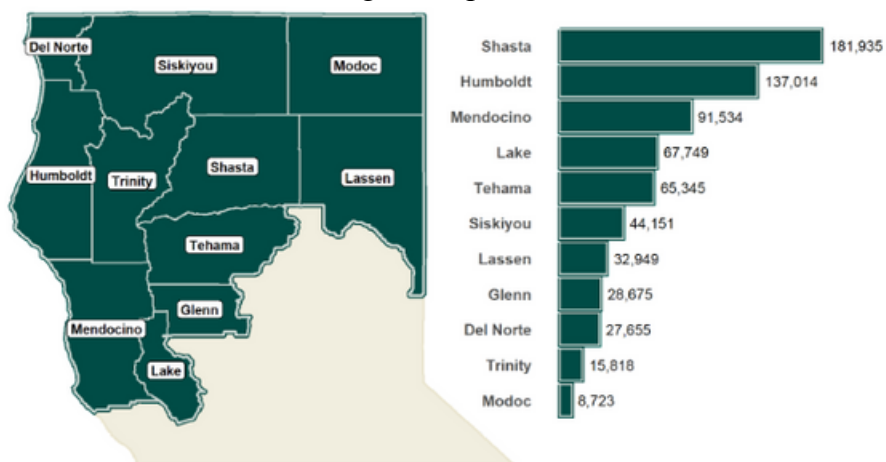


California's Rural North: Exploring the Roots of Health Disparities

California Center for Rural Policy

RANCHO Region Population 2017-2021



The Rural Association of Northern California Health Officers (RANCHO) region, which is comprised of eleven counties, is an area that is severely impacted by health disparities when compared to the state averages, and a lack of available resources. The goal of this report was to find what factors are leading to these disparities, and to provide policy recommendations to help close the gaps.

Health Disparities

- The area makes up **1.8% of California's population and roughly 22% of its total land area.**
- The median age is **older than the state median.**
- **Significantly higher premature death rates and lower life expectancy than state.**

Health outcome data suggests disparities between the RANCHO area and the state averages. The most significant of these disparities have been found in areas listed below, and their most likely proximal risk factors are smoking, substance use, and poor mental health.

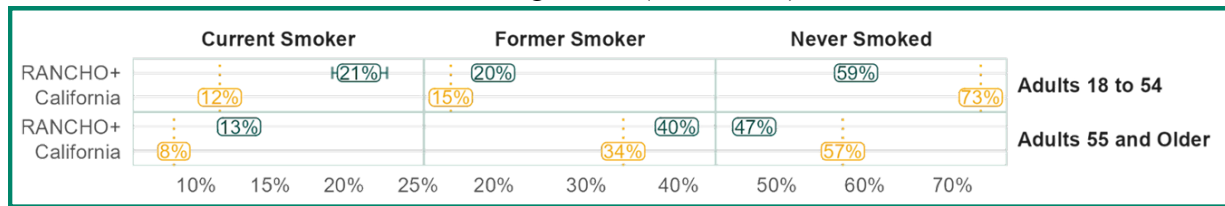
- **Smoking Risks**
 - Chronic lower respiratory disease
 - Lung cancer
- **Mental Health Risks**
 - Suicides
 - Firearm-related
- **Substance Use Risks**
 - Chronic liver disease and cirrhosis
 - Drug-induced deaths
 - Motor vehicle traffic crashes



Smoking

The rates of in smoking the RANCHO area are significantly higher than the state average. Since smoking is associated with lung cancer and Chronic Obstructive Pulmonary Disease (COPD), and tobacco use could lead to chronic lower respiratory disease or coronary heart disease, this is likely a critical factor behind RANCHO's higher rates of cancer, especially lung cancer, and respiratory illnesses.

