



REDWOOD REGION RISE

RESILIENT INCLUSIVE SUSTAINABLE ECONOMY

High Road Transition Collaborative Meeting
May 24, 2023

AGENDA

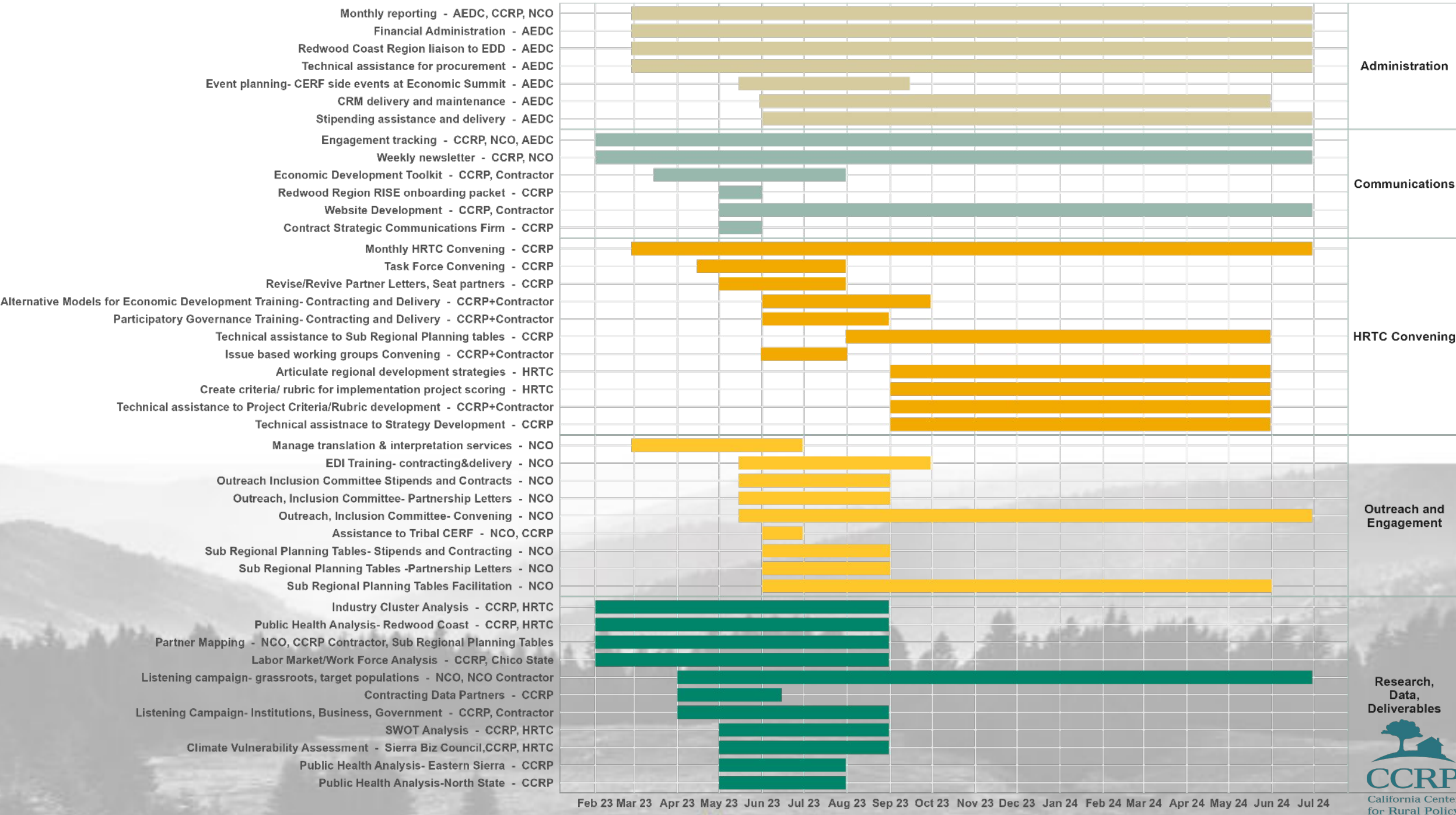
TIME	TOPIC	PRESENTED BY
11:00-11:05	Welcome (back) and introductions	NCO, CCRP
11:05-11:10	Updates from Redwood Region RISE (Resilient Inclusive Sustainable Economy)	CCRP
11:10-11:20	Follow-up: Memo “Disinvested Communities”	CCRP
11:20-11:40	Community Outreach & Engagement: Call for Nominations	NCO
11:40-12:20	Understanding our Region–Public Health Presentation and Discussion	CCRP
12:20-12:25	Project Highlight	CCRP
12:25-12:30	Recap of agreements & next steps Next meeting: Thursday, June 29, 11:00a.m.-12:30 p.m.	AEDC, CCRP, NCO
12:30	Adjourn	

Updates:

1. Welcome Leoni!
1. Where are we at: Communications Strategy, Governance update, Community Engagement, Research.

Key Dates: June 6th, August 31st, September 1st

1. Changes to our meeting registration process
1. Listening Campaign updates



Research,
Data,
Deliverables



Disinvested Communities memo

50+ gave input, plus written input submitted after our session.

Forged a collective memo which has been circulated.

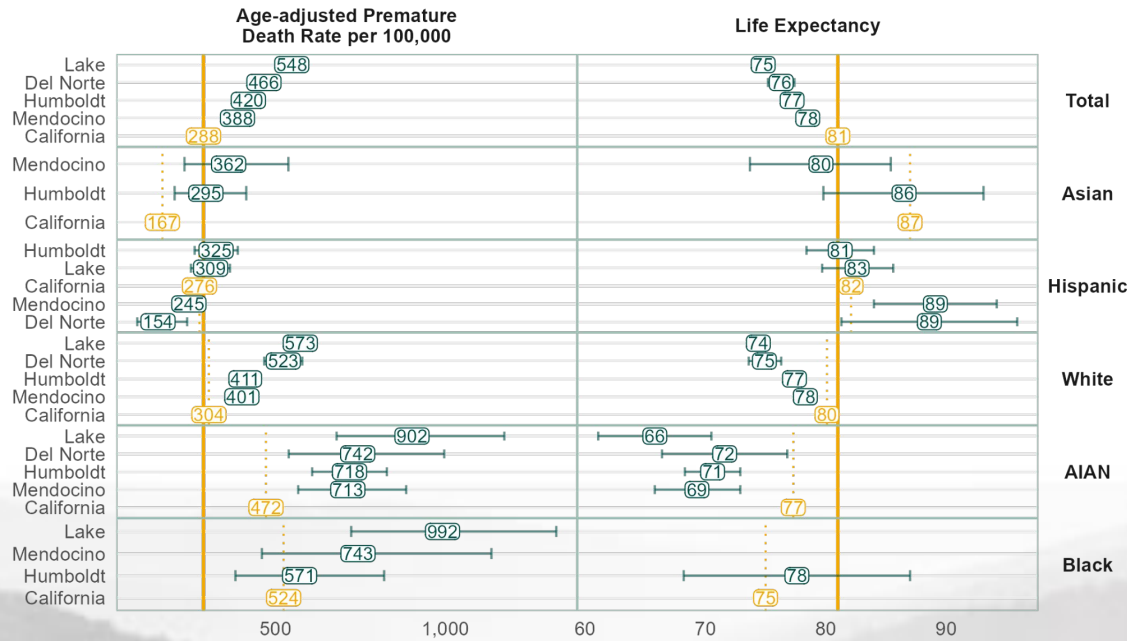
Memo highlights:

