California's Rural North: Evidence-Based Strategies and County-Level Best Practices to Improve Health Equity

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Report Author
Nino Dzotsenidze

CCRP California Center for Rural Policy

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RANCHO Rural Association of Northern California Health Officers

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The California Center for Rural Policy at Cal Poly Humboldt is a research and policy center committed to informing policy, building community, and promoting the health and well-being of rural people and environments.

Cal Poly Humboldt
California Center for Rural Policy
1 Harpst Street
Arcata, CA 95521
(707) 826-3400
http://www.humboldt.edu/ccrp
ccrp@humboldt.edu

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Introduction

This report aims to identify evidence-based strategies for building trust and engaging public health communities in equity work, while also sharing county-level best practices. Understanding these evidence-based approaches is crucial for promoting health equity principles within public health departments and with communities at large. Rural Association of Northern California Health Officers (RANCHO) members can leverage this understanding to implement best practices to foster the reconstruction of trust within communities. This knowledge may serve as a catalyst in creating a positive impact on community well-being by not only enhancing RANCHO's effectiveness but also fostering a foundation of trust and collaboration.

This report is structured into four sections demonstrating the complexities of health equity work in rural California. It begins by outlining the methodology used by research analysts, then delves into the background, providing a comprehensive understanding of health equity and its contextualization within rural California. The subsequent section introduces evidence-based strategies, drawing on empirical research highlighting effective and efficient approaches. Finally, the report concludes by showcasing best practices employed by RANCHO counties in their efforts to promote health equity.

Methodology

California Center for Rural Policy (CCRP) employed an exhaustive approach, utilizing both primary and secondary data alongside thorough desk research for the report. Primary data were gathered through in-depth interviews with some RANCHO county Health Equity Leads, providing valuable firsthand insights. Additionally, CCRP tapped into secondary data collected by its staff during peer learning sessions and one-on-one meetings with Public Health Directors and Public Health Officers. The desk research aspect involved a meticulous analysis of empirical research articles published in peer-reviewed academic journals, enriching the report with a foundation of well-established and rigorously reviewed information.

Background

What is Health Equity?

The term health equity has been extensively used in research and practice in the last two decades (Braveman et al., 2017). Despite the lack of a unified definition, researchers and practitioners in public health agree health equity is rooted in the understanding that health disparities exist in societies (Braveman, 2006). These disparities can arise from various social determinants of health, such as income, education, employment, housing, and access to nutritious food.

To address health equity, efforts are made to eliminate these disparities and provide equal opportunities for everyone to live a healthy life. This includes ensuring individuals have access to quality healthcare services, preventive care, health education, and resources to maintain their well-being. It also involves addressing the underlying social and economic factors that contribute to health inequities.

Health equity recognizes different populations may require tailored approaches to healthcare based on their unique needs, experiences, and challenges. It emphasizes the importance of understanding and addressing systemic barriers and biases that can disproportionately impact certain groups, such as racial and ethnic minorities (Anderson et al., 2015), people with disabilities (Mitra et al., 2022), LGBTQ+ individuals (Hermosillo et al., 2022), people experiencing poverty (Gwatkin, 2000), and others who have historically faced discrimination and marginalization (Carroll et al., 2011).

Health Equity in the Context of California's Rural North

Health equity challenges are not exclusive to California's rural population; however, the physical, and demographic landscape of the Rural North poses unique challenges that can contribute to disparities in healthcare access and outcomes. Issues related to racial and ethnic demographics, socioeconomic factors, behavioral health, and environmental hazards further compound health equity problems.

Ethnic and racial demographics: Ethnic and racial demographics of California's Rural North varies significantly from one county to another. The region is predominantly White and certain counties have a higher proportion of Native American residents, especially in regions with Native American reservations and Tribal lands.

Many rural communities rely on agricultural work, and Hispanic/Latino individuals often make up a substantial portion of the labor force in these sectors. African American and Asian populations may be present in smaller numbers in rural California compared to urban areas. However, regardless of their numbers, the Asian population in rural California is not homogenous, and different Asian ethnic groups are more prevalent in specific areas.

In the Rural North, the demographic composition reflects a diverse yet predominantly White population, accounting for 79% of the community. Hispanic or Latino residents make up 18% of the population, the presence of American Natives stands at three percent, while the Asian community comprises two percent. In terms of Black residents, they constitute less than two percent of the overall demographic landscape (Arledge & Flynn, 2023). These statistics underscore the unique blend of ethnicities and backgrounds that collectively shape the social fabric of RANCHO counties.

