

Goal 1: Protect against adverse outcomes among children and youth, adults and seniors.

Project 1.3 – Seniors

1. **Ask:** *Change “Seniors” to “Older Adults,” in the Strategic Plan and as standard practice when addressing and referencing this segment of the population.*

The national nonprofit group, “FrameWorks Institute” in Washington, D.C., develops and conducts communication research to identify the most effective ways of reframing social and scientific topics. Through their efforts, we have learned that “reframing” our conversations, media and approach to our work can have a positive impact on stereotypes, the public’s view of older adults and ultimately increase public support for policies and practices that would improve the lives of older adults in our communities.

Most people, without realizing it, use various words to describe aging as a negative experience. Per Julie Sweetland of FrameWorks, “certain words like ‘senior citizen’ and ‘elderly’ are often associated with frailty, a lack of competence and an inability to do for one’s self.” In support of Healthy Communities and as part of the Health and Human Services Agency’s Adult System of Care model, we have a vested interest in working to change the dialogue in our community for proactive changes in support of older adults. Changing our language is one part of our initiative.

Ownership: Commission on Aging

Goal 3: Improve access to services for all communities.

Objective 3.1.4 – Produce a sustainability plan identifying additional resources and collaboration to sustain community hubs and mobile outreach to socially isolated areas.

1. **Ask:** *Work with the Board’s Ad Hoc Cannabis Committee to promote healthy communities, considering potential tax revenue to increase access to prevention and early intervention services for children, families and communities.*

Should the AD Hoc Cannabis Committee dedicate revenues on behalf of children and families, funding could support evaluation, data collection, reporting and outreach plans for Healthy Communities.

2. **Ask:** *Address turnover of Public Health staff in the Community Hubs model by converting the Limited Term positions to Permanent positions.*

Convert the Community Health Advocate, Public Health Nurse and Supervising Public Health Nurse positions in the Community Hub Programs to permanent positions to help with recruitment efforts and turnover of staff.

New and/or existing County Staff (who voluntarily transferred from permanent positions into the Limited Term Hub positions) hired into the Community Hubs Program receive approximately 2 months of training and are then deployed to their respective Hub communities. When other comparable or promotional permanent positions become available, Hub staff transfer into them due to their desire for permanency. This has led to frequent turnover of staff and, consequently, an inability to fully implement Community Hub program strategies and to meet contractual obligations.

PHN positions, including Supervising PHN positions, in our County (and other rural counties) are hard to recruit for due to non-competitive wages and a smaller pool of qualified candidates. With the Community Hub positions being Limited Term, it makes them even less desirable to the few PHN candidates we interview and select to move forward with the hiring process. Hence, one of the Community Hub PHN positions has been vacant for a year and another for 6 months. These vacancies prohibit full implementation of Community Hub strategies and make it a challenge to meet contractual obligations.

If subsequent funding is not found for the project and we are unable to transfer staff into other positions, the Reduction in Force (RIF) process will be followed. We are currently working on sustainability strategies so we are hopeful this would not occur.

There is no additional increase in cost for the changes in position status since Staff are currently receiving full benefits.

Ownership: Lynnann Svensson & Kathi Guerrero

Goal 4: Promote community practices for a safe environment that supports positive physical and behavioral health and wellness among residents and visitors.

Objective 4.1.1 – Recommend a process that will integrate public health practice more effectively into the land use planning process.

1. **Ask:** *Receive approval to develop a draft “Health in All Policies” Board Policy to be presented and reviewed by the Board of Supervisors.*

“Health in All Policies” is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. A “Health in All Policies” Board policy will create the foundation for interagency

collaboration which can lead to improved decision-making and outcomes; greater efficiencies in service delivery and ultimately in building healthy communities.

Policies implemented by El Dorado County outside of the traditional health sector significantly affect the social determinants of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development.

El Dorado County recognizes that the health and well-being of our residents are critical for a prosperous and sustainable county; and that conditions in the environments in which people are born, live, learn, work, play and age; known as the social determinants of health, have the greatest influence on health outcomes across populations.

In order to achieve healthy communities in El Dorado County, everyone needs to work together. The Strategic Plan team assigned to objective 4.1.1 will develop a draft policy and seek Board's approval. The policy will be drafted in accordance with Policy Number A-1: Development and Distribution of Board of Supervisors Policies.

