

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES



MEMORANDUM

Don Semon
Director

DATE: February 1, 2022

TO: Honorable Board of Supervisors

Cc: Don Ashton, Chief Administrative Officer
Don Semon, Director of Health and Human Services Agency

FROM: Olivia Byron-Cooper, Director of Public Health

SUBJECT: Update Regarding Colleen Bridger Agreement and its Purpose

The purpose of this memo is to provide an update regarding Board Item# 21-1919 that was scheduled for the consent calendar of the January 25th BOS meeting, and was continued to February 8th, regarding State funding that Public Health is receiving and proposes using to develop targeted strategies to improve health outcomes for residents of El Dorado County. Continuing the item until February 8th has allowed the opportunity for Public Health to further query the California Department of Public Health (CDPH) and neighboring rural counties regarding their use of the funding, which has been updated within the staff report. It also has allowed Public Health staff to pull data, by supervisorial district in El Dorado County, which highlights the importance of the activities for which this funding would be used.

Though this funding is being provided within the context of recent impacts due to COVID-19, the scope of the funding is much broader. The overarching goal of the funding is to improve the health outcomes of our residents. During the COVID pandemic, certain communities have been at higher risk of severe illness, death, or long lasting secondary complications. The same list of factors that predisposed individuals to a higher risk of severe illness or death isn't uniquely tied to COVID. It puts those same populations at risk from all diseases. These State dollars are intended for counties to develop an understanding of why certain segments of our community are experiencing poorer health outcomes than others. A root cause analysis can help uncover actionable information so that we can strategically target services and resources to improve the health and lives of El Dorado residents, over time. The following data is intended to provide you with a high level understanding of how different segments of our population experience disease burden differently:

	District 1	District 2	District 3	District 4	District 5
Median Household Income	\$128,913.94	\$78,366.65	\$53,605.27	\$79,121.07	\$52,844.11
Home Ownership	88.6%	74.6%	69.3%	83.6%	61.9%
Insured Adults: People aged 18 to 64 years that are currently insured	94.8%	89.9%	84.7%	86.9%	80.7%
Overall Health Risk: (i.e. Each supervisorial district has healthier community conditions than X% of other California census tracts)	X = 92%	X = 68%	X = 51%	X = 65%	X = 54%
Median age at death (previous 10 years all causes)	81	80	80	77	72

Percent of COVID related deaths in their district that were younger than 70	7%	28%	14%	32%	47%
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One can make the following broad inference from the data:

Overall, supervisorial districts with a higher median household income, a higher percentage of home ownership, and a higher percentage of insured residents have less health risk when compared to other CA census tracts, and have a higher median age of death while having had a lower percentage of COVID related deaths for individuals under age 70.

The purpose of the CDPH funding is to expand our analysis and understanding of data in order to implement appropriate interventions and unify partners in a common strategy to reduce health disparities across the entire County. For example:

- 1) There is a direct correlation between insurance status and hospitalization rates. Uninsured individuals often do not have a primary care physician which means they are unable to receive primary preventive care. This leads to poorer health outcomes when faced with a major illness and these folks can end up in the hospital prematurely. This is often a factor in hospital capacity issues during a major health event. This funding can be used to tease out what specific strategies we can use to improve access to health insurance, primary preventive care, and other variables that we have yet to consider. How do we go about developing those strategies, in what order, and why?
- 2) Overall Risk is an indicator consisting of a number of variables (access to transportation, ratio of primary care providers to the population, percentage insured, access to grocery stores, etc.) which indicates a community's propensity to experience poorer health outcomes as compared to other CA census tracts. Based on the supervisorial district data above, we can see that 32 - 49% of California Census tracts face lower overall health risks when compared to Districts 2,3,4,and 5 whereas, only 8% of California Census tracts face lower overall health risk when compared to District 1. Why is this? What strategies can be implemented to improve overall health risks across all districts, how do we go about developing those strategies, in what order, and why?
- 3) District 3 deviates from the general trend outlined above. District 3 is in the lower tier when compared to other districts in the areas of median household income, the percentage of home owners, and overall health risk, and yet District 3 does have the second highest median age of death and the second lowest percentage of COVID related deaths when compared to other districts. Why is that? Perhaps residents have easier access to primary care, transportation, or other resources. Without exploring the data more thoroughly, we can only operate under assumptions.

Our goal is to use these funds and the expertise of Ms. Bridger's firm to uncover actionable strategies to elevate the health of all communities within our county. I hope this information provides a deeper understanding of the very important work Public Health is attempting to do with these funds. Please don't hesitate to reach out if you have additional questions.

Olivia Byron-Cooper, MPH



Director of Public Health