

RICHMOND HEALTH EQUITY
PARTNERSHIP:
Launch meeting

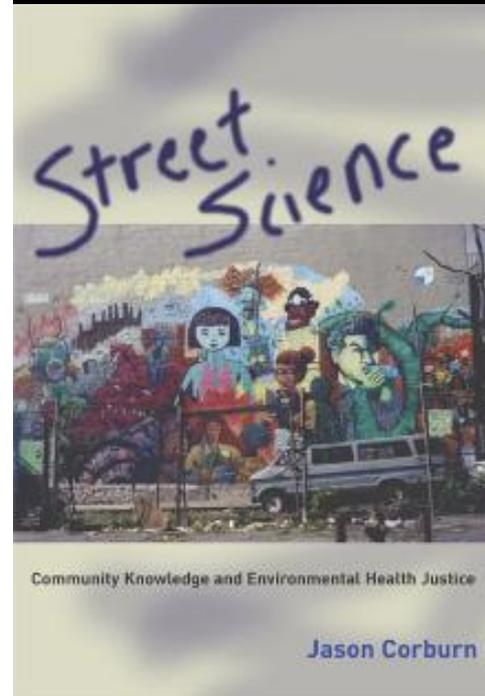
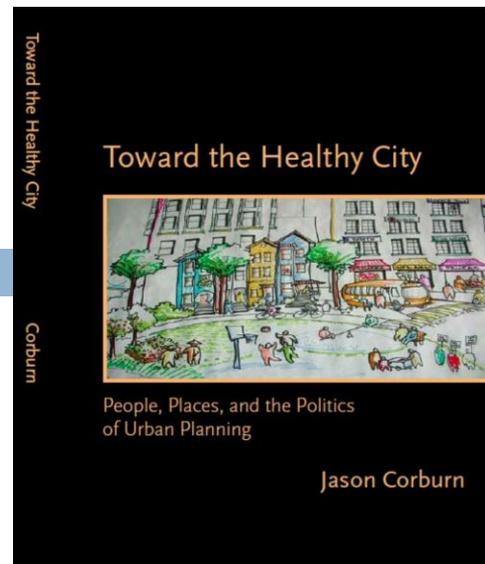
March 28, 2012
Jason Corburn

Jason Corburn, Phd, MCP

2

- Associate Professor UC Berkeley – Department of City & Regional Planning & School of Public Health
- Senior Planner – NYC Government
- Over 50 local, state & national govts around the world on healthy & equitable city strategies
- Advisor, World Health Organization's Healthy Cities Program
- Evaluated Implementation phase of Richmond's Health & Wellness Element for The California Endowment
- Health Equity Partnership
 - HiAP Strategic Plan
 - Training
 - Health Equity Report Card – data tracking system

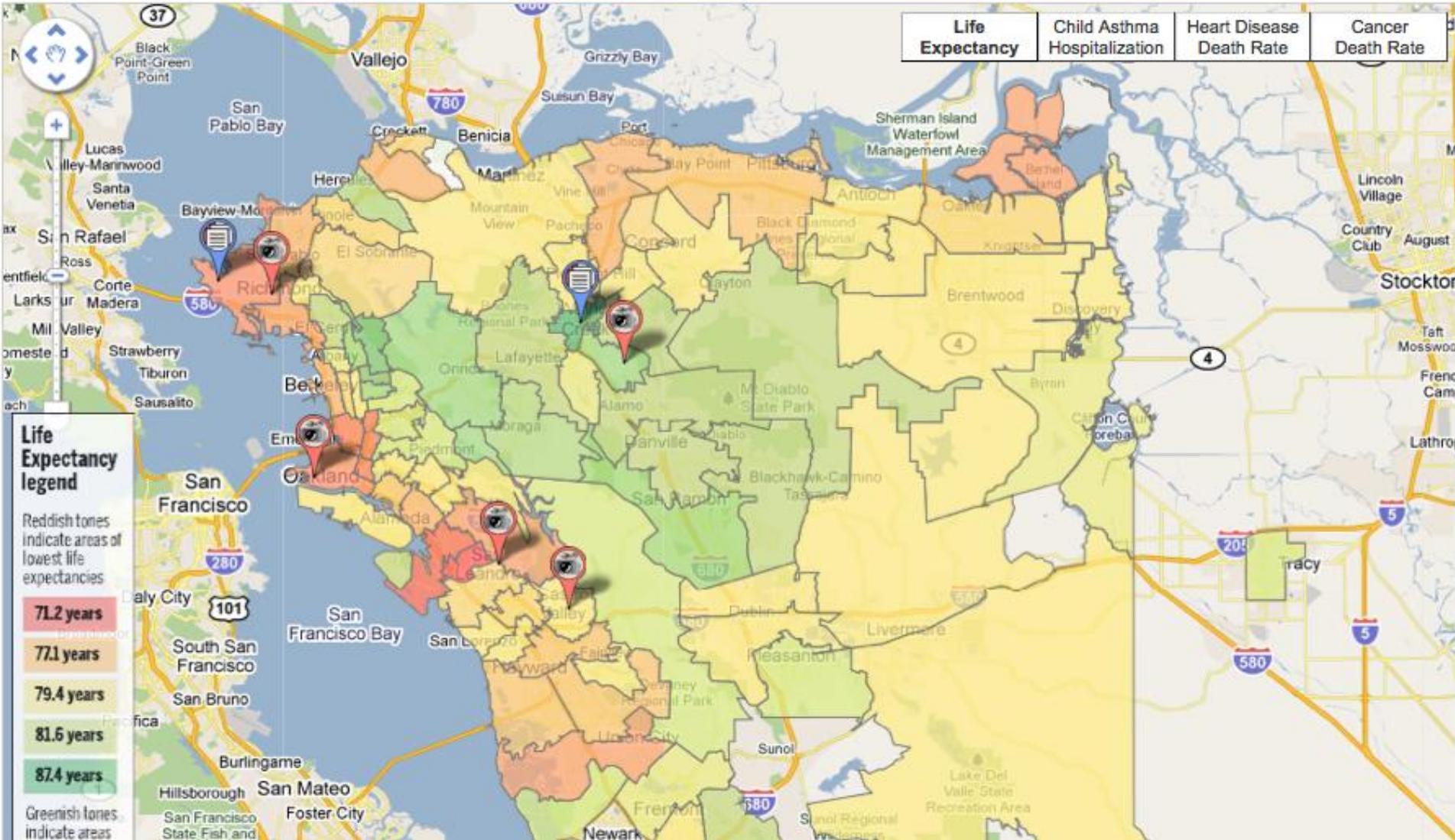
Jason Corburn - UC Berkeley - jcorburn@berkeley.edu



