City of Richmond
Health in All Policies

NOVEMBER 27, 2012
NOON – 1:30 PM

“City services through the prism of health”
– Bill Lindsay, Richmond City Manager
Overview

- Introductions, (5 mins)
- Background, (15 min)
- What is Health in All Policies (HiAP)? (20 min)
- Integrating Health in All Policies into Existing City Documents, (10 min)
- Developing a Common Health Language, (10 min)
- Draft HiAP Strategy Document, (10 min)
  - Indicators
- Draft HiAP Ordinance/Resolution, (5 min)
- Discussion and Next Steps (All)
Timeline of RHEP, Healthy Richmond, and CHWE

2005: Richmond’s Community Health and Wellness Element (HWE) is first conceived. Once completed, the HWE will become the first standalone element in a CA jurisdiction’s General Plan that addresses the relationship between public health and the jurisdiction’s social, economic, and physical environments.

2008: City launches HWE implementation planning and pilots in Iron Triangle and Belding Woods neighborhoods. 4 focus areas identified: 1) citywide policy and systems implementation; 2) neighborhood improvement strategies; 3) data collection, indicators developments, and measurement of success; and 4) community engagement.

July 2009: City began planning with project partners to identify needs and opportunities for collaboration. Partners included Contra Costa Health Services, MIG, and PolicyLink.

Oct 2009: First community workshops are held in pilot neighborhoods to get input on potential improvement projects, programs, and services that would address health outcomes.

April/May 2011: The City releases report summarizing recommendations for selection of indicators and implementation of data and info tracking systems.

April 24, 2012: Richmond City Council adopts the 2030 General Plan and the Health and Wellness Element.

City of Richmond Community Health & Wellness Element Implementation (2005-ongoing)

Building Healthy Communities Initiative: Healthy Richmond Project (2010-2020)

Spring 2009: TCE selects Richmond as BHC project site; convenes a community-wide Steering Committee to manage planning process.

Feb 2011: LISC/Community Housing Development Corp. is chosen to serve as Hub Host.

July 2009-Nov 2010: Planning phase – Steering Committee interviews hundreds of local stakeholders to explore health equity issues related to TCE’s 10 outcomes; creates Logic Model focusing on 4 priorities: Families have improved access to a health home that support healthy behaviors. Children and their families are safe from violence. School and neighborhood environments support improved health and healthy behaviors. Community health improvements are linked to economic development.

Oct 2011: Hub Steering Committee is convened; comprised of 25-members including community residents, CBOs, faith-based orgs, health systems, and public agencies and institutions.

May 2012: HiAP subcommittee is convened; led by City of Richmond & Prof. Jason Corburn.

June 2012: Health Equity Data, Training, and Report Card subcommittee is convened; led by CCHS.

Sept 2012: FSCS subcommittee is convened; led by WCCUSD.

Oct 10, 2012: FSCS resolution approved by WCCUSD Board.

Richmond Health Equity Partnership (Feb 2012-Jan 2014)

Feb 2012: TCE approves RHEP work plan. Objective: Develop a collaborative partnership between City of Richmond, Contra Costa Health Services, West Contra Costa Unified School District to advance health equity for children and families in Richmond through the development of a Health in All Policies (HiAP) strategy, Full-Service Community Schools (FSCS) strategy, and a Health Equity Report Card to create a model for duplication in other cities and areas of West Contra Costa County.

Oct 2012: FSCS resolution approved by WCCUSD Board.
Model of Change
Richmond Health Equity Partnership (RHEP)

- West Contra Costa Unified School District (WCCUSD)
- Contra Costa Health Services (CCHS)
- City of Richmond
- Community Partners and Organizations
- Health Equity Data, Training and Report Card
- Health in All Policies (HiAP)
- Full Service Committee School (FSCS)
Determinants of Equity

Draft HiAP Strategy Plan
Where to Intervene: Upstream v. Downstream

- **Upstream**
  - **Policy and Programs**
    - Corporations and other businesses
    - Government agencies
    - Schools
  - **Physical environment**
    - Housing
    - Land use
    - Transportation
    - Residential Segregation
  - **Social inequities**
    - Class
    - Race/ethnicity
    - Gender
    - Immigration status
    - Sexual orientation
  - **Behavior**
    - Smoking
    - Nutrition
    - Physical activities
    - Violence

- **Midstream**
  - **Health care and services**
    - Mortality
      - Infant mortality
      - Life expectancy

- **Downstream**
  - **Disease and Injury**
    - Infectious disease
    - Chronic disease
    - Injury

- **Government, Schools, CBOs → Parks & Housing → Hospitals & Clinics**
What is Health in All Policies?

