
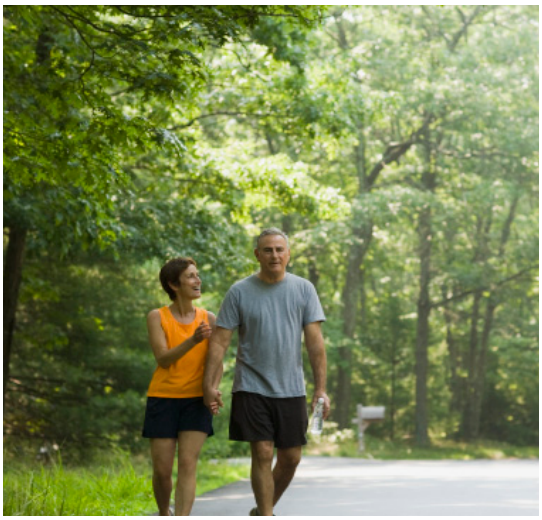


2017-2022

Community Health Improvement Plan

Shasta County



Strategic Priority Areas:

Harmful Substance Use	Mental Wellness	Chronic Disease

Harmful Substance Use

Mental Wellness

Chronic Disease

Community Health Improvement Plan:

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Introduction and Overview

The Shasta County Community Health Improvement Plan is an action-oriented and community-focused plan that outlines how we as a community will work to make Shasta County a healthier place to live. The plan was developed by the members of the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee. It focuses on three priority areas that were selected by:

- Reviewing and summarizing the data found in the 2016 Shasta County Health Assessment Summaries (Appendix A). This included Shasta County demographic information, population health data and results from community surveys, stakeholder interviews and focus groups with community members;
- Identifying crosscutting themes and a ranking process which included a scoring tool (Appendix B) to prioritize the three issues that impact a majority of Shasta County residents and require a coordinated, collaborative effort to address.

Vision:

Shasta County is a safe and economically vibrant community where children get a great start and there are thriving educational opportunities.

All residents have access to healthy, affordable food; superior substance abuse and mental health prevention and treatment options; affordable housing; and a medical home.

Special emphasis was given to support and build on existing collaborative efforts and leverage community assets and partnerships. The development of priority area goals was informed by evidence based practices and subject matter experts to ensure significant community health impact. Objectives and key actions were aligned with state and national priorities to ensure the most up-to-date body of knowledge and support for local efforts (Appendix C).

The implementation activities, timelines, partnership commitments and evaluation measures are part of a more detailed work-plan for each strategic priority area and corresponding goals. This will be regularly updated and annual reports will be made available online. An ongoing action cycle will include planning, implementation and evaluation for impact. Quality improvement efforts will be made based on the annual evaluations. Resources and assets will be examined and allocated for further progress. A portion of the data available in the Community Health Assessment will be refreshed and utilized to inform each annual action cycle, and to ensure an equitable approach to our community health improvement efforts.

To get involved, please contact Shasta County Community Health Improvement Plan Coordinator:

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Priority Area:

Harmful Substance Use

Strategic Goals:

1. **Increase community engagement to prevent harmful substance use.**
2. **Expand treatment options for residents with substance use disorders.**

Overview and Background:

Shasta County currently has several long standing groups working on different aspects of prevention, early intervention and/or treatment services for residents using substances in a harmful way. We recognize these current efforts as invaluable, while we also recognize that many gaps exist in our primary prevention efforts. To address our poor health outcomes associated with harmful substance use, a strategically aligned collaborative effort is needed to narrow the gaps and break the cycles of addiction in our community.

Of the 2,850 respondents to the Community Themes and Strengths Assessment, 1,856 (65%) chose alcohol and drug abuse as issues affecting the community. In 2010-2014, 8,481 people were treated for substance abuse by alcohol and other drug treatment providers in Shasta County. In 2010-2014, 800 babies born to Shasta County residents were diagnosed with having been affected by drugs or alcohol, and 77 newborns were diagnosed with withdrawal. Shasta County's age-adjusted rate of death from drugs has grown to 17.9 per 100,000 residents in 2012-2014, which is double the rate of California. The rate of emergency department visits in Shasta County due to drug poisonings has increased by 16.6% in the last 5 years.

California is enacting a Medi-Cal Waiver Demonstration Project, which will provide the full continuum of substance use care for Medi-Cal enrollees. This is a unique opportunity to integrate services for low income clients and those receiving Medi-Cal services in our community. Through Partnership Health Plan of California, we are aiming to

build capacity to serve the clients that need harmful substance use treatment services in an integrated way. The goal is to build capacity to serve low income and Medi-Cal clients through this opportunity, which in turn will enhance the ability for the larger medical community to serve all Shasta County residents that need these services.

Shasta County has some treatment services for youth; however, more services are needed to effectively serve our community's needs. An additional service that specializes in youth treatment would help close the current gaps that exist with services.

Harmful Substance Use Goal 1 **Increase community engagement to prevent harmful substance use.**	
Objective 1 Initiate community collaborative focused on prevention of harmful substance use.	**Key Actions** • Identify and invite potential partners to community collaborative. • Develop collaborative model and goals. • Establish benchmark data and indicators.
Harmful Substance Use Goal 2 **Expand treatment options for residents with substance use disorders.**	
Objective 1 Increase integration of Substance Use Disorder treatment services in the primary care delivery system.	**Key Actions** • Provide a Continuum of Care that is comprehensive and facilitates the transition of Medi-Cal clients among levels of care based upon needs. • Increase access to both residential and out-patient treatment options. • Increase availability of medication-assisted treatment and detoxification services. • Promote further development and integration of physical health, mental health, substance use disorder and social support services for low income and at risk populations.
Objective 2 Increase number of treatment options for youth.	**Key Actions** • Assure development of one new youth treatment service for adolescents 10-18 years old.

Priority Area:

Mental Wellness

Strategic Goal:

1. **Improve access and reduce barriers to treatment and recovery for Shasta County residents with mental illness.**

Overview and Background:

During the Community Health Assessment process, it became apparent that Shasta County has many mental health services, but could operate more efficiently with increased coordination and community collaboration. To address the mental health needs of our community in a more comprehensive way, a broad plan for all residents will be developed through a collaborative process with community members and partner organizations. The plan must be intentional, connected and transparent. This will help residents know what to expect from the services in Shasta County, and serve as a blueprint for accountability and increased care. When existing mental health services are maximally leveraged through better coordination, gaps can be better identified, advocated for and narrowed.

In the Community Themes and Strengths Assessment, 1,348 (48%) of the survey respondents identified a lack of mental health services as the second most important issue impacting community health. It was also among the top issues affecting their family health, with 530 votes (19%). In the Community Health Status Assessment, access to psychiatry resources and services was identified as inadequate, mental illness made up an average of more than 1,000 hospital discharges per year, and the suicide rate was consistently twice as high in Shasta County when compared to all of California.