Racial and ethnic groups have unique cultural beliefs and speak different languages, which can affect communication with healthcare providers. Language barriers may hinder effective doctor-patient communication and the understanding of health instructions and treatment plans, leading to insufficient care. Ensuring language access in healthcare settings and outreach programs is critical for providing equitable healthcare services. This involves having bilingual staff or interpreters available to assist patients who may have limited English proficiency, as well as translating written materials into different languages.

Socioeconomic factors: Rural communities often face economic challenges, with higher rates of poverty and limited job opportunities. These socioeconomic factors contribute to health disparities, as individuals lack the financial resources to afford healthcare, health insurance, or transportation to medical facilities. Because of the high number of people experiencing poverty in the region (Arledge & Flynn, 2023), many residents in rural areas are uninsured or underinsured, which can create barriers to accessing essential healthcare services. Without adequate insurance coverage, individuals delay or forgo necessary medical treatment, leading to poorer health outcomes. In addition, limited access to health information and lower educational attainment levels impact residents' ability to make informed decisions about their health, leading to disparities in preventive care and disease management.

Behavioral health issues: Rural California faces several behavioral health issues. These issues encompass a wide range of mental health and substance abuse disorders that affect individuals and communities. Substance abuse, including the opioid epidemic, poses a significant public health challenge in many communities in the region. Stigma surrounding mental health remains a barrier to seeking help and treatment (Kessler et al., 2001). Many individuals are hesitant to discuss their mental health struggles due to fear of judgment or discrimination (Wong et al., 2017).

It is important to mention the problem with homelessness in California, since a significant proportion of individuals experiencing homelessness also struggle with behavioral health issues. In addition, rural areas often lack mental health and substance abuse treatment services, exacerbating mental health disparities. Limited availability of psychologists, psychiatrists, and counselors make it difficult for individuals to access mental health care, resulting in untreated mental health conditions. Social and physical isolation which contributes to anxiety, depression, and other behavioral health challenges only exacerbate the problem (Murthy, 2023; Rainer & Martin, 2012).

Environmental hazards: Certain rural areas are exposed to unique environmental health risks, such as drought and water supply related issues, wildfires, extreme heat, flooding, and coastal erosion (Lawler et al., 2021). These hazards disproportionately affect the health of rural residents and contribute to disparities in health outcomes. Since over one-third of the country's vegetables, fruits, and nuts are grown in California (CDFA, 2023), these hazards pose a direct threat to agricultural production and financial stability of the population. Exposure to environmental hazards leads to a range of health issues, including respiratory problems, cardiovascular diseases, cancer, and developmental disorders. When communities are more exposed to these hazards, they experience a higher burden of disease and health-related challenges.

Racial and ethnic demographics, socioeconomic factors, behavioral health issues, and environmental hazards represent a combination of challenges impeding health equity in rural California. Another challenge faced by rural communities is the decline of trust in the health care system. The COVID-19 pandemic further illuminated the depth of the problem by demonstrating vaccine hesitancy and uptake among racial and ethnic minorities in California (AuYoung at el., & Stop COVID-19 CA Communications Working Group, 2023). Community outreach and dissemination of pandemic related information have been affected by the lack of trust in public health institutions and the scientific community in general (Wilkins, 2018).

Evidence-Based Strategies

Trust Building and Health Equity

One of the ways of addressing and reducing health disparities in rural California calls for rebuilding trust between rural communities and public health institutions (Solar & Irwin, 2010). Health equity and trust building are interconnected, mutually reinforcing concepts. Building trust is a fundamental element of social cohesion, which refers to the extent to which individuals and communities come together, trust one another, and work collaboratively towards common goals (Schiefer & Van der Noll, 2017).

In societies characterized by social cohesion, which entails high levels of trust, there is a sense of belonging, shared values, and a commitment to fairness and equity (Jenson, 2010). Such societies are more likely to prioritize and promote health equity by ensuring everyone has equal opportunities to achieve optimal health and well-being (Marmot et al., 2012).

Higher levels of trust are associated with better recovery and resilience in the face of environmental hazards (Ballet et al., 2020). Social cohesion contributes to the formation of strong support networks within communities. In times of environmental disasters, these networks play a crucial role in providing emotional support, practical assistance, and resources to those affected (Heyneman, 2011). When a community is cohesive, its members are more likely to work together to develop emergency response plans, establish early warning systems, and implement preventive measures.