Smoking Rates (2011-2021)*

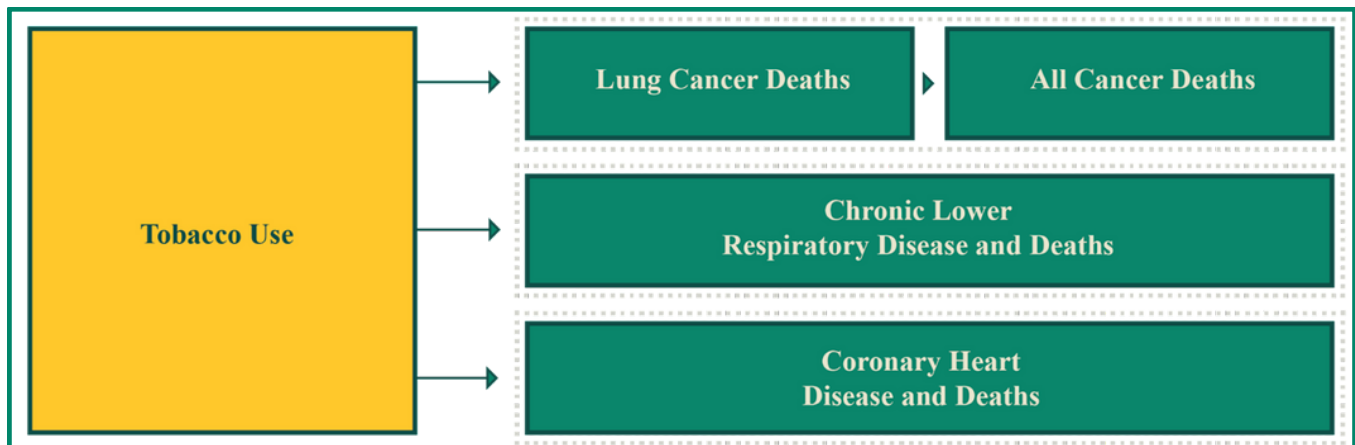


High-Benefit Populations

These are populations that experience these health disparities the greatest, and would most benefit from intervention.

- People with low income or living at/below the Federal Poverty Level
- People with lower levels of educational attainment or experiencing academic challenges
- People with disabilities
- People experiencing loneliness or social isolation
- People with multiple adverse childhood experiences
- Lesbian, gay, and bisexual individuals

Tobacco Use as a Contributing Factor to Health Outcomes



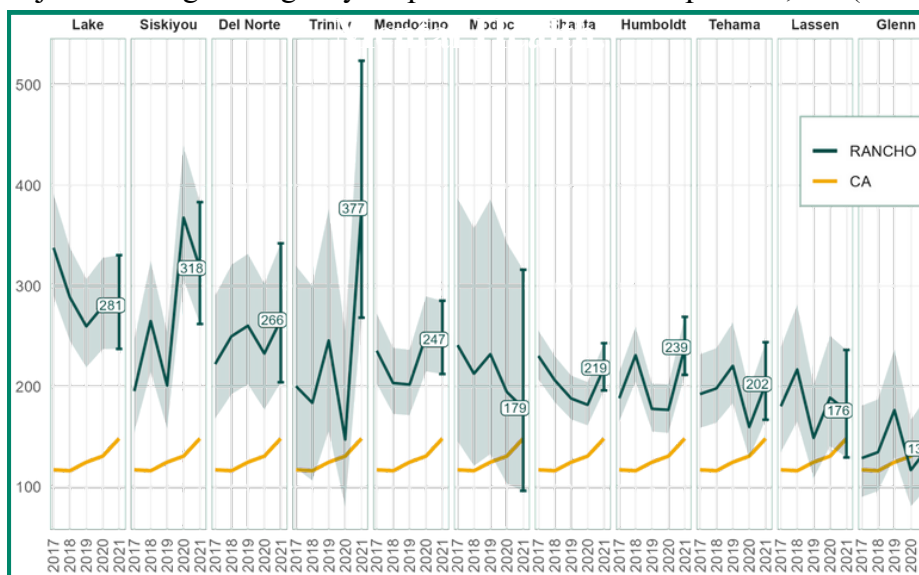
* Smoking rates for RANCHO+ (and similarly for California) add up to 100%. For example, 21% of RANCHO+ adults aged 18-54 are current smokers, whereas 20% are former smokers and 59% have never smoked. RANCHO+ represents the eleven RANCHO counties as well as three additional rural counties nearby.

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Substance Use

Rates of substance use in youth and adults, substance use-related health outcomes, DUIs, and alcohol-related driving deaths are higher in this region than state averages, and rates of Hepatitis C are among the highest in the state. Both RANCHO and the state count approximately half of their respective overdose deaths as Fentanyl-related, however, the rate of overdose deaths is disproportionately higher in most RANCHO counties than the state.

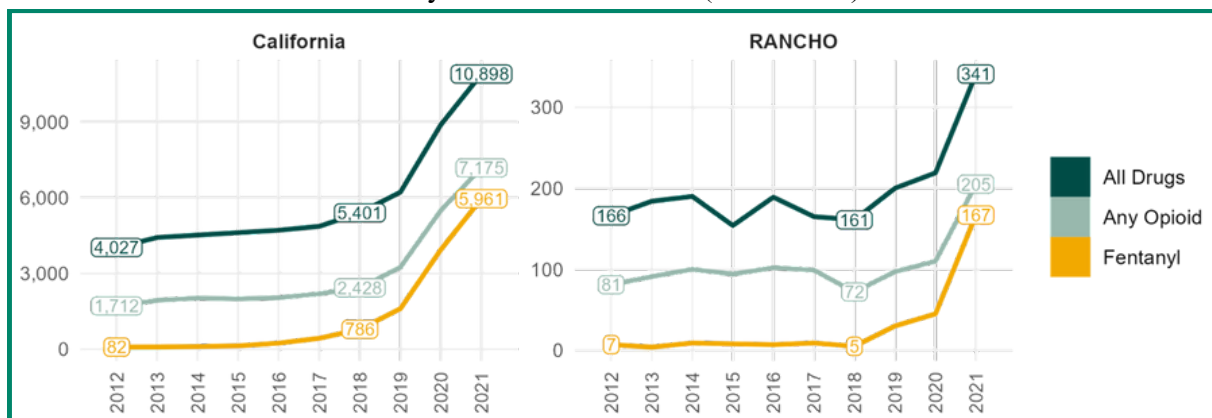
Age-Adjusted Drug Emergency Department Visit Rate per 100,000 (2017-2021)