To improve access and reduce barriers to treatment and recovery, components of the collaborative plan should include but are not limited to: screening for depression, a public awareness campaign designed to reduce stigma and promote a culture of recovery for all, increased support and resources for individuals and organizations who care for people with mental illness (e.g. law enforcement, hospital personnel, families, In-Home Support Services providers), and a robust network of case managers to partner with people with mental illness in their recovery.

Mental Wellness Goal 1 **Improve access and reduce barriers to treatment and recovery for Shasta County residents with mental illness.**	
Objective 1 Develop a comprehensive collaborative plan to 1) increase community mental wellness and recovery; and 2) decrease crisis events for Shasta County adults, adolescents and children.	**Key Actions** • Identify and invite additional partners to community collaborative planning process. • Develop long term goals. • Establish benchmark data and indicators. • Develop action plan with lagging indicators. • Establish working groups.

Priority Area:

Chronic Disease

Strategic Goals:

1. **Improve health outcomes by impacting the social determinants of health.**
2. **Reduce prevalence of diabetes and prediabetes.**
3. **Mitigate harm of chronic diseases.**

Overview and Background:

The social determinants of health are the conditions in which people are born, grow, live, work and age (World Health Organization, n.d.). In order to make systemic and long-lasting changes in the health of our community, it is necessary for us to target not only behavior change, but the underlying root causes of health inequities. Two of the social determinants of health that were identified as priority issues are the number of adverse childhood experiences that our residents have, and how to mitigate the harm caused by them; as well as our county educational attainment. We will make every effort to build on existing assets in the community as we work toward moving the needle on these priorities. Three of the assets identified in the Community Health Assessment are community collaboratives.

In 2012, the Strengthening Families Collaborative was formed to reduce the rates of Adverse Childhood Experiences (ACE) in Shasta County. These experiences include physical, sexual or emotional abuse, alcohol or other substance abuse by a family member, mental illness of a family member, divorce or separation, domestic violence or incarceration of a household member. According to the Community Health Status Assessment, Shasta County has high rates of child abuse and domestic violence. In 2010-2014, there were an average of 699 substantiated cases of reported maltreatment of children under 18 years old. This is a 5-year average rate of 18.0 per 1,000 Shasta County children compared to the state average of 9.1. For children under the age of 1, the rate is more than double the state rate and equates to almost 1 in every 20 Shasta County infants. In 2012-2014, Shasta County's rate of 527 domestic abuse calls per 100,000 residents was significantly higher than the California rate of 405.5. Exposure to ACE can have a profound and long-lasting effect on a person's health and well-being into adulthood.

While there have been successes, the community is primed for a larger movement toward resident engagement, ACE Interface trainings, screenings, timely interventions, coordinated services, and county-wide system improvements. ACE have been linked to chronic health conditions, low life potential and even early death. We recognize that the best way to address the impacts of ACE is to prevent them before they happen. However, a multi-pronged approach to reduce ACE and mitigate the harm of those already experienced is necessary to improve our local health outcomes.

According to the Community Health Status Assessment, a lower percentage of Shasta County adults (19.1%) have a bachelor's degree or higher than the rest of California (31.0%). The relationship between educational attainment and chronic disease has been well established. Robert Wood Johnson Foundation stated in a Health Policy Snapshot, "Better-educated individuals also are less likely to have—or die from—some of the most common acute or chronic diseases, like heart disease or diabetes. Individuals with four more years of education are less likely to be overweight or obese and report more positive health behaviors, including being less likely to smoke" (2013). The Reach Higher Shasta collaborative is working to support educational attainment by creating clear cradle-to-career pathways. They aim to ensure children are ready for kindergarten; are motivated and supported through elementary, middle and high school; and are assisted in the transition to college or technical training. Career Connections, an initiative of Reach Higher Shasta, connects local businesses with students to help in their career exploration. By working to improve the opportunities and success of students, we will build our future workforce and improve the future of our community health.

According to a UCLA study, more than 60% of Shasta County residents have diabetes or prediabetes. Dr. Harold Goldstein, executive director of the Center for Public Health Advocacy, who commissioned the study, stated, "The type 2 diabetes epidemic is out of control and getting worse. With limited availability of healthy food in low income communities, a preponderance of soda and junk food marketing, and urban neighborhoods lacking safe places to play, we have created a world where diabetes is the natural consequence" (Babey, et.al. 2016). In 2005, a local partnership, Healthy Shasta, formed to promote healthy and active living as a result of an increase in childhood obesity rates. Healthy Shasta's initiatives include increasing fruit and vegetable consumption, decreasing consumption of sugary beverages and increasing walking and biking. These strategies will help address conditions that contribute to the emerging diabetes epidemic.

In addition to the prevention efforts in Goal 2 below, a greater effort is needed to empower residents to be able to manage their existing diabetes and prediabetes. To serve the community's need, several medical and health centers are expanding their education in order to increase residents' self-efficacy to manage their existing health conditions.

Chronic Disease Goal 1 **Improve health outcomes by impacting the social determinants of health.**	
Objective 1 Increase the connection between adverse childhood experiences and chronic disease; and bridge the efforts that address each of these issues.	**Key Actions** • Increase protective factors in families and the community through organizational partnerships and tools like Parent Cafés, trauma-informed education and cross-professional trainings. • Build community capacity to address ACE by coordinating ACE Interface trainings with 25 trainers from multiple sectors. • Develop data dashboard of ACE related indicators. • Institutionalize ACE screening and referral system in partner organizations.
Objective 2 Increase educational attainment.	**Key Actions** • Increase percentage of students prepared to attend post-secondary school and/or are career ready upon graduation. • Increase kindergarten readiness. • Increase grade-level literacy rates with emphasis on first-graders. • Increase student engagement with, and exposure to, local workforce through Reach Higher Shasta-Career Connections.
Chronic Disease Goal 2 **Reduce prevalence of diabetes and prediabetes.**	
Objective 1 Prevent diabetes and prediabetes through promotion of healthy eating and active living.	**Key Actions** • Expand community engagement to include prediabetes/diabetes messages. • Engage community to increase consumption of fruits and vegetables and decrease consumption of sugar-sweetened beverages. • Increase awareness of and help create access to environments conducive to active living including walking trails, biking paths, and parks. • Establish infrastructure to support ongoing implementation of Center for Disease Control and Prevention (CDC)-recognized Diabetes Prevention Program. • Increase prevalence of healthy choices and habits through lifestyle management skills, individual and group education and coaching.