- Less resonance with geographically-defined definition, exception being deeply rural and remote which was the most prevalent theme.
- Recognition of burden on specific groups in our Region.
- Next steps in centering their experiences: engagement strategy, committee nomination (to be discussed later) etc..

Objectives

1. Our Homework from the State:
 - “Explore the **main causes of illnesses** and diseases in the region, and whether and **how they are related to economic inequalities**, climate impacts, environment factors, etc.”
 - “Analyze **health disparities** across the region, disaggregated by race, gender, and other demographics.”
2. Three Takeaways
3. Some Good News

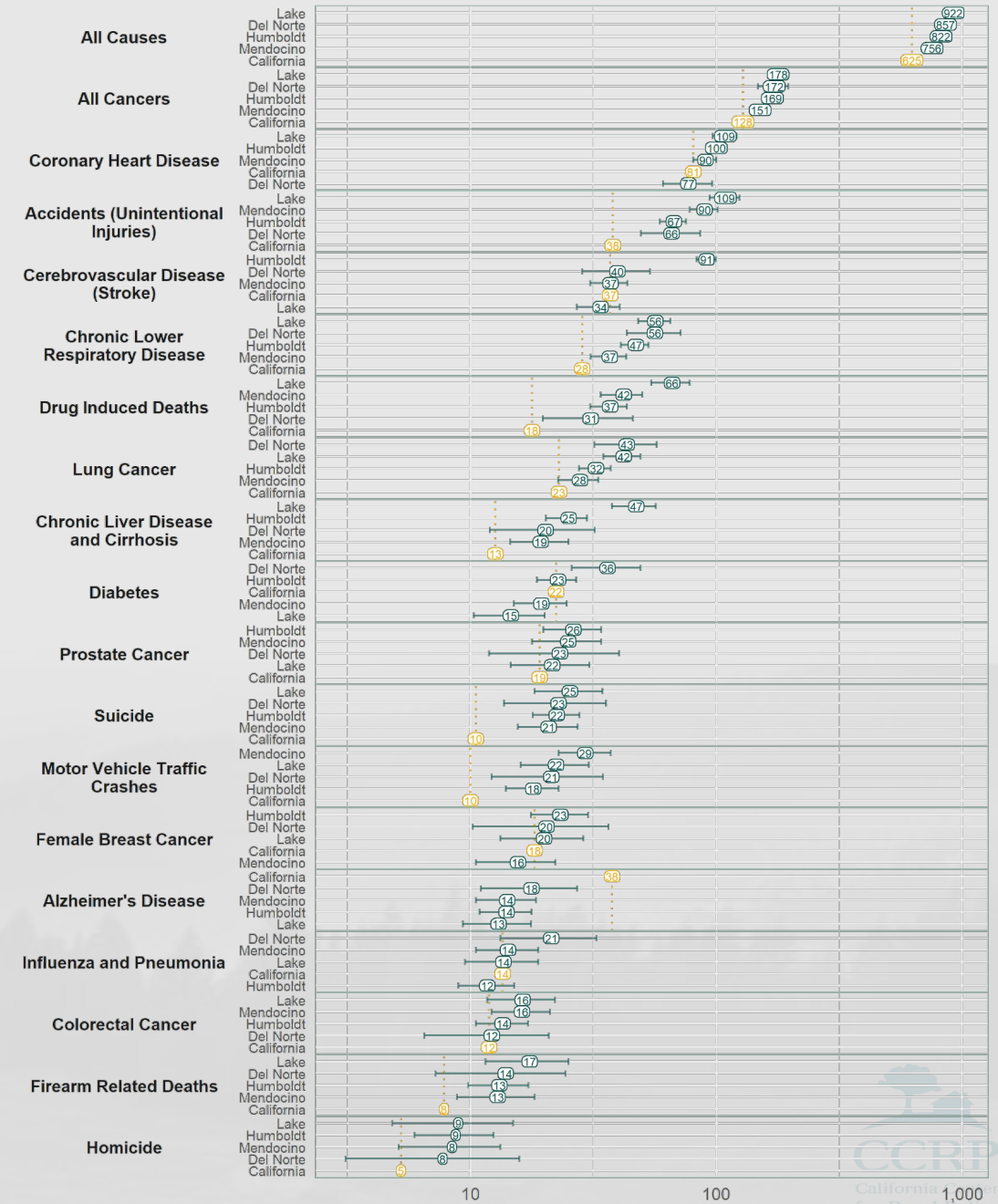
Health Outcomes



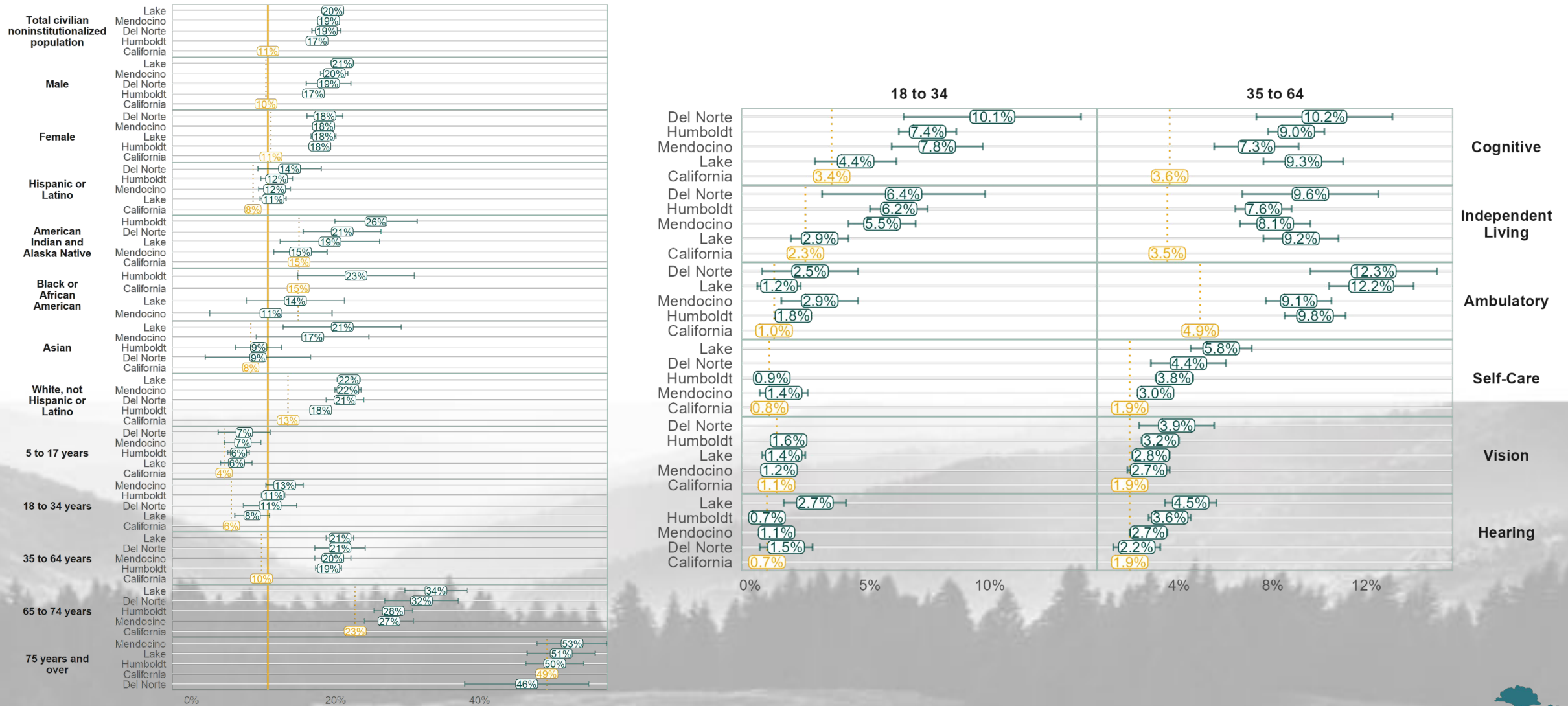
Note. Data sourced from County Health Rankings and Roadmaps ([source](#)). Premature death is defined as death occurring before age 75. Missing data points are excluded from visualization.

Note. Data sourced from the California Department of Public Health and the California Conference of Local Health's *County Health Status Profiles* report data. Log scale.

Age-Adjusted Death Rates per 100,000 (2018 - 2020)

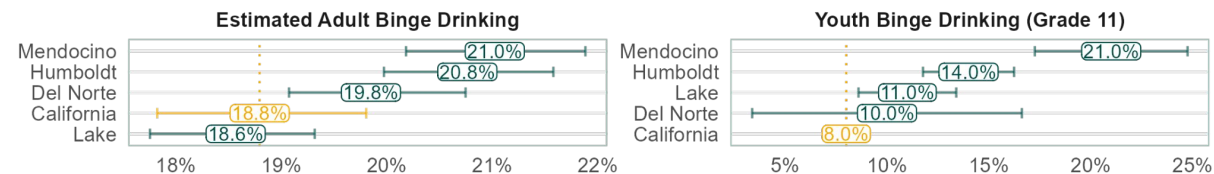
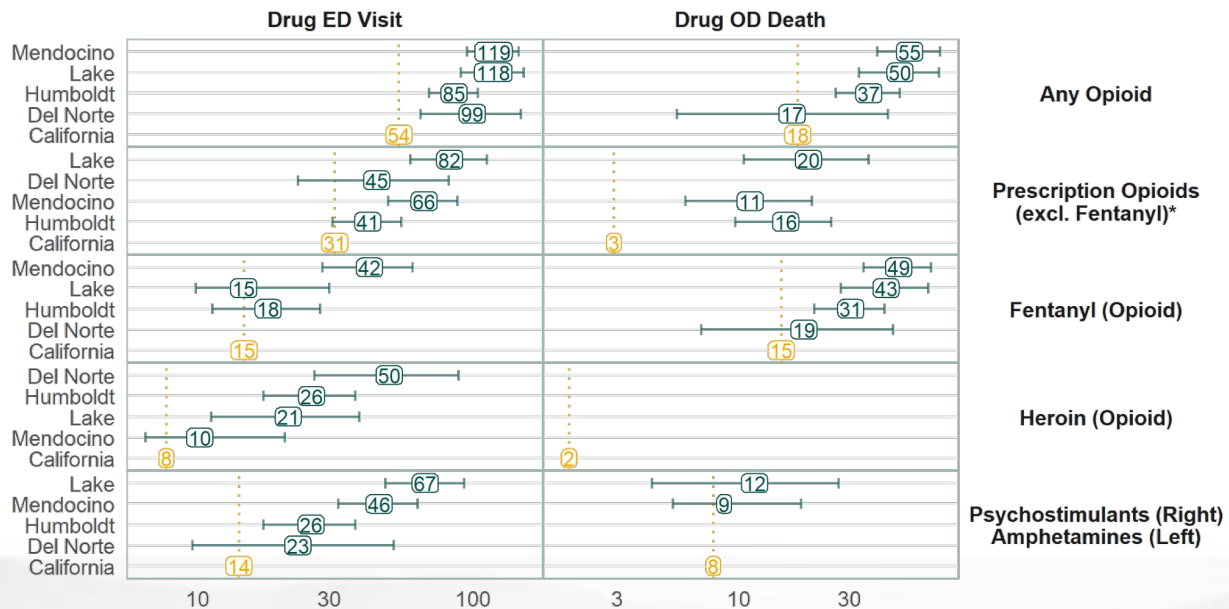