When individuals trust each other, healthcare providers, and institutions, they are more likely to seek and receive appropriate healthcare services, follow medical advice, and actively participate in health promotion activities (Moss et al., 2023). Trust and solidarity contribute to a shared sense of responsibility for each other's health and well-being, thereby supporting health equity goals.

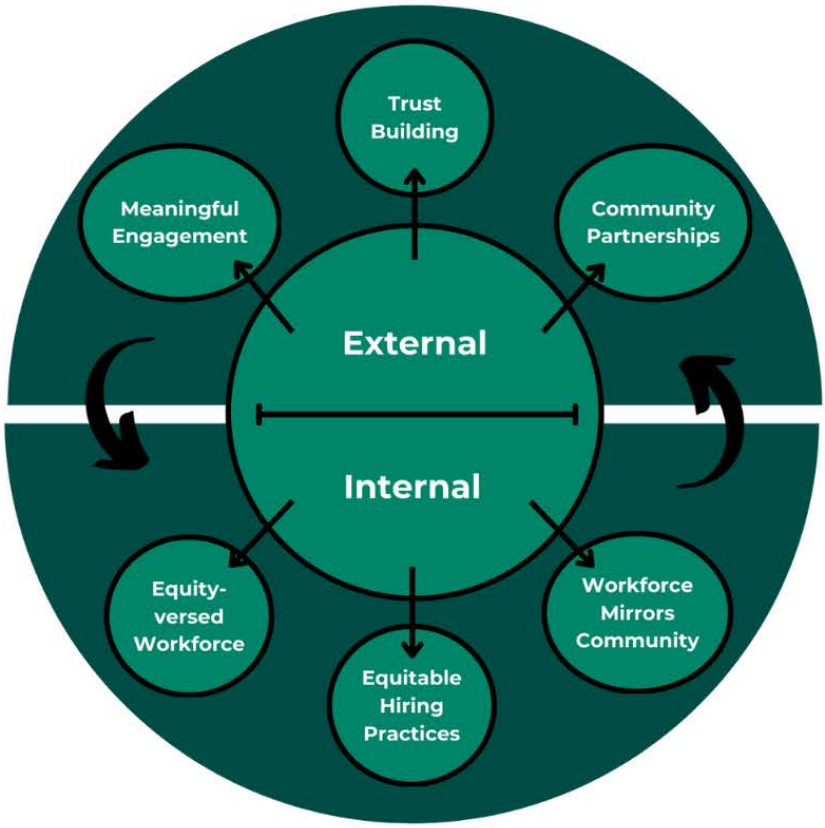
Health Equity Practices

Building trust and ensuring health equity necessitates the application of principles both internally and externally within public health departments. Internally, a commitment to health equity involves cultivating a workforce that is well-versed in health equity principles through training and practice.

This extends to influencing hiring practices, where positions and characteristics of the workforce align with the organization's dedication to health equity (Pittman et al., 2021). Externally, achieving health equity requires a multifaceted approach that addresses the underlying social determinants of health. This includes tackling issues such as economic disparities, educational inequalities, and access to resources. Implementing policies that prioritize healthcare accessibility, regardless of socio-economic factors, is crucial. Additionally, promoting cultural competence in healthcare delivery, addressing systemic biases, and actively involving communities in decision-making processes contribute to fostering health equity. By embracing these principles both within the organization and in their interactions with the community, public health departments can contribute significantly to the realization of health equity.

Creating a workforce that mirrors the community it serves is crucial for fostering a connection between the two. This involves not only demographic representation but also a diversity of positions that align with the community's challenges, whether they be environmental issues, behavioral health concerns, or addressing the needs of vulnerable populations. A workforce that reflects both the people and the problems of the community establishes a foundation for trust and ensures equity principles are not just upheld but ingrained in every aspect of service. In essence, true representation in the workforce goes beyond numbers; it extends to a meaningful understanding of, and engagement with, the community's multifaceted realities.

Figure 1. Model Representing a Dual-Pronged Approach for Advancing Health Equity



Who Can Build Trust?

Community Health Workers (CHWs) is an umbrella term used in this report to identify workers whose role is to empower communities, address health disparities, and enhance health outcomes. In the community of practitioners these professionals may be known as 'Promotores de Salud', Community Health Outreach Workers (CHOWs), Community Organizers, or Health Education Specialists. While these roles share a common goal of improving community health and well-being, they differ in their specific functions, scopes, and responsibilities. Despite these differences, these roles often collaborate and complement each other to address complex health challenges in communities.