Chronic Disease Goal 3 **Mitigate harm of chronic diseases.**	
Objective 1 Expand educational offerings around chronic disease self-management.	**Key Actions** • Offer Stanford diabetes self-management program (DSMP) and/or offer Leader Training for Stanford chronic disease self-management program (CDSMP). • Increase patients' ability to manage diabetes through diabetes empowerment education program (DEEP) workshop, peer support groups and one on one case-management and support. • Provide health screenings, wellness programs and community resources.

Thank you to our community.

This Community Health Improvement Plan (CHIP) was made possible by the dedicated efforts of our 15 partner organizations listed below and their representatives that served on the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee. This plan represents a comprehensive and inclusive process that gathered community input from more than 2,000 surveys and four regional focus groups, used local health outcome data to identify priorities, and built on partner knowledge and relationships.

The CHIP focuses on three strategic priorities to improve the health and wellbeing for all those who live, work and play in Shasta County. Our plan captures the spectrum of reducing harmful substance use by integrating treatment services while we also focus on preventing use and addiction. We are committed to improving mental wellness and reducing the incidence of Adverse Childhood Experiences (ACE) that occur in our young people, as we mitigate the harm for those with high ACE scores. We support educational attainment strategies, reducing diabetes rates and improving the quality of life for those who live with chronic diseases.

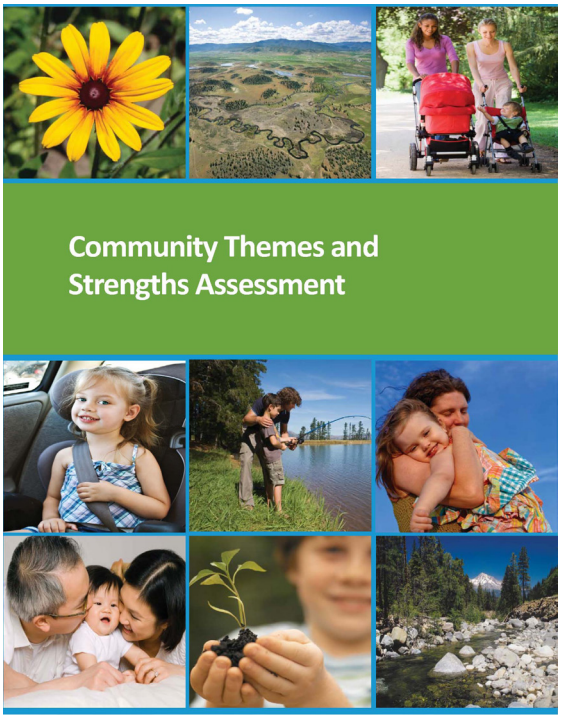
We thank our partners for their many hours of dedication to this Community Health Improvement Plan and the Shasta County residents who completed surveys and participated in focus groups. We appreciate your innovation, transparency and commitment to this yearlong effort. We at HHSA-Public Health could not have done this without you!

To improve community health, it will take residents, community groups, agencies, faith-based groups and health care providers working together around strategic priorities. This CHIP and the action plans that are in development will focus our efforts for collective action. It will take all of us doing our part to move the needle and transform the health of our community. As we move forward, please join us as we work together to improve the health of Shasta County.

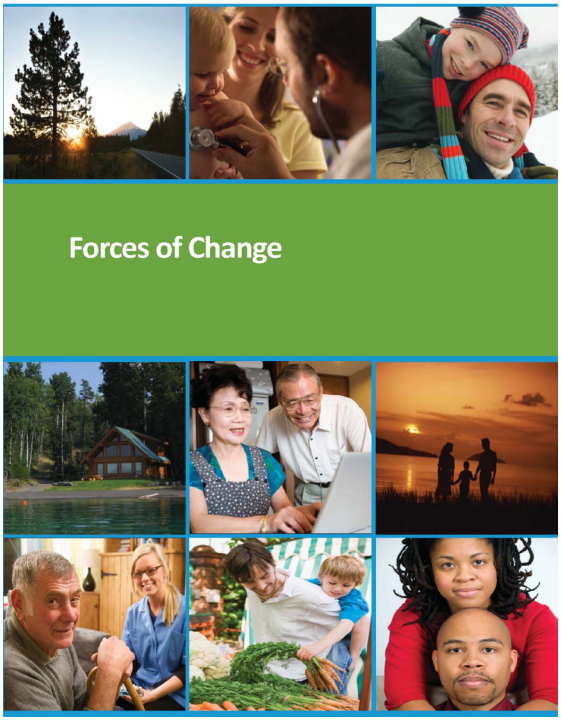
Terri Fields Hosler, MPH, RD
Public Health Branch Director
Shasta County Health and Human Services Agency

Appendix A: **2016 Shasta County Health Assessment Summaries**

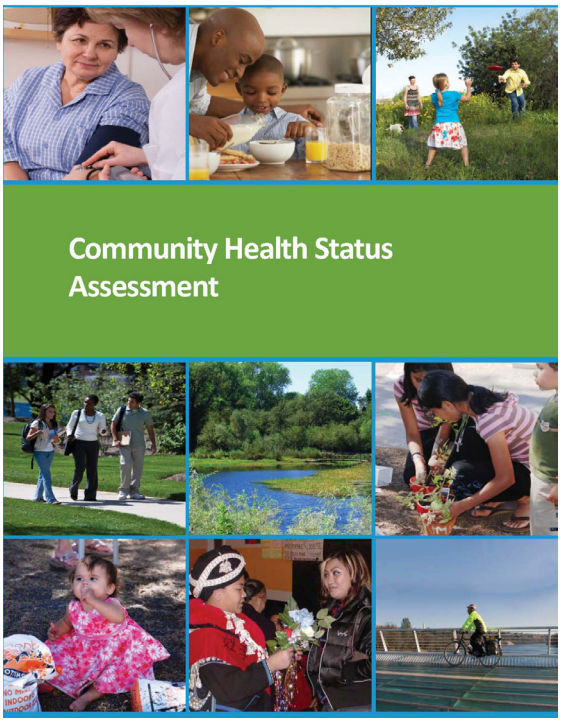
The 2016 Shasta County Community Health Assessment (CHA) includes three main components, each of which measures or analyzes health in Shasta County in a number of different ways. The Mobilizing for Action through Planning and Partnership (MAPP) model was chosen as the strategic planning framework to guide the development of the CHA for its strong emphasis on community input. The results of three MAPP assessments were used in identifying strategic areas, goals and objectives for the 2017-2022 Community Health Improvement Plan. A brief synopsis of each assessment can be found below; a summary of the results can be found in the pages following; a full review of each assessment can be found in the 2016 Shasta County Community Health Assessment.