Health Outcomes: Disability Rates

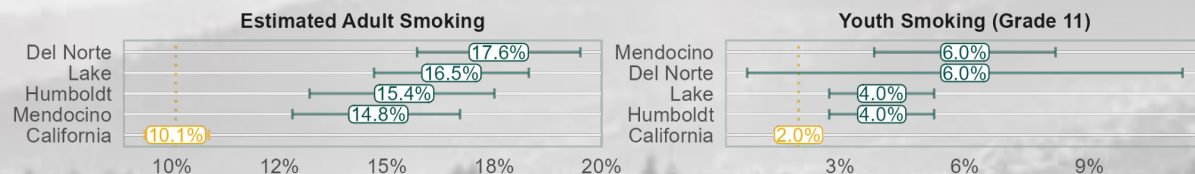
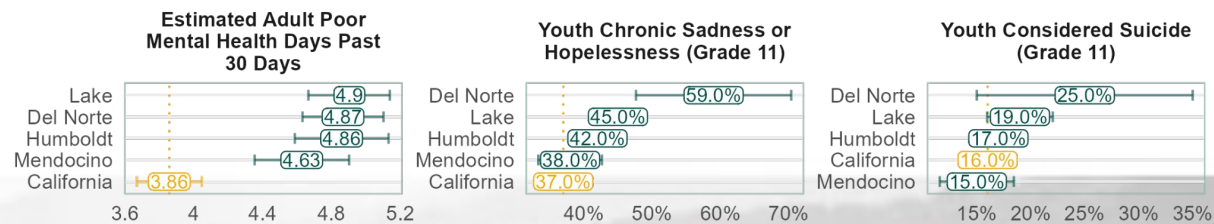
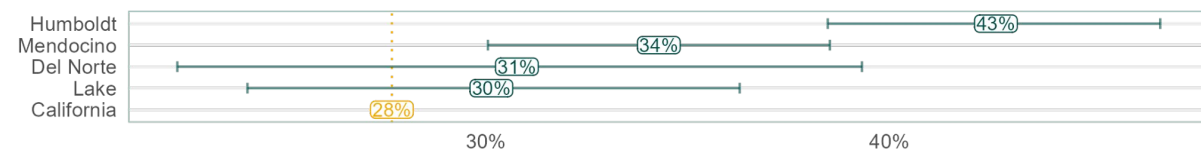


Note. Data sourced from the U.S. Census Bureau's 2021 American Community Survey 5 year estimates. Data points that have a lower confidence interval that includes zero are excluded from the visualization.

Substance Use and Smoking



Percent of Driving Deaths Involving Alcohol (2016 - 2020)



Note. Estimate adult data sourced from the 2022 County Health Rankings data set from County Health Rankings and Roadmaps. Estimated adult smoking data are model-based predictions. Youth smoking data were sourced from CalSCHLS “Secondary Student: Substance Use” data portal.

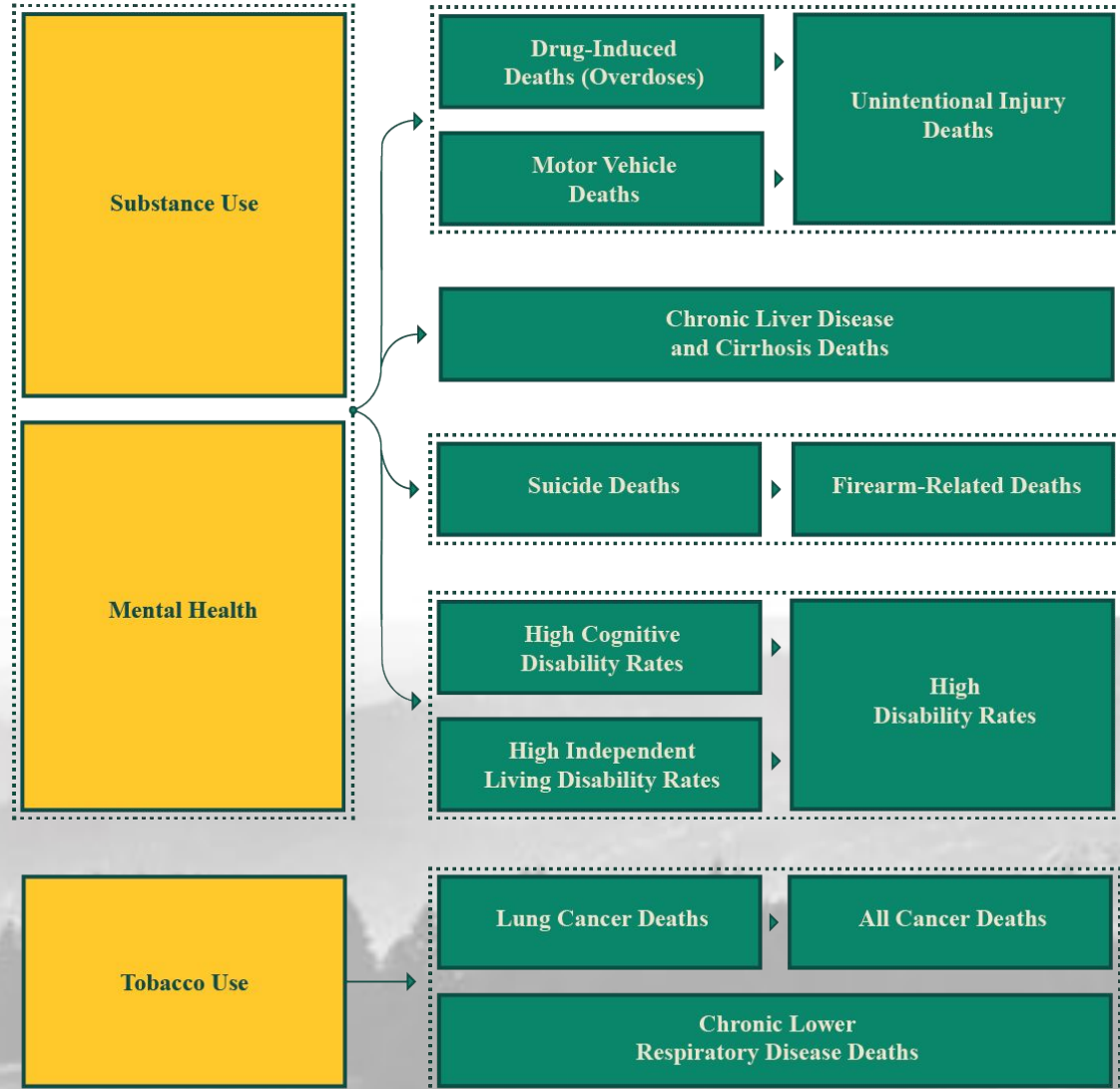
Note. Estimate adult data sourced from the 2022 County Health Rankings data set from County Health Rankings and Roadmaps. Estimated adult binge drinking data are model-based predictions. Youth binge drinking data were sourced from CalSCHLS “Secondary Student: Substance Use” data portal.

