Richmond Health Equity Partnership
Data and Health Equity Report Sub Committee

Time and Date: Tuesday, 6/26, from 10am – 12pm

Location: Flintstone Room (3rd Floor) 50 Douglas Drive Martinez CA 94553

Conference Call capabilities for the meeting:
1-800-444-2801 Pass Code: 8978625

Meeting Notes

Attending: Abigail Kroch (Contra Costa Health Services), Wanda Session (Contra Costa Health Services), Michael Kent (Contra Costa Health Services), Miranda Ritterman Weintraub (Contra Costa Health Services), Martin Lynch (Contra Costa Health Services), Jason Corburn (UC Berkeley), Ellen Kersten (UC Berkeley), Hector Rojas (City of Richmond), Jen Loy (City of Richmond/UC Berkeley), Thomas Newman (City of Richmond),

1. <u>Presentation and status of previous indicator projects</u>
There have been many indicator projects in the Bay Area.

Michael Kent has worked on the PolicyLink project and provided the group with an update (click here to download the report):

- Implementation of the <u>Richmond Community Health and Wellness Element</u> (CHWE) and choosing health indicators to measure that element . The task was not to select indicators but make suggestions to the City.
- Three salient take-away messages/key recommendations for the indicators were highlighted: 1) Breath across CHWE (11 goals); pick-out one indicator per area; 2) Where data is available/practical to acquire; 3) Health equity considerations, ones that resonate with local residents.

- People wanted them to pick health endpoints, but this takes too long to show the impact on people's health, so they divided into process indicators and outcome indicators and suggested a total of 76 action items.

  - <u>Process indicator</u>: Did you do what you said you'd do?
  - <u>Outcome indicator:</u> e.g. if cleaning up a playground is your indicator and you want to measure the outcome, do you see more people playing there?
- Lastly, they came up with criteria to judge the indicators. MIG Consulting firm came up with 100 possible criteria, based on: public interest, ability to change

policy, a way for the community to collect data e.g. doing neighborhood walks.
- The City hasn't decided upon/picked any yet.
  Jason Corburn noted the most successful indicator processes include the goal of identifying responsibility for the measuring and acting on indicators
    - e.g. truancy – is it the school district?
    - Obesity – is it the Public Health Department?
    - Who do we look to?
- Responsibility is part of useful indicator process. We should try to be clear about this at the start and include this consideration in the development of the indicator. For example, ind developing a process indicator identify who is responsible for decions in the short, medium and long term. Determine if the responsible agency/CBO, etc. allocated budgetary funds, did they track the data, report on it, etc.
- Michael Kent noted the Richmond Five Year Strategic Business Plan ,is a document geared to the city evaluating itself.

- Abigail Kroch mentioned BARHII (Bay Area Regional Health Inequities Initiative). There are 100 different indicators, which the data team voted on. It's unknown what they'll do at this stage. They did a report in 2008 on poverty and life expectancy, comparing inequalities to health outcomes. Comparing people within the same geography.
- Neil Maizlish at the California Department of Public Health (CDPH) is also working on an indicators project.

2) Presentation of draft indicators in the following categories
    a) Health Indicators
    b) Health Behaviors and Risks
    c) Social and Environmental Factors

- A lot of things depend on how the indicators are going to be used. The statement of work is somewhat vague.
    - Will this be used as a health report card? Or an evaluation tool.
- Abigail Kroch's list: Focus is on what's available and what the data sources are. Three different parts (a, b, c, above). Things can move between categories. It is important to note that this is a draft list, not a complete one. As a group, we should look through the list, see what's missing, and how it will be used by the larger partnership.
- Jason Corburn suggested that we could discuss as a group what we think are the pathways for Richmond, from social stressors and poverty to health outcomes, e.g. if a lack of sidewalks are a key driver? We should be clear about what we think are the key pathways, e.g. at community meetings we hear about violence. Measuring the drivers not just the outcomes (diabetes or cardiovascular disease).

- Abigail Kroch noted the general themes that relate to health in Richmond, and Hector Rojas mentioned the key drivers within the CHWE element of the General Plan, and identifying the implementing goals and the endpoints. Abigail Kroch noted that this goes back to the purpose of the indicators, not to evaluate the CHWE, but to develop a report card and to say over time how Richmond is doing.
- Thomas Newman stressed the importance of not just endpoints, but ways to connect, and how to get people engaged, which the data helps to quantify
- Miranda Weintraub stated that factors associated with poverty and or poor health outcomes cluster together; we could lay down a baseline categorization for the City of Richmond, with short, medium and long-term views, and create a report card that could be used for other cities too.

3) Discussion of draft indicators and new suggestions

- Wanda Session asked us to reflect on the work plan, and how will this be used? It was born out of the Healthy Richmond project. The primary focus is on youth and families. We could build and expand upon this.

4) Difficult data sources and missing data

- Jason Corburn mentioned social and other determinants that are not in the health and wellness element, e.g. the Richmond Citizen's Survey, which is done every year. Heath questions were added to the most recent survey to this. It has 600-800 respondents across neighborhoods. It has great data about resident perceptions of the built environment, social environment, and government accountability.
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- Abigail Kroch noted that San Francisco is attempting to do the same thing. It is primarily a city satisfaction survey, and since it is not sampled adequately it is inadequate for race/ethnicity and age. We would need to do a separate survey.It was mentioned that according to the work plan we have a deliverable coming up, and that we are aware of what's happening in the media and at the Richmond City Council. Health pathways are an important way to look at it, but health outcomes are complicated and we need to keep in mind that things are changing.