The Community Themes and Strengths Assessment is intended to gather the thoughts, opinions and perceptions of local residents about health and quality of life in Shasta County. In an effort to reach a broad cross-section of Shasta County's population, two methods of data collection were used, a community health survey and focus groups. During February 2016, 2,850 surveys were completed and focus groups were held in four geographic regions of Shasta County. The full assessment including methodology and results is located in the 2016 Shasta County Community Health Assessment.



The Forces of Change Assessment is intended to identify both positive and negative forces that are likely to affect the health of our community. Forces of change are broad, all-encompassing categories that include: trends, factors and events. The assessment was conducted on December 11, 2015 with twenty-one participants representing a cross-section of the local public health system. Attendees included representatives from local hospitals, federally qualified healthcare centers, Native American tribes, collaboratives and non-profit organizations. The full assessment including methodology and results is located in the 2016 Shasta County Community Health Assessment.



The Community Health Status Assessment collects, analyzes and compares public health data in order to describe population health. Based on the National Association of City and County Health Officials (NACCHO) core set of health indicators, a list of indicators was developed in eight categories. These include: socioeconomics; health resource availability; health behavior risk factors; social and mental health; maternal and child health; death, illness and injury; preventable diseases; and communicable diseases. From January to April 2016, local and comparable state and national data was gathered and analyzed. The full assessment including methodology and results is located in the 2016 Shasta County Community Health Assessment.

HEALTH ASSESSMENT SUMMARIES

Community Themes and Strengths Assessment

Overall, people who responded to the Community Health Survey or participated in a focus group feel like Shasta County is a healthy or very healthy place to live. Our community strengths include plentiful outdoor recreation opportunities, access to nature and parks, and a rural setting. Many also included good schools and affordable housing as advantages of living in Shasta County. Survey respondents were asked to select the three most important issues which impact overall community health and their family. The community health issues that were important to at least one quarter (25%) of survey takers were:

- Alcohol and drug abuse. Of the 2,850 survey respondents, 1,856 (65%) chose alcohol and drug abuse as issues affecting the community. On the other hand, only 419 (15%) indicated that these were issues that impacted their family.
- Lack of mental health services was selected by 1,358 (48%) survey respondents as the second most import issue impacting community health and was also among the top five issues affecting their family with 530 votes (19%).
- Unemployment or underemployment was ranked as the third biggest issues impacting the community by 1,211 (42%) of survey respondents. This issues ranked as the 2nd biggest issue impacting their family by 792 (28%) of respondents.
- Affordable housing. The lack of affordable housing was selected by 758 (27%) survey respondents as impacting overall community health. It ranked as the number one issue impacting their family, with 789 or (28%) selecting this issue.

Forces of Change Assessment

Assessment participants identified a number of trends, factors and events that are likely to influence community health and wellbeing. Many of the forces reflect what is happening at the national level – a slow economic recovery, health care reform and ongoing climate change. Other forces noted by community partners were specific to our region including an aging population, limited public transportation in outlying areas and above average rates of child maltreatment and neglect.

Each of the identified Forces of Change has both inherent challenges that could threaten health and opportunities and resources to support better health for the community. Understanding these forces will help with both strategic planning and decision making throughout the community health improvement planning process.

Community Health Status Assessment

Through a review of primary and secondary quantitative data, this assessment provided a snapshot of the overall health status of Shasta County residents. This information was used to ensure that community health priorities are strategic and data-driven. After examining more than 140 indicators across eight broad-based categories related to health and wellbeing, it's evident that Shasta County residents experience poorer health outcomes in many areas compared to the state. In some categories, like suicide and child abuse and maltreatment, they are significantly higher, even double. Below is a summary of key findings from the assessment:

Socioeconomic

- The number of homeless people in Shasta County has grown by nearly 50% in the last 6 years.
- Shasta County consistently has a higher unemployment rate than California (12.2%, 11.0%).
- Shasta County has a higher percentage of people living below the federal poverty level than California (23.9%, 22.7%). Households with children under 18 years headed by single females experience even higher rates of poverty (43.2%).
- A lower percentage of Shasta County adults (19.1%) have a bachelor's degree or higher than in the rest of California (31.0%).

Health Resource Availability

- Shasta County does not meet the national benchmark ratio of people to primary care physicians. There are not enough physicians to serve the population, especially people on Medi-Cal.
- Access to psychiatry resources and services is inadequate.
- 8.5% of Shasta County children are still uninsured.
- Shasta County does not meet the national benchmark for the number of dentists per resident.
- Among low-income residents with Medi-Cal's dental insurance, there are twice as many people for every dentist accepting this insurance.

Health Behavior Risk Factors

- Shasta County consistently has almost twice the rate of adult smoking rates when compared to the rest of California.
- One in three Shasta County adults is obese, slightly higher than the state. People living below 200% of the federal poverty level are more likely to be obese.
- A lower percentage of Shasta County adults meet physical activity recommendations than in California and the rest of the United States.

Social and Mental Health

- Child abuse and foster care rates are higher in Shasta County than in California, especially among infants (less than one year old).
- Prenatal substance abuse is a problem in Shasta County. From 2010-2014, there were 800 babies born affected by drugs.
- Shasta County has higher rates of chronic drinking among adults than California, but not higher binge drinking rates.
- Drug related deaths and non-fatal emergency department visits and hospitalizations have increased in Shasta County in recent years and has been consistently higher than the state.
- The number of alcohol and drug treatment admissions where heroin is the primary drug of choice has significantly increased.
- Mental illness made up 4.4% of all hospital discharges, an average of more than 1,000 per year.
- Domestic violence calls for assistance are much more common per capita in Shasta County than in California.
- The suicide rate is consistently twice as high in Shasta County than in California.
- While Shasta County has consistently had a lower homicide rate than the state, in the most recent year of data, Shasta County's homicide rate surpassed California.

Maternal and Child Health

- Shasta County women are less likely to get prenatal care during their first trimester than pregnant women in the rest of California. (66.6%, 81.9%)
- Shasta County has a high rate of child and adolescent mortality (20.4 deaths per 100,000 people compared to 13.8 in California).

Death, Injury, and Illness

- More than 60% of people in Shasta County have diabetes or prediabetes and it was the 7th most common cause of death.
- Shasta County has a high rate of death due to heart disease.
- High incidence of lung, bronchial, esophageal cancer with mortality rates that are higher than California for lung, bronchus, esophagus, liver, bile duct and melanoma cancer.

