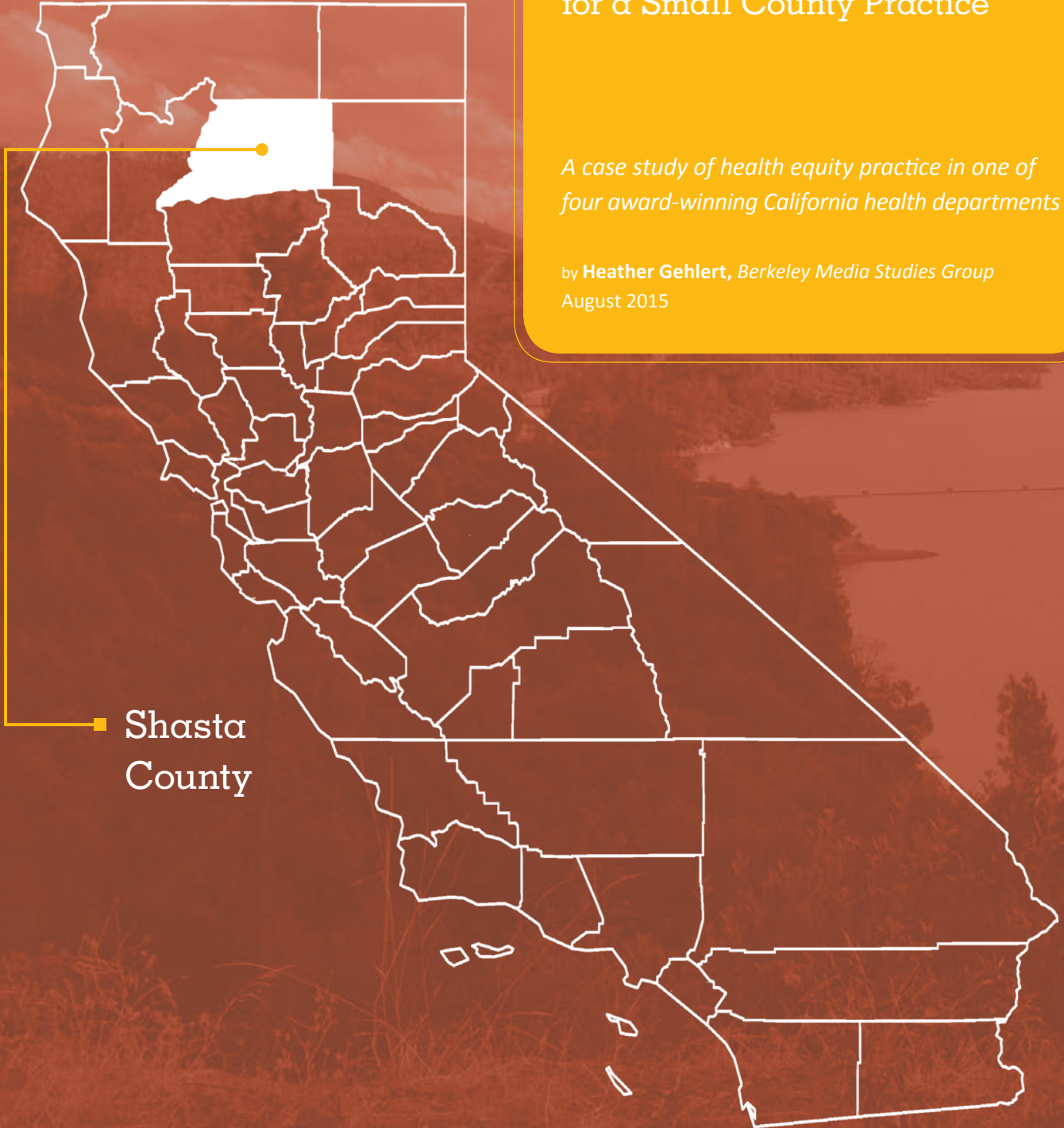


Shasta County Public Health

Health Equity Award Winner
for a Small County Practice

*A case study of health equity practice in one of
four award-winning California health departments*

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August 2015



Shasta
County

About this case study

This case study is part of a series developed by the Berkeley Media Studies Group and supported by The California Endowment (TCE) that highlights the innovative work local health departments in California are doing to advance health equity. Shasta County Public Health was one of four health departments in the state honored by TCE for its equity-oriented efforts at an awards gala in December 2014. The winning departments received grants of \$25,000, with a grand prize of \$100,000 going to the Alameda County Public Health Department. The awards and case studies, along with a suite of companion videos, were created to inform and inspire other health departments looking to embark upon similar work.