Some objectives for today's meeting

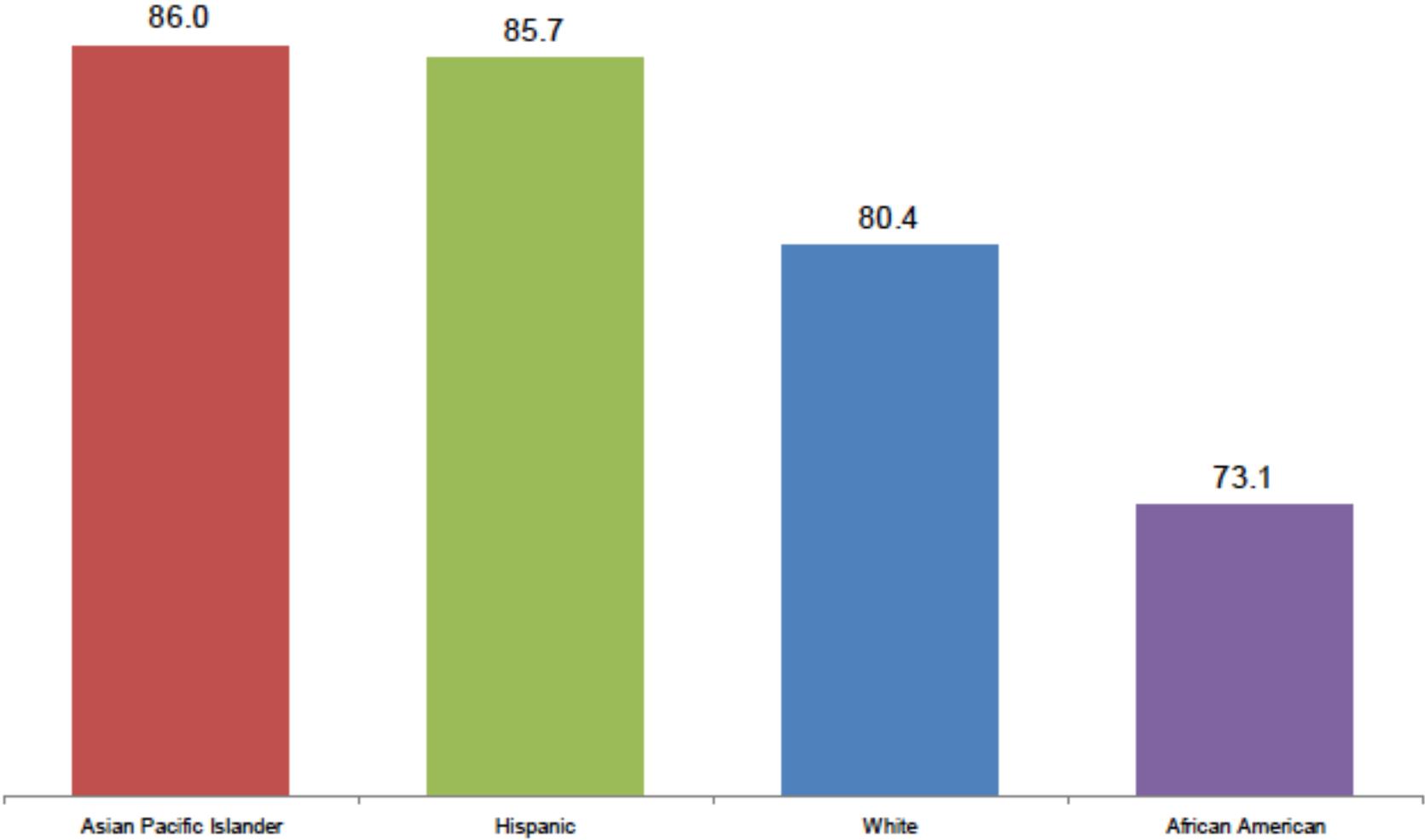
1. Introductions & grant deliverables
2. Identify leaders
3. Begin conversation about model of change that promotes greater **health equity means**,
4. Some examples from other places
5. Agreement on work plan & way forward
6. MOUs

SHORTENED LIVES WHERE YOU LIVE MATTERS



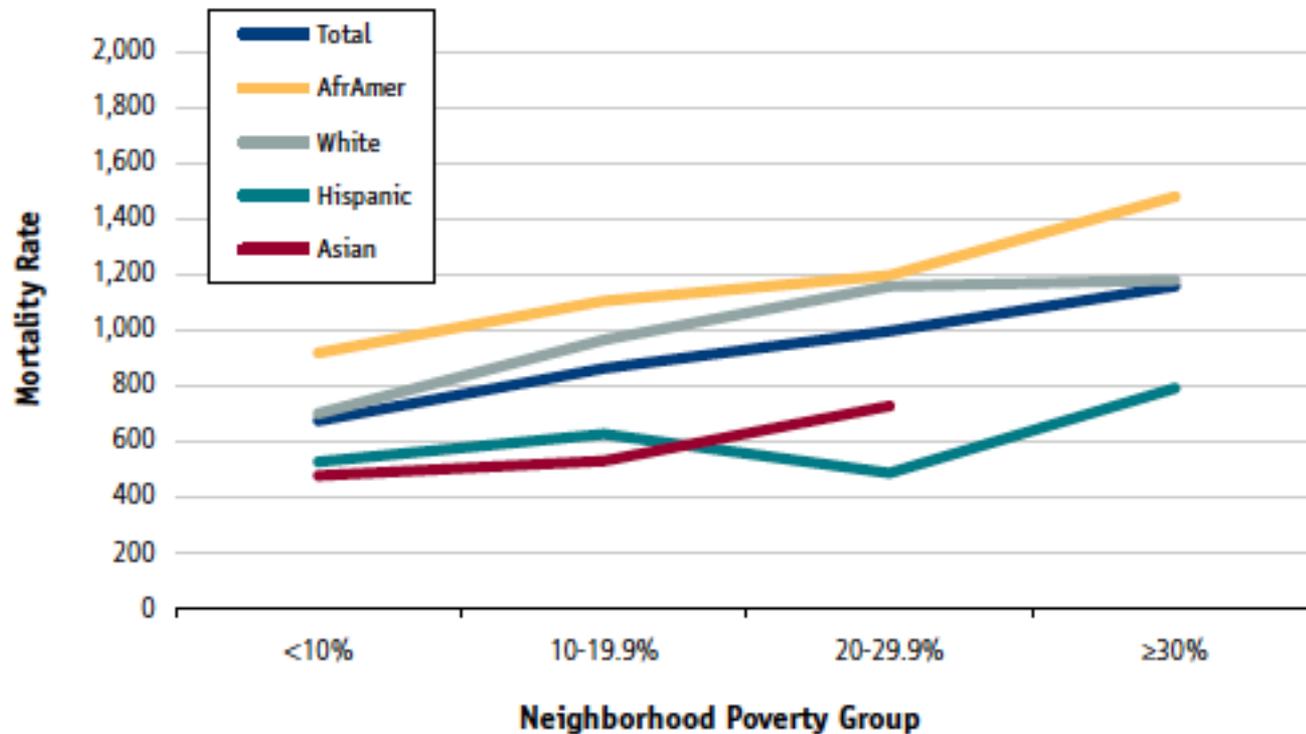
Source: http://www.contracostatimes.com/top-stories/life-expectancy/ci_13913952
 Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