Note. Estimate adult data sourced from the 2022 County Health Rankings data set from County Health Rankings and Roadmaps. Youth data were sourced from CalSCHLS “Secondary Student: Substance Use” data portal.

Framework

Why?

... are substance use, tobacco use, and mental health challenges for the region?



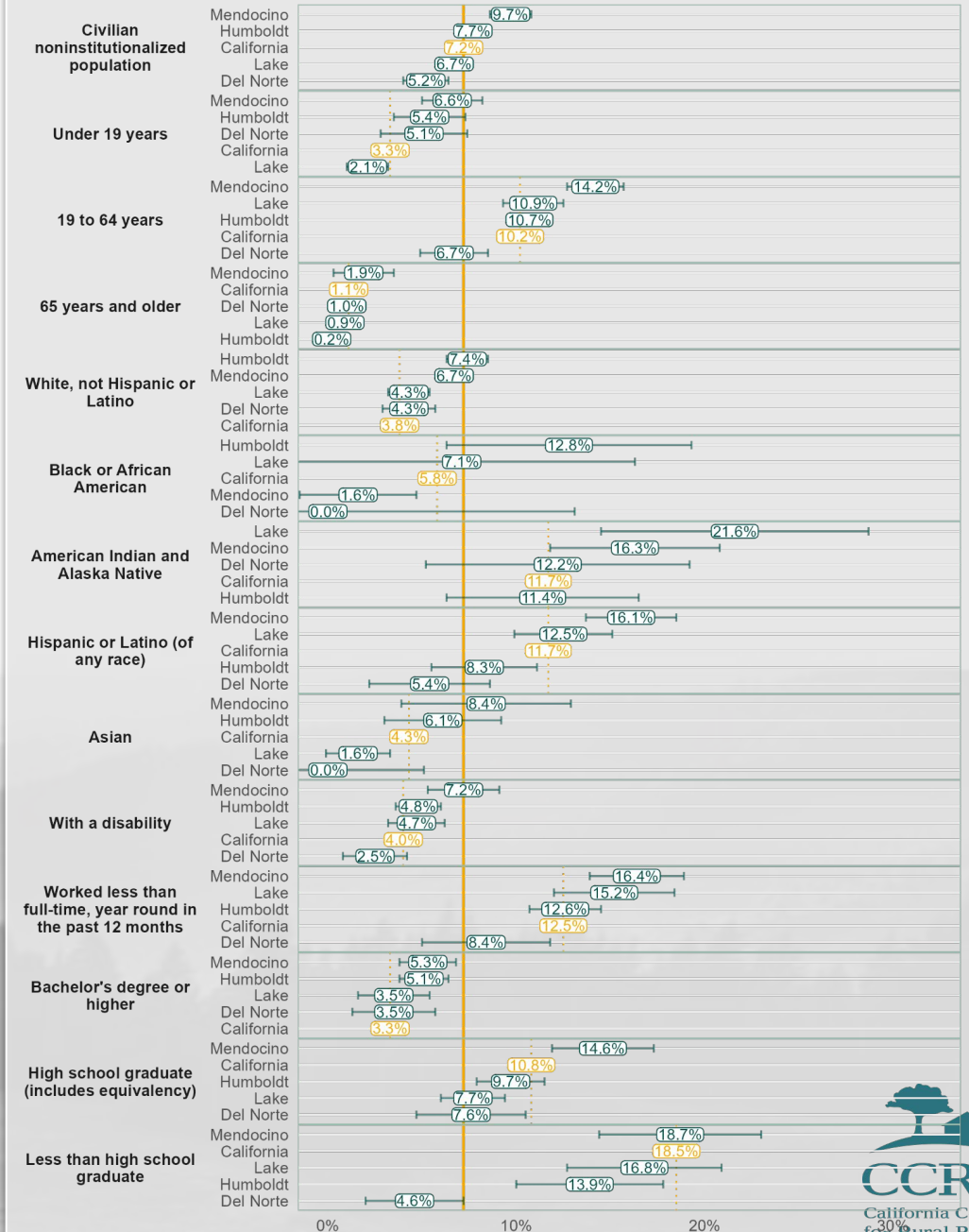


Exploration of Potential Root Factors: *Lack of Access to Healthcare?*

Barriers to Healthcare?