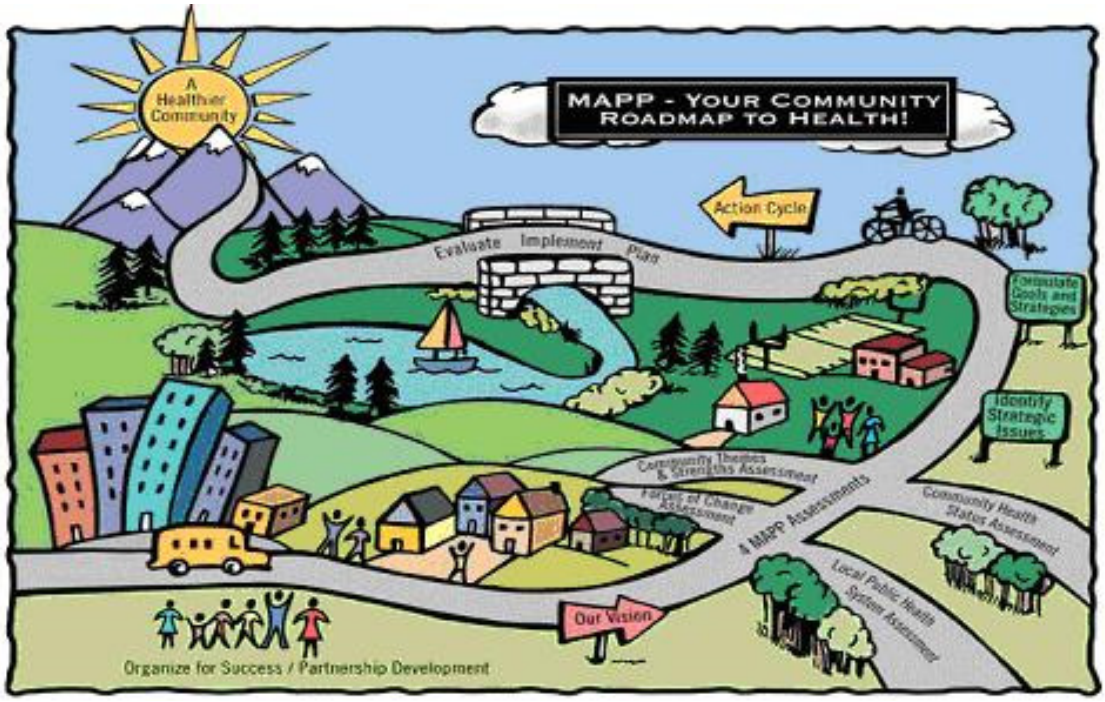
Preventable Disease

- Shasta County has rates of preventable hospitalizations that are higher than California among all adults, females, males, and all age groups, indicating a need for addressing social determinants of health, lifestyle changes, more preventative screenings, early interventions and good outpatient care.
- The percentage of women aged 21-65 years who have had a Pap smear in the past 3 years declined in the last four years of data available from almost 89% to almost 79%.
- Shasta County has high late-stage diagnosed incidence rates of lung and esophageal cancer, especially among men.

Communicable Disease

- Rates of reported cases of gonorrhea has dramatically increased and the rates of syphilis reported in recent years has also increased, making it an emerging concern.
- Shasta County has low childhood immunization rates compared to California.

Appendix B: **Identifying Strategic Community Health Issues**



After conducting the three assessments that made up the 2016 Shasta County Community Health Assessment, the next phase of MAPP involved identifying the strategic issues that would be prioritized for the 2017-2022 Community Health Improvement Plan. It is in this phase of the MAPP process when participants determine which issues are critical to the success of the vision of improved community health. To select these strategic community health issues, the MAPP Steering Committee members reviewed and summarized the data from the assessments in order to identify cross-cutting themes. They used a worksheet to reflect on the data by answering questions focusing on critical, strategic and forward thinking issues that would seize current opportunities and community assets.

The questions MAPP participants answered, the data sheets that were used to help identify strategic issues and the scoring worksheets are located in this appendix.

MAPP members used a worksheet to reflect on data by answering the following questions:

1. Did you find any contradictions or differences with the data among the three assessment categories?
2. Given the data you have read, what are key gaps between Shasta County's current status, as indicated by the assessment data, and its vision?
3. Please list three themes that emerged across at least two data assessments. For each theme, please provide a short description and 5-6 data points.

Public Health Branch staff compiled data from individual worksheets and found the following community health issues were referenced most frequently:

- Alcohol and Drug Abuse
- Mental Health
- At Risk Youth
- Lack of Affordable Housing
- Poverty, Unemployment and Socioeconomic Status
- Chronic Disease
- Health Care Availability

The compiled data sheets on each of these communty health issues can be found on the following pages. These became the Strategic Community Health Issues that were presented to MAPP Steering Committee members and organizational leaders on September 16, 2016 at the Choosing Strategic Priorities Workshop. See 2016 Shasta County Community Health Assessment Appendix 10 for workshop participant list. The day began with a brief overview of how the MAPP Steering Committee developed crosscutting themes from the three MAPP assessments followed by brief presentations on each Community Health Issue and its supporting data points. Each Community Health Issue listed above with its supporting data points are shown on the following pages.

Afterwards, participants broke into small World-Café style discussion groups to learn more about three issues of their choosing. To determine the strategic nature of each issue, participants were asked to apply a five-question weighted scoring tool. This tool is listed in the 2016 Shasta County Community Health Assessment (see Appendix 12: Strategic Issues Scoring Tool). After completing it individually, participants joined other members from their own organization and completed just one scoring sheet per organization.

The three Community Health Issues which received the highest scores are the issues which will be included in the Community Health Improvement Plan. The three Community Health Issues which received the most votes and will be priorities for our collaborative work going forward are:

1. Alcohol and Drug Abuse
2. Mental Health
3. Chronic Disease

Alcohol and Drug Abuse

High rates of alcohol and drug abuse are impacting the health of Shasta County adults, and when suffered by a parent, hurt the chances for children to have long, healthy and high-quality lives.

SUPPORTING DATA POINTS:

Community Health Status Assessment (CHSA)

- Shasta County's age-adjusted drug-related death rate has grown to 17.9 per 100,000 residents in the three-year period from 2012 to 2014, more than double the rate for California.
- Drug-related deaths and non-fatal ER visits and hospitalization rates have increased in Shasta County in recent years and are consistently higher than the state.
- From 2010 - 2014, 800 babies born to Shasta County residents were diagnosed with having been affected by drugs or alcohol.
- Alcohol and drug abuse also leads to domestic violence. In 2012 - 2014, Shasta County's rate of 527 domestic abuse calls per 100,000 residents was significantly higher than the California rate of 405.5.
- More than 1 in 4 mental health hospitalizations were due to drug and alcohol abuse disorders.
- Nearly 2 in every 5 people who were admitted for substance abuse treatment reported methamphetamine as their primary drug of choice. The number of people who reported heroin as their primary drug of choice rose from less than 1 in 20 in 2010 to nearly 1 in every 5 in 2014.
- Shasta County's rate of chronic drinking (8.5%) is slightly higher than California (6.1%) but nearly double the national rate (4.5%).