- **CALIFORNIA DEFINITION**
  - HiAP approach recognizes that health and prevention are impacted by policies that are managed by non-health government/non-government entities.
  - Many strategies that improve health will also help to meet the policy objectives of other agencies.

- HiAP Task Force Report—Executive Summary pg. 4 and 5
Focus on Developing Healthy Cities

Strategic Growth Council
- Mira Flores Green Belt Project
- Urban Greening Master Plan
- Mathieu Alley Greening Project
- Livable Corridors– Form based Codes

State Parks Prop 84
- Elm Playlot
- Greenway Unity Park
Health in All Policies is both a process and a goal.

1. Process: Collaborative approach - changing way City employees and larger community think about health.

2. Goal: Improve health equity by addressing the social determinants of health and integrating health into the decision making process across all departments of the City.
Community Health and Wellness Element and Current Health Initiatives
How can we best align existing City plans with HiAP

- There is no formula or right way to implement HiAP.

City of Richmond, Health in All Policies

11/27/2012
• A healthy economy depends on a healthy population.

• Health in All Policies is about changing how the City thinks about health and how services are developed, prioritized and delivered.
1. Health Inequities

Health inequities result from an uneven distribution (of resources, services, wealth, etc.) and are unnecessary, unjust, unfair and avoidable. (UC San Francisco, Braveman)

2. Health Disparities

Preventable differences in the presence of disease, health, or access to care across communities
Chronic stress has known physical and mental health impacts, from clogging arteries and heart disease, to overweight & diabetes to chromosome damage and premature aging.

- Racial Profiling
- Poor air quality & lack of safe recreation space
- Residential Segregation
- Economic insecurity

Street, neighborhood & school Violence
Over-burdened social services
High food prices/lack of healthy foods
Lack of health care
3. Health Equity

Health equity is achieving the highest level of health for all people, and working toward equality in conditions for health, for all groups of people.

King County, WA

Did you know your zip code predicts how long and how well you live?

http://www.healthhappensinca.org/
A child born in zip code 94564 will live an average of 81 YEARS.

A child born in zip code 94806 will live an average of 79 YEARS.

A child born in zip code 94803 will live an average of 79 YEARS.

A child born in zip code 94801 will live an average of 77 YEARS.

A child born in zip code 94805 will live an average of 79 YEARS.

A child born in zip code 94804 will live an average of 79 YEARS.

A child born in zip code 94708 will live an average of 82 YEARS.

A child born in zip code 94530 will live an average of 79 YEARS.

http://www.healthhappensinca.org/
• Mission, Vision and Goals
• Goals
• Background information
• Opportunities:
• Opportunities:
  1. Leadership and Interdepartmental Coordination
  2. Identification of Drivers of Health inequity and equity in Richmond
  3. Integrate Health Equity in City’s Budget Strategy
  4. Increase Awareness of the Role for City Staff in Promoting Health Equity in Richmond
  5. Health Equity Goals in City Procurement
  6. Recruit and Maintain a Diverse Workforce in Richmond City Government
  7. Health Equity Screening Tools
  8. Increase Economic Opportunities in Richmond
  9. Environmental Health and Justice
  10. Education and Social Environments
  11. Housing, Residential Segregation and Concentrated Poverty
  12. Full Service and Safe Communities with Quality Health Care
Possible Health Equity Indicators

- Active Transportation Index
- Life-Long Learning Index
- Housing Quality and Access
- Recreational Opportunities
- Safety
- Youth Opportunities
- Healthy Economy
- Food Access
- Volunteerism/Civic Involvement
- Environmental Quality [review Chapter 4 to populate]
HiAP Ordinance
HiAP City Ordinance

• **Section 1 Background information:**
  ○ Status of health in Richmond

• **Section 2 Definitions:**
  ○ Health equity, health, health disparities, health inequities, social determinants of health

• **Section 3 Actions:**
  ○ Incorporate health equity and social justice foundational practices into City operations, policies, and program
  ○ Use the Health in All Policies Strategy Plan as the guiding document
  ○ Establish interdepartmental team to carry out work
  ○ Create an annual report on the status of health and health equity
  ○ Develop and implement an ongoing community engagement plan
Community Engagement
Community Engagement Meetings & Next Steps

- November meetings:
  - Informational Community Meeting, City Hall (6-7:30 pm, Nov 8)
  - RYSE (6-7 pm, Nov. 13)
  - Peres Elementary School (9-10 am, Nov 16)
  - Chavez Elementary School (9-10 am, Nov 19)
  - CBO Stakeholders (noon-1:30 pm, Nov 20 & 27)
  - Building Blocks for Kids (TBD)
  - Richmond Neighborhood Coordinating Committee (Nov 12)
  - Working Community Meeting (6-7:30 pm Nov 29)
  - City Council (TBD)