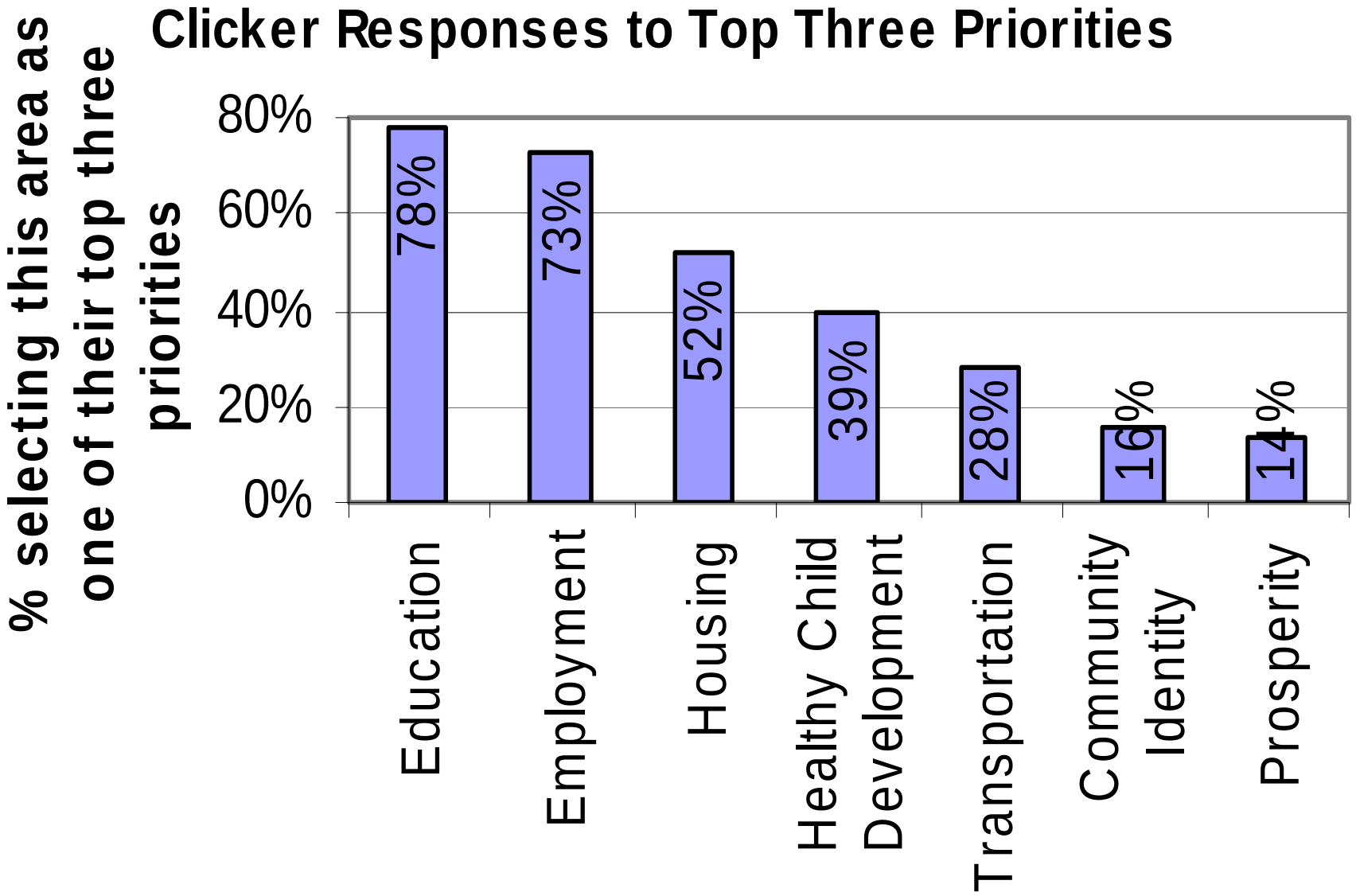
- Showed parts of *Unnatural Causes*

In 2007, 13% of people in Shasta County were living in poverty. What proportion of families with children under 5 lived in poverty?

1. 15%
2. 20%
3. 25%
4. 30%
5. 35%



Town Hall Meetings results: clickers



What aspect of Education is important to you?

- **Increase/improve early childhood education** (35% of clicker respondents and 31% of survey respondents)
- **Increase college preparation and college going** (32% of clicker respondents and 31% of survey respondents)
- Increase high school graduation (21% of clicker respondents and 24% of survey respondents)

Northwest County

Health Equity Housing Assistance Program

- What: Provide deposit assistance to qualified persons to establish an independent residence
- Partners: Restoration Enterprises, Shasta County Parent Partner Program
- Target Population: low income families with children in the region who are either: homeless, soon-to-be homeless, need to establish independent/stable residence and have the ability to be self-supporting.