To access the full series on BMSG's website, visit:

<http://www.bmsg.org/resources/publications/health-equity-case-studies-california>

To access the full series on The California Endowment's website, visit:

<http://www.calendow.org/wp-content/uploads/Health-Equity-Case-Studies-V7-web-optimized.pdf>

To see the award-winning health departments in action, or to view highlights from the health equity practices of other California-based health departments, visit:

<https://www.youtube.com/playlist?list=PLLwLn83VLbvwk1C0u1jca3yxqulq6MUD->



Special thanks to Cookie Carosella, Mimi Kent and La Tanya Squires for their invaluable reporting contributions and to Lori Dorfman for her guidance on the project. Thanks also to those who provided feedback on drafts of this case study: Tom Armelino, Terri Fields Hosler, Katherine Hughes, Bob Prentice, Charlene Ramont, Katherine Schaff, Sandra Witt and Wendy Zanutelli.

Support for this project was provided by The California Endowment.

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Introduction

Like many elementary school children, fourth-grader Kayla Tiefenbach likes her teachers, especially the nice ones (and according to her, they're all nice at Juniper School in California's Shasta County), and she doesn't like rumors or bullying. But unlike many other students in her age group, she can talk with ease about her educational future: She pictures herself college bound, with ideas of one day studying marine biology at California State University in Monterey Bay, near where she was born. But she also has her eye on Simpson University and Chico State and wouldn't rule out the University of California, Los Angeles—she can even sing you the school's fight song.

Talk with Tiefenbach for just a few minutes, and it becomes clear that she hasn't had the easiest upbringing. She says she grew up "sort of poor" and has moved around a lot, with her family in search of more affordable housing. Tiefenbach also shows wisdom beyond her years in her awareness of Shasta's many social issues, such as homelessness, drug use and violence.

That she has such a clear vision for her college—and, later, career—path in spite of her family's and community's challenging circumstances is no accident. Tiefenbach participates in an initiative called No Excuses University, which is part of a larger college and career readiness effort happening in Shasta to ensure that the area's schools have "no excuses" not to prepare their students for success beyond high school. Less than 19% of the county's adult residents have a bachelor's degree or higher, compared to more than 30% of adults statewide.

Driving this effort to improve educational attainment in Shasta is a growing understanding that getting a good education is fundamental to health. According to a statistical analysis conducted by the public health branch of the Shasta County Health and Human Services Agency, education level and income influence the county's death rate more than obesity and tobacco.

Shasta County Director of Public Health Terri Fields Hosler describes seeing the data as an "Aha!" moment. Although she and others in public health already knew that such social factors are powerful determinants of health, being able to quantify them has given Shasta's public health professionals a more effective way to communicate with the surrounding community, who, Fields Hosler says, now see that education "is more than an educators' issue; it's a community issue. And more importantly, it's a public health issue."

Adult residents with a bachelor's degree or higher

Shasta County <19%

State-wide >30%

Over 17% of Shasta County residents live below the poverty line, compared to just under 16% of residents in California, and nearly 57% of students qualify for free and reduced lunch.

Shasta County Public Health practitioners are now working closely with the surrounding community to advance health equity—the idea that everyone deserves the same opportunities to live a long, healthy life—by addressing social determinants of health, including educational attainment and economic development. This case study explores the context for their work, what they’re doing, and how they’re doing it.

“I can’t stress enough, we don’t have the resources to tackle each disease one by one,” Fields Hosler says. “But [addressing] health inequity, root causes—really doing this core work together with community partners—that’s what’s going to change health outcomes in Shasta County.”

THE CONTEXT FOR HEALTH

Located in Northern California, about halfway between Sacramento and Oregon’s state border, Shasta County is home to some of the state’s most breathtaking vistas. Surrounded by mountains on three sides, it is a nature lover’s dream, with numerous outdoor recreation opportunities, from camping to hiking. The county also boasts Whiskeytown Lake and Lake Shasta. Spanning 30,000 acres, Lake Shasta is the state’s largest reservoir and a popular destination for boating, water skiing and fishing.