- Jason Corburn mentioned that our draft list has only a few measures of assets, and is mostly liabilities. Jen Loy noted the importance of crime and safety, and re-entry issues and the work of the Pacific Institute, and the Office of Neighborhood Safety (ONS). Perhaps we could measure some of the impact of some of their successes, e.g. through the Safe Return Fellows that they're engaged with.

- Other assets mentioned included: community facilities, youth enrollment in county services, government responsiveness (EMS, ONS, fixing streetlights and potholes).
- Abigail Kroch noted that as a health department, we would ideally like to look at things at a population level, that it's good to represent some number of people, or a geography.
- Jason Corburn mentioned the work plan and grant, and also including place-based/neighborhood measures will complement the California Endowment's 10 year, [Building Healthy Communities Initiative](#)/[Healthy Richmond](#); the different ways and strategies of collecting (both quantitative and qualitative) data, and a combination of population, place, and neighborhood data.
- Miranda Weintraub mentioned using the number of Community Based Organizations (CBOs) and their efforts, and a way to use both these approaches, although one challenge is that the people of Richmond don't always receive their services in Richmond. We could highlight areas of the indicator list that are very strong, then think about primary areas based on pathways.

5) <u>How could Data and Report be used? How should that use guide our work?</u>
 <u>-Guiding issues, surveillance and evaluation, dissemination</u>

- Jason Corburn noted that how the report will be used is not detailed in the statement of work, and needs to be clarified.
  - He understands it as a City issued report that includes the County and the School District. The sub-group is led by the County.
- Wanda Session noted the collaborative nature of the project, and using the report card to look at policies (impactable data that could change policy). What things can be changed locally, especially for youth? In what way can systems work collaboratively? The imporazance of a local perspective/expertise was highlighted.
- Jason Corburn mentioned including school data (not just outcomes, but what do the schools need?; city data, e.g. from the planning department, and maps from MIG Consulting Group.
  - We should ask City departments what they have.
- For policy, we can measure budget allocations, public spending on education, and the City can track building permits, environmental reviews, and hiring and training programs.
- Hector Rojas added the importance of considering the 9 healthy determinants that are highlighted in the CHWE; and that we need to consider economic development; an asset to consider are the job trainings e.g. [Richmond Works](#).
- Abigail Kroch said we should show the draft list to the [West Contra Costa School District](#) and to the City. We can compare at the county and state level, but we can't make internal city comparisons.
- Hector Rojas asked about defining what we mean by equity.
  - As compared to whom? E.g. income equality is good within Richmond, but not compared to the county as a whole.

- It was noted that income inequalities are context specific (race/ethnicity, gender). It is useful to have these comparisons, to contextualize the numbers, and some things can be compared. Abigail Kroch noted that we should be able to present to the larger group, that these are the issues and problems that we have.
- Jason Corburn mentioned looking at spatial distribution, and what are the available datasets in the city that can be brought together. We don't need to stick to one scale, it depends on what we're measuring, and trends over time. What systems can we put in place to measure factors and determinants over time? Some proxy for health equities in Richmond. Pick things that are impactable, and look at the drivers of these.

Miranda Weintraub suggested the persistant poverty in census tracts over time.

- Wanda Session noted that The California Endowment has outlined 10 outcomes through their Building Healthy Communities Initiative. This was condensed to four outcomes, decided upon by Richmond residents, and would be a good place to start. The four outcomes are:
  1. Families have improved access to a health home that supports healthy behaviors.
  2. Children and their families are safe from violence.
  3. School and neighborhood environments support improved health and healthy behaviors.
  4. Community health improvements are linked to economic development.

- Hector Rojas noted that data is in different places, and the City Planning Department is trying to track this. They can mine their data, but it's not readily available to share, e.g. the housing element of the general plan was not tracked institutionally in the past.
- Abigail Kroch asked about the Complete Streets Measure? Hector Rojas said that he'd need to check with the Engineering Department. There is also a parks masterplan.
- Jason Corburn mentioned looking at the quality of parks, as well as their location, using indices and not just indicators. Some of these indices have been used around the country (Kings County in Washington, Multnomah County in Oregon). We might want to look at the Human Development Index (based on a UN model). Visit the Richmond Health Equity Partnership webpage for summaries of this information about equity and health in all policies)
- Abigail Kroch suggested that we put together a central repository or drop-box where we can all put things.
- Jason Corburn mentioned the Million Dollar Block research, around incarcerated and released residents. They have compiled quite a lot, and Ellen Kersten will co-present the findings to the group.
- Wanda Session mentioned AB 109 and state/county parole realignment. Cynthia Belon or Phil Kader (County Probation Officer) might have data on this.Jason Corburn mentioned that the Richmond Police Department (RPD) would have crime and arrest data. There was a report in Marin County that

looked at crime and the associated costs to the county health department, connecting violence to health costs. This is important in the argument to make for prevention.

- Ellen Kersten mentioned the [CrimeView RPD](#) mapping website, although you can only download the last 120 days, and it doesn't include disposition (arrests, etc) information.

Next Steps

- The goal is to present something as a data sub-committee at the next meeting in July.
- Create a list of schools data (most is available online). The California Healthy Kids Survey is available at the school level.
- Have the Planning Department talk with other departments look at the built environment, what's useful, and what indices are they using, e.g. complete streets, streetlights (they just did a streetlight master plan). (Rojas/Loy)
- Look at what people already have available.
- Continue looking into police and incarceration data. Can we get more access to data? (Rojas/Loy)
- Focus on the four TCE goals.
- Abigail Kroch will create a drop-box folder for data sharing.
- Write something brief about the report card, who it's for, who will present it.