Community Themes and Strengths Assessment (CTSA)

- Alcohol and drug abuse was chosen by 65% of survey respondents, making it the most commonly chosen issue that impacts overall community health in Shasta County.
- 15% of survey respondents said alcohol and drug abuse impacts their family, making it the eighth most commonly chosen issue that impacts families.

Forces of Change Assessment (FOCA)

- Substance abuse among parents is one of the Adverse Childhood Experiences (ACEs) that has been shown to contribute to an increased risk of chronic disease, mental illness, addiction, etc.
- Alcohol and drug abuse contributes to an increased risk of homelessness.
- Alcohol and drug abuse contributes to an increased risk of children entering the foster care system.
- Alcohol and drug abuse increases health care costs.
- There has been an increase in crime related to drug use.
- Substance abuse trends in Shasta County show that opiate and heroin use is increasing.
- Shasta County has high rates of alcohol and drug abuse.

Many Shasta County residents are living with a mental health illness and do not have access to consistent and appropriate services and treatment.

SUPPORTING DATA POINTS

Community Health Status Assessment (CHSA)

- More than 1 in 4 mental health hospitalizations in 2010 - 2014 were due to drug and alcohol abuse disorders.
- In 2012, there was an average of 19 psychiatrists per 100,000 in California and only 8 psychiatrists per 100,000 people in Shasta County.
- Access to psychiatry resources and services is inadequate.
- Mental illness made up 4.4% of all hospital discharges, an average of more than 1,000 per year.
- The suicide rate in Shasta County is consistently double that of California.
- In 2011-2013, Shasta County had the 12th highest average annual age-adjusted suicide death rate (21.4 per 100,000) of California counties.
- Residents of Shasta County have a 20% higher incidence of mental illness than the state as a whole.

Community Themes and Strengths Assessment (CTSA)

- Almost half (48%) of all survey respondents selected lack of mental health services as an important issue that impacts community health, making it the second most frequently selected community health issue.
- Almost 1 in 5 (19%) chose it as an issue that impacts their family.

Forces of Change Assessment (FOCA)

- Although there have been improvements, mental health services and resources are under-funded.
- Shasta County has high rates of mental illness and very few treatment options.
- The mental health situation in our community is getting worse.
- Untreated mental illness contributes to the increasing number of unsheltered homeless in the county.
- There is stigma around seeking help for mental health needs.

Children in Shasta County are at a greater risk than other California kids of experiencing events that will negatively impact lifelong health and opportunities.

SUPPORTING DATA POINTS

Community Health Status Assessment (CHSA)

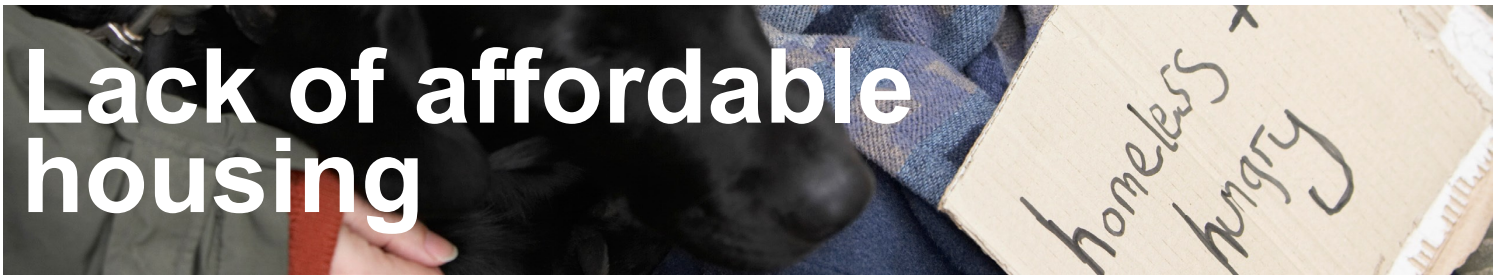
- Shasta County has high rates of child and adolescent (1-14 years) mortality compared to the state (20.4 vs. 13.8).
- Shasta County has high rates of child abuse. In 2010 -2014, there was an average of 699 substantiated cases of reported maltreatment of children under 18 years old. This is a 5-year average rate of 18.0 per 1,000 Shasta County children compared to the state average of 9.1. For children under the age of 1, the rate is more than double the state rate and equates to almost 1 in every 20 Shasta County infants.
- In 2012 -2014, Shasta County's rate of 527 domestic abuse calls per 100,000 residents was significantly higher than the California rate of 405.5. Almost all domestic violence calls to police in Shasta County involve weapons.
- In 2010 - 2014, 800 babies born to Shasta County residents were diagnosed with having been affected by drugs or alcohol.
- 8.5% of Shasta County children are still uninsured.
- There is only enough subsidized child care to serve half the infants from low-income families.

Community Themes and Strengths Assessment (CTSA)

- 10% of Community Health Survey respondents chose child abuse as an important issue that impacts overall community health in Shasta County making it the 10th most commonly chosen issue.
- 15% of survey respondents selected domestic violence is an important issue that impacts overall community health in Shasta County.
- 19% of respondents think Shasta County is a good place to raise children.

Forces of Change Assessment (FOCA)

- The prevalence of Adverse Childhood Experiences (ACEs) and child neglect and maltreatment are high in Shasta County.
- Rates of family violence are high in Shasta County.
- Shasta County has high rates of substance abuse.
- Fewer Shasta County children are going to pre-school.



Lack of affordable housing

Adequate, affordable housing options are a critical factor to health.

SUPPORTING DATA POINTS:

Community Health Status Assessment (CHSA)

- The number of homeless people in Shasta County has grown nearly 50% in the last 6 years.

Community Themes & Strength Assessment (CTSA)

- Affordable housing (28%) and unemployment/underemployment (26%) were the two most commonly chosen health issues selected by survey respondents as important issues that impact their family.
- Unemployment/underemployment and affordable housing were chosen by 42% and 27% of survey respondents respectively, making them the 3rd and 4th most commonly chosen health issues impacting overall community health.
- Inadequate transportation options in outlying areas limit people who might be able to find and afford housing outside of the central Redding area.

Forces of Change Assessment (FOCA)

- Single family home prices are rising.
- Very little affordable housing is available in the city of Redding, where the majority of the jobs are.
- Shasta County has limited local resources for affordable housing.
- Housing is gaining credibility as an important factor for health. Housing is beginning to be seen as a component of health as seen in the state's inclusion of housing in the Medicaid 1115 waiver proposal.
- Substance abuse contributes to more unsheltered homeless in the county.
- Homelessness causes stress, impacts health and safety, and contributes to a poor community image.
- Local schools are challenged to meet the unique needs of children experiencing homelessness.