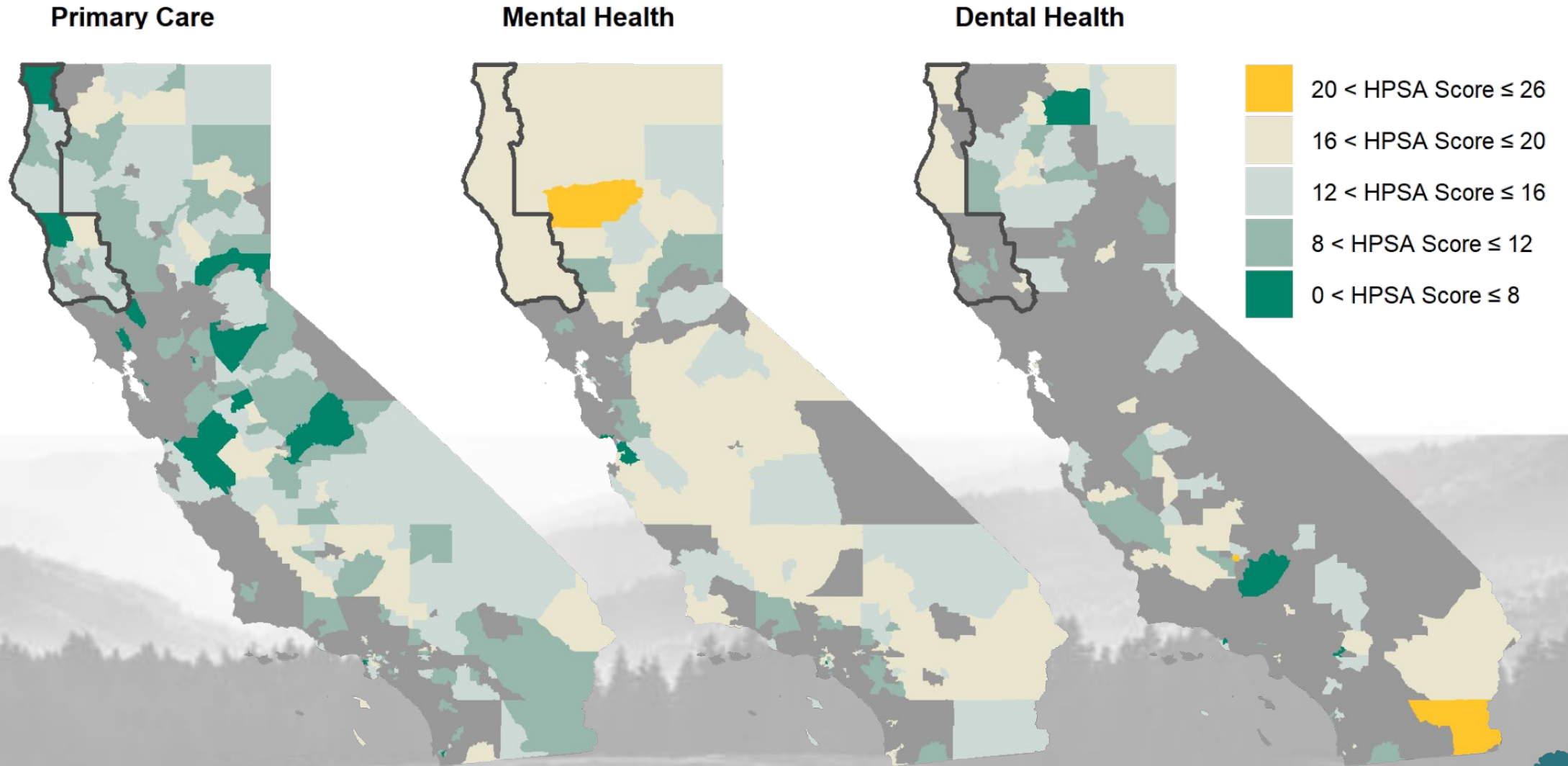
Lack of Insurance	Except for Mendocino, rates of uninsured are consistent or lower than the state rate, but three counties have higher rates of uninsured youth two are significantly higher.
Lack of Healthcare Resources	Most of the region is a Health Provider Shortage Area (HPSA). All four counties CHAs indicate lack of resources as an issue.
Cultural Barriers	In rural areas people are more likely to bump elbows with their health providers. Mendocino's 2019 CHNA found that concerns around confidentiality are barriers for people seeking mental health services.
Transportation Barriers	Travel time is a barrier to healthcare. Transportation barriers are critical among low income and uninsured. The 2019 Del Norte CHA indicates transportation as a critical healthcare barrier.
Cost of Care	A family of two adults and two children in the RCR pays \$4,772 more for healthcare than the state average. With lower regional incomes, healthcare cost is a significant barrier to healthcare even for those with insurance.
Lack of Access to Telehealth	Significantly fewer households in the region have access to internet in the home.

Lack of Health Insurance (2017 - 2021)



Note. Data sourced from the U.S. Census Bureau's 2021 American Community Survey 5 year estimates.

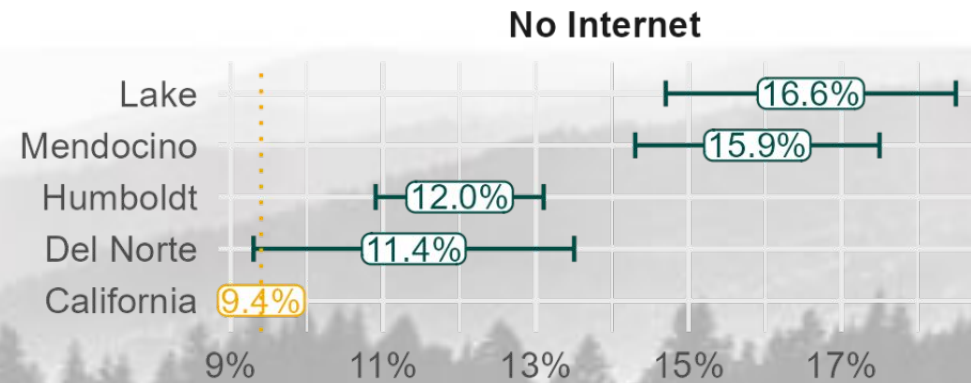
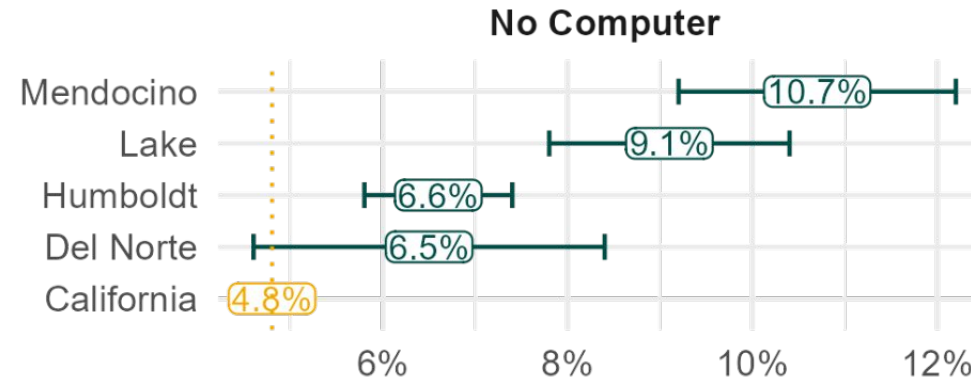
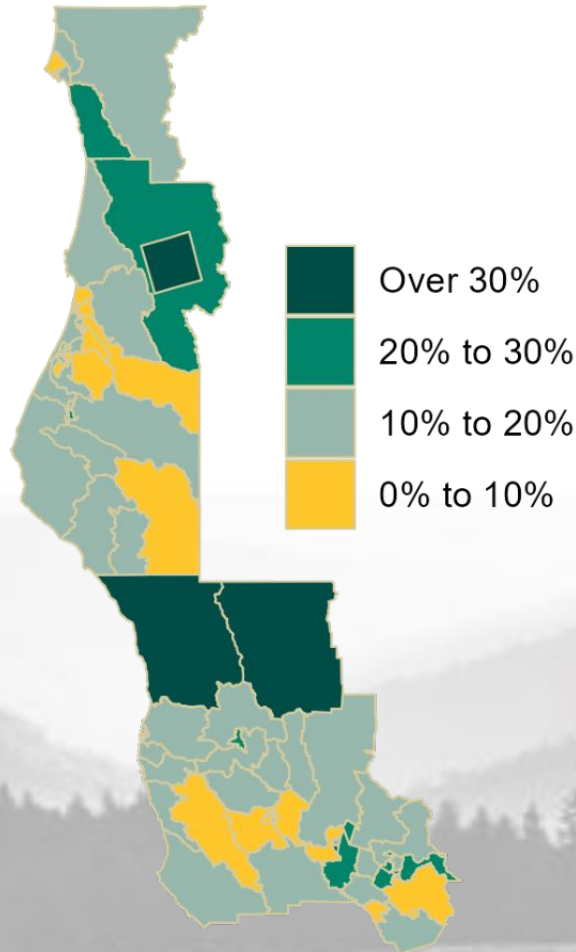
Barriers to Healthcare?