How Can CHWs Build Trust?

CHWs contribute to promoting health equity by addressing cultural and linguistic barriers, increasing access to healthcare services, promoting health education, providing social support and advocacy, encouraging community engagement, and collaborating with healthcare providers.

Addressing cultural and linguistic barriers: CHWs are often members of the communities they serve, and they possess cultural and linguistic proficiency (Hansen et al., 2005). This allows them to bridge the gap between healthcare systems and individuals from diverse backgrounds (Early et al., 2016). By understanding and respecting cultural norms, beliefs, and practices, they can effectively communicate health information and promote culturally appropriate care (Moore et al., 2016).

Increasing access to healthcare services: CHWs assist individuals in navigating the healthcare system, addressing barriers to access such as lack of transportation, health insurance, or awareness of available services (Pérez-Escamilla et al., 2010). They provide guidance on scheduling appointments, locating healthcare providers, and accessing affordable medications (Hunter et al., 2004). By improving access to healthcare services, they help ensure all individuals, regardless of socioeconomic status or geographic location, can receive care (Pacheco et al., 2012).

Health education and promotion: CHWs deliver health education tailored to the specific needs of their communities. They provide information on preventive measures, healthy behaviors, chronic disease management, and accessing appropriate screenings (Hiatt et al., 2001; Livaudais et al., 2010; Maxwell et al., 2010). They also raise awareness about health disparities and social determinants of health, empowering individuals to make informed

decisions about their health and well-being (Balcazar et al, 2006; Cornell et al., 2009).

Providing social support and advocacy: CHWs serve as advocates for their communities, helping individuals navigate complex systems and connect with resources (Logan, 2019). They provide emotional support, link individuals to community resources, and help address social determinants of health such as housing, employment, and food insecurity (Ingram et al., 2014). They also assist individuals to advocate for their own health needs and address the systemic factors that contribute to health disparities (Logan & Castañeda, 2020; Sabo et al., 2013).

Promoting community engagement: CHWs mobilize communities by encouraging active participation in health initiatives. They organize community health events, assist in the formation of support groups or wellness programs, and engage community members in decision-making processes related to healthcare and public health policies (Arizmendi & Ortiz, 2004). By empowering communities, CHWs foster sustainable changes and promote health equity at the grassroots level (Abarca, 2021; Sabo et al., 2017).

Collaborating with healthcare providers: CHWs work in collaboration with healthcare providers, acting as a bridge between healthcare systems and communities (Reinschmidt, et al., 2006). They contribute their unique insights into community needs and preferences, helping healthcare providers deliver culturally competent, patient-centered care. CHWs also facilitate communication and mutual understanding between healthcare providers and individuals, promoting trust and improving health outcomes (Johnson et al., 2013; Kangovi, Grande, & Trinh-Shevrin, 2015; McCloskey, 2009).

The effectiveness of CHWs can vary depending on various factors such as program design, training, community context, and specific health outcomes being targeted. However, overall, empirical research consistently supports the positive impact of CHWs in improving access to care, health outcomes, and reducing health disparities across a range of healthcare areas.

County-Level Best Practices

County-level best practices in public health encompass both internal and external strategies aimed at promoting health equity. Internally, a commitment to health equity involves the application of equity principles in hiring practices, ensuring workforce characteristics align with community demographics. This includes fostering a culturally competent workforce capable of effectively engaging with the diverse populations they serve. Externally, the focus extends to addressing the root causes of health disparities. This entails undertaking initiatives and interventions that target economic disparities, educational inequalities, and barriers to accessing essential resources. In essence, county-level best practices involve a dual-pronged approach, fostering an equitable internal environment within the public health sector while simultaneously implementing interventions that tackle the broader social determinants of health to create lasting positive impacts on community well-being. Specific examples provided within each county exemplify the holistic nature of these approaches.

Shasta County

Shasta County has taken a proactive step toward addressing health disparities by establishing a dedicated Capacity Building for Equity Unit. This unit focuses on tailoring health initiatives to meet the specific needs of Shasta County residents. The unit hosts the position of Community Organizers (COs), who serve as a prime example of operationalizing health equity within the workforce, embodying an internal approach to health equity principles. This diverse group of COs encompasses both place-based and issue-focused positions, allowing for a nuanced and embedded approach within the communities they serve. Some focus on specific regions while others operate county-wide, facilitating a close connection with the local context. Financed through realignment funds, COs operate without the constraints of specific programs, objectives, or deadlines. Their primary objectives, as outlined in performance measures, revolve around empowering and mobilizing community residents and groups at the grassroots level, along with establishing effective partnerships with community collaboratives and organizations. COs address critical aspects such as a thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, and a sense of belonging and civic muscle. By meeting communities where they are and aligning with these conditions, COs play a crucial role in empowering communities to recognize and harness their inherent capacity for positive change.

To demonstrate external approaches to health equity principles, the county employed a Health Equity Checklist—a tool that systematically assesses programs across various sectors. This checklist plays a pivotal role when planning or revising programs, particularly those targeting populations with distinct language or cultural needs, guaranteeing their accessibility. In a commitment to serving its diverse population, Shasta County is actively working to enhance translation services, with a particular focus on the Hmong and Spanish-speaking communities, even though they may be relatively small. This effort includes the recruitment of bilingual staff with a keen understanding of community dynamics, acting as effective organizers to bridge communication gaps and foster improved health outcomes.

Modoc County

Modoc County, the smallest among RANCHO counties with a population under 10,000, embodies a community characterized by diversity, comprising 77% White, 15% Hispanic, and three percent American Indian residents. However, some areas are densely populated by the Hispanic population, reversing the demographic trend by having 66% Hispanic population and only 33% White. The region witnesses the flow of seasonal farmers, contributing to its dynamic demographics. The stark reality of poverty affects 20% of the population. In response to the pressing health needs of the community, Modoc County Public Health initiated the Promotores program in 2017. This innovative effort relies on trusted community members to bridge the gap in access to services and is a perfect example of an internal health equity approach. The program boasts 50 dedicated Promotores de Salud, encompassing females and males, functioning as volunteers. Their commitment extends beyond conventional health services, with the organization of community training, book clubs, women support groups, and annual health fairs, including unique initiatives like dance therapy sessions and outreach events, conducted in Spanish. Monthly meetings serve as a platform to identify specific needs and devise strategic plans, fostering open discussions, even on taboo subjects like mental health. The overarching goal is clear—to empower the local population by fostering a holistic and inclusive approach to community well-being.

Trinity County

Trinity County demonstrates a commitment to community engagement by actively engaging not only with federally recognized tribes, but also federally unrecognized ones, acknowledging and valuing the diversity within its community. In a proactive effort to address disparities, the county conducted an equity assessment in collaboration with individuals selected for their diverse degree of community connectedness, influence, and accessibility. This strategic approach ensured representation from a broad spectrum of the local population, facilitating a more comprehensive understanding of the unique needs and

challenges faced by residents. According to the report, Trinity County faces structural and environmental barriers, including limited broadband access, a shortage of healthcare providers and skilled professionals, restricted economic opportunities, geographic isolation, and constrained funding. Due to these challenges, the county's efforts to promote community engagement are more intentional, inventive, and inclusive.

Trinity County employs a multifaceted approach to enhance healthcare accessibility within its community. Leveraging mobile clinics, Trinity brings dental care directly to school children, ensuring crucial services reach the younger population where they spend a significant part of their day. Beyond the confines of traditional healthcare settings, Trinity extends its reach through more creative and non-conventional approaches by partnering with other programs. In a commitment to inclusivity, Trinity actively participates in food outreach programs multiple times a year, reaching out to populations that may be harder to access through more conventional approaches. Through this strategy, Trinity County strives to bridge gaps in healthcare access, making a positive impact on the lives of its residents.

Harnessing the power of technology and modern connectivity, the county actively utilizes social media platforms to engage with residents, providing them with timely updates on healthcare services, programs, and initiatives. Complementing this digital approach, Trinity employs traditional methods such as mailers, including flyers and brochures, which serve as tangible and informative resources for those who may not have consistent online access. Recognizing the enduring relevance of local print media, Trinity County ensures a presence in the Trinity Journal, a weekly newspaper that serves as a reliable source of information for the community. By incorporating a diverse range of communication channels, from digital platforms to tangible print media, Trinity County ensures its messages reach and resonate with a broad spectrum of residents, fostering a more inclusive and informed community.

Humboldt County

Humboldt County, the second largest among the RANCHO counties, is at the forefront of a transformative initiative known as Live Well Humboldt (LWH). This initiative is a collaborative effort across various sectors, emphasizing data collection, health equity principles, and the alignment of endeavors both within and between sectors. Made up of county departments and divisions, local medical providers, Tribal partners, cities, Cal Poly Humboldt, and other government agencies, LWH partners previously worked together to create the 2022 Community Health Improvement Plan (CHIP), a community-wide action plan for reducing health disparities, promoting health equity, and improving overall population health.

LWH established the Community Health Dashboard, an interactive tool that tells the story of the health of the Humboldt County community and shares community health data more broadly with partners and community members. The dashboard is a centralized hub for collecting and disseminating crucial information to partners. The dashboard will also be used to follow progress on the CHIP, which prioritizes behavioral health and critical issues facing the community including substance use, suicide prevention, Adverse Childhood Experiences (ACEs), and the challenges of housing instability and homelessness. The initiative has successfully engaged local coalitions, creating a unified front in addressing these pressing concerns. This inclusive approach encompasses diverse communities, ensuring a holistic and comprehensive approach to community well-being.

Humboldt County also employs internal methods to address health inequities in the community. The Humboldt County Department of Health and Human Services (DHHS) is committed to becoming an anti-racist organization, and hiring staff dedicated to equity work is one method that supports this endeavor. A committee of staff across branches developed the five-year Racial Equity Strategic Plan to advance equity within the county. As a result of the plan, a Racial & Cultural Equity Manager was hired in 2021 to provide oversight and facilitate implementation of the plan. In order to build a culturally competent workforce, DHHS worked with subcontractors to develop three new trainings that are mandatory for all county staff - Racial Equity Common Terms, Introduction to Implicit Bias, and a Foundations of Racial Equity. Additionally, the county's Public Health Branch established dedicated equity positions, including an equity lead that coordinates equity efforts across the branch, and a team of staff working in various positions that support and embed equity into various branch strategic plans and efforts including workforce development, communications policies, work that engages the community such as Live Well Humboldt, and more. Each position has time dedicated to supporting the facilitation and implementation of equity activities in Public Health.

The Public Health Equity Advisory Team (PHEAT) is an example of an internal organizational approach to advancing health equity. The team strategizes, coordinates, promotes, and facilitates health equity efforts throughout the branch and focuses on different topic areas including trainings and communications, equity program technical assistance, cultural and linguistic services, and community and Tribal engagement. An example of PHEAT's work includes the development and implementation of the Health Equity Checklist and accompanying policy & procedure. The team was inspired by Shasta County's Health Equity Checklist and adapted and re-created a version of the checklist to fit the needs of their department.

Other examples of PHEAT's work include the development and dissemination of internal monthly health equity newsletters to all Public Health staff to share equity information related to trainings, events, reports and more. Furthermore, PHEAT developed a policy and

procedure for providing linguistically appropriate services that meet the national standards, addressing communication and language assistance. The county has staff that provide services in Spanish and Hmong, reflecting the needs in our county outlined in the Censu.gov data. PHEAT continues to actively seek out opportunities to engage and receive assistance from seasoned equity leaders and organizations to advance equity in the community.

Finally, in Humboldt County's Public Health system, the presence of Community Health Outreach Workers (CHOW) exemplifies an internal approach to health equity. These workers play a vital role as essential connectors within the community, working to overcome barriers to health coverage and care. Unlike counselors or highly trained professionals, Community Health Workers in Humboldt County are community members who have personally faced challenges such as homelessness, substance use disorders, or mental illness. Their unique lived experiences position them as empathetic guides, focused on assisting communities in creating and accessing non-stigmatized resources for health and wellness. The role of a Community Health Outreach Worker in Humboldt County not only addresses health disparities but also provides valuable job opportunities for individuals with expertise in their own lived experiences, driven by a compassionate motivation to contribute to the well-being of their community.

Conclusion

In conclusion, our report advocates for a comprehensive strategy to achieve health equity, emphasizing the importance of a dual-pronged approach—internal and external. Internally, public health departments are urged to diversify their workforce, ensuring a more inclusive representation. Externally, fostering collaborations between public health institutions and communities is essential. At the heart of this collaborative effort lies the cultivation of trust between communities and public health entities, with our assertion that Community Health Workers play a pivotal role in bridging this crucial gap. Their involvement is instrumental in building and strengthening the trust necessary for effective and equitable healthcare practices.

Beyond the empirical data, this report sheds light on various initiatives and activities undertaken by counties, considering them as best practices in the pursuit of health equity. By providing this overview, this report aims to offer valuable information to its readers, equipping them with insights that can be instrumental in planning and designing more effective initiatives. Ultimately, the hope is this information serves as a practical resource, empowering individuals and organizations to navigate the complexities of health equity work and contribute to the creation of healthier and more equitable communities.

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