Life Expectancy in Contra Costa by Race, 2005- 2007



Contra Costa County: Mortality rate by neighborhood poverty & ethnicity

6

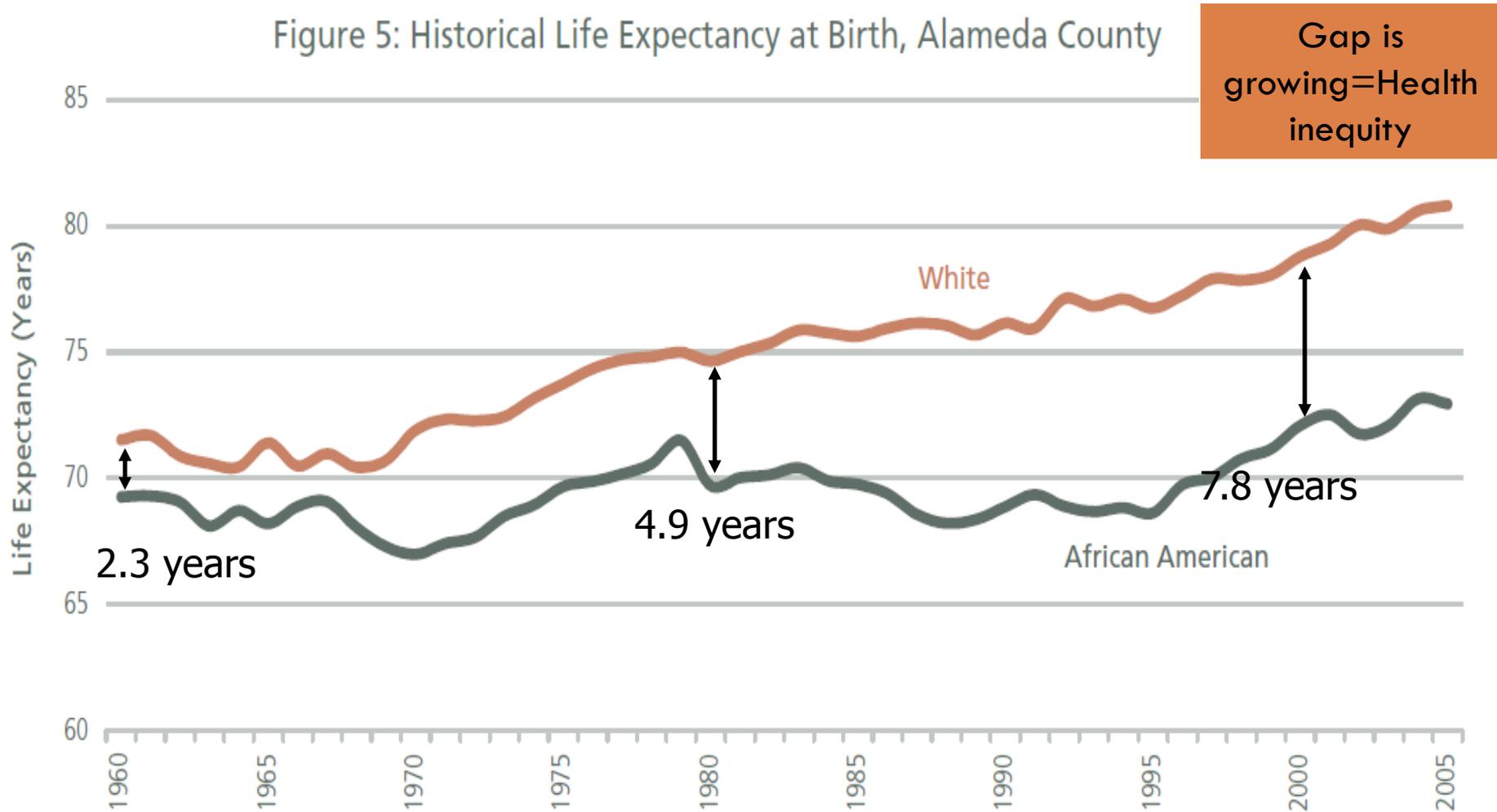


Source: http://cchealth.org/health_data/

Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

Health Inequities by Race/Ethnicity

Figure 5: Historical Life Expectancy at Birth, Alameda County

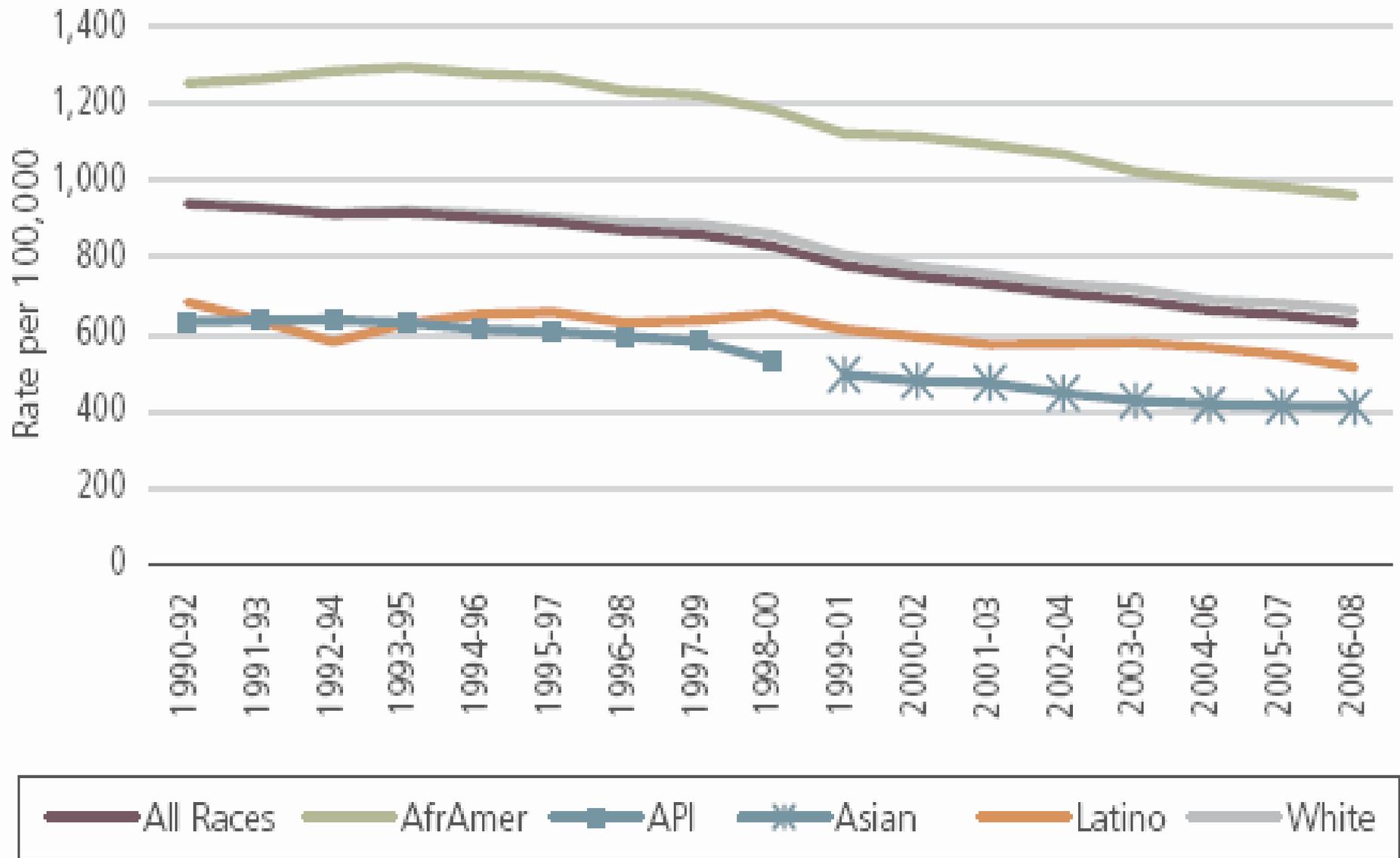


Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

Note: White and African American defined regardless of Latino origin.

Source: Alameda County vital statistics files, 1960-2005.

