

RCUD  
10/21

## Tom Grover's Planning Commission Input on the HIA Report

This is what the CDC actually said.....Rural areas have the same problems as any other region...we just do not get the social or medical services of an urban area

<http://www.cdc.gov/nchs/data/hus/hus01.pdf>.

Knowing the characteristics of communities and how they differ is important for shaping health policy (1). The level of urbanization in an area has long been recognized as an important characteristic affecting access to health services. **Rural health policy, in particular, has traditionally focused on reduced access to health services caused by the relative scarcity of health care providers in nonmetropolitan areas** (2). Increasingly, policy makers have recognized that communities at different urbanization levels also differ in their demographic, environmental, economic, and social characteristics, and that these characteristics greatly influence the magnitude and types of health problems communities face. The number of children and elderly persons, environmental and occupational exposures, economic resources, health-related behaviors, and availability and use of health services all vary with urbanization level. Many residents in large urban centers lack health insurance coverage (figure 23), for example, making access to health services a problem in these areas despite a large supply of health care providers (figures 24 and 25). This chartbook describes some of the differences in population characteristics, health risk factors, health status, and health care access across urbanization levels. The health indicators selected for examination in this chartbook represent topics of major public health concern. Some of these topics have been identified as Leading Health Indicators in Healthy People 2010 including physical activity ( ), obesity ( ), tobacco use ( and ), alcohol abuse ( ), infant mortality ( ), unintentional injury and motor vehicle deaths ( ), homicide ( ), suicide ( ), and health insurance coverage ( ) (3). The examination of health indicators by urbanization level is primarily descriptive; causal mechanisms are likely to be varied and numerous. Descriptions of differences are important in assessing the magnitude and type of health problems confronting communities at different levels of urbanization.

**THIS IS THE LINK FOR THE EXECUTIVE SUMMARY... I AM SENDING THIS DOCUMENT AS AN ATTACHMENT TO THIS EMAIL**

[http://www.humpal.org/assets/files/Documents/Humpal/Resources/HumboldtGPUHIA/HumCo\\_GPU\\_HIA\\_Sections/GPU\\_HIA\\_ExecSum\\_FINAL\\_8.28.08.pdf](http://www.humpal.org/assets/files/Documents/Humpal/Resources/HumboldtGPUHIA/HumCo_GPU_HIA_Sections/GPU_HIA_ExecSum_FINAL_8.28.08.pdf)

## Tom Grover's HIA input to the Planning commission

There are many problems with both the HIA report and the later version called the Executive Summary the most important being the lack of peer review.

This is a list of some of the major problems.

- 1) The documents continually confuses suburban with rural. The use of the” San Francisco Model “is ridiculous .Any area less than 1000people/sq.mi. is considered rural. Most of our cities in southern Humboldt are less than that density.
- 2) The documents continually confuses physical isolation with social isolation . People can feel socially isolated in a city. People do feel socially isolated in the country partly because they rarely have any chance to get public services and are excluded from an entire range of governmental processes.
- 3) The HIA report results were changed in the Executive Summary but the original document (HIA) was never retracted or modified.
- 4) No input was ever received from any group situated in a rural area and no meetings were ever held in any rural area.
- 5) This document is referred to in the GPU but the planning department has refused to make these documents available on their website. In fact it is only available through the Humpal website.
- 6) The entire document is biased against the rural areas in that no consideration was ever made of the problems associated with urban areas such as crime, fast foods, air pollution. The statistics of problems in rural areas were taken from statistics from other areas of the country or were a mix of city and country. It was stated that the people in the rural areas were 6 lb. heavier than their city counterparts but it was never demonstrated that this was fat and not muscle. Those statistics included the towns of Garberville and Redway.
- 7) This document was paid for( and in fact SMART GROWTH itself) indirectly by Blue Cross Insurance and a group of insurance companies.
- 8) This is Social Engineering at its worst. We should all live in cities (Concrete Anthills)where we can be serviced and to heck with the important jobs that exist on the the resource base ,the land.

This document should be eliminated from any mention in the GPU.All the “A” and “B”proposals that make life in the rural areas impossible should be eliminated.