



# SEED AND SOIL.

## Achieving Rural Health Equity in California By Changing The Environment

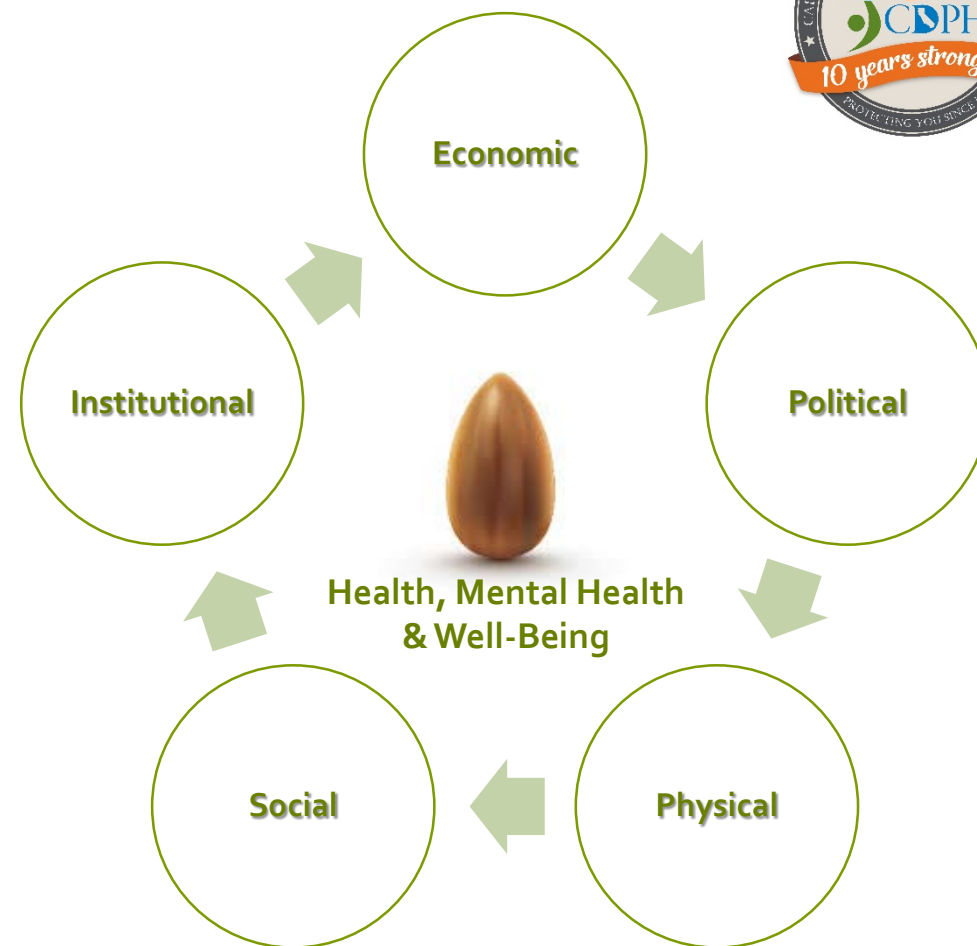
June 26, 2018  
Presentation by  
Tamu Nolfo, PhD– CA Dept of Public Health, Office of Health Equity





# Vulnerable Places

- Places or communities with inequities in the social, economic, educational, or physical environment or environmental health and that have insufficient resources or capacity to protect and promote the health and well-being of their residents.





# Office of Healthy Equity Mission

Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.







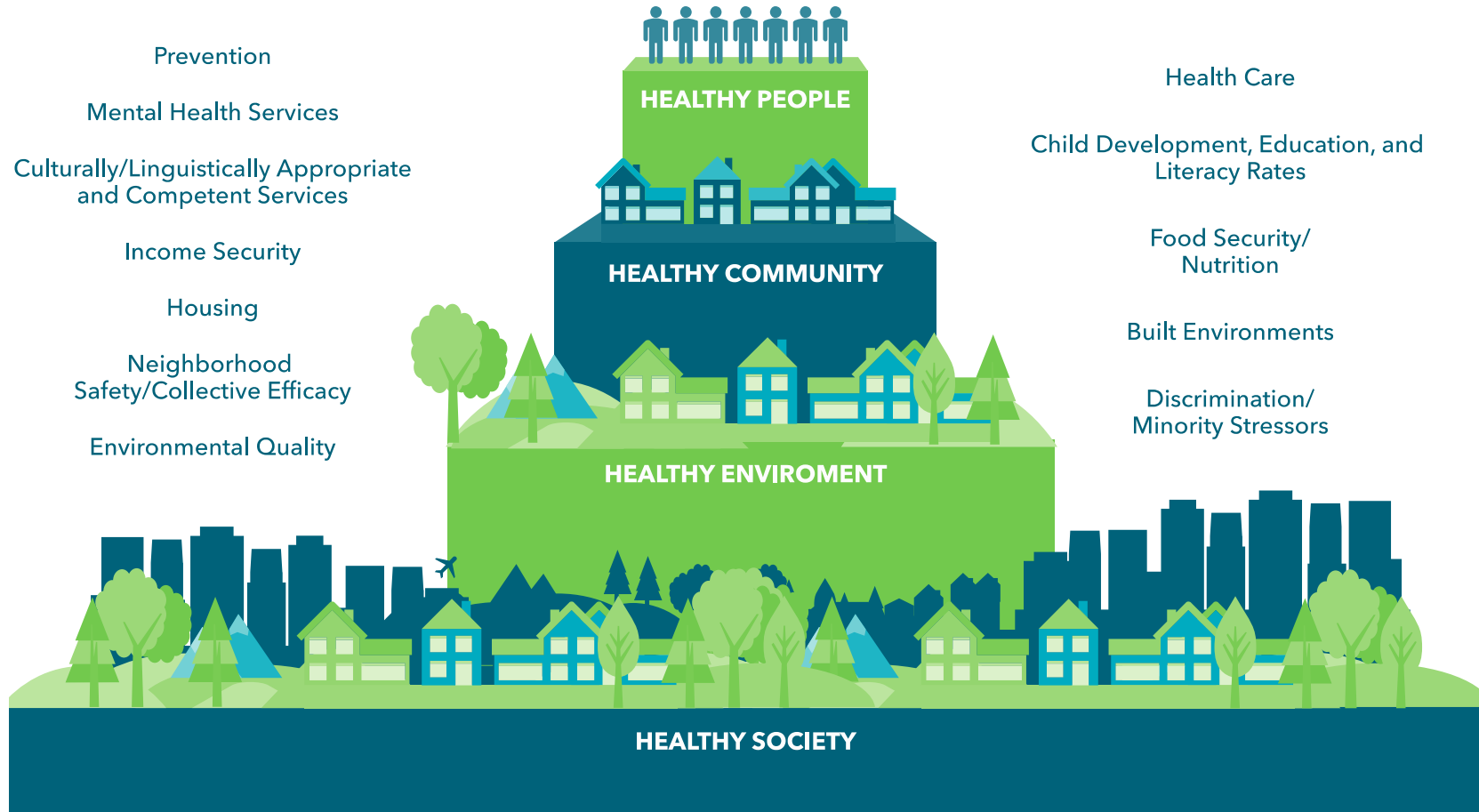
# Improving the Health Status of All Populations

**Determinants of Equity:** The social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.

# Achieving Equity at Every Level



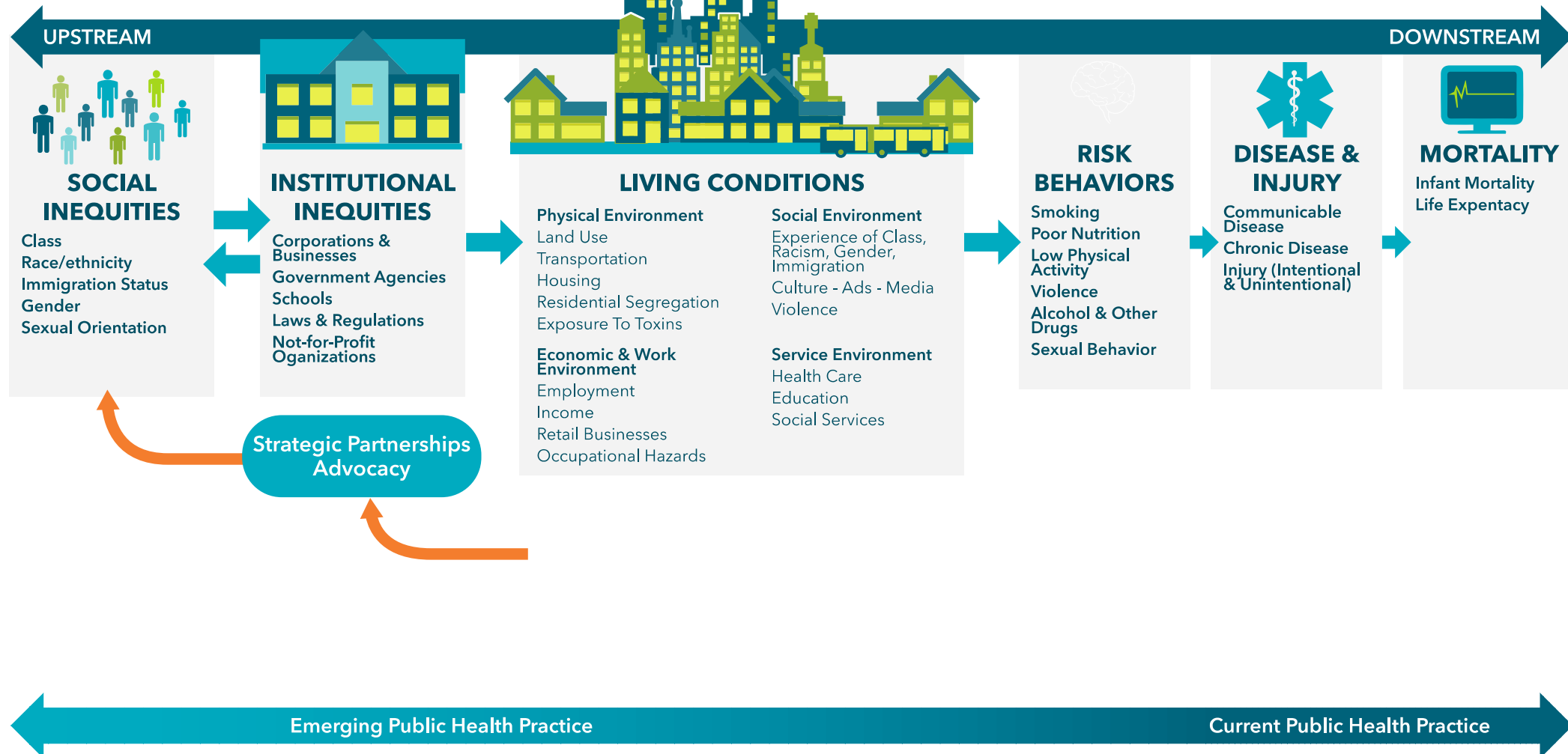
Transforming the conditions in which people are  
**BORN, GROW, LIVE, WORK and AGE**  
for optimal health, mental health & well-being.