High-Benefit Populations

- People living alone, especially men
- Lesbian, gay, and bisexual individuals
- People who identify as American Indian or Alaska Native
- People of two or more races
- People with low or moderate income
- People with multiple ACEs

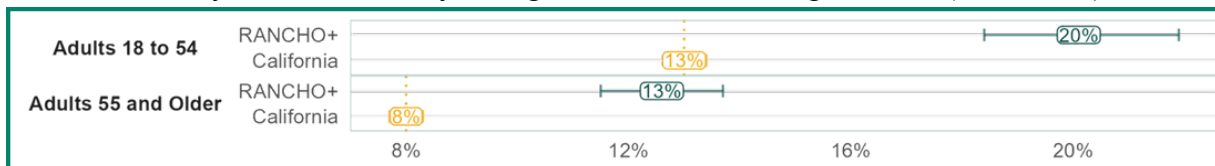
Fentanyl Overdose Deaths (2012-2021)



Mental Health

There is a higher rate of both suicides and firearm-related deaths in the RANCHO area compared to the state average. Both youth and adults are more likely to report having considered suicide than compared to the state, and youth in the region are more likely to have reported feelings of sadness in most of the counties.

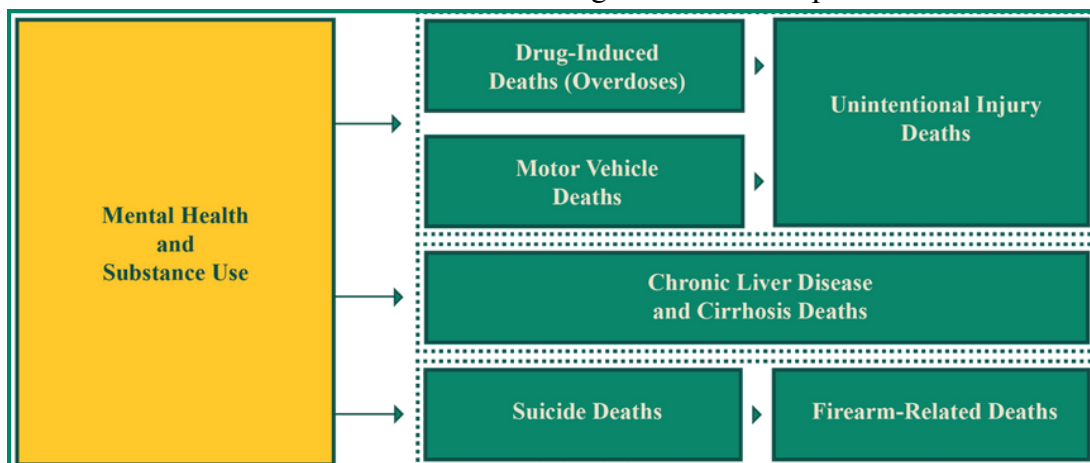
Have you ever seriously thought about committing suicide? (2012-2021)



High-Benefit Populations

- Men, especially those working in high risk occupations
- People with low or moderate income
- People experiencing loneliness or social isolation
- People with multiple ACEs
- People experiencing suicidal ideation who have access to a firearm
- Lesbian, gay, and bisexual individuals
- People with disabilities
- People who identify as American Indian or Alaskan Native
- People who are unemployed
- People of two or more races
- Veterans
- Middle aged adults (35-64 years of age)

Mental Health and Substance Use as Contributing Factors to Disparities in Health Outcomes



For more detailed information on health disparities, the proximal risk factors, and other risk factors that contribute to the health disparities, as well as policy focus areas to combat the disparities, please see California’s Rural North: Exploring the Roots of Health Disparities (Kirsch, S., 2023) on the [California Center for Rural Policy website](#).

All graphs sourced from Kirsch, S. (2023). California’s Rural North: Exploring the Roots of Health Disparities. California Center for Rural Policy at Cal Poly Humboldt.