East County

Intermountain Health Equity Education Project

- Raise Intermountain community awareness of a range of HE issues by providing 11 educational forums and related outreach,
- Create at least 3 ongoing advocacy groups or campaigns,
- Create a sustainable framework for HE education and/or advocacy to continue in the Intermountain area after project is finished

Southwest County

For a Better Future: Employment & Education Preparation at the Anderson Teen Center

- Conduct at least 16 Real World Workshops on education and employment preparation
- Incorporate Real World components into Anderson Teens Taking Action and Girls Circle
- Connect at least five youth with individual adults and/or organizations for job shadowing
- Take at least 15 youth who have participated in Real World workshops on at least 2 trips to at least one college campus

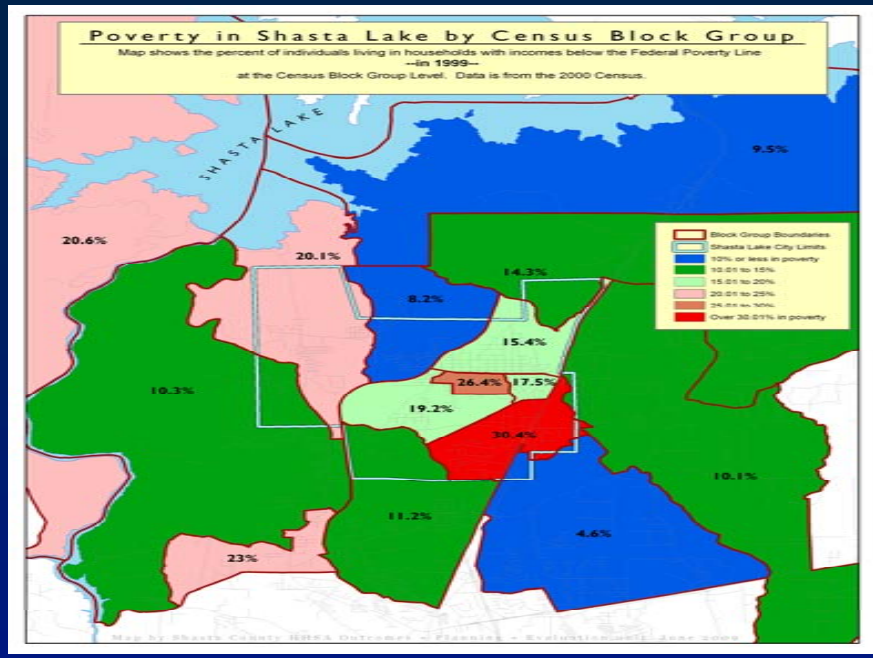
Redding

SafetyNet Startup

- To support volunteer mentors working with teens released from the Juvenile Justice System with opportunities and events for relationship building and positive interaction that facilitates the teens opportunity to complete probation, reduce the likelihood of re-offending, and encourage school completion and job skill building.
- Work with citizens of neighborhoods to promote neighborhood accountability, safety, interaction and opportunity

City of Shasta Lake - HIA

- Jobs!!!
- Housing (ensure the housing element of most jurisdictions has health equity related dialogue)
- Education (satellite classes recommendation)



We all benefit—Livable wage

- “We do not need any more retail jobs or fast-food jobs because they do not pay a living wage.”

--former Shasta County Board of Supervisor Trish Clarke

(Source: Redding Record-Searchlight, 2-5-02, front page, Section A)

Future Directions--Internal

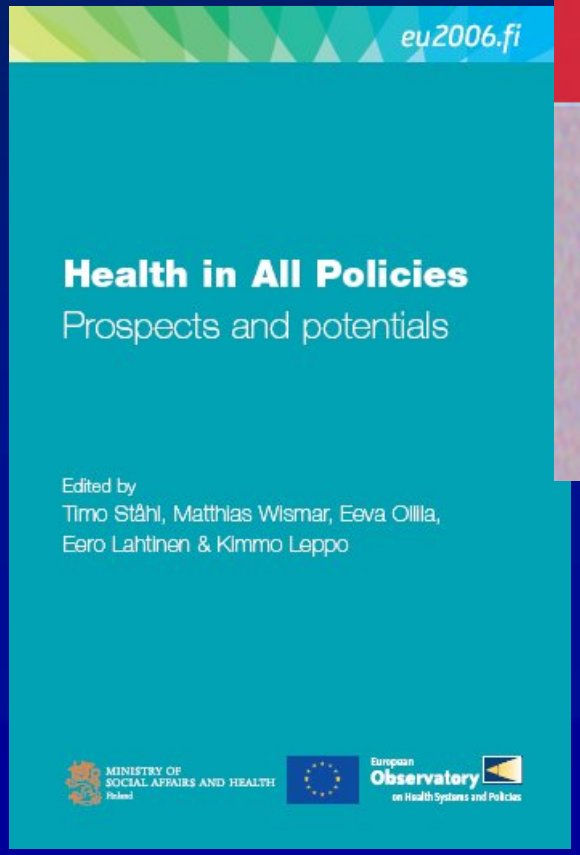
- Visit other LHD's doing Health Equity Work
- Develop guidelines for increasing Health Equity language in all new SCPH SOW/ grant applications / contracts / RFPs when applicable
- Joined the LHD Coalition for Health Equity-learn from other smaller jurisdictions in the coalition
- Analyze and report current staff/consumer mix
- Work toward more HE-related funding
- Other: BoS HE presentation, PH & Agency 2020 Strategic Plans, implement BARHII HE organizational assessment, measuring civic participation/social capital/ neighborhood empowerment

Future Directions--External

- Local Health in All Policies: local Health Equity Summit Jan 22, 2010
- 2010 Census: maximize local count of historically undercounted populations
- Partnerships to increase high school and college graduation rates & vocational training & ECE
- Advocating for HE language in general plans, conducting HIA's, increasing our capacity for Community/Neighborhood Organizing, and mapping
- Support 211 development for increased access
- Financial training for young people & women. Eg, credit, financial independence, managing money
- Healthy neighborhood organizing in lowest life expectancy census tracts

Future Dreams

- Health in All Policies – across sectors



Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.

-Rev. Dr. Martin Luther King, Jr.

“If you have come to help me, you can go home again. But if you see my struggles as part of your own survival then perhaps we can work together.”

Lila Watson

Questions? Suggestions? Contact:

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