Poverty, Unemployment, and Socioeconomic Status

A shortage of living wage jobs, lack of industry and low educational attainment keep many Shasta County residents from providing for their families' basic needs. People who live in outlying communities face even greater challenges finding good jobs and accessing services.

SUPPORTING DATA POINTS

Community Health Status Assessment (CHSA)

- Between 2010 - 2014, the median household income for Shasta County was $44,556 and the average per capita income was $23,763. These income levels were lower than California's at $61,489 and $29,906 respectively.
- Shasta County has a higher percentage of people living below the federal poverty level than California (18% versus 16.4%)
- Households with children under 18 years headed by single females experience even higher rates of poverty (43.2%) .
- In 2010-2014, the percent of Shasta County's labor force who were unemployed (12.2%) was substantially higher than California's (11%).
- A lower percentage of Shasta County adults (19.1%) have a Bachelor's Degree or higher than in the rest of California (31%).

Community Themes and Strengths Assessment (CTSA)

- Unemployment/underemployment was chosen by 42% of survey respondents, the third most commonly chosen issue impacting overall community health. It was the 2nd most frequently chosen issue (26%) impacting their family.

Forces of Change Assessment (FOCA)

- Shasta County's local economy is largely based on low-paying jobs and seasonal employment.
- Shasta County has a longstanding high unemployment rate.
- Many young Shasta County adults move away to go to school and do not return.
- High unemployment rates are related to increased rates of child abuse, domestic violence and substance abuse.
- There are challenges recruiting professionals to this area because of lack of jobs for spouses.

Chronic Disease

Despite Shasta County's abundant outdoor recreational opportunities, residents report lower rates of physical exercise and experience higher rates of chronic disease than California residents statewide.

SUPPORTING DATA POINTS

Community Health Status Assessment (CHSA)

- More than 60% of people in Shasta County have diabetes or pre-diabetes, and in 2012-2014, diabetes was the 7th most common cause of death among Shasta County residents.
- Shasta County adults age 18 and older have higher rates of overweight and obesity than other California residents (29.8%, 25.9%).
- Shasta County adults with low incomes and/or who have no post-secondary education are more likely to be obese. In 2013-2014, 37.5% of Shasta County residents with incomes less than 200% of the Federal Poverty Level had a BMI greater than 29.9, and 39% of adults with a high school diploma or less fell into the obese category.
- In 2010, Shasta County adults reported having lower rates of regular exercise than residents statewide (43.1%, 51.3%).
- About 2 in every 5 Shasta County residents consumed the recommended 5 or more servings of fruits and vegetables in 2010.
- Shasta County has almost twice the rate of adult smoking rates when compared to the rest of California.

Community Themes and Strengths Assessment (CTSA)

- 23% of survey respondents chose aging problems (arthritis, hearing/vision loss, etc.) as an important issue that impacts their family. Only 6%, however, chose it as an important issue that impacts overall community health in Shasta County.
- One in five (21%) Community Health Survey respondents chose lack of exercise as an important issue affecting their family's health.
- Unsafe roads, bike and pedestrian conditions were chosen by 17% of survey respondents as having an impact on their family, and 9% chose it as an important issue that impacts overall community health.
- 12% of survey respondents chose poor diet as an important issue that impacts their family.
- 59% of Community Health Survey respondents chose outdoor recreational opportunities as one of the things that makes Shasta County a great place to live; 35% chose the rural setting as one of the things that make this area a great place to live.

Forces of Change Assessment (FOCA)

- People who live in this area are at much greater risk of developing melanoma, a life-threatening skin cancer. When conditions are extreme, they have a greater chance of heat-related illness, hospitalization or death.
- Many roads have speed limits that are too high and make it unsafe for biking or walking.

Health Care Availability

Many Shasta County residents experience barriers when trying to access the primary care services necessary for health promotion and early intervention of disease.

SUPPORTING DATA POINTS:

Community Health Status Assessment (CHSA)

- Shasta County does not meet the national benchmark for the number of doctors per resident.
- Shasta County does not meet the national benchmark for the number of dentists per resident.
- 8.5% of Shasta County children are still uninsured.
- Pregnant women in Shasta County are less likely to get early prenatal care than women in the rest of California.
- The number of women in Shasta County getting Pap smears is decreasing.
- Shasta County has high rates of preventable disease and hospitalizations.

Community Themes and Strengths Assessment (CTSA)

- 15% of survey respondents chose the inability to find a regular family doctor as an issue that impacts their family, tied with alcohol and drug abuse as the 8th most commonly chosen issue.
- 10% of survey respondents said the inability to find a regular family doctor is an issue impacting the overall health of Shasta County.
- Focus group participants noted that inadequate public transportation makes it difficult to access health care.

Forces of Change Assessment (FOCA)

- The passage of the Affordable Care Act (ACA) made it possible for more Shasta County residents to obtain medical insurance. The number of medical professionals, however, did not increase proportionately.
- Shasta County does not meet the national benchmark for primary care physicians. There are not enough physicians to serve our current population, especially the Medi-Cal population.
- Declining reimbursement rates have led to fewer medical providers.
- Doctors are retiring and moving away and it is difficult to recruit new ones.
- There is limited access to dentistry under the Affordable Care Act.
- The growing number of residents 65 or older will increase the demand for medical services.

Appendix C: **Alignment with State and National Priorities**

The local public health system in Shasta County is made up of organizations and entities that contribute to the overall public health of the community. Those organizations and entities include our hospitals, community health centers and the Health and Human Services Agency, Public Health Branch. It also includes our schools, non-profit organizations, business community and faith-based institutions. As each of the separate agencies throughout Shasta County is only one actor in the local public health system, we know that our local public health system is also part of the state and national public health systems. To establish momentum and synergy with other actors in the public health system, the Community Health Improvement Plan demonstrates alignment of our local efforts with state and national priorities. Aligning our actions with those of the state and nation, ensures a collaborative and systems approach toward improving community and population health.