“We have a beautiful natural environment in which to live,” says Donnell Ewert, agency director for Shasta County Health and Human Services. “Unfortunately, the social circumstances aren’t quite as nice.”

Like many other rural locations, Shasta County falls behind other parts of the state and country in life expectancy. It’s characterized by high unemployment, low income and low educational attainment. It has no public university, lacks a robust public transportation system, and has high rates of chronic disease, as well as child abuse and neglect, with almost 8% of the county’s children placed in foster care within their first five years of life.¹ Residential hotels with run-down façades dot the downtown of Redding, Shasta’s county seat, hinting at the region’s struggles with homelessness.



Although racial and ethnic populations are typically the groups that experience the greatest health inequities, Shasta’s population is largely white, with poverty being a main cause of poor health outcomes; over 17% of Shasta County residents live below the poverty line, compared to just under 16% of residents in California,² and nearly 57%³ of students qualify for free and reduced lunch. The poverty there is generational in nature at least partly because of Shasta County’s history of a boom and bust economy, dating back to the Gold Rush of the mid-19th century. Because of the area’s rich natural resources, Shasta County has had long periods of strong jobs in mining, logging, and the building of the Shasta Dam, with periods of economic busts in between.

Today's residents have inherited the area's legacy, but that shouldn't determine people's destinies, says Charlene Ramont, public health program and policy analyst for Shasta County Health and Human Services. Everyone, she says, regardless of where they're born, should have the same opportunities for health. And that's what she and others at the county's public health branch are working to change for future generations, knowing that the kind of transformation they're seeking will take decades to realize and will come with many obstacles.

For starters, Shasta County is geographically vast. It covers nearly 3,900 square miles but

has only about 180,000 residents. More than half live in Redding, with the others spread out across the rest of the county, making it harder to connect with and serve the community. There are also huge challenges in funding health equity work, which isn't well aligned with traditional public health funding structures that tend to focus on funding program-specific work, rather than the broad, messy work of root causes. Add to that the conservative politics of the community, where the term "social" in social determinants of health can be contentious, and it's clear that Shasta County Public Health has had its work cut out for it. But these struggles haven't stopped it from forging ahead.

WHAT SHASTA IS DOING: Highlights from major initiatives



“Every student, every option”

One of Shasta's biggest initiatives is Reach Higher Shasta, a partnership between Shasta's public health branch, school system and other local partners. According to Shasta County Superintendent of Schools Tom Armelino, Reach Higher Shasta is a way of saying, “Every kid matters, and no one gets left behind.” It includes the Shasta Promise, an agreement, modeled after similar efforts in Long Beach, between Shasta schools and area colleges that Shasta will make sure all students are college ready, and, in return, participating colleges—all located within 150 miles of Shasta County—will guarantee enrollment and in-state tuition.

For the schools' part, this means aligning curriculum and assessments across the county's 25 independent school districts so that all students, no matter their zip code, are equally prepared. For example, Shasta's elementary schools have adopted uniform reading assessments for kindergarten through the third grade; its high schools have strengthened graduation requirements, agreed on common assessments and the same math courses throughout the county, and eliminated numerous courses not linked to college or career readiness, while making sure to retain sports, music and art classes; and the school system now uses databases to track



students' progress after high school so they can see how well Reach Higher Shasta is meeting its goals.

Also part of Reach Higher Shasta is No Excuses University, the initiative that elementary student Kayla Tiefenbach participates in. Although not all Shasta schools have become No Excuses schools, those that have work to make sure all kids see college as a realistic option, regardless of whether their parents are college-educated or what income their family has. They recognize the hurdles local youth face and try to equip students with the resources and conviction they need to clear those hurdles.

"It is very difficult when you're having a hard time at home and have to come to school and have to learn to read and write when you don't even know where you're gonna sleep—or you sleep in a motel and your stuff is in storage," says Dana Dittman, Tiefenbach's teacher. To her, No Excuses points to the responsibility that local schools have to the students they serve: "You didn't get your homework done? No worries. We'll do it here. You didn't get a good breakfast? No worries. We'll get you one here."

Here's how **No Excuses** works



Each classroom chooses a college to "adopt" for the school year.



Many of the colleges then send posters and donate T-shirts to help familiarize students with higher education.



Teachers talk about college regularly to their classes, take them on virtual campus tours, and teach students their school's fight song.



The kids have pen pals and sometimes even get to take real campus tours to meet professors and observe college life.