Note. Gray areas are not HPSAs. Green to yellow areas are HPSAs, yellow indicating higher HPSA scores (or greater need). RCR is outlined in dark gray. Data sourced from the Health Resources and Service Administration's data on shortage areas, measuring HPSA areas in primary care, dental health, and mental health.

Barriers to Healthcare?

Households without Access to Internet (2017 - 2021)



Note. Data sourced from the U.S. Census Bureau's 2021 American Community Survey 5 year estimates. Map indicates percentage of households lacking any form of internet access.

Exploration of Potential Root Factors: *Poverty?*

Poverty?

Findings Last Time...

Prime Age Labor Force Participation Rates are low.



Research shows that employment has a protective effect on mental health. Employed workers are less likely to report mental illness or recent illicit drug use.

Poverty Rates are significantly higher.



“Poverty is associated with health effects from obesity, smoking, substance use, and chronic stress.” - DHHS

1 out of 5 children in RCR live in poverty.



Children growing up in poverty are more likely to suffer lead poisoning, abuse, neglect, or hunger and are less likely to complete high school. Poverty is associated with reduced early brain development.

1. Noordt, et al. (2013) *Health effects of employment: a systematic review of prospective studies*

2. Substance Abuse and Mental Health Services Administration (SAMHSA)

3. DHHS <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

4. Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). *The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. American Psychologist, 67(4), 272–284.*

5. Institute for Research on Poverty Poverty Fact Sheet: *Brain Drain: A Child's Brain on Poverty*



Exploration of Potential Root Factors: *Adverse Childhood Experiences?*

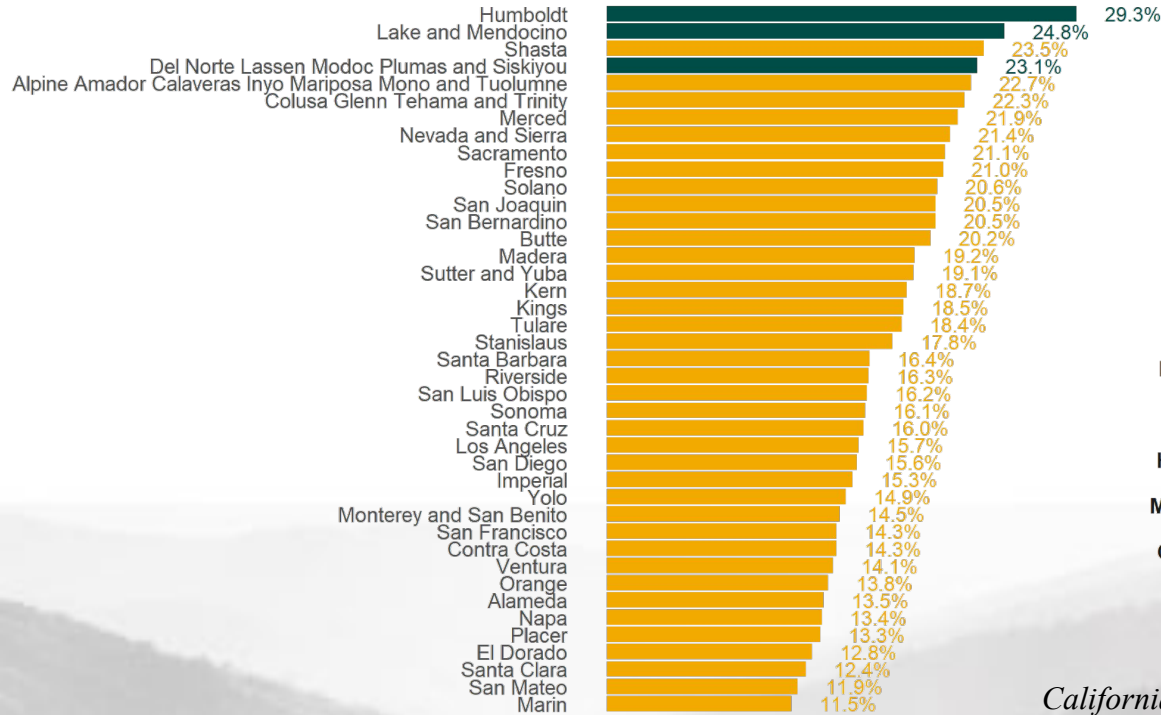
Adverse Childhood Experiences?

1. Abuse or neglect
2. Mental illness in household
3. Problematic substance use
4. Violence against mother
5. Imprisonment of household member

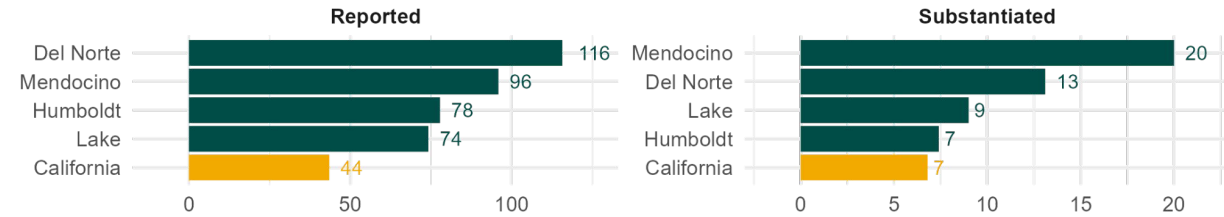
Number of ACEs	Odds Ratio				
	0	1	2	3	4 or More
Current smoker	1	1.1	1.5	2	2.2
Considers self an alcoholic	1	2	4	4.9	7.4
Ever used illicit drugs	1	1.7	2.9	3.6	4.7
Ever injected drugs	1	1.3	3.8	7.1	10.3
Two or more weeks of depressed mood in the past year	1	1.5	2.4	2.6	4.6
Ever attempted suicide	1	1.8	3	6.6	12.2

Adverse Childhood Experiences?