# Addressing the Causes of the Causes



## A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



# Key Health Factors in California by Level of Urbanization

**U** Large Urban   **S** Large Suburban   **M** Smaller Metro   **R** Rural   **C** California

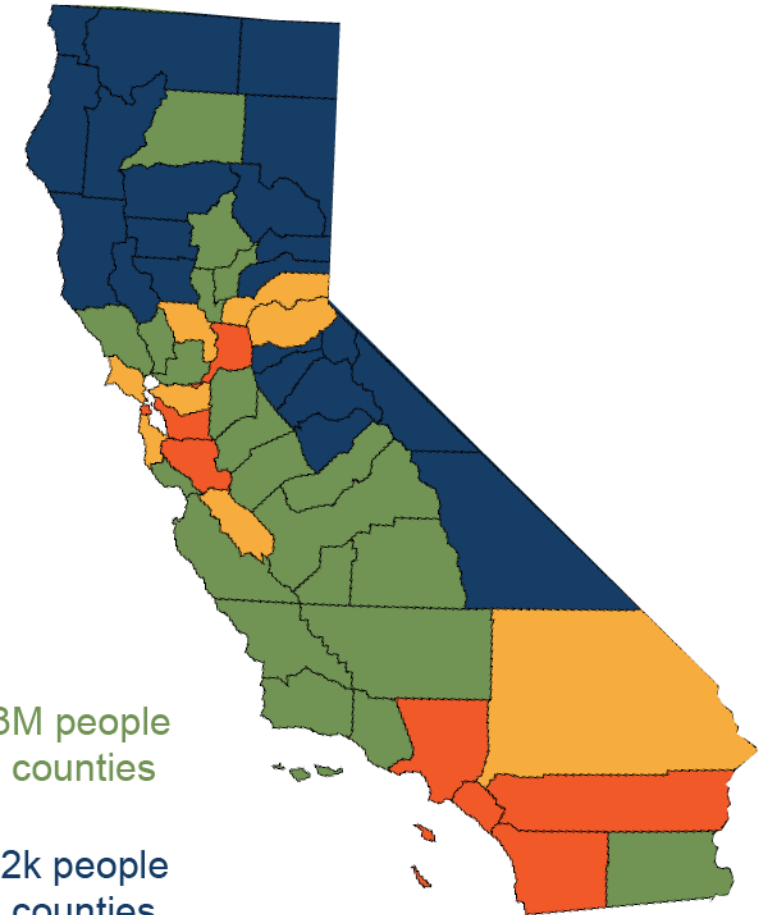
As the County Health Rankings model shows (see [countyhealthrankings.org](https://countyhealthrankings.org)), there are many things that influence health outcomes including health behaviors, clinical care, social and economic factors, and the physical environment. Here we show differences across four categories of California counties for selected measures. No single factor alone explains the significant differences in health between Rural and other types of counties.

24.9M people  
8 counties

5.1M people  
8 counties

8.3M people  
21 counties

832k people  
21 counties



source: University of Wisconsin Population Health Institute. County Health Rankings 2018.



## Clinical Care

BEST

WORST

### Uninsured



### Preventable Hospital Stays (per 1,000 Medicare enrollees)



## Physical Environment

BEST

WORST

### Long Commute Drive Alone



source: University of Wisconsin Population Health Institute. County Health Rankings 2018.

U Large Urban   
 S Large Suburban   
 M Smaller Metro   
 R Rural   
 C California

## Health Behaviors

BEST

WORST

### Adult Smoking



### Adult Obesity



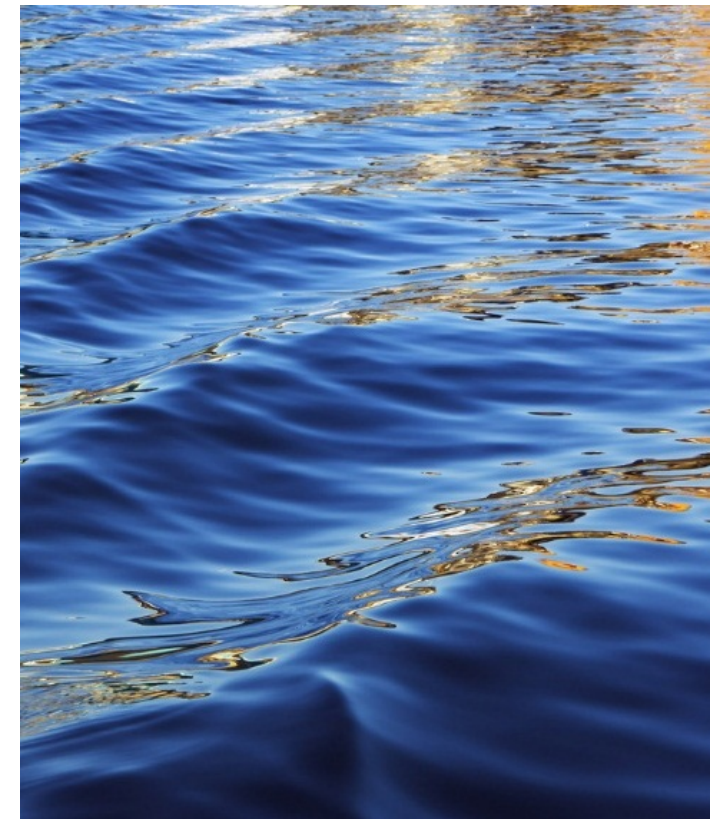
### Teen Births (per 1,000)



source: University of Wisconsin Population Health Institute. County Health Rankings 2018.



Tobacco Control Policy, Systems, and Environmental Change





## Top strengths for tobacco control work

Characteristic	Agree/Strongly Agree
Informal networking is an asset to my tobacco control work	74.4%
Sense of home place – willingness to improve community	64.1%
Frontier Mentality is a positive that can be tapped into (e.g. rural communities are a great place to raise kids)	64.0%
Rural nature of my community allows me more direct access to decision makers & the decision-making process	60.5%