Ownership: Board of Supervisors

Objective 4.1.2 – Assess and evaluate best practices to prevent tobacco, alcohol and other drug use, and make policy recommendations to the Board for consideration.

1. **Ask:** *Approve in concept amending Ordinance No. 4190 to prohibit smoking and tobacco use including electronic smoking devices in all outdoor areas owned or leased by the County of El Dorado, including parking lots, walkways and the grounds of all buildings owned or lease by the County to be tobacco-free.*

Smoke and tobacco-free means: prohibit smokingⁱ and tobaccoⁱⁱ use in all indoor and outdoor areas owned or leased by the County of El Dorado, including parking lots, walkways and the grounds of all buildings owned or lease by the County. Research shows that smoke-free policies reduce second hand smoke; the prevalence of smoking; and cancer and heart disease morbidity and mortality. Additionally:

- There is no safe level of smoking.
- Secondhand smoke is a serious health hazard causing more than 41,000 deaths per year.
- Secondhand smoke in the workplace costs our economy \$5.6 billion per year due to lost productivity and another \$5 billion in medical costs.
- Smoke and cigarette butts have a negative impact on the environment.
- The economic burden of smoking and tobacco use in El Dorado County cost is \$109.5 millionⁱⁱⁱ per year in health care costs and lost productivity.

- Secondhand smoke has been repeatedly identified as a health hazard, whereas smoking remains the number one preventable cause of death and disease both locally and nationally.

A smoke and tobacco-free survey of County employees in August 2017 about making all County campuses smoke and tobacco-free identified the following:

- 635 employees responded to the survey.
- 52% of the respondents stated they are bothered by secondhand smoke at their work location.
- 70% of the respondents stated they support the adoption of a smoke and tobacco-free campus.
- Some employees expressed concerns related to infringing on personal freedom, including the impact on clients and employees who smoke or use tobacco products and how the ordinance would be enforced.

A similar survey of 122 County clients and program participants in October 2017 identified the following:

- 93% of the respondents stated they believe that secondhand smoke and aerosol vapors are harmful to those who inhale it.
- 75% of the respondents stated they have been bothered by secondhand smoke exposure in outdoor areas in the past year.
- 87% of the respondents stated they think it's important to support smoking restrictions in outdoor areas.

Local organizations that have adopted smoke and tobacco-free campuses include Barton Memorial Hospital, Marshall Medical Center and Folsom Lake College. Counties that have adopted similar ordinances and policies include Yolo, Nevada, Solano, Sonoma, San Luis Obispo, Shasta, Ventura, Contra Costa and Santa Clara.

HHS staff met with Local 1 Executive Director, Jere Copeland, on May 9, 2018 to ascertain a general opinion as to employee receptivity to a tobacco free campus policy. Feedback from Mr. Copeland indicated support in concept of the idea. Pending direction from the Board to move forward with an ordinance, additional stakeholder groups will be contacted for implementation, notice logistics and enforcement planning.

Fiscal and Other Impact:

Implementation costs are estimated to be minimal and include installation and maintenance of signage, publicity and general governance of an ordinance. An assessment of existing County campus locations inclusive of entrance and exit points reveals the need for approximately 150 signs. Existing sign posts number 100 with the need for installation of an additional 50. Materials cost with installation is estimated to be between \$8,000 and \$10,000. These costs may be mitigated fully or in part by use of

TUPP funding. Cost of enforcement will vary on the type and caliber of administration and will be detailed to the Board pending approval to move ahead.

Potential cost savings are difficult to estimate, but may include: (1) the savings from clean-up cost of cigarette butt litter (the city of San Francisco has estimated that it spends \$11 million per year cleaning up butts); and, (2) possible reduction of health care premiums due to staff who quit smoking.

All Staff, customers, visitors, program participants and vendors will be subject to the proposed ordinance.

Conclusion:

In anticipation of the Board's direction to move forward with the development of ordinance, HHSA staff will collaborate with the Chief Administrative Office, Human Resources, County Counsel and all Departments to achieve the effective implementation of a sound ordinance that promotes improved health of our community.