Estimated Proportion of Children with 2 or More ACEs (2016 - 2019)



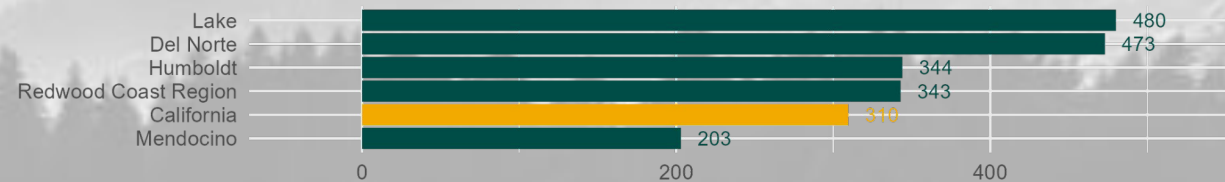
Reported or Substantiated Abuse or Neglect per 1,000 Children Aged 0 to 17 (2020)



Domestic Violence Calls per 1,000 Population (2011-2020)



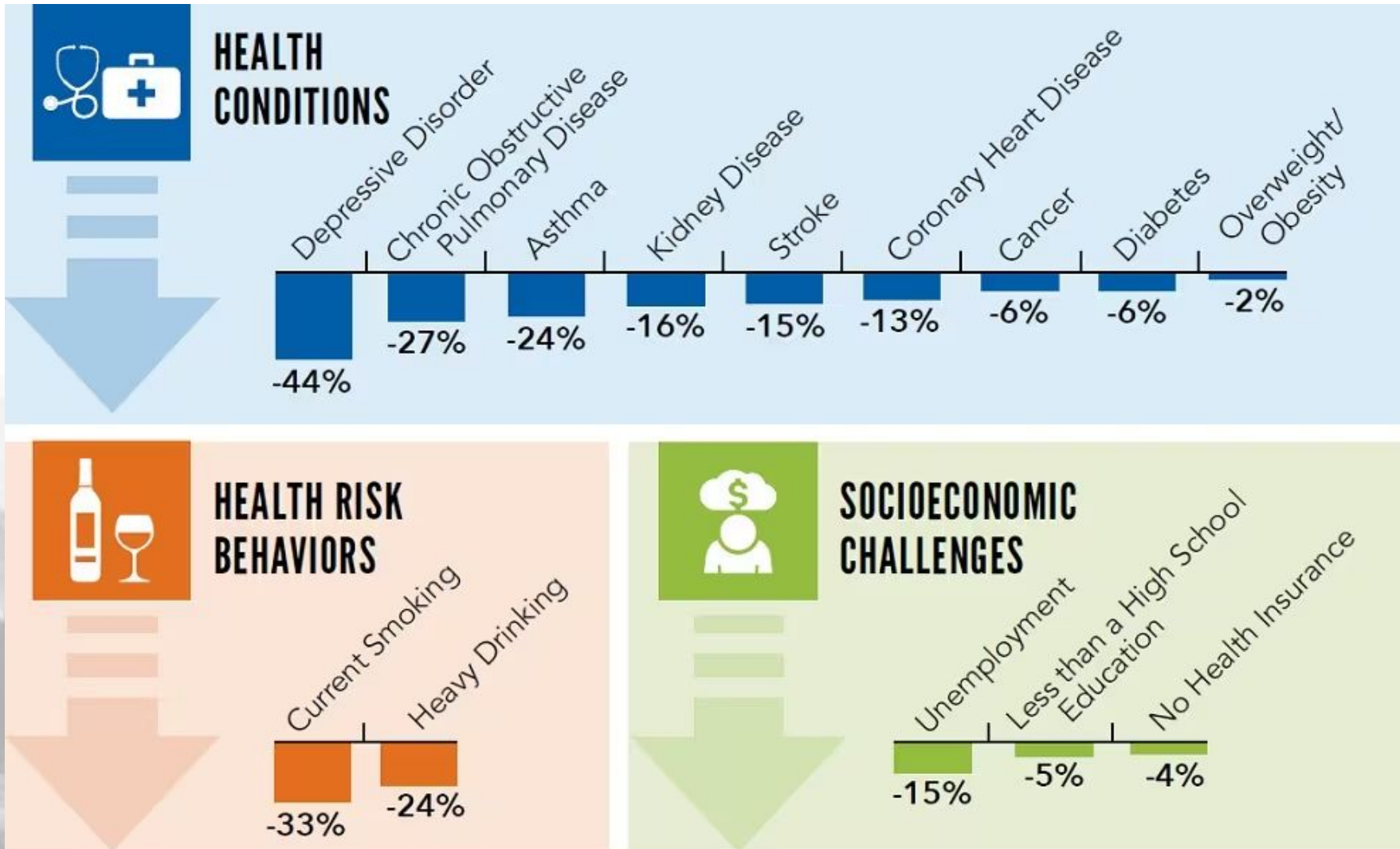
California State Prison Incarceration Rate per 100,000 by County of Origin (2020)



Note. Data sourced from Kidsdata.org. Incarceration data sourced from Prison Policy Initiative.

Good News?

ACEs are preventable and CDC's estimated potential reduction of negative health outcomes...



CDC's prevention strategies...

Strategy		Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> ● Strengthening household financial security 	<ul style="list-style-type: none"> ● Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> ● Public education campaigns ● Legislative approaches to reduce corporal punishment 	<ul style="list-style-type: none"> ● Bystander approaches ● Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> ● Early childhood home visitation ● High-quality childcare 	<ul style="list-style-type: none"> ● Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> ● Social-emotional learning ● Safe dating and healthy relationship skill programs 	<ul style="list-style-type: none"> ● Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> ● Mentoring programs 	<ul style="list-style-type: none"> ● After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> ● Enhanced primary care ● Victim-centered services ● Treatment to lessen the harms of ACEs 	<ul style="list-style-type: none"> ● Treatment to prevent problem behavior and future involvement in violence ● Family-centered treatment for substance use disorders

Takeaways

1. Health outcomes in the region appear to be linked to mental health, substance use and tobacco use.
2. Healthcare Access is a complex and barriers extend in scope beyond a lack of community or household resources.
3. The evidence indicates that children in the RCR are at much greater risk of ACEs. ACEs have explanatory potential for the health risks and behaviors apparent in the region.



Cal Poly
Humboldt.



Save the date!

June 29th, 11:00 a.m.-12:30 p.m

Please feel free to contact us with any questions or concerns:

ccrp@humboldt.edu