## Benefits of rural politics

- Strong social networking
- Unique sense of home place
- Community is important



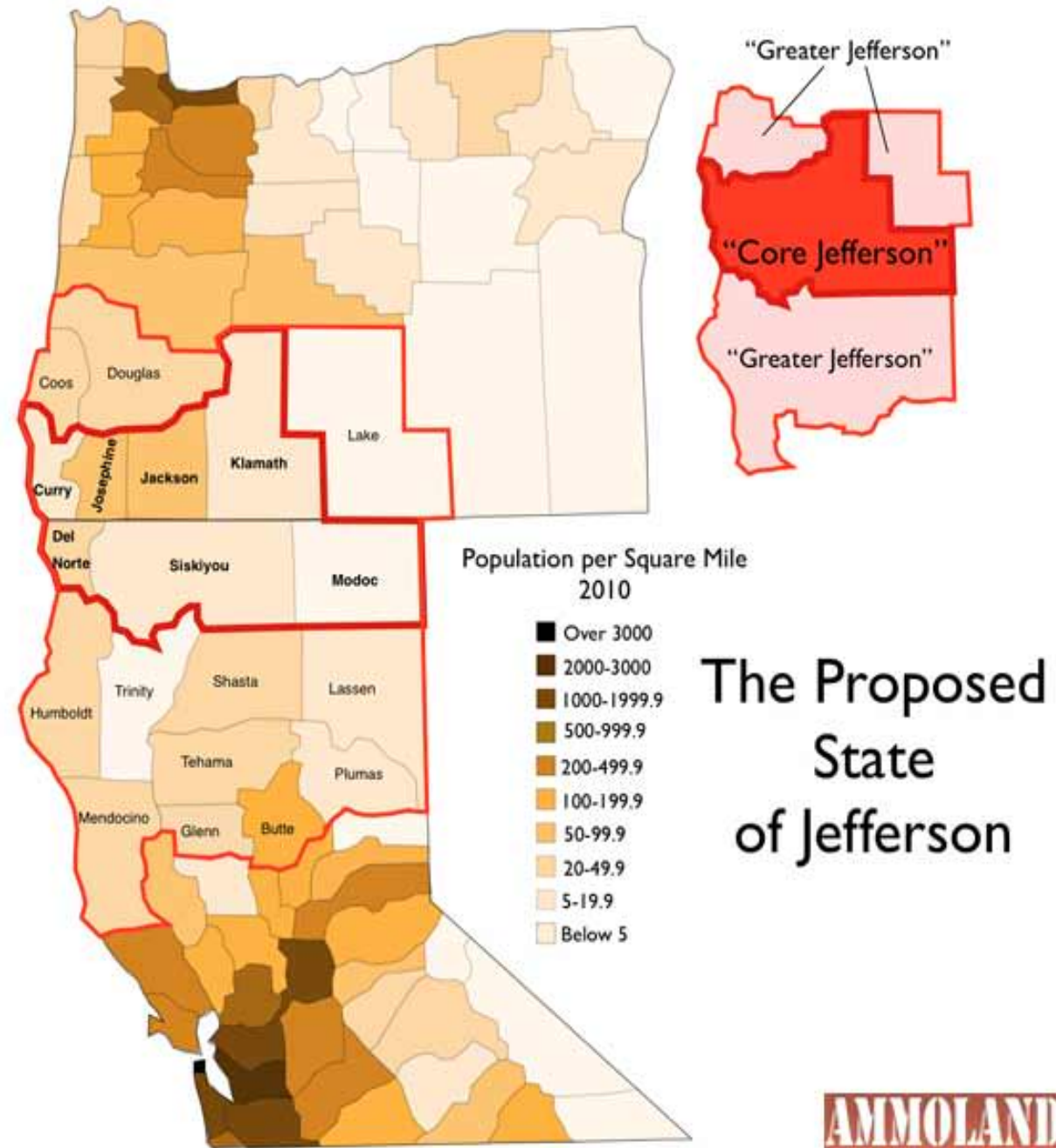


## Top barriers to tobacco control work

Characteristic	Often/Very Often
Arguments for individual freedom	72.2%
Geographic isolation	67.6%
Social isolation	67.6%
Lack of trust in government	48.7%
Geographical size of the county	47.2%

## Context for rural counties

- Pro business environment
- “Jeffersonian” mindset
- Lack of trust in government
- Geographic isolation
- Geographic differences



# Rural Local Health Dept. Policy Success

**By design, not chance**



# Content Neutral Advertising Policy

## Crescent City Before & After



Jurisdiction	Date	Coverage
Crescent City	April 2015	No more than 10% of windows/doors may be covered by signage if the retailer is less than 3,500 square feet
City of Selma	July 2015	No more than 15% of windows/doors may be covered by signage

# Tobacco-free Pharmacies

## Updated: Council OKs tobacco sales ban in pharmacies

BY HOLLISTER FREE LANCE - JUNE 1, 2015



## Hollister bans the sale of tobacco products in pharmacies, June 2015

Dr. Anju Goel, San Benito County Public Health Officer acknowledged there may be a slight loss in revenue for affected businesses and, in return, the city coffers, but “I think what we’re gaining in health measures is far more significant.” Dr. Goel also, publicly noted that selling tobacco products contradicts the mission of pharmacies.

# Yuba Community College – Tobacco Free

**January 2017:** Yuba Community College went tobacco-free, including all buildings, sidewalks, parking lots, bus shelters, sporting venues, personal and company cars in any of these areas.



# Nevada County – Tobacco-free Govt. Campus

**June 2017:** Nevada County enacted a policy prohibiting the use of cannabis, cigarettes, e-cigarettes, cigars, snuff, snus, water pipes, pipes, hookahs, chew, and any other non-combustible tobacco products on county owned facility and campus property.

## All Nevada County Campuses Go Smoke and Tobacco Free on July 1st



Starting July 1<sup>st</sup>, all Nevada County campuses are going smoke-free and tobacco free! In a recent survey of County staff, over 75% supported stricter smoke and tobacco-free policies at work. This effort began with Nevada County's Health and Human Services Agency which started Smoke- and Tobacco-Free Policies at the Laura Wilcox Building and the Crown Point and Brighton Greens campuses in an effort to promote health and wellness. Last year, Madelyn Helling and the downtown Grass Valley libraries followed with similar policies.

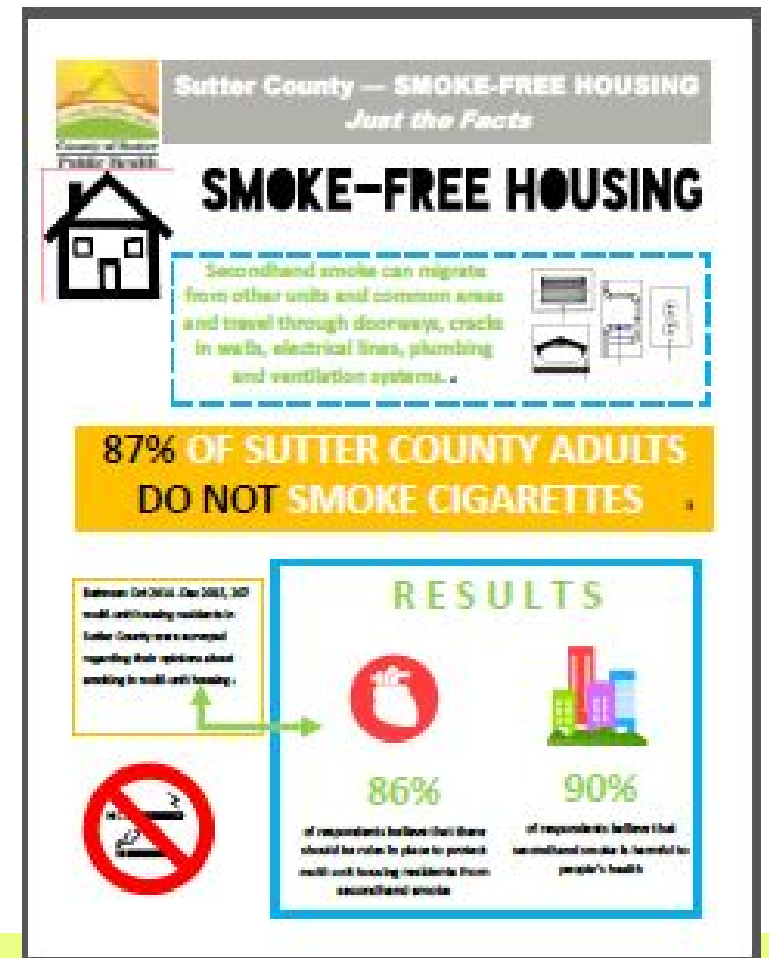
In preparation for our tobacco and smoke-free campuses at Nevada County facilities, Nevada County Public Health, Human Resources, and Risk Management hosted a Wellness Fair and have been raising tobacco awareness with informational emails and documents.

Tobacco use remains the single largest preventable cause of death and disease in the United States. Cigarette smoking kills more than 480,000 Americans each year, with more

than 41,000 of these deaths due to exposure to secondhand smoke. By going smoke and tobacco free

# Regional Housing Authority of Sutter & Nevada Counties Goes Smoke-Free

**June 2017:** RHASNC adopts smoke-free public housing policy that includes e-cigarettes one year before the federal HUD rule goes into effect.



# The Mouse that Roared - Alturas

Population: 2,500



**February 2017:** 5 – 0 City Council Vote for a comprehensive tobacco control ordinance that included tobacco retail licensing, smoke-free outdoor dining, no smoking within 20 ft. of any business, and modernized the definitions of smoking and tobacco products. The smoking restrictions apply to marijuana and e-cigarette use.

# Humboldt - Eureka General Plan Effort

**Healthy Retail Goal:** Support healthy nutritional choices by improving access to healthy food and decreasing access to high calorie, low nutrient food, alcohol and tobacco.

## Efforts to Include Tobacco Control Elements in the General Plan Update of One Humboldt County City

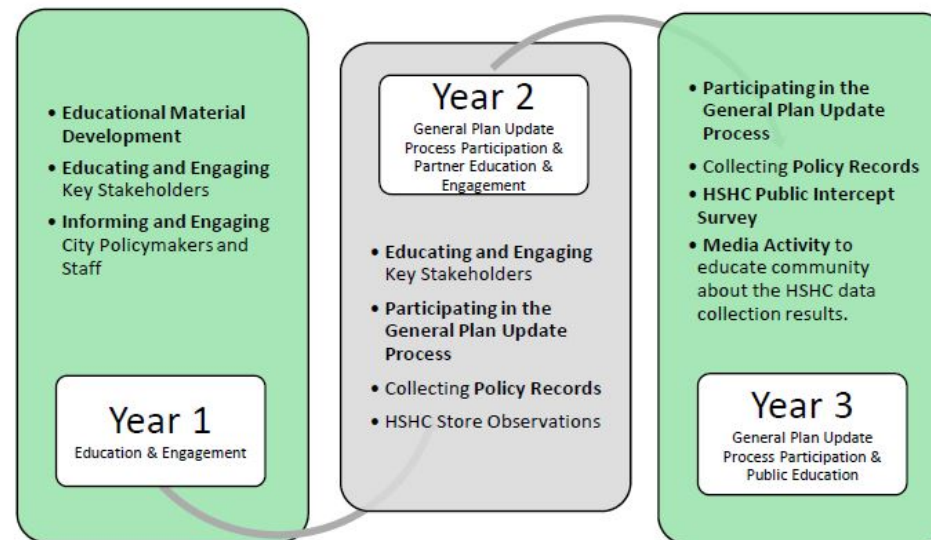
*Final Evaluation Report 2014 – 2017*

Humboldt County Department of Health and Humans Services  
Public Health Branch  
Tobacco-Free Humboldt  
Jay McCubrey, Project Director  
908 7<sup>th</sup> Street  
Eureka, CA 95501  
(707) 444-5569  
www.humboldt.gov/662/Tobacco-Free-Humboldt  
jmcubrey@co.humboldt.ca.us

Report Authors:  
Maria Vanderhorst, Independent Evaluator  
Jay McCubrey, Project Director

Report Submitted: June 30, 2017

Figure 1. Timeline of Key Intervention and Evaluation Activities in Chronological Order



<http://healthystoreshealthycommunity.com/>

**In Humboldt, it's easier to find an apple martini than an apple.**

In a 2016 survey of 108 Humboldt County retailers, we found:



**6 out of 10**  
storefronts advertised  
unhealthy products

**ZERO**  
storefronts  
advertised  
healthy products

**34%**  
of stores sell fresh  
fruits and vegetables

**80%**  
of stores sell  
fruit-flavored  
tobacco products

Only 31% of stores sell low-fat or non-fat milk, but

**85% sell alcohol**



Local stores play a critical role in our community's health.



# Promising Practices




# The Next Generation of Tobacco Control is a Tobacco-Free Generation



Sales of cigarettes  
barred to those born  
after 2000

# Funding Alerts!

## CG 18-10122 Regional Rural Initiative to Reduce Tobacco-Related Disparities

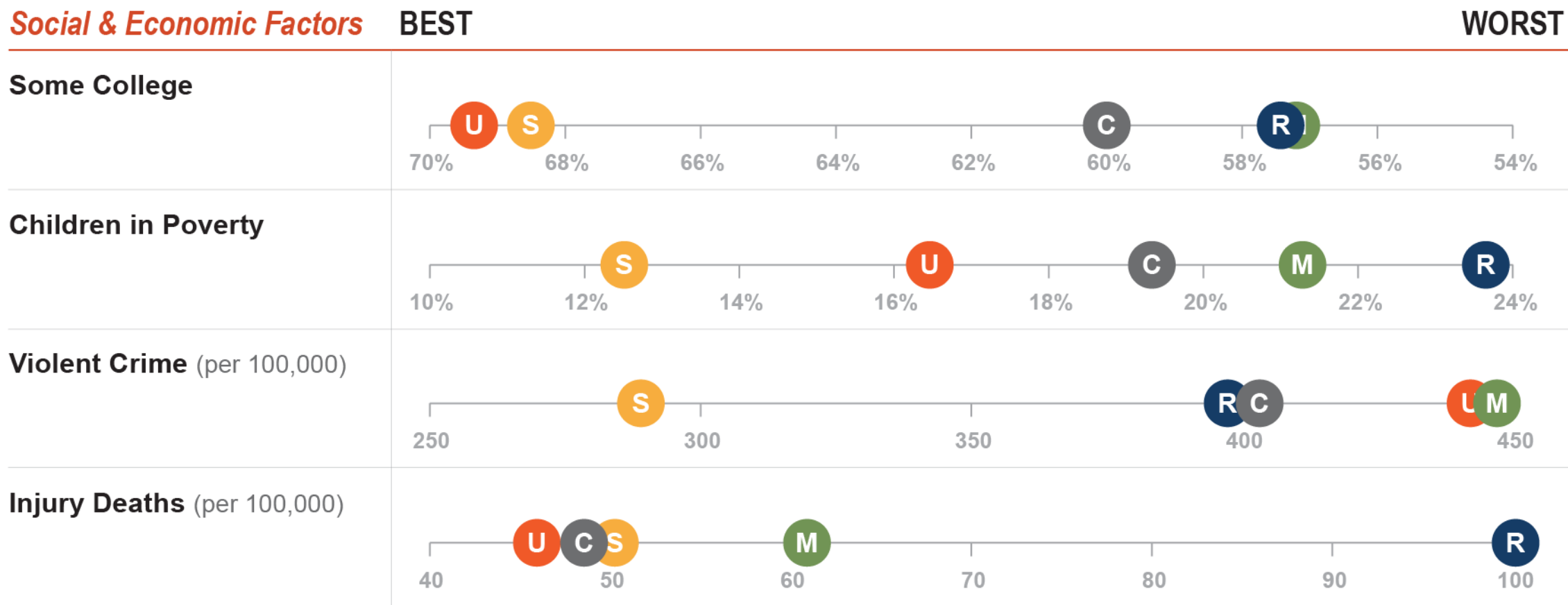
▼ Opening Date	June 28, 2018
▼ Closing Date	August 15, 2018 - 5:00 PM
▼ Purpose	The purpose of this Request for Application (RFA) is to fund up to five (5) projects to reduce tobacco-related health disparities and achieve health equity among rural communities through regional approaches directed towards policy and systems change focused on tobacco use prevention and reduction. Applicants may submit more than one (1) application. Each application submitted may only address one (1) region.
▼ General Updates	
▼ Funding Alert	 <a href="#">FUNDING OPPORTUNITY ALERT - 18-10122</a> (PDF - 72.40 Kb)

# CG 18-10123 Statewide Coordinating Center for Rural Communities

▼ Opening Date	June 28, 2018
▼ Closing Date	August 15, 2018 - 5:00 PM
▼ Purpose	<p>The purpose of this Request for Application (RFA) is to fund one (1) Statewide Coordinating Center grant for rural communities. The purpose of the Coordinating Center is to foster interactive and integrative collaboration and communication among awardees of projects funded by <i>RFA #18-10822 Regional Rural Initiative to Reduce Tobacco-Related Disparities</i> as well as their networks and the California Tobacco Control Program (CTCP). The Coordinating Center is expected to accelerate the adoption, implementation and impact of policy and system change campaigns conducted by projects funded under RFA #18-10122.</p>
▼ General Updates	
▼ Funding Alert	<a href="#"> FUNDING OPPORTUNITY ALERT 18-10123 (PDF - 88.88 Kb)</a>

# RFA 18-10137 Initiative to Reduce Tobacco-Related Disparities at Residential Behavioral Health Facilities

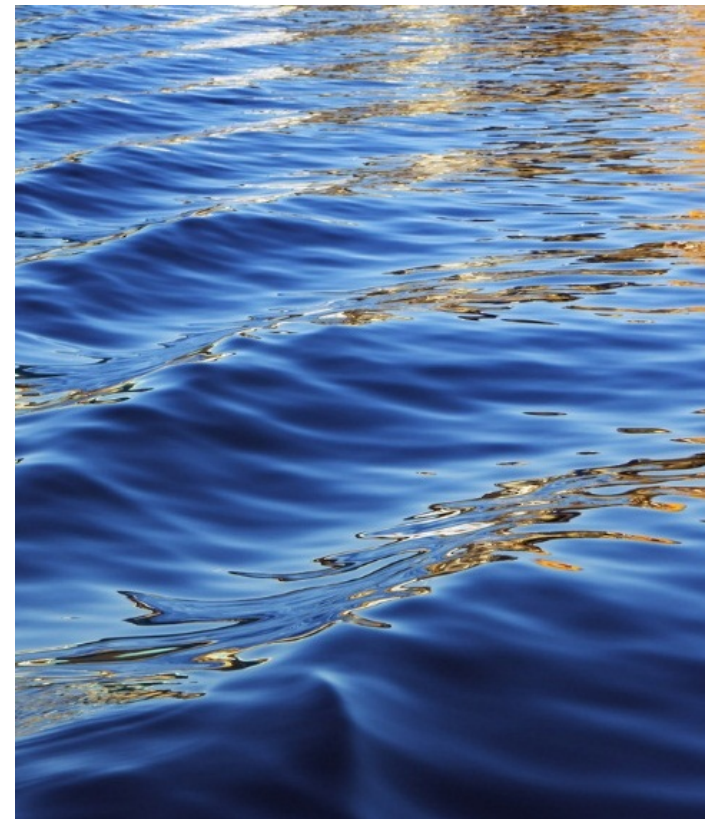
▼ Opening Date	June 28, 2018
▼ Closing Date	August 21, 2018 - 5:00 PM
▼ Purpose	<p>The purpose of this Request for Application (RFA) is to fund up to 15 Wellness Quality Improvement Projects (QIP) to reduce tobacco use and promote wellness policies and activities among people with substance use disorders and mental illness in local community residential behavioral health facilities such as alcohol and drug treatment programs, mental health treatment programs, and other health or social service agencies through the adoption and implementation of tobacco-free campus policies and the implementation of evidence based nicotine addiction treatment. The Wellness QIP seeks to reduce tobacco-related disparities in behavioral health settings through participation in specialized training and technical assistance for tobacco policy, system, and environmental change, paired with the promotion of other wellness approaches such as increasing exercise breaks, improving access to healthy foods, and promoting socialization and activities for wellbeing.</p> <p>Applications must address the following priority areas: 1) Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products; and 2) Promote Tobacco Cessation.</p>



source: University of Wisconsin Population Health Institute. County Health Rankings 2018.



Violence, Injury, Mental Health & Trauma



# Disparities in burden and exposure



1 in 3 women (31.5 percent) have experienced violence in an intimate partner relationship in their lifetime.<sup>27</sup>



Young black men (ages 15-29), compared to other racial groups, are nearly six times more likely to die from gun violence.<sup>18</sup>



Homicide is the second leading cause of injury death for infants, behind unintentional suffocation.<sup>18</sup>



Youth ages 10-14 are more likely to die from suicide than motor vehicle crashes.<sup>18</sup>



Hate crime events increased 10 percent in 2015, with notable increases in crimes involving anti-Hispanic and anti-Islamic bias.<sup>19</sup>

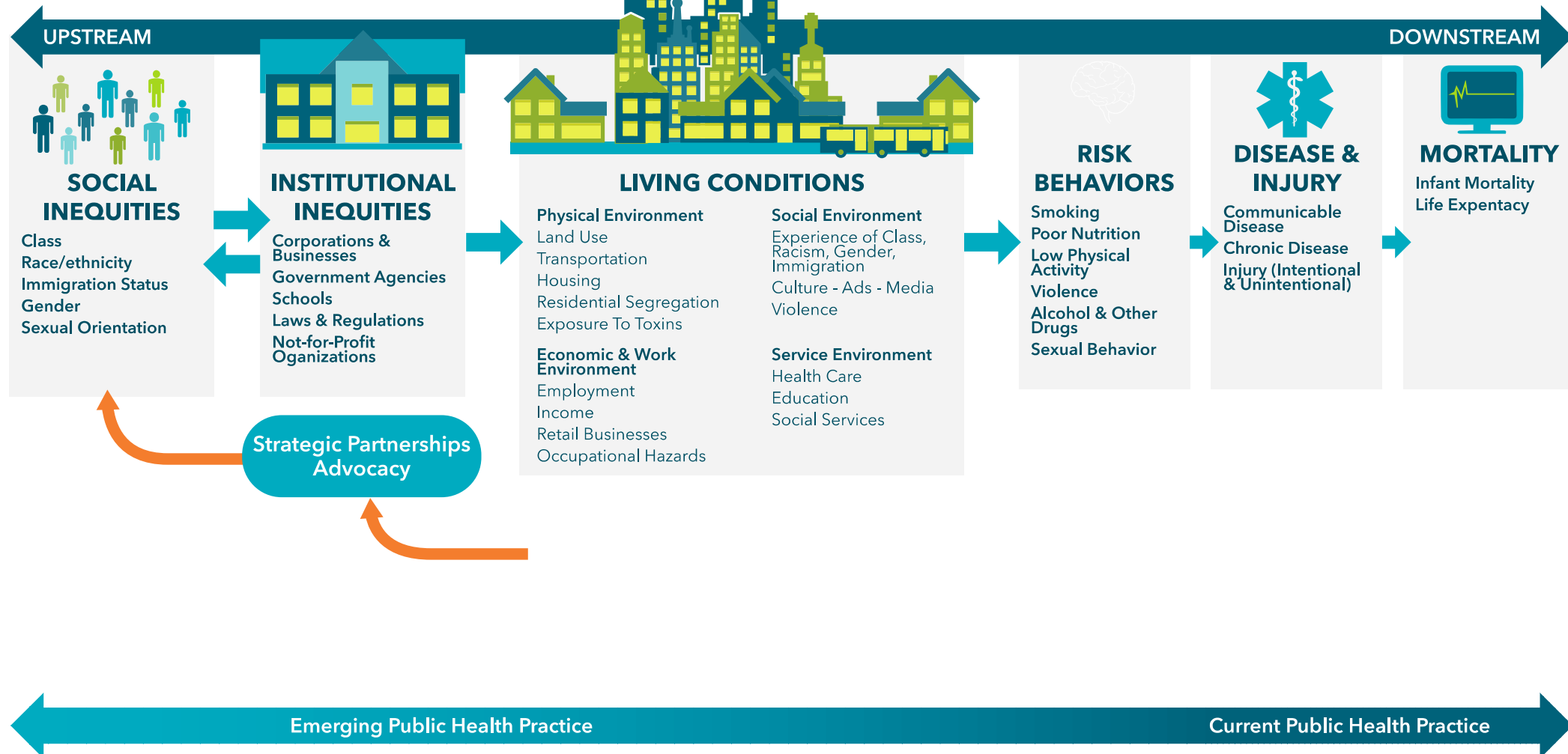


Older white men living in rural counties have the highest rates of suicide (37/100,000).<sup>18</sup>

# Addressing the Causes of the Causes



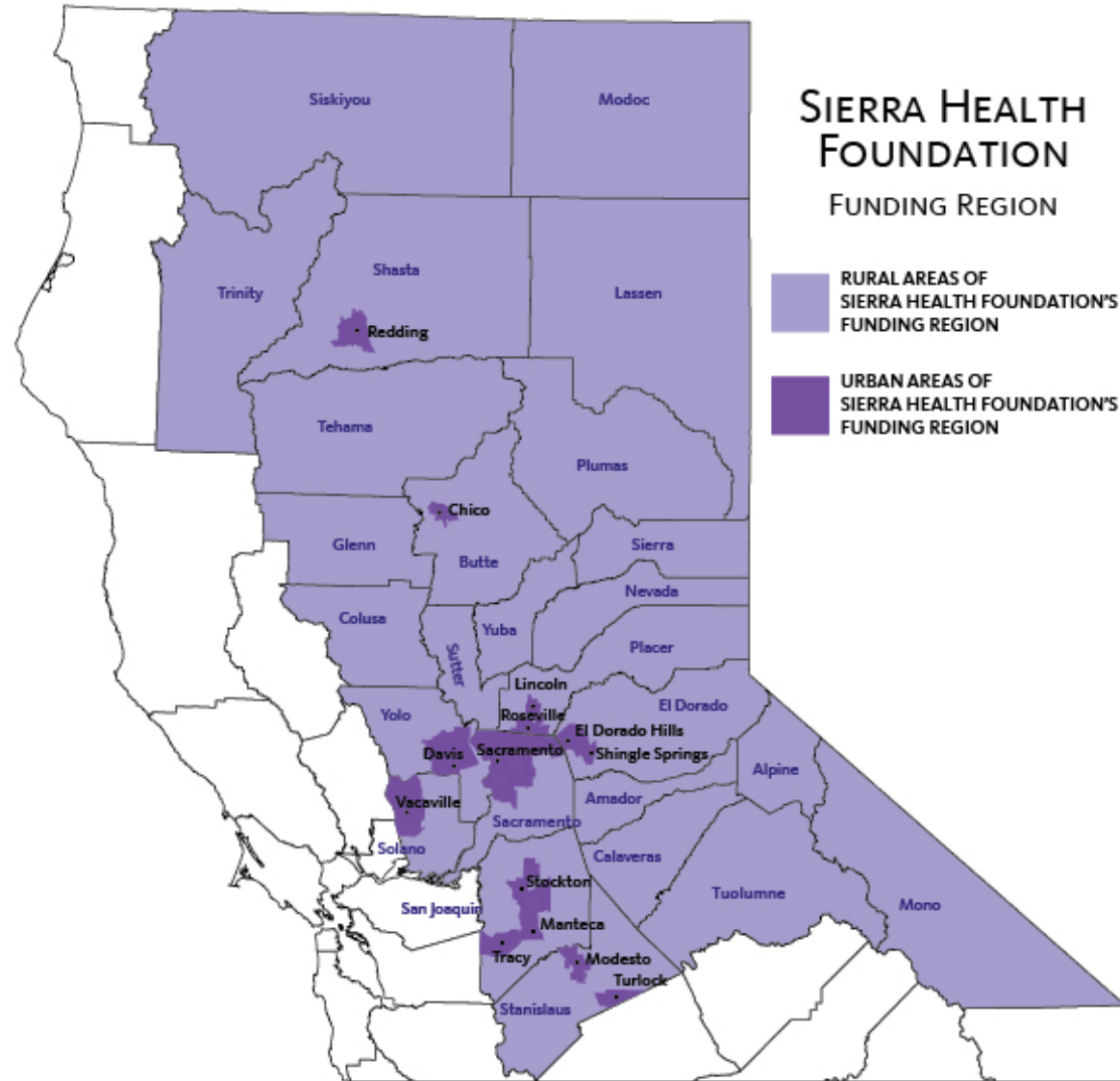
## A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



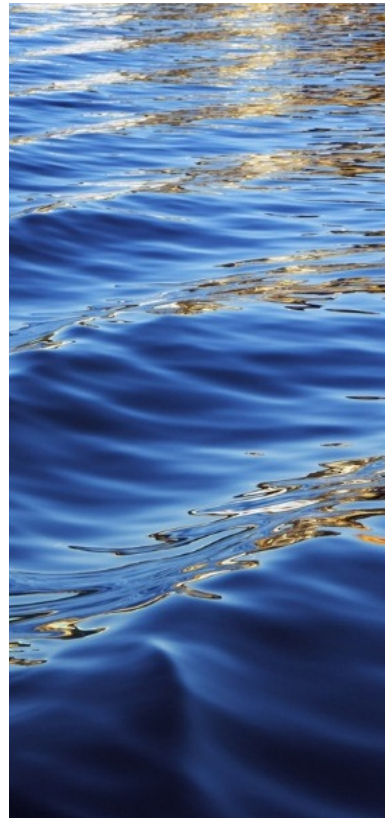








SIERRAHEALTH.ORG



# Our Philanthropic Roles

- Convening, Grantmaking, Program Initiatives
- Leadership Development, Capacity Building
- Education and Advocacy
- Evaluation and Research
- Philanthropic Intermediary





SIERRA HEALTH  
FOUNDATION

# Our Approach

- Promote Health Equity
- Focus on the Social Determinants of Health
- Community Engagement
- Asset Based
- Build Capacity





# Responsive Grants Program

Supports community-driven efforts to improve health, promote access and reduce health inequity in Northern California




## Health Leadership Program

Develops the skills of leaders in organizations that work to improve community health and well-being and reduce health disparities




## Event Sponsorships


Support nonprofit community events that are compatible with the foundation's mission and programs

 Your table topic


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 Barriers preventing progress on this topic in rural Northern California

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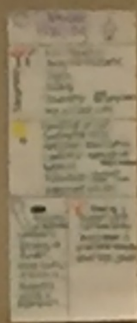
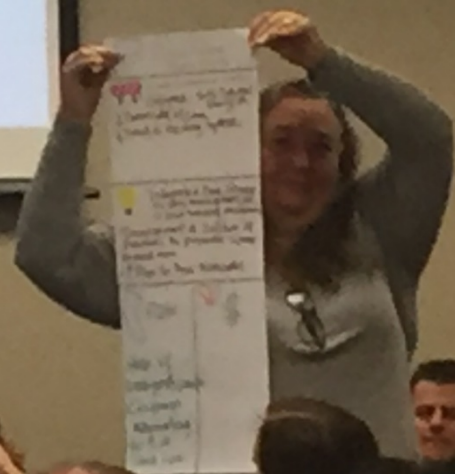
 BIG IDEA to achieve equity around the issue (table topic)

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 How the state Office of Health Equity and Policyholders can support our community as we create equity around this topic

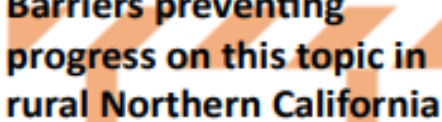
 How philanthropies can support our community as we create equity around the topic

Documenting your conversation:






# ACE'S



## Barriers preventing progress on this topic in rural Northern California

- Crosswalk ACE's with the Social Determinants of Health (SDoH)
- Alignment of funding
- Coordination of services
- Work force issues (ACE Impact)
- Lack of knowledge of impact of ACE's
- ACE's is the underlying issue of all discussions



How the state Office of Health Equity and policymakers can support our community as we create equity around the topic.

- "Ruralness" & "Poverty" is an inequity
- Crosswalk ACE's as a Social Determinant of Health (SDoH)



## BIG IDEA to achieve equity around the issue

- Community based resource centers
- Multigenerational approach
- Positive role models/mentors?



How philanthropies can support our community as we create equity around the topic.

- Longevity in funding
- Flexibility in funding and expectations



## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce

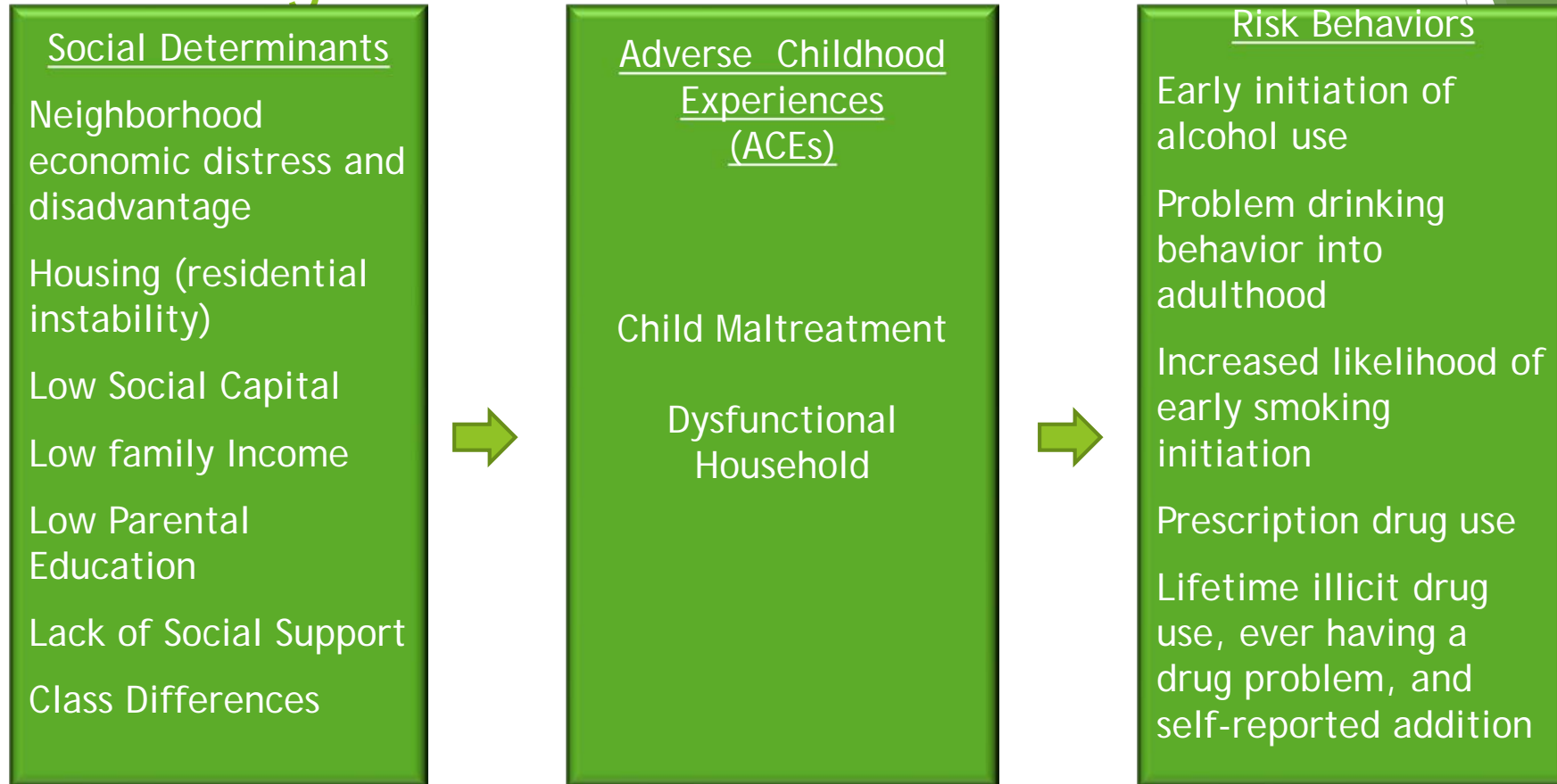


Incarcerated Relative



Substance Abuse

# How do Social Determinants and ACEs get us to Risk Behaviors?



# CDPH implements programs, policy initiatives, and surveillance activities to address violence at the state and local levels:

## Programs and Policy

- Rape Prevention and Education Program
- Domestic Violence Training and Education Program
- Essentials for Childhood Initiative
- California Home Visiting Program
- Health in All Policies Task Force: Action Plan to Promote Violence-Free and Resilient Communities

## Data and Surveillance

- California Electronic Violent Death Reporting System
- EpiCenter – California Injury Data Online
- Vital Statistics
- Open Data Portal
- Let's Get Healthy California
- Healthy Community Indicators Project
- Maternal and Infant Health Assessment

- Prop. 63-funded \$60m initiative to identify promising practices and systems change recommendations to address persistent disparities in historically underserved populations.
- Priority Populations:
  - African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning; and Native American communities
- In total, over 40 contractors and grantees will be funded over six years to implement Phase II of the CRDP.

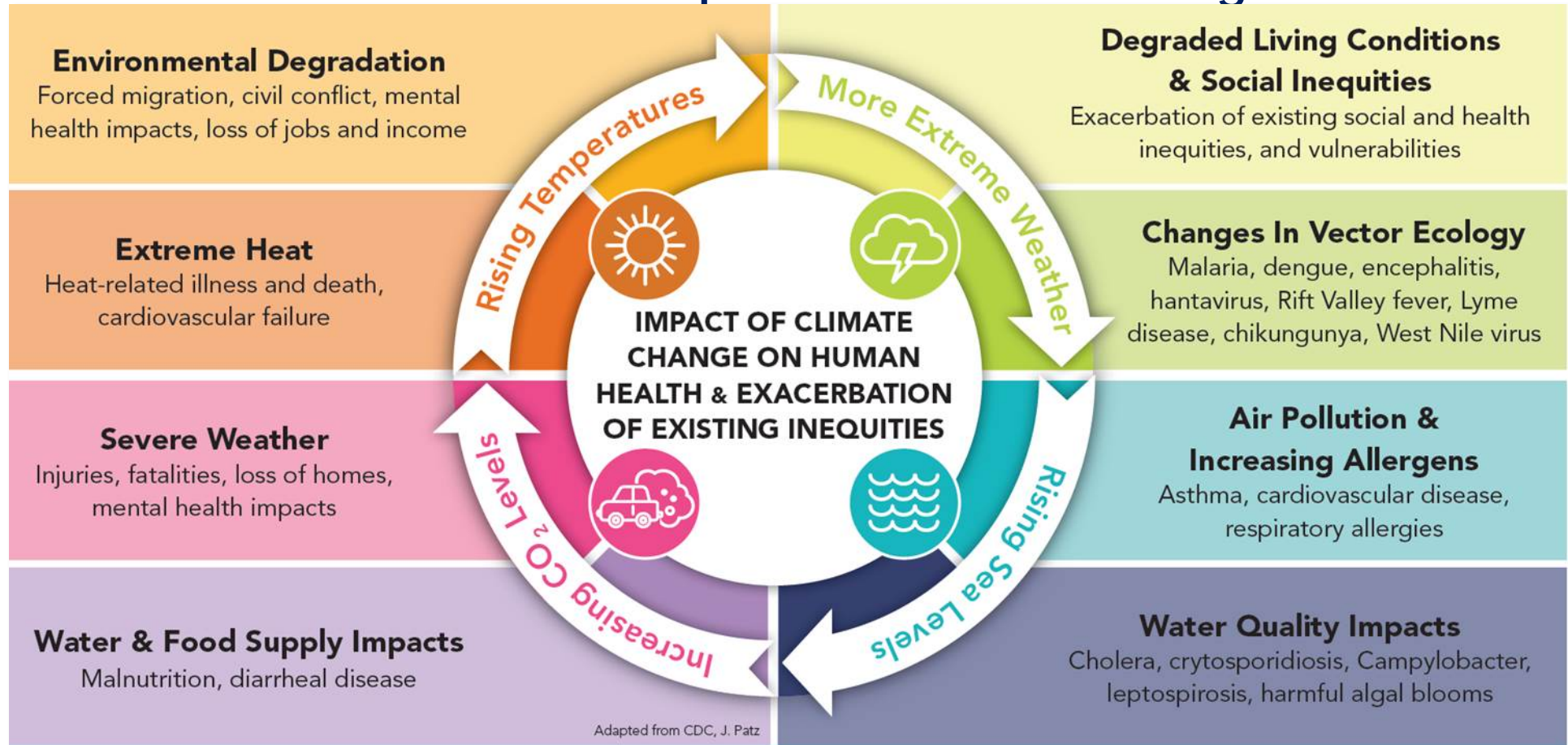
## California Reducing Disparities Project (CRDP)