Ownership: Chief Administrative Office

2. **Ask:** *Approve the Tobacco Use Prevention Program (TUPP) working with County Counsel to draft an El Dorado County specific Tobacco Retail License to bring back to the Board at a later date for review.*

Tobacco remains the number one preventable cause of death in California. Experience shows that local action has been the cornerstone of the tobacco control movement and public health improvement^{iv}. Additionally:

- Nearly 9 out of 10 U.S. cigarette smokers start before the age of 18, while 22.7% of El Dorado County high school students reported current use of some type of tobacco product (compared to 13.8% statewide). E-cigarettes are the most common products used by El Dorado County youth at 16%^v.
- Studies have found that nicotine and tobacco may have a more serious negative and lasting impact on youth brain development. Researchers found that the part of the brain that is most impacted by nicotine is used for problem-solving, complex thought and controlling behavior; and that the toxic effect may be most harmful when smoking begins during early adolescence^{vi}. Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine.
- Tobacco retailers failing to comply with all tobacco control laws, particularly laws prohibiting the sale of tobacco products to underage individuals, represent an imminent threat to the long-term public health and safety of our residents, costing El Dorado County \$109.5 million annually.
- According to Centers for the Disease Control and Prevention's (CDC) "2014 Best Practices for Comprehensive Tobacco Control Programs" report, state and

community interventions for preventing tobacco use among youth includes:
“stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education and reinforcement.”

- In relation to “Best Practices” in tobacco control, El Dorado County was identified with a failing grade as noted in the, The American Lung Association (California) *“State of Tobacco Control 2018 - California Local Grades.”* in part for the absence of a tobacco retail license (TRL) ordinance.
- A continued absence of a proactive TRL could negatively impact the ability of the County to draw additional funds necessary to exercise a comprehensive tobacco control program.

Further incentive for a TRL ordinance is reflected below:

El Dorado County Young Adult Tobacco Purchase Survey (2018) data showing that of 93 tobacco retailers surveyed under a sting operation conducted by the El Dorado County Sheriff’s Department and Explorer Post members, 16.3% were unlawfully selling smoking and tobacco products to underage individuals (more than 2 ½ times the State average of 6%^{vii}).

The Center for Tobacco Policy & Organizing 2013 public opinion survey of California rural communities and small towns^{viii}, including El Dorado County, found that three out of four voters would support local laws requiring store owners to get a license to sell cigarettes, and:

- 9 out of 10 voters “agree that a store owner who repeatedly sells cigarettes to minors should lose the right to sell cigarettes.”
- 2/3 of rural voters have “no problem with a fee of \$235 a year for a tobacco license to pay for enforcement of the law”, and
- 72% want a “strong enforcement system” because “we can’t trust store owners to police themselves.”

Tobacco Retail Licensing Helps Reduce Tobacco Use and Prevents Illegal Tobacco Sales:^{ix}

- Stores have been shown to be more vigilant about verifying ages while selling cigarettes when illegal sales could result in retailer citations, license suspension or revocation.
- Although sales to youth are already prohibited by state law, licensing systems with local comprehensive education and enforcement demonstrate significantly lower sales rates to minors.
- Review of 33 California communities with strong local tobacco retailer licensing ordinances shows that the underage sales rate declined significantly in 31 of these communities after the ordinances were enacted, with an average decrease of 40%. A decrease of 271% would reduce the El Dorado County sales rate to underage individuals from 16.3% to the statewide average of 6%.

- More than 172 cities and counties in California have now adopted strong local tobacco retailer licensing ordinances in an effort to reduce illegal sales of tobacco products to underage individuals^x.

Local tobacco retailer licensing systems work. A TRL will enable El Dorado County to provide comprehensive local education and guidance to support retailers in complying with tobacco control laws and business standards of the county; provide sufficient and consistent enforcement; and most importantly protect the health, safety, and welfare of our youth.

Fiscal and Other Considerations:

A potential concern that tobacco retailer fees will harm tobacco merchants is not supported by historical data^{xi}. Each time a new tobacco tax or fee is implemented, the retail price of a pack of cigarettes is increased. The increase varies based on how much the tobacco companies and retailers choose to pass on to the consumer. A \$200 to \$400 TRL fee generally equates to a \$0.05 to \$0.10 rise in per pack cost.

Enforcement of an ordinance varies from county to county, but is commonly conducted by public health, code enforcement, law enforcement or other county/municipal officials.

In anticipation of the Board's direction to move forward with the development of an ordinance, HHS staff will collaborate with additional stakeholder groups, the Chief Administrative Office, designated enforcement entity, and County Counsel to achieve the effective implementation of a sound ordinance that promotes improved health and safety of our community.