No Excuses schools even hold classes to inform parents about how their child can get to college.

“Our vision is that all students can learn,” says Dittman, who has worked at Juniper Elementary School in Shasta for more than 19 years. “All students can be proficient. All students can get to college.” It’s a message kids have responded to with gusto: “Kids will do what you ask of them, and if you don’t expect it, they won’t do it,” she says. “If you expect it, they’ll rise to the occasion, and our students have amazingly. ... They start from five years old knowing that it's possible for [them] to go to school.”

Reach Higher Shasta also includes an early literacy effort and collaborates with local businesses to provide resources to schools that make meaningful career connections with students, helping area youth figure out their path for life after high school.

Yet, for all the focus on college, both Shasta Public Health and Shasta schools recognize that not every student will attend college. “It isn’t just about four-year degrees,” says Ramont. “This is about careers and livelihood.” In fact, the motto of the Shasta Promise is “Every student, every option.”

“As long as our kids do something after high school that trains them for a career, then our community is going to grow; our economics are going to grow,” Ramont says. “We’re going to be healthier as a result.”



“

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”

BUILDING AN ECONOMIC FUTURE

To that end, the Shasta County Health and Human Services Agency has partnered with the United Way of Northern California to help expand educational opportunities for meaningful employment for some of Shasta's most vulnerable adults. Called the Prosperity initiative, it is focused both on helping to meet the community's immediate needs, such as getting low-income families banked so that they aren't relying on pay-day loans and check-cashing services with sky-high interest rates, as well as thinking long-term about Shasta's economic future and what types of industries and jobs they want to have available in the community 20 years down the road.



Giving people the building blocks they need for financial stability means asking:

- What are the jobs here in Shasta County?
- What's missing?
- What do we need to do as a community to build up the industry for the future so that our students come home and find meaningful employment?



The idea is to be more proactive and less reactive, giving people the building blocks they need for financial stability. That, says Fields Hosler, means asking, "What are the jobs here in Shasta County? What's missing? What do we need to do as a community to build up the industry for the future so that our students come home and find meaningful employment?"

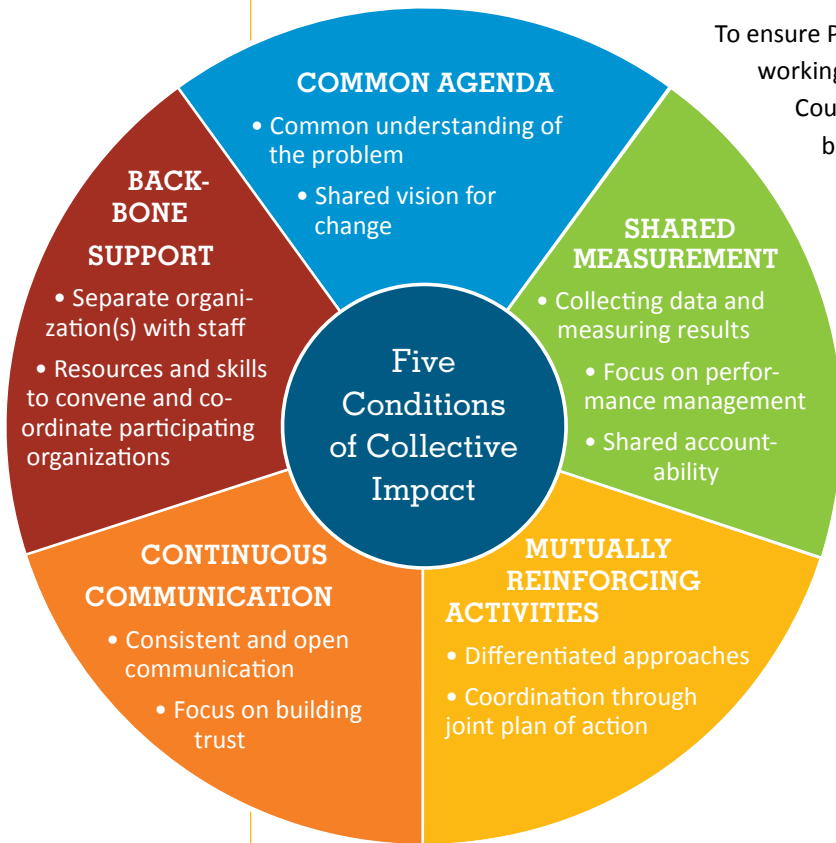
The Prosperity initiative is still in its early planning stages. In fact, if you ask Wendy Zanotelli, president and CEO of United Way of Northern California, to describe specific objectives of the initiative, she's hard pressed to do so. But that's exactly the point. She can't answer because, in spite of her leadership position, the answer isn't up to her. It's up to the community: Prosperity aims to not only involve residents but to have them at the decision-making table alongside community leaders.

Prosperity held its first community convening in 2014, with plans to hold several additional meetings in 2015 to find out more from residents about what their needs are, to get a dialogue going, and then to map out existing resources so that the initiative's efforts aren't duplicative. Those resources are being entered into a database that will help the United Way better connect people with the tools they need for job training, financial training and more. So far, the group has identified seven key areas for addressing the community's economic challenges and formed subcommittees for each. The subcommittees (Increase Financial Stability, Prepare a High-Skilled Workforce, Build Community Pride & Identity, Define and Understand the Roots that Cause Poverty, Develop our Youth, Enhance Civic Engagement, and Achieve Economic Vitality) now meet regularly and are poised both to set goals and to decide what metrics they will use to measure their progress.

The Prosperity initiative will be using two key reports to inform its future work and upcoming community meetings. The United Ways of California have joined The California Endowment along with other funders to produce the first report, *A Portrait of California*,⁴

which explores health, income, and education indicators and breaks down the state’s communities into five distinct categories (disenfranchised, struggling, main street, elite enclave, and one percent), based on their level of well-being and access to opportunities. Released in late 2014, the report is part of a Measure of America series on human development and includes state- and county-level metrics. Most of the state and all of Shasta County fall within the “struggling” category.

The second report, *ALICE* (Asset Limited, Income Constrained, Employed), is part of a series produced by several United Ways to examine the effects of poverty by zip code throughout six states, including California.⁵ The California-specific report, released in early 2015, provides more accurate data for Shasta County than do many reports, as rural communities with lower populations often get lumped in with larger groups, masking the specific needs of those communities. *ALICE*, along with the *Portrait*, will allow the group to check community-identified needs against the reports’ data, providing a foundation for proposed solutions.



To ensure Prosperity's success, United Way will be working not only with residents and the Shasta County Health and Human Services Agency, but with other community organizations as well. It is using a “collective impact” framework, which ensures that all parties are working under a common agenda and leveraging their expertise in mutually reinforcing ways. This, says Zanotelli, is what will allow the group to “collectively move the needle in one direction.”

“We will never be as effective individually, as organizations or as individuals, as we can be all together,” she says.

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HOW SHASTA IS DOING IT



The key to making sure equity-focused initiatives are effective is twofold:

- build strong partnerships with others in the community, from institutional leaders to residents
- create an infrastructure conducive to collaboration

Shasta's public health professionals know that the key to making sure Reach Higher Shasta, Prosperity, and any other equity-focused initiatives are effective is twofold: Success lies in their ability to build strong partnerships with others in the community, from institutional leaders to residents. It also depends on having an infrastructure conducive to the collaborative nature of their work. The unglamorous yet critically important task of creating that infrastructure is where they began.

About 15 years ago, long before the ideas for Reach Higher Shasta or Prosperity were born, Shasta County Public Health started restructuring itself to better enable its staff to do more community-based work. It developed rural, regional public health offices in Shasta's higher-risk, more remote communities. It also began improving its translation services, developed job classifications for community organizers and community development coordinators, and, once hired, embedded the new staff within these communities to better identify their needs.

At a community hub called Manter House, for example, a community organizer hired by Shasta Public Health now works alongside the building's owners to provide resources, mentorship and a sense of hope among residents in the Bruce Street Neighborhood in Anderson, an area with the second lowest life expectancy in the county. There, residents can learn life skills, get help with résumés, take classes on everything from spirituality to smoking cessation, and just enjoy one another's company in a safe haven. (The house's owners aptly chose the name "manter," which, in Portuguese, means "to sustain.")

Continuing its restructuring process, Shasta Public Health, which was once a separate department, became integrated as a branch within a larger health and human services agency in 2007, allowing public health staff to work more closely with mental health and social services in both the agency's main offices and regional offices. This has enabled the agency to be more streamlined in its approach to providing services and resources to the community; it also has resulted in an infusion of public health's equity-oriented prevention mindset throughout the agency's branches.