# Climate Change & Health Equity Program

## California Department of Public Health, Office of Health Equity

### Human Health Impacts of Climate Change



<https://www.cdph.ca.gov/Programs/OHE/Pages/CCHEP.asp>

# Improving health through climate change mitigation

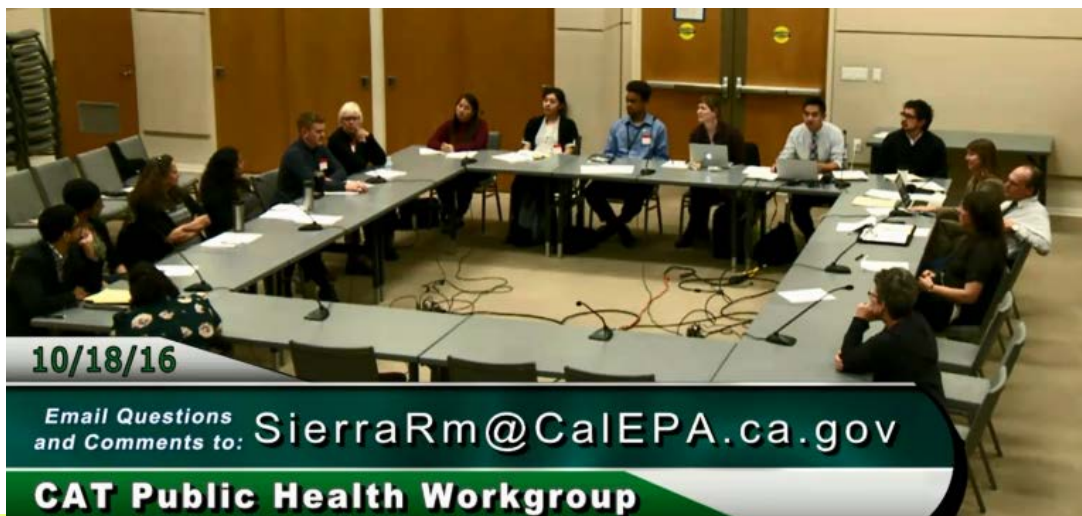
- Analyses of health benefits of CA climate mitigation strategies
- Climate Action Team Public Health Workgroup public meetings
- Integrating health language and tools in climate mitigation funding
- Prioritizing weatherization & energy efficiency for residents with health conditions



## 2017 Scoping Plan Update

*The Proposed Strategy for Achieving California's 2030 Greenhouse Gas Target*

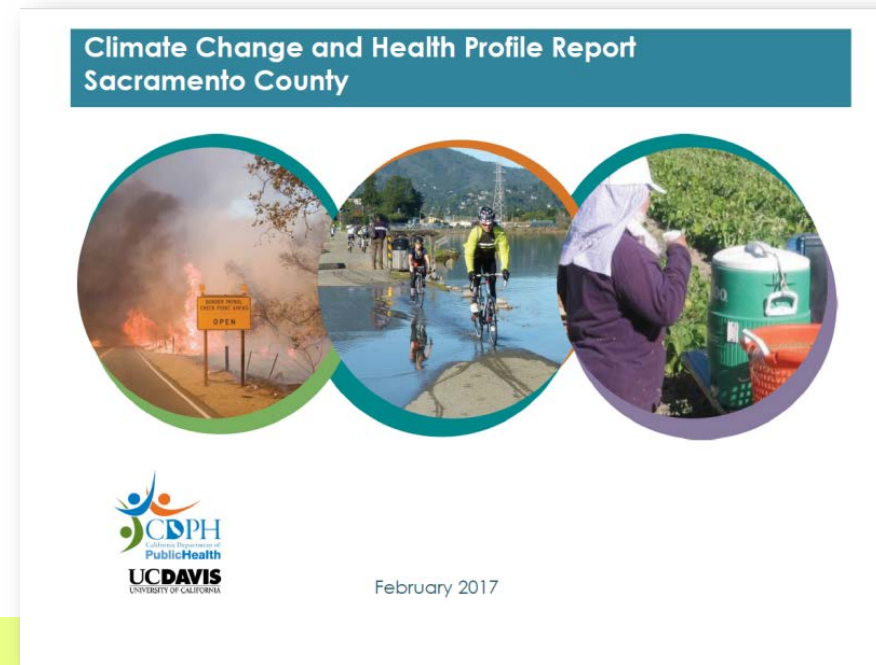
California Environmental Protection Agency  
**Air Resources Board**



[bit.ly/cchep](http://bit.ly/cchep)

# Protecting health through climate resilience and adaptation

- California Building Resilience Against Climate Effects (CalBRACE) Project:
  - Data and tools for health sector planning
  - Climate Change and Health Profile Reports for each county:  
<https://www.cdph.ca.gov/Programs/OHE/Pages/ClimateHealthProfileReports.aspx>
- Safeguarding California Public Health Chapter
- Guidance for State agencies to protect climate vulnerable populations in all plans & investments



# CalBRACE Adaptation Toolkit

CalBRACE Adaptation Toolkit

CDPH - Climate Change and Health Equity Program

Toolkit overview Before you start Forecast impacts and assess vulnerabilities Project disease burden **Assess public health interventions** Implement a climate and health adaptation plan Evaluate quality of impact Resources

## Assessing Public Health Interventions

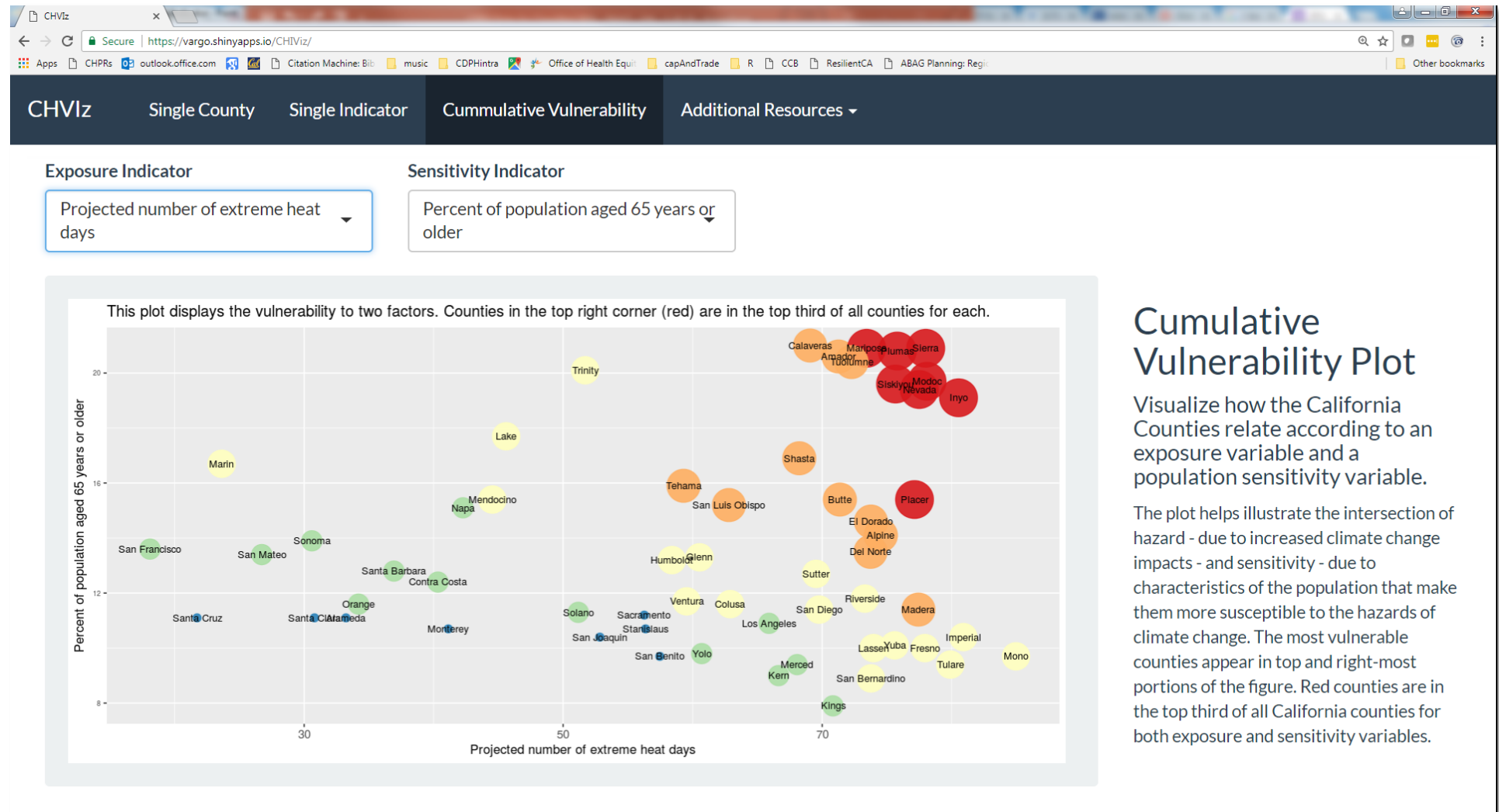
If you're ready to take action, these tools will help your agency identify the most suitable health interventions for the health impacts of greatest concern.

The following tools are most useful for assessing public health interventions:

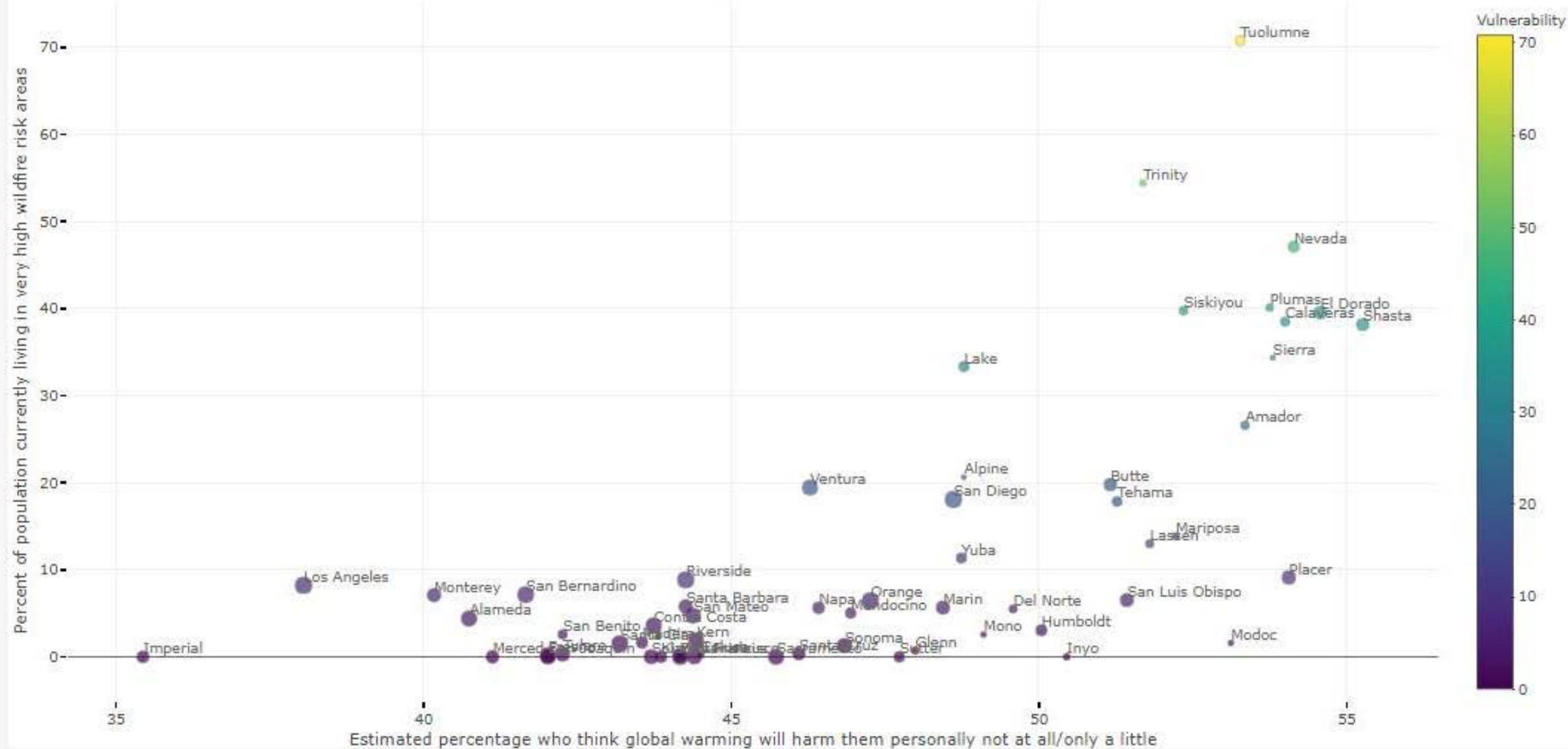
- **PowerPoint Slides\***  
Used to organize and present an overview of the local climate change and Public Health threats and vulnerabilities as well as interventions and strategies for preparation and building resilience. These can be presented to staff and partners in order to frame the climate change and health planning conversation and local priorities
- **Air-pollution Interventions Report\***  
Highlights a selection of adaptation strategies, programs, and policies to protect against the health impacts of increased air pollution resulting from climate change
- **Climate and Health Intervention Assessment: Evidence on Public Health Interventions to Prevent the Negative Health Effects of Climate Change**
- **San Mateo County's new Seal Level Rise Vulnerability Assessment**  
This is an example of how public health can contribute to

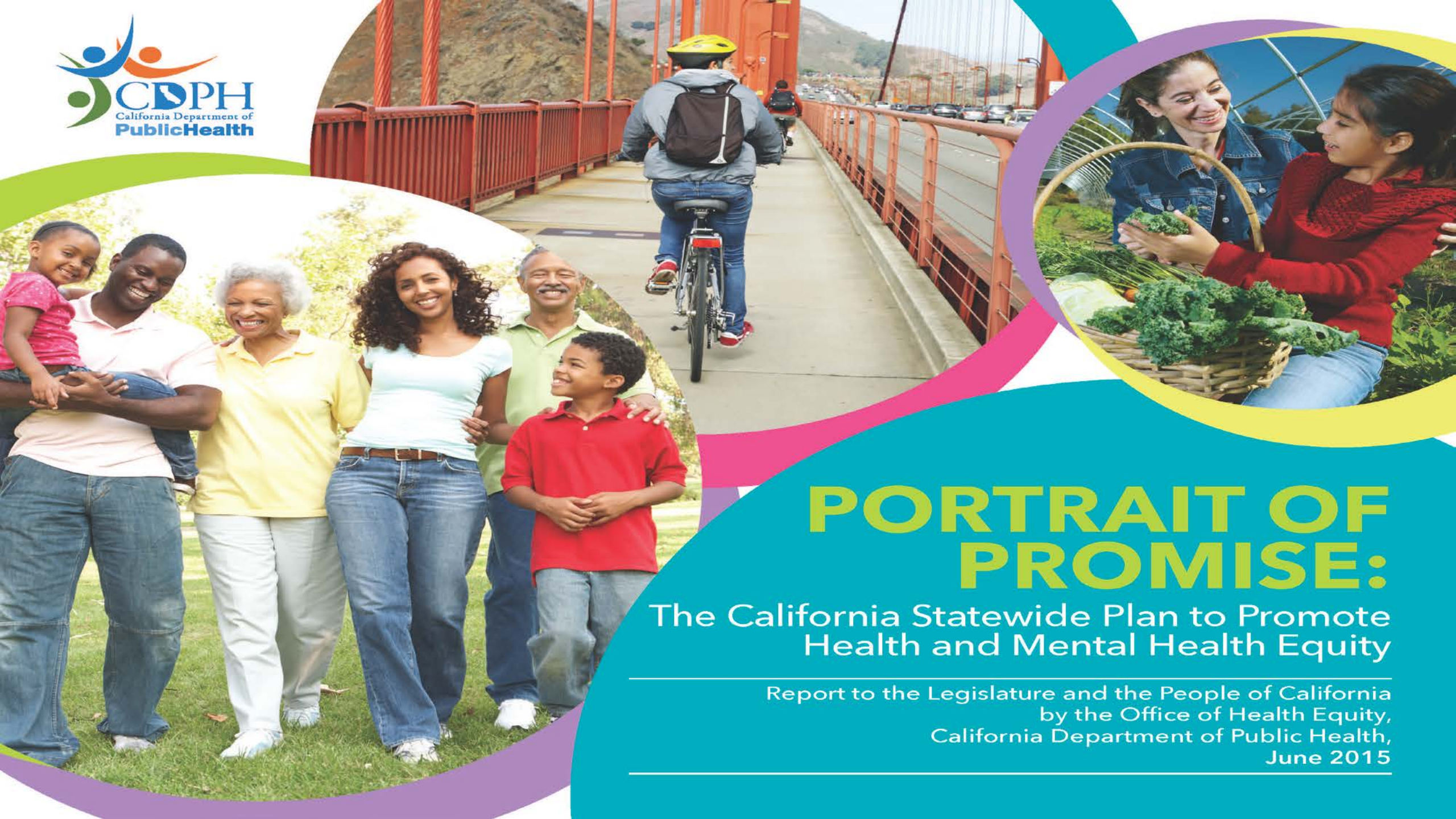
[bit.ly/calbracetoolkit](https://bit.ly/calbracetoolkit)

# Climate & Health Vulnerability Indicators and Visualization



Combined Look at Climate Opinion (Estimated percentage who think global warming will harm them personally not at all/only a little) and Vulnerability (Percent of population currently living in very high wildfire risk areas)





# PORTRAIT OF PROMISE:

The California Statewide Plan to Promote  
Health and Mental Health Equity

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Report to the Legislature and the People of California  
by the Office of Health Equity,  
California Department of Public Health,  
June 2015

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# Stay Connected to the Office of Health Equity

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Questions?

**LaRoux Pendleton**

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OHE Website:

<https://www.cdph.ca.gov/Programs/OHE/Pages/OfficeHealthEquity.aspx>