Figure 5.3: All-Cause Mortality Trend



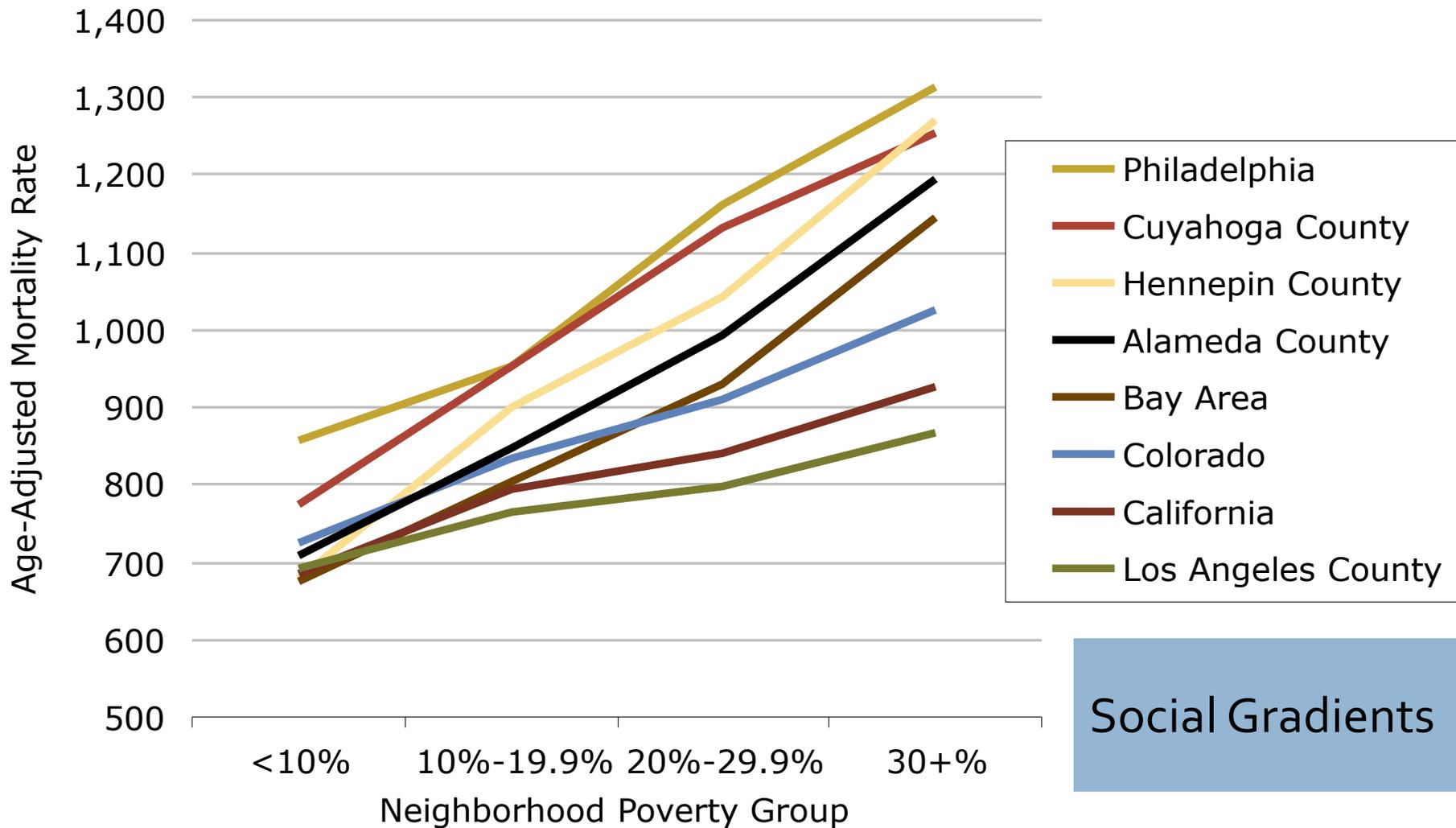
Source: Alameda County Vital Statistics Files, 1990-08.

Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

Note: Rate for Asian/Pacific Islanders (API) until 1998-00; rate for Asians (without Pacific Islanders) from 1999-01.

Mortality & neighborhood poverty rate; selected counties

9



Social Gradients

Table 3 ■ Heart disease deaths by selected cities

Contra Costa County, 2005–2007

	Deaths	Percent	Rate
Walnut Creek	627	13.4%	114.0**
Richmond	587	12.2%	210.2*
Concord	547	11.7%	153.8
Antioch	405	8.7%	211.1*
Pittsburg	254	5.4%	181.5*
San Pablo	249	5.3%	337.6*
Martinez	197	4.2%	188.5*
Pleasant Hill	197	4.2%	156.7*
El Cerrito	188	4.0%	145.9
Brentwood	130	2.8%	132.1
Oakley	100	2.1%	226.5*
Pinole	98	2.1%	142.5
Hercules	67	1.4%	135.7
Bay Point	48	1.0%	121.7
Contra Costa	4,664	100.0%	147.5

Table 3 ■ Diabetes deaths by selected cities

Contra Costa County, 2005–2007

	Deaths	Percent	Rate
Richmond	86	14.5%	32.4*
Concord	78	13.2%	22.2
Antioch	70	11.8%	35.1*
Pittsburg	53	9.0%	37.0*
Walnut Creek	48	8.1%	10.1**
San Pablo	35	5.9%	49.3*
Martinez	27	4.6%	25.5
Pleasant Hill	24	4.1%	20.2
Brentwood	22	3.7%	22.0
El Cerrito	21	3.5%	16.5
Bay Point	14	2.4%	NA
Pinole	13	2.2%	NA
Hercules	9	1.5%	NA
Oakley	7	1.2%	NA
Contra Costa	592	100.0%	18.9

Table 2 ■ Low Birth Weight Births by Selected communities

Contra Costa County 2005–2007

	Cases	Percent	Rate
Richmond	382	14.1%	8.0*
Concord	321	11.8%	5.9
Antioch	315	11.6%	6.6
Pittsburg	239	8.8%	7.2
San Pablo	173	6.4%	7.5
Brentwood	159	5.9%	7.3
Walnut Creek	147	5.4%	7.1
Pleasant Hill	90	3.3%	7.8
Oakley	84	3.1%	6.1
Martinez	79	2.9%	5.4
Bay Point	75	2.8%	6.1
Hercules	60	2.2%	6.8
El Cerrito	40	1.5%	5.0**
Pinole	36	1.3%	6.6
Contra Costa	2,712	100.0%	6.7

These are unadjusted crude rates per 100 live births.

Contra Costa total includes cities and unincorporated areas not shown.

* Significantly higher rate compared to county.

** Significantly lower rate compared to county.

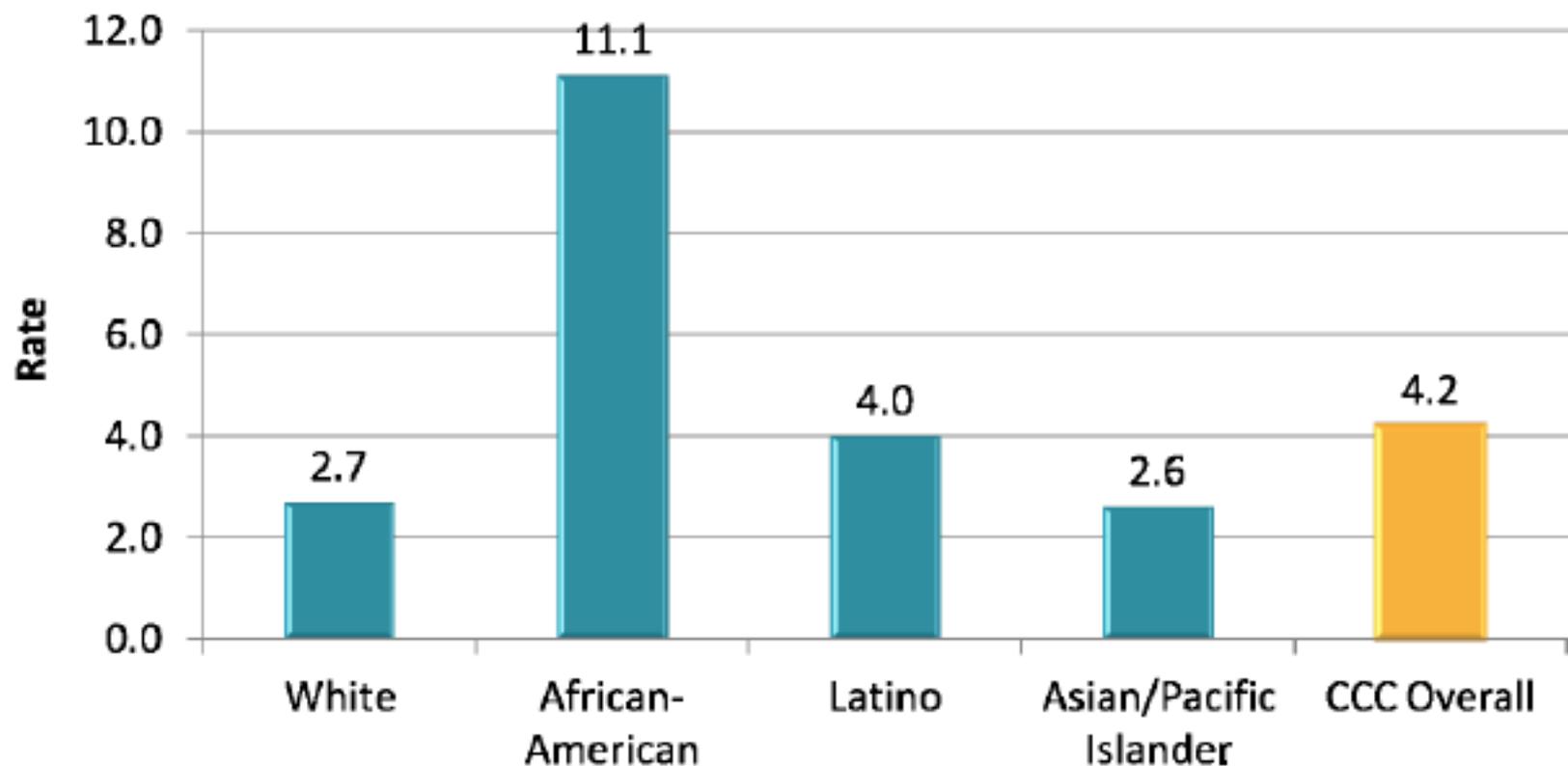
Table 3 ■ Low birth weight births in selected communities by race/ethnicity