Harmful Substance Use Goal 1 **Increase community engagement to prevent harmful substance use.**		
Objective 1 Initiate community collaborative focused on prevention of harmful substance use.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
	SA-2 Increase the proportion of adolescents never using substances. SA-12 Reduce drug-induced deaths. SA-13 Reduce past-month use of illicit substances. SA-19 Reduce the past-year nonmedical use of prescription drugs. MICH-11 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women MICH-25 Reduce the occurrence of fetal alcohol syndrome (FAS)	Recommendation: Maintain a skilled, cross-trained, and diverse prevention workforce. Recommendation: Reduce inappropriate access to and use of prescription drugs. Recommendation: Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk. Recommendation: Support implementation of community-based preventive services and enhance linkages with clinical care.
Harmful Substance Use Goal 2 **Expand treatment options for residents with substance use disorders.**		
Objective 1 Increase integration of Substance Use Disorder treatment services in the primary care delivery system.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Redesigning the Health System: Coordinated Outpatient Care for Adults Redesigning the Health System: Coordinated Outpatient Care for Children Lowering the Cost of Care: Increasing Health Care in an Integrated System	SA-7 Increase the number of admissions to substance abuse treatment for injection drug use SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year	Recommendation: Support implementation of community-based preventive services and enhance linkages with clinical care. Recommendation: Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
Objective 2 Increase number of treatment options for youth.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
	SA-3 Increase the proportion of adolescents who disapprove of substance abuse	Recommendation: Create environments that empower young people not to drink and use other drugs.
	SA-4 Increase the proportion of adolescents who perceive great risk associated with substance abuse	Recommendation: Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
	SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year	

Mental Wellness Goal 1 **Improve access and reduce barriers to treatment and recovery for Shasta County residents with mental illness.**		
Objective 1 Develop a comprehensive collaborative plan to 1) increase community mental wellness and recovery; and 2) decrease crisis events for Shasta County adults, adolescents and children.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Healthy Beginnings: Decreasing Frequency of Sad or Hopeless Feelings in Youth Living Well: Reducing Adolescent Depression Living Well: Reducing Adult Depression Living Well: Effective Treatment of Depression	MHMD-1 Reduce the suicide rate MHMD-2 Reduce suicide attempts by adolescents MHMD-4 Reduce the proportion of persons who experience major depressive episodes (MDEs) MHMD-4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) MHMD-4.2 Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs) MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral MHMD-6 Increase the proportion of children with mental health problems who receive treatment MHMD-7 Increase the proportion of juvenile residential facilities that screen admissions for mental health problems MHMD-11 Increase depression screening by primary care providers MHMD-11.1 Increase the proportion of primary care physician office visits where adults 19 years and older are screened for depression MHMD-11.2 Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression MHMD-12 Increase the proportion of homeless adults with mental health problems who receive mental health services AH-3.1 Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems DH-17 Increase the proportion of adults with disabilities who report sufficient social and emotional support	Recommendation: Promote early identification of mental health needs and access to quality services. Recommendation: Provide individuals and families with the support necessary to maintain positive mental well-being. Recommendation: Maintain a skilled, cross-trained, and diverse prevention workforce. Recommendation: Enhance cross-sector collaboration in community planning and design to promote health and safety.

Chronic Disease Goal 1 **Improve health outcomes by impacting the social determinants of health.**		
Objective 1 Increase the connection between adverse childhood experiences and chronic disease; and bridge the efforts that address each of these issues.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Healthy Beginnings: Reducing Adverse Childhood Experiences Healthy Beginnings: Reducing Child Maltreatment	SDOH-5 Proportion of children aged 0-17 years who have ever lived with a parent who has served time in jail or prison EMC-2.2 Increase the proportion of parents who use positive communication with their child IVP-37 Reduce child maltreatment deaths IVP-38 Reduce nonfatal child maltreatment IVP-39 (Developmental) Reduce violence by current or former intimate partners IVP-42 Reduce children's exposure to violence	Recommendation: Promote positive early child development, including positive parenting and violence-free homes. Recommendation: Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. Recommendation: Strengthen policies and programs to prevent violence. Recommendation: Ensure a strategic focus on communities at greatest risk. Recommendation: Facilitate social connectedness and community engagement across the lifespan.
Objective 2 Increase educational attainment.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Healthy Beginnings: Increasing Early Reading Levels Healthy Beginnings: School Readiness	SDOH-2 Proportion of high school completers who were enrolled in college the October immediately after completing high school EMC-1 (Developmental) Increase the proportion of children ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development EMC-2.3 Increase the proportion of parents who read to their young child AH-5 Increase educational achievement of adolescents and young adults AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade AH-5.3 Increase the proportion of students whose reading skills are at or above the proficient achievement level for their grade	Recommendation: Ensure a strategic focus on communities at greatest risk.

Chronic Disease Goal 2 **Reduce prevalence of diabetes and prediabetes.**		
Objective 1 Prevent diabetes and prediabetes through promotion of healthy eating and active living.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Healthy Beginnings: Increasing Adolescent Fruit and Vegetable Consumption Healthy Beginnings: Reducing Childhood Diabetes Healthy Beginnings: Reducing Adolescent Sugar-Sweetened Beverage Consumption Healthy Beginnings: Adolescent Physical Activity Healthy Beginnings: Increasing Childhood Fitness Living Well: Decreasing Diabetes Prevalence Living Well: Increasing Adult Physical Activity Living Well: Decreasing Adult Sugary Beverage Consumption Living Well: Increasing Adult Fruit and Vegetable Consumption Creating Healthy Communities: Increasing Adult Access to Fruits and Vegetables Creating Healthy Communities: Increasing Walking Creating Healthy Communities: Increasing Percent of Students Walking and Biking to School	D-1 Reduce the annual number of new cases of diagnosed diabetes in the population D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes NWS-2 Increase the proportion of schools that offer nutritious foods and beverages outside of school meals NWS-4 (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older NWS-17 Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students PA-13 Increase the proportion of trips made by walking PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities ECBP-10.7 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs ECBP-10.8 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services nutrition ECBP-10.9 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services physical activity	Recommendation: Increase access to healthy and affordable foods in communities. Recommendation: Encourage community design and development that supports physical activity. Recommendation: Help people recognize and make healthy food and beverage choices. Recommendation: Promote and strengthen school and early learning policies and programs that increase physical activity. Recommendation: Facilitate access to safe, accessible, and affordable places for physical activity. Recommendation: Provide people with tools and information to make healthy choices.

Chronic Disease Goal 3 **Mitigate harm of chronic diseases.**		
Objective 1 Expand educational offerings around chronic disease self-management.		
Let's Get Healthy California	**Healthy People 2020**	**National Prevention Strategy**
Living Well: Decreasing Diabetes Prevalence Living Well: Improving Control of High Cholesterol Living Well: Controlling Blood Pressure	D-2 (Developmental) Reduce the death rate among persons with diabetes D-3 Reduce the diabetes death rate D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education OA-4 Increase the proportion of older adults who receive Diabetes Self-Management Benefits	Recommendation: Provide people with tools and information to make healthy choices. Recommendation: Promote positive social interactions and support healthy decision making. Recommendation: Identify and implement strategies that are proven to work and conduct research where evidence is lacking.