That same year, Shasta County Public Health received a grant from The California Endowment, through the National Association of County and City Health Officials. With funding in hand, the next step was to hire a health equity coordinator, Charlene Ramont, who formed an internal study group to assess internal agency policies and practices to make sure they were supportive of health equity. Out of that internal study group came Advocates for Cultural Proficiency, a cross-agency working group, which took the public health branch's internal efforts to improve equity to the next level, with a four-year strategic plan that included annual trainings for the agency's 800+ staff and further review of internal policies. The public health branch also created an internal steering committee, which met monthly for five years to guide the group's health equity work. And, public health staff often attend equity-oriented trainings and conferences, with the caveat that they must report back to colleagues on what they've learned.

Top 3 priorities

Shasta County residents identified what the community needs to work on together to increase equitable opportunities for health:

- educational attainment
- economic development
- early childhood development



Shasta County Public Health pays special attention to the language it uses when communicating with community members.

After its internal overhaul, Shasta Public Health began inviting residents into the conversation and engaging them in a series of community dialogues. Staff started by surveying residents and asking them what things the community needs to work on together to increase equitable opportunities for health. Educational attainment, economic development and early childhood development emerged as the top priorities, which aligned with what public health data already showed.

Then, in 2010, Shasta Public Health convened a group of community leaders for a daylong summit called Roots of Our Health, in which they discussed what health equity is, talked about the three top issues identified by the community, and outlined next steps, including the formation of several subcommittees. Acting as a neutral facilitator with expertise in health, not planning, the public health branch saw its role as one of breaking down silos within the community. The idea, Ramont says, was to bring people together and make sure “the right voices, not just the loudest voices, were at the table.” They have since held a second Roots of Our Health summit to both celebrate successes and to highlight stumbling blocks and areas that need more work or a different direction.

This focus on community and collaboration is the backdrop against which Reach Higher Shasta and the Prosperity initiative are happening. In both cases, the public health branch has led initially and then stepped back, encouraging community leaders to take the reins. And although working collaboratively can be difficult logistically and can require extra time and negotiating, Ramont says it’s well worth it: “[Public health] cannot do it alone. We would not be able to make any of the changes that need to be made if we didn’t take the back seat.”

The bigger challenge in a county as large as Shasta is simply reaching the entire community and making them aware of these initiatives. In addition to leveraging its community organizers, Shasta uses a variety of strategies to contact community members, from building relationships with reporters—the local newspaper editor sits on the executive committee of Reach Higher Shasta—to traveling around the county, giving presentations, which Superintendent Armelino has done extensively to make sure that local youth and parents know about the educational options available to them.

Shasta County Public Health also pays special attention to the language it uses when communicating with community members. For example, instead of discussing “social determinants of health,” staff talk about “community conditions for health,” which resonates more in a community like Shasta, which has a strong focus on self-sufficiency. The public health branch is also careful to avoid framing disparities in a way that could be divisive or place blame. For instance, they make it clear that the county’s struggles with educational attainment are not the fault of educators; rather, it is the system that needs changing, which is something the whole community can take part in. Additionally, they avoid comparing Shasta to surrounding counties in order to keep people feeling motivated and focused on what the county can improve, rather than on what it lacks.

VISION FOR THE FUTURE



When Shasta’s public health branch first began its health equity work, it was wary of possible resistance to its involvement in issues like poverty and education, which traditionally aren’t part of public health’s purview. But it persisted in spite of hesitation, and the community has overwhelmingly welcomed its efforts with open arms.

“We are doing the same work,” says Superintendent Armelino of the county’s public health and education systems. “They are interested in the health of our community, and if our students aren’t healthy, it’s really difficult for them to learn. ... Public health is a natural partnership.”

Going forward, Shasta’s public health branch is pursuing accreditation and wants to become a model for other counties looking to do work outside public health’s traditional boundaries. And Ramont is already planting seeds for potential public health involvement in other efforts, such as working toward a living wage for Shasta County residents, as part of the county’s long-term goal of improving life expectancy.

Asked what story Shasta Public Health hopes local reporters will be telling in 20 years, Ramont says it would be one of having a thriving, vibrant community: “Right now, we live four years less than the state average. Living two years longer—that would be the headline for me.”

To view video highlights from the health equity initiatives happening in Shasta, visit <https://youtu.be/CRur4nmhA0E>.



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