Contra Costa County 2005–2007

	White		Hispanic		African American		API		Total	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Richmond	21	4.0 **	151	6.0	157	14.4 *	31	6.7	382	8.0*
Concord	117	6.0	122	5.0 **	20	12.3 *	49	7.7	321	5.9
Antioch	90	6.8	99	4.9 **	76	11.4 *	38	7.3	315	6.6
Pittsburg	29	6.1	100	5.5	62	12.8 *	35	7.9	239	7.2
San Pablo	12	NA	89	6.0	45	15.2 *	22	7.3	173	7.5
Brentwood	67	6.2	58	7.8	10	NA	18	NA	159	7.3

Is there something about the experience of being African-American in Richmond that is driving the rate of low birth weight babies?

Infant Mortality Rate (per 1,000 live births), by Race/Ethnicity, Contra Costa, 2005-2007



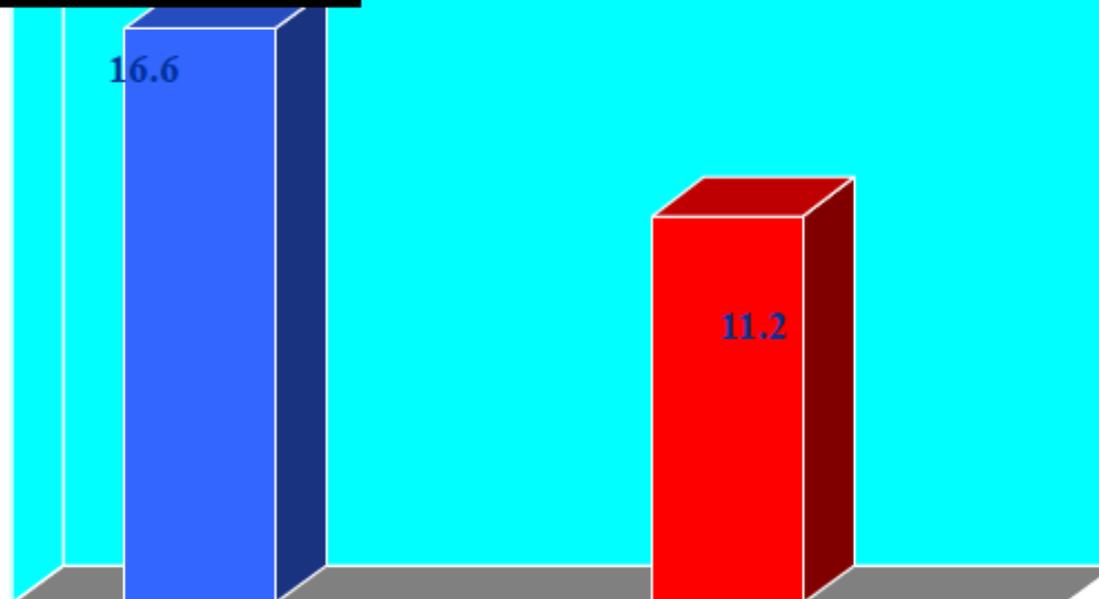
Source: California Department of Health Services Death Statistical Master Files 2000-2007. Prepared by Contra Costa Health Services – Community Health Assessment, Planning and Evaluation (CHAPE)

Is it just income?

14

INFANT MORTALITY

Per 1,000 Live Births



**African Americans
with Household
Income \$35,000+**

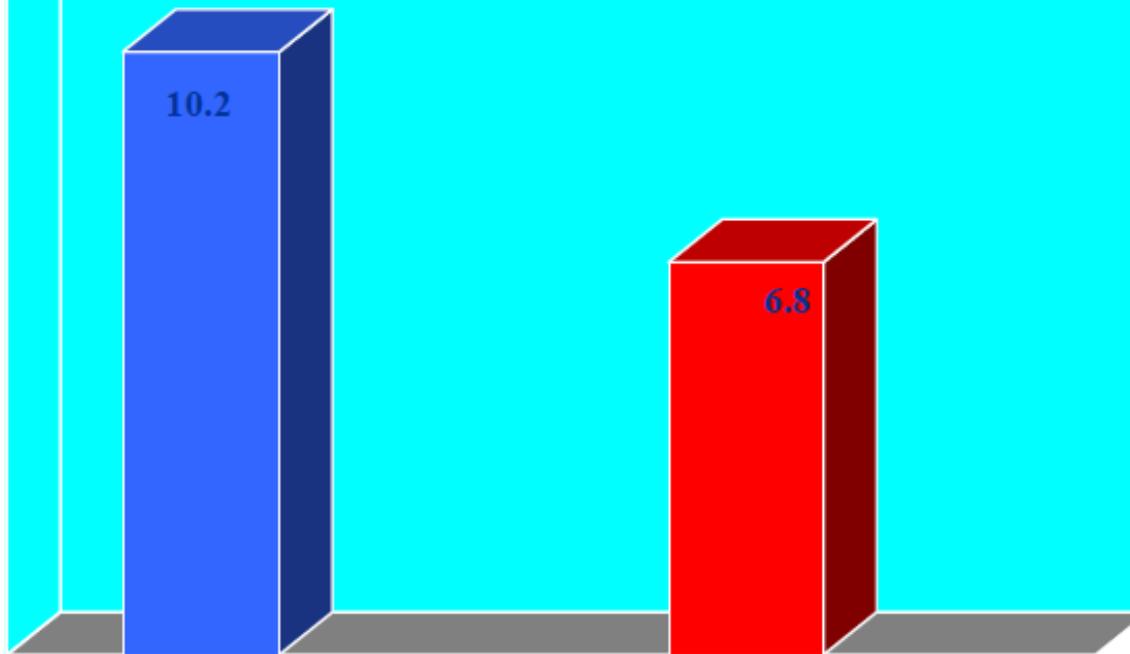
**White Americans with
Household Income
<\$10,000**

Is it just education?

15

INFANT MORTALITY

Per 1,000 Live Births



**African Americans
16+ years of schooling**

**White Americans <9
years of schooling**

NCHS 2002

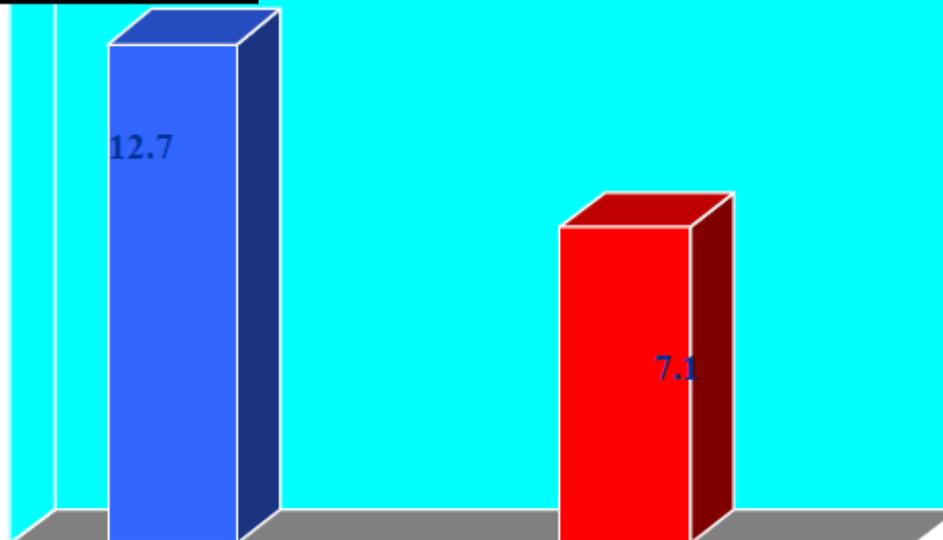
Is it health care?