Conclusion:

If smoking rates remain unchanged, 5.6 million children alive today in the United States will die prematurely from smoking. Protecting children from the risk of smoking through reduced commercial access to tobacco products can be potentiated through an effective TRL process. Implementation of a local tobacco retailer license would provide our communities with a powerful tool for enhancing compliance with all tobacco-related regulations including laws banning sales to minors.

Ownership:

Objective 4.1.4a – Establish a program to reduce, recover and recycle food loss and waste.

1. **Ask:** *Support the implementation of a pilot program (Waste Not El Dorado) by Environmental Management Department and Health and Human Services Agency, to eliminate food insecurity by reducing, recovering and recycling good loss and waste.*

Environmental Management Department (Solid Waste side) was recently awarded a CalRecycle grant for \$277,000. In this grant cycle, we will be using the funds to:

- ✓ Provide infrastructure improvements for the Food Bank of El Dorado County allowing them to add:
 - Cold storage units
 - Transportation vehicles
 - Increased staffing

Environmental Management will increase awareness by providing education and outreach by:

- ✓ Implementing a pilot program starting in El Dorado Hills with Environmental Health Specialist educating food establishments on donating surplus food by using Safe Food Donation handouts and a food facility toolkit. Both handouts and toolkits are now available on EMD's website.
- ✓ A surplus food donation statement is being incorporated into every food inspection report.
- ✓ The anticipated start date for this pilot program is June/July of this year.

Approximately \$10,000 of the CalRecycle grant money is for administering the grant and will be used for oversight of capital improvements to the Food Bank and some outreach.

Ownership: Environmental Management

Objective 4.1.4b – Assess and evaluate best practices and policies relative to healthy food and beverage offerings in El Dorado County building.

1. **Ask:** *Recommend the Board of Supervisors support an RFP to solicit vendors with healthy options.*

The County's most recent RFP for vending machines occurred in 2015 on RFP# 15-918-064 which was due on July 2, 2015 at 3:00 p.m. This RFP resulted in Agreement # 189-S1610 with Sacramento Vending, which has an expiration date of 10/27/2018. We would like to prepare a new RFP which would incorporate healthy snack options with the goal of having a vendor in place upon expiration of current agreement.

2. **Ask:** *Recommend the Board of Supervisors support a minimum of 50% healthy snack options in the new contract.*
3. **Ask:** *Recommend the Board of Supervisors support 100% healthy snack options for all contracts negotiated after 2019.*

Ownership: Procurement & HHSA

Goal 5: Strengthen collaboration with community stakeholders to ensure the development and delivery of comprehensive and integrated services.

1. Ask: Recommend the Board of Supervisors continue to support Health Accreditation efforts now and in the future.

Ownership: Dr. Nancy Williams, Public Health Officer

ⁱ “Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. “Smoking” includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking. California Business and Professions Code Section 22950.5(c)

ⁱⁱ A product containing, made from, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff. Includes any electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah

ⁱⁱⁱ *The Cost of Smoking in California*. Institute for Health & Aging, School of Nursing University of California San Francisco, October 2014. Reflects the economic burden of smoking in the County of El Dorado (includes indirect costs, i.e. lost productivity). Total Direct Health Care Costs only are \$66.7 million.

^{iv} American Lung Association State of Tobacco Control 2018 “California Local Grades” - January, 2018

^v University of California, San Diego. 2016 California Student Tobacco Survey. San Diego, CA, February

^{vi} 2016 U.S. Surgeon General's Report on E-Cigarette Use Among Youth and Young Adults.

^{vii} Despite the age difference between the State of California decoys (18-19 year olds) and El Dorado County decoys (16-17 year olds). Had the survey included older decoys, the results would likely have been worse. The State survey was conducted in March, 2018.

^{viii} Center for Tobacco Policy & Organizing commissioned a survey of 945 California rural and small town voters, March 2008, fee adjusted to inflation

^{ix} Public Health Advocacy Institute at Northeastern University, October 2013

^x American Lung Association State of Tobacco Control 2018 “California Local Grades” - January, 2018

^{xi} Orzechowski & Walker, Tax Burden on Tobacco, 2016; media reports; state tax officials; U.S. Department of Agriculture, Economic Research Service.