Richmond Health in All Policies: Timeline, Process, Strategic Plan

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Please provide comments and feedback by June 15, 2012 to Meredith Lee, Meredith_lee@ci.richmond.ca.us or (510) 620-6537.

Richmond Health in All Policies (HiAP): How to include health equity and social determinants of health?
Health in All Policies (HiAP) is a collaborative approach that encourages municipalities to take a more inclusive approach by making the improvement of population health a shared goal across all sectors of governance. A HiAP approach recognizes that health and prevention are impacted by policies that are managed by non-health government and non-government entities, and that many strategies that improve health will also help to meet the policy objectives of other agencies.[i]

Richmond Timeline and Process
2006: General Plan update begins including the development of the Community Health and Wellness Element
- TAG: Technical Advisory Group—Community engagement including Urban Habitat, Richmond Equitable Development Initiative (REDI), etc.
- MIG
- PolicyLink

2007: Office of Neighborhood Safety (ONS) created

2009-2011: The City of Richmond conducts Community Health and Wellness Pilot implementation (Progress Report)

2010: The City of Richmond is selected as one of 14 California cities to receive 10 years of funding from the California Endowment's Building Healthy Communities initiative.

March 2012: Convening of the first Richmond Health Equity Partnership meeting
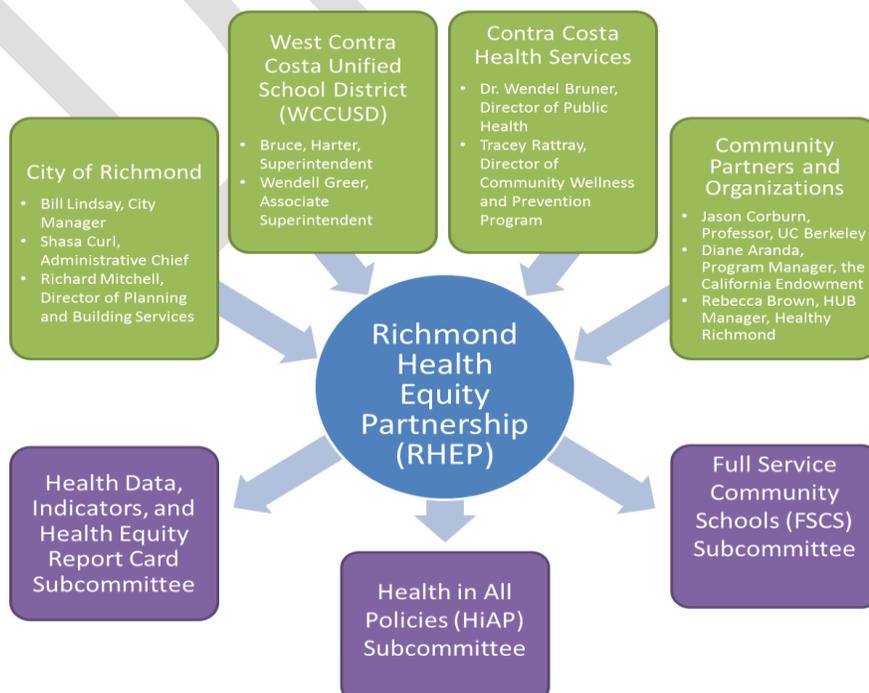
April 2012: General Plan including the Community Health and Wellness Element passed City Council