16

INFANT MORTALITY

Per 1,000 Live Births

NCHS 2002



African Americans

White Americans

First Trimester

Prenatal Care After

Prenatal Care

1st Trimester or

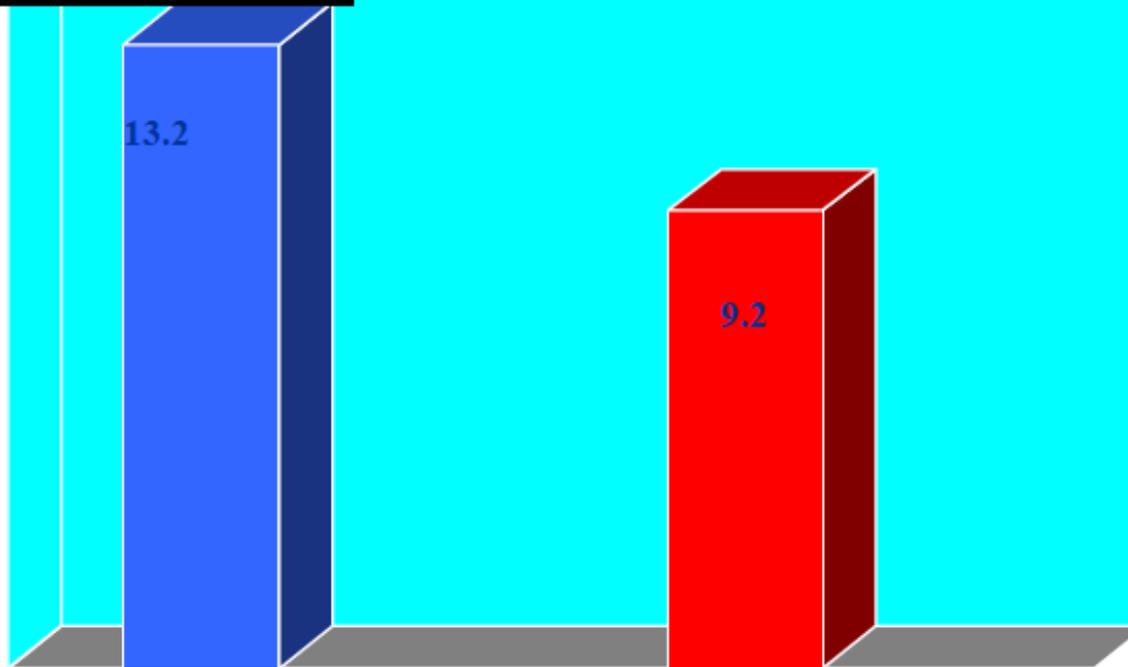
None

Is it unhealthy behaviors, like smoking?

17

INFANT MORTALITY

Per 1,000 Live Births

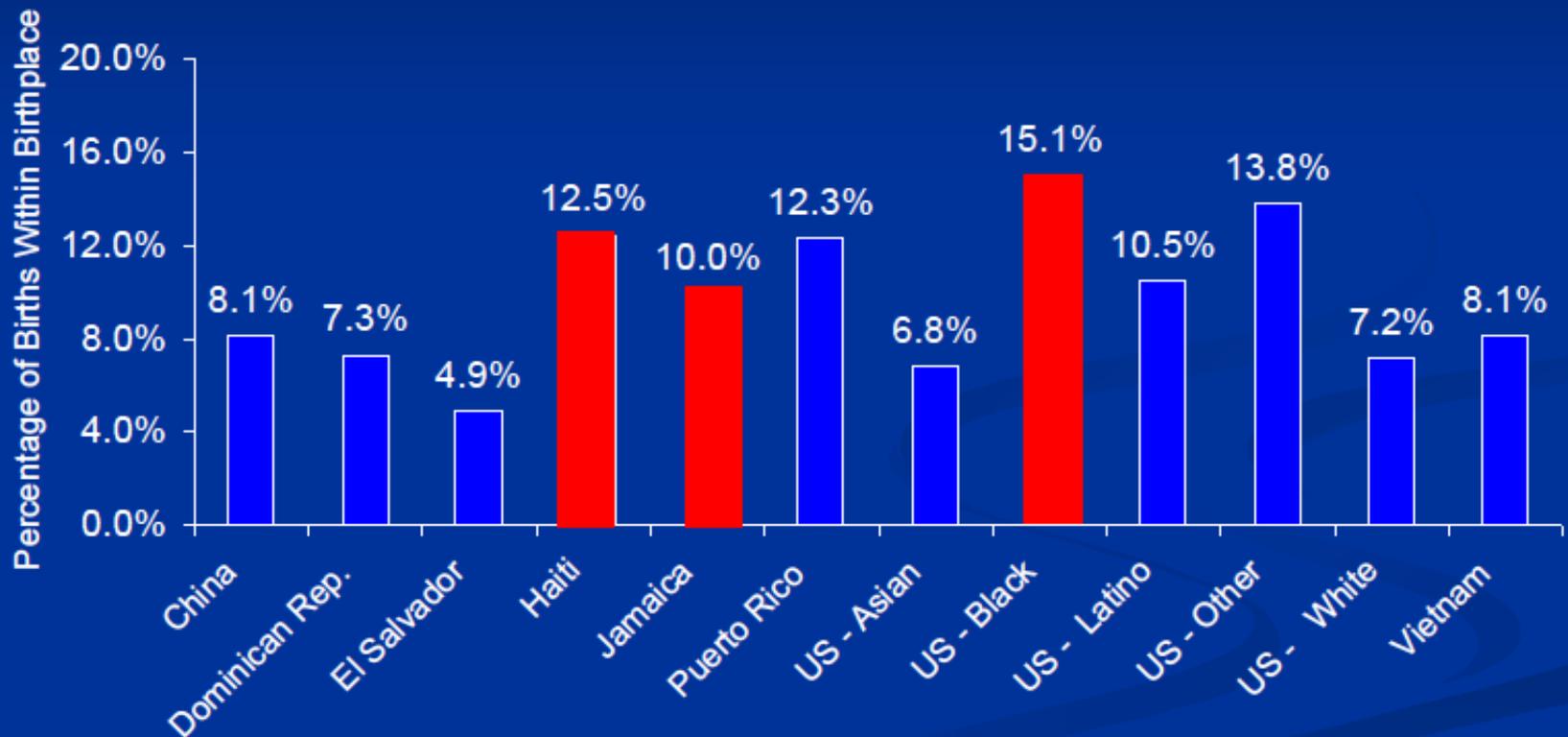


African American Non-Smokers

White American Smokers

NCHS 2002

Low Birthweight by Maternal Birthplace Boston, 2004



SOURCE: Boston resident live births, Massachusetts Department of Public Health
ANALYSIS: Boston Public Health Commission Research Office

Health Disparities:

What do we mean?

19

“...differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions among specific population groups in the United States”

NIH Working Group on Health Disparities

Health Inequities:

What do we mean?

20

“...differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

Margaret Whitehead, 1946
Department of Public Health
University of Liverpool

Health Equity:

What do we mean?

21

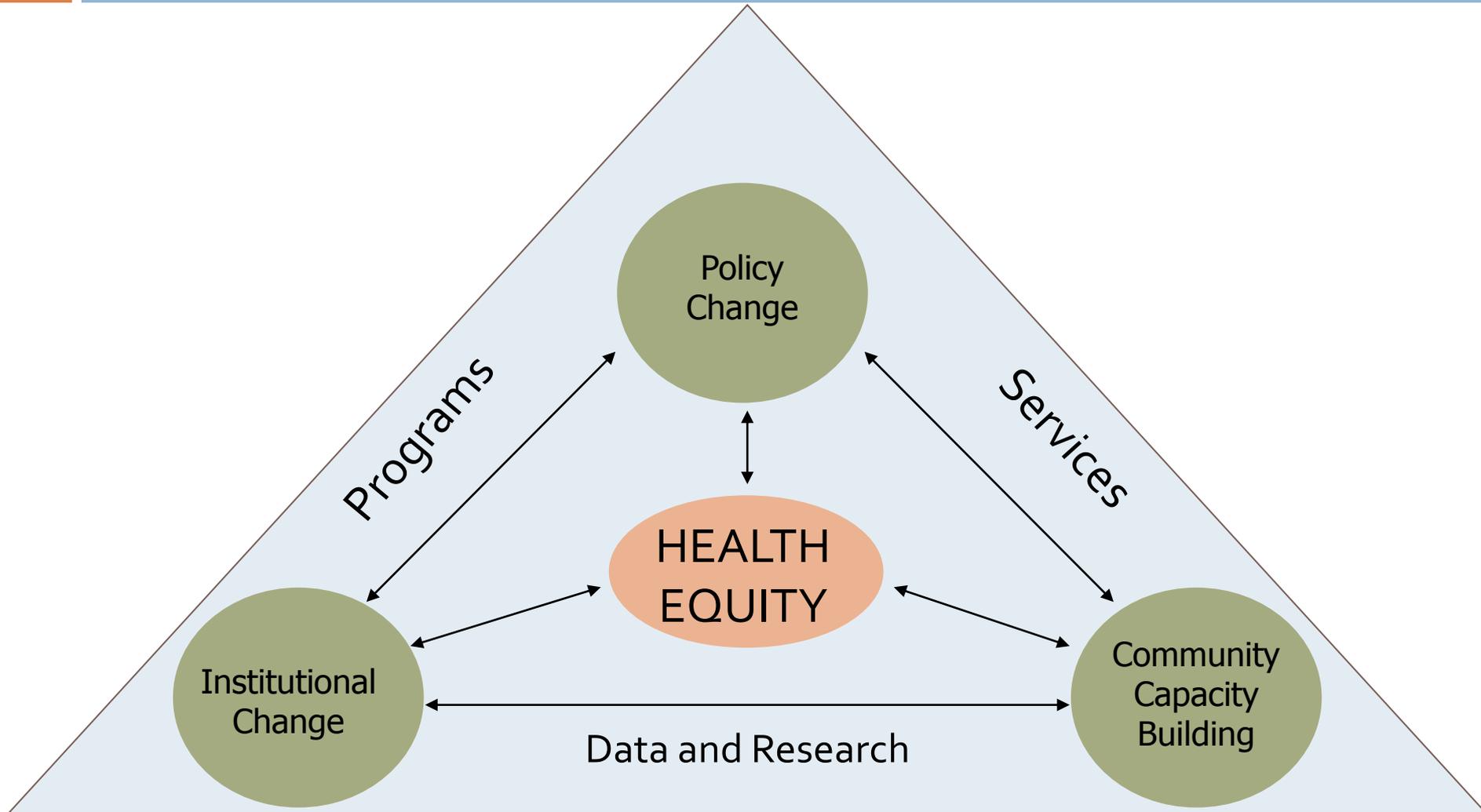
“...achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices [such as racism].”

What do we know about health inequities?

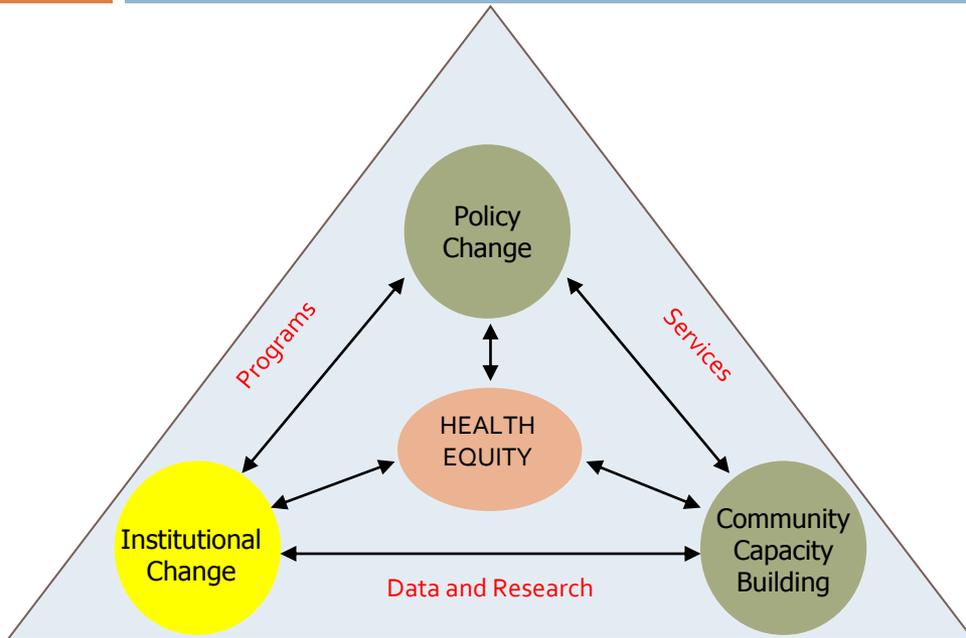
22

1. Health inequities are not natural, genetic or inevitable
2. Health is more than health care
3. Health is tied to distribution of resources
4. Economic & political inequities are bad for health
5. Racism is a central driver of inequities
6. Chronic stress can be deadly
7. Choices we make are shaped by choices we have
8. Organizational decisions influence inequities
9. Service decisions influence inequities
10. Social policies influence inequities

Model of Change: Equitable & Healthy Places



Actions: Equitable & Healthy Places



Data & Research:

- ✓ Health Equity Report Card

□ Institutional Changes:

- ✓ Health equity staff trainings
- ✓ Shared vision & leadership for health equity
- ✓ Strategic plan for our organization
- ✓ Rewards & accountability: “that’s not my job” to its everyone’s job
- ✓ What can we do differently as an organization to promote health equity?

Boston Public Health Commission: Health Disparities Project

25

- 5 year goals within department
- Trainings and re-draft mission
- New data gathering and communication



City signs on to help bridge gaps to healthier neighborhoods



Boston began unveiling ZIP code billboards for its campaign emphasizing that where you live matters to your health. (Boston Public Health Commission)

By [Stephen Smith](#)

Globe Staff / September 17, 2010

[E-mail](#) | [Reprints](#) |

Text size [-](#) [+](#)

In Boston, it is a time of the signs. On three dozen roadway billboards and almost a score of T placards, some of the most defining digits in our lives — ZIP codes — started sprouting this week. The message, scheduled to be formally unveiled today, is subtle but powerful: Where you live matters when it comes to health. (Full

CT Health Directors – Equity Index

27



Health Equity Alliance

Working together for healthier communities

CADH's Health Equity Initiative

search...

CADH'S Health Equity Initiative

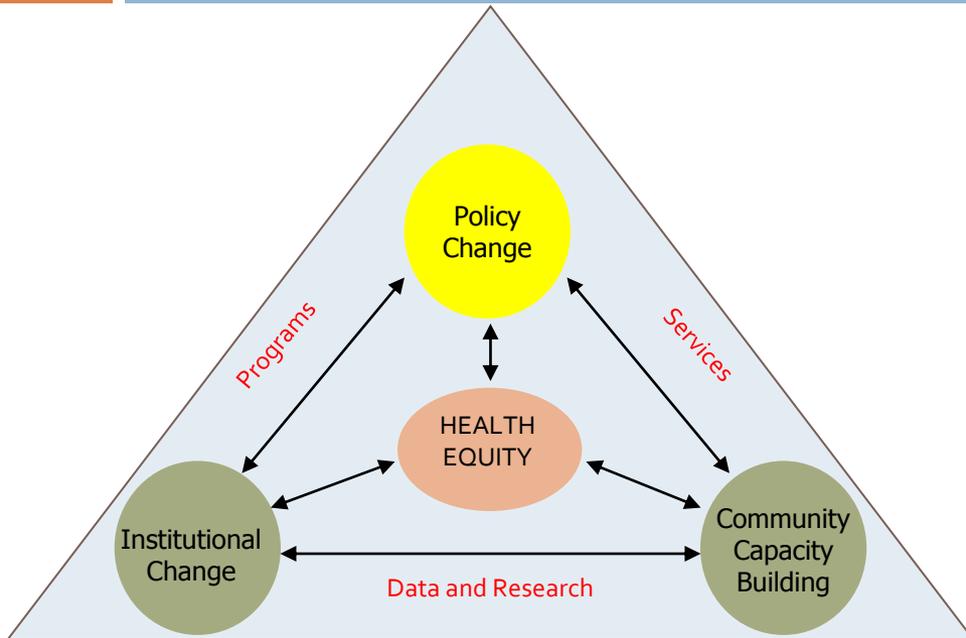


The [Health Equity Alliance](#) (HEA) is an initiative of the Connecticut Association of Directors of Health (CADH) to enhance the capacity of local health departments, in partnership with community partners and leaders, to achieve health equity through a focus on the social determinants (including the social, political, economic, and environmental conditions) that affect health.

As part of that initiative, CADH has developed the [Health Equity Index](#) (Index), a web-based, community-specific tool, *the first of its kind in the nation*, that profiles and measures the social determinants of health and their correlations with specific health outcomes. The Index can produce community-specific scores, correlations, and GIS maps. The Index also provides direction for collecting additional qualitative data—the narrative of those experiencing or witnessing health inequities.

The ultimate goal of the HEA initiative is to achieve long-term health improvements for residents who presently experience avoidable and disproportionate rates of disease and disability.

Actions: Equitable & Healthy Places



- Policy Changes:
- Health in All Policies – reveals opportunities to promote health equity
- Inter-agency action, not health or school district alone

Programs:

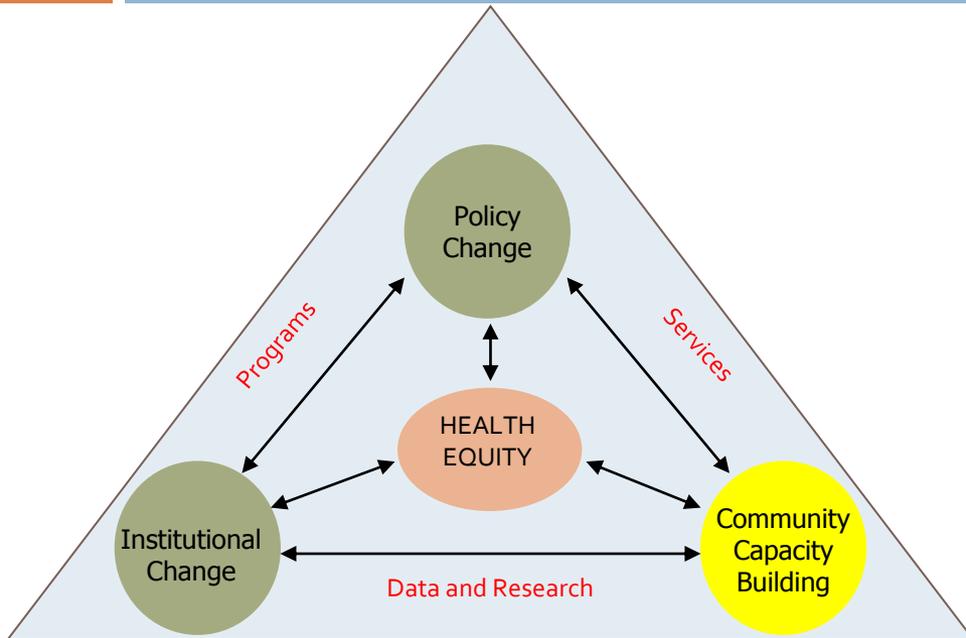
- ✓ Full Service Community Schools

King County, Washington

29

- 2010: Equity & Social Justice in County Strategic Plan
- Ordinance 16948
 - ▣ Integrate ESJ practices into the County's actions, plans, management systems, and budgets.
 - ▣ Create an inter-agency team that shares information sharing and holds each agency in county accountable for Equity commitments
 - ▣ Improve fairness in countywide practices
 - ▣ Develop tools and resources to inform decision-making and community engagement
 - ▣ Report annually on ESJ measures and results.

Actions: Equitable & Healthy Places



Community Capacity:

- ▣ Healthy Richmond
- ▣ Parent groups at schools
- ▣ Social Justice dialogues
- ▣ Direct involvement in Health Equity Partnership
- ▣ From talking with ourselves, to working with others

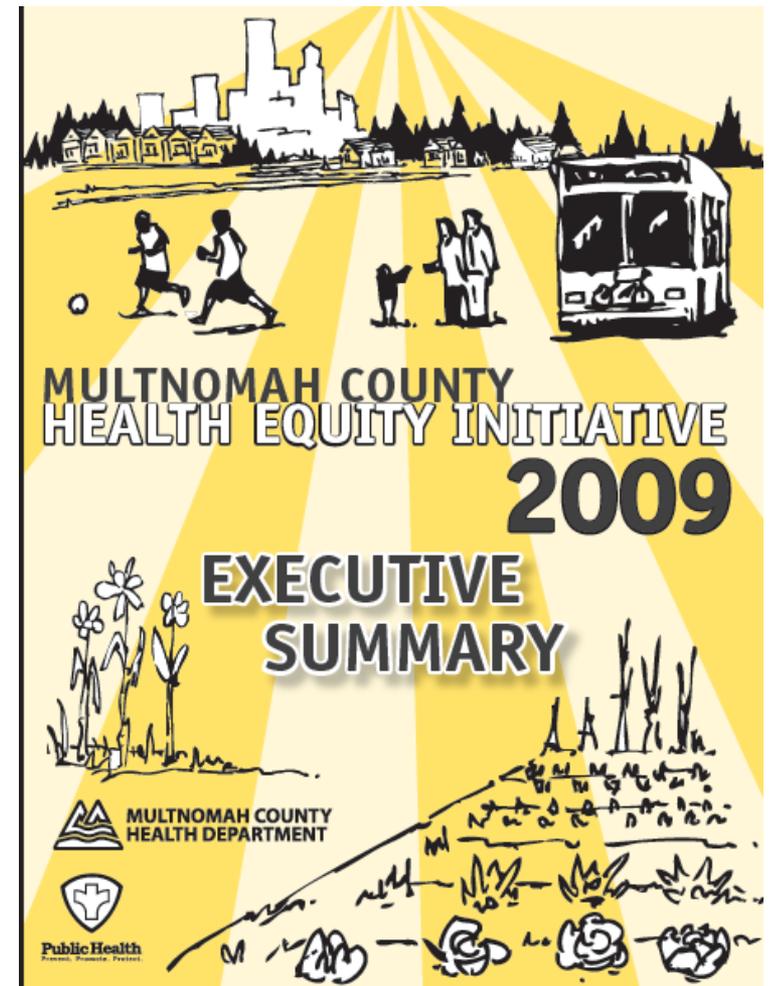
Services:

- ▣ From one more thing to do, to integrated in all we do

Multnomah County, OR

31

- Policy requires each County department to identify two strategic activities to promote equity between FY 2010 and 2014, annually evaluate progress, and include community partners in identifying, implementing & evaluating.



Falling forward...work plan

32

- Follow grant deliverables
- Build-in specific monthly goals/tasks
- Leave room for adjustments/learning
- Transparency in goals and responsibilities