May 2012: First meeting of REHP Health in All Policies Subcommittee

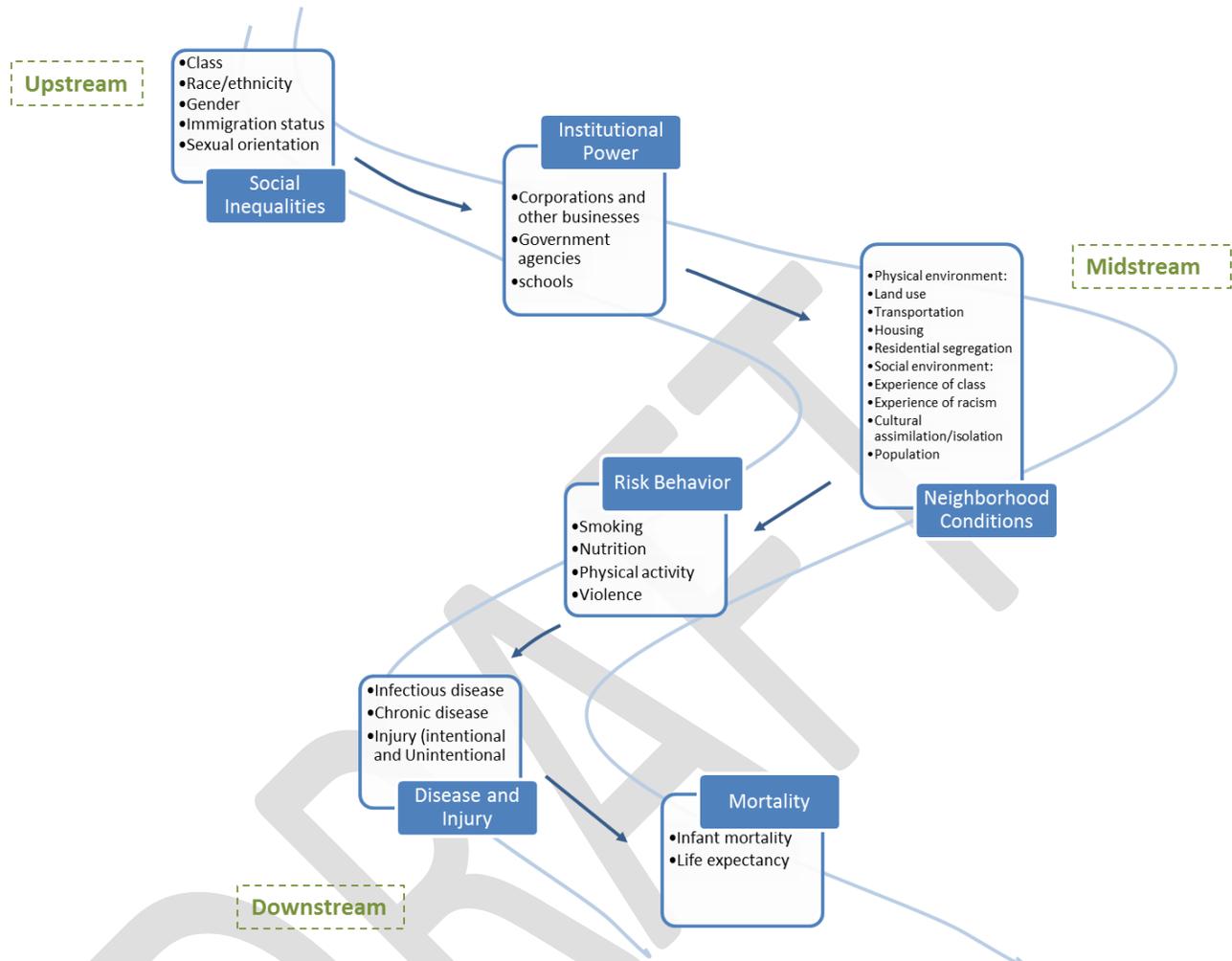**<u>Next Steps: Development of Richmond HiAP Strategic Plan</u>**

Goal of HiAP: Developing a Health Equity Framework & Operationalizing the General Plan

Elements to consider:

1. Formalization of HiAP in a legal document (possibly an ordinance, resolution, or other mechanism)
   a. Within the City, create a system of inter-department communication and partnership to facilitate cross department health collaboration
   b. Regular reporting
   c. Data collection and analysis (in collaboration with partner entities)
   d. Timeline
   e. Process of updating plan

2. Define Richmond's Health Equity Framework
   a. Establish definitions and language to discuss health disparities and inequalities
   b. Education and Training of Staff

3. Integration of community and partner entities
   a. Outreach and Education programs in the community
   b. Maintain transparency and community engagement

Example: Define Health Equity Framework

Where to intervene in Health Inequalities?

Upstream

Social Inequalities
- Class
- Race/ethnicity
- Gender
- Immigration status
- Sexual orientation

Institutional Power
- Corporations and other businesses
- Government agencies
- schools

Midstream

Neighborhood Conditions
- Physical environment:
- Land use
- Transportation
- Housing
- Residential segregation
- Social environment:
- Experience of class
- Experience of racism
- Cultural assimilation/isolation
- Population

Risk Behavior
- Smoking
- Nutrition
- Physical activity
- Violence

Disease and Injury
- Infectious disease
- Chronic disease
- Injury (intentional and Unintentional

Mortality
- Infant mortality
- Life expectancy

Downstream

Adapted from NACCHO Exchange, 2008

Additional Questions for feedback:

- How to train City staff to think about health in their positions? Examples: Show *Unnatural Causes* and have a facilitated discussion, have an all staff meeting, surveymonkey and focus groups, etc.

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[i] http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf