



# AGENDA REPORT

## **CITY MANAGER'S OFFICE**

**DATE:** December 18, 2012

**TO:** Mayor McLaughlin and Members of the City Council

**FROM:** Bill Lindsay, City Manager

**SUBJECT:** RICHMOND HEALTH EQUITY PARTNERSHIP UPDATE AND DEVELOPMENT OF HEALTH IN ALL POLICIES STRATEGY AND ORDINANCE

## **STATEMENT OF THE ISSUE:**

By unanimous vote on February 7, 2012, the Richmond City Council adopted a resolution accepting a grant from The California Endowment (TCE) to implement the Richmond HEP and authorizing the City Manager to enter into all required contracts and agreements to facilitate the grant outcomes. The City of Richmond is currently in month ten of the RHEP, a two-year partnership between the City of Richmond, Contra Costa Health Services, West Contra Costa Unified School District, and University of California, Berkeley Professor Jason Corburn to advance health and health equity in Richmond, funded in part by The California Endowment. A deliverable of RHEP is Health in All Policies, a collaborative approach with the goal of improving health equity by addressing the social determinants of health and integrating health into decision making processes across all departments of the City. Staff is requesting approval by the City Council to develop a strategy and ordinance to implement this program.

## **RECOMMENDATION:**

RECEIVE a status update on the Richmond Health Equity Partnership; and DIRECT staff to develop a Health in All Policies Strategy and Ordinance.

## **FINANCIAL IMPACT:**

There is no financial impact of this recommendation.

## DISCUSSION:

The City of Richmond continues to operationalize the Community Health and Wellness Element of General Plan 2030 through the Five-Year Strategic Business Plan and Richmond Health Equity Partnership (RHEP).

On February 7, 2012, the Richmond City Council adopted a resolution 7-0, accepting a grant from The California Endowment (TCE) to implement the RHEP and authorizing the City Manager to enter into all required contracts and agreements to facilitate the grant outcomes (Attachment 1). This staff report provides an update on the RHEP and initiates discussion on development of the Health in All Policies (HiAP) Strategy and Ordinance. Through HiAP and the other health strategies, RHEP and the City of Richmond hope to impact factors that lead to health disparities, achieving greater health and health equity for all Richmond residents.

Richmond is a community with large communities of color – 40 percent is Latino, 27 percent is African-American, and 14 percent is Asian.<sup>1</sup> Residents, particular low-income residents and residents of color, face profound challenges, including but not limited to health inequities, structural and institutional racism, and economic challenges. Richmond residents suffer from high rates of asthma, diabetes, heart disease, and other health inequities.<sup>2</sup> Presently, the City of Richmond has an unemployment rate of approximately 14 percent (and much higher if discouraged and long-term unemployed workers are included) and the poverty rate is approximately 16 percent.<sup>3</sup>

According to the Robert Wood Johnson Foundation, there is a direct link between a healthy community and a healthy economy.<sup>4</sup> Making Richmond a healthier community does not only benefit individual health, but the total economic vitality and health of the community.

### Health Equity at the State Level

The California “Health in All Policies Task Force Report to the Strategic Growth Council (SGC)” was issued on December 3<sup>rd</sup>, 2010. The SGC report defines Health in All Policies as promoting two related goals:

- (1) Building healthy and safe communities with opportunities for active transportation; safe, healthy, affordable housing; places to be active, including parks, green space, and healthy tree canopy; the ability to be active without fear of violence or crime; and access to healthy, affordable foods.
- (2) Finding opportunities to add a health lens in public policy and program development and increase collaboration across agencies and with communities.

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<sup>1</sup> 2010 Census

<sup>2</sup> [http://cchealth.org/groups/rhdi/pdf/health\\_disparities\\_in\\_cc.pdf](http://cchealth.org/groups/rhdi/pdf/health_disparities_in_cc.pdf)

<sup>3</sup> 2010 Census

<sup>4</sup> [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf71616](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71616)

On June 18, 2012, the California State Legislature passed Senate Concurrent Resolution (SCR) No. 47, relating to Health in All Policies, defining the problem and need for solutions based on the following:

*Resolved by the Senate of the State of California, the Assembly thereof concurring*, that the Legislature requests that the Strategic Growth Council and the member agencies, departments, and offices of the Health in All Policies Task Force provide leadership on implementing the recommendations put forth in the Health in All Policies Task Force Report; and be it further

*Resolved*, that the Legislature encourages interdepartmental collaboration with an emphasis on the complex environmental factors that contribute to poor health and inequities when developing policies in a wide variety of areas, including, but not limited to, housing, transportation, education, air quality, parks, criminal justice, and employment; and be it further

*Resolved*, that the Legislature encourages consideration of both short- and long-term health impacts, costs, and benefits, where appropriate, when weighing the merits of proposed legislation; and be it further

*Resolved*, that the Legislature encourages public officials in all sectors and levels of government to recognize that health is influenced by policies related to air and water quality, natural resources and agricultural land, affordable housing, infrastructure systems, public health, sustainable communities, and climate change, and to consider health when formulating policy; and be it further

*Resolved*, that the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.<sup>5</sup>

Assembly Bill 1467, approved on June 27, 2012, established the Office of Health Equity (OHE) at the California Department of Public Health to provide a key leadership role to reduce health and mental health disparities to vulnerable communities. OHE is a groundbreaking office that will build cross-sectoral partnerships. The office is consulting with community-based organizations and local governmental agencies to ensure that community perspectives and input are included in policies and strategic plans, recommendations, and implementation activities. OHE aims to align state resources, decision making, and programs, working collaboratively with the Health in All Policies Task Force and advising and assisting other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services.

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<sup>5</sup> Senate Concurrent Resolution 47, Chapter 56: Relative to Health in All Policies.  
[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201120120SCR47](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SCR47)

## Richmond Health Equity Partnership

In 2012, Richmond became one of the first cities in California to pass a Community Health and Wellness Element (CHWE) as part of General Plan 2030. The Community Health and Wellness Element provides a 20-year vision of improved physical health and emotional well-being of Richmond and the basic policy framework to achieve this vision. The CHWE endeavors to strengthen links between trends in sustainability, walkability, “smart growth,” and improvements in community health.

Based on the success of two-year pilot implementation of the Community Health and Wellness Element and the passage of the General Plan 2030 with the Community Health and Wellness Element, TCE awarded the City of Richmond and subgrantees Contra Costa Health Services, West Contra Costa Unified School District, and University of California, Berkeley Professor Jason Corburn a two-year grant to continue implementation of the Community Health and Wellness Element via a collaborative partnership, the Richmond Health Equity Partnership (RHEP) (Attachment 2).

The primary goals of the RHEP are to advance overall health and health equity in Richmond through three deliverables: Full-Service Community Schools (FSCS); Health Equity Data, Training and Report Card; and Health in All Policies (HiAP) (Attachment 3).

### Highlights

#### *Richmond’s Local Innovative Strategy*

The City of Richmond has embarked on a local innovative strategy seeking to reverse health and economic inequities, primarily through re-centering city services through a prism of health to implement the Community Health and Wellness Element by partnering with community-based organizations to leverage governmental, academic, philanthropic, and institutional partnerships.

To date, the City of Richmond has received grant funding in excess of \$10 million dollars utilizing this framework. Funding obtained includes the following:

RHEP TCE Grant	\$ 617,500
Mira Flores Green belt Project	\$ 1,600,000
Urban greening Master Plan	\$ 225,040
Mathieu Alley Greening Project	\$ 302,818
Livable Corridors – Form based Codes	\$ 895,210
Elm Playlot	\$ 1,900,000
Unity Park	\$ 5,000,000

#### *Building Healthy Communities Shared Learning Convening*

On November 30, 2012, the City of Richmond hosted TCE’s Building Healthy Communities Shared Learning Convening for the cities of Richmond, Coachella,

Salinas, and Santa Ana. Building Healthy Communities is a ten-year, \$1 billion program of TCE. Fourteen communities across the state, including Richmond, are taking action to make where they live healthier by improving employment opportunities, education, housing, neighborhood safety, unhealthy environmental conditions, access to healthy foods and more. The goal is to create places where children are healthy, safe and ready to learn. The Richmond community is recognized by TCE as leaders in this field, and was asked to present the successes and challenges of the Richmond General Plan 2030 development and adoption, and Community Health and Wellness Element implementation.

#### *Robert Wood Johnson Foundation Roadmaps to Health Prize Candidate*

For over 40 years, the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. Richmond was selected this fall as one of eleven finalists for the very competitive and prestigious Robert Wood Johnson Foundation's Roadmaps to Health Prize. The Roadmaps to Health Prize recognizes and honors the efforts and accomplishments of U.S. communities working at the forefront of population health improvement. The City of Richmond, Richmond Community Foundation, and Urban Habitat collaborated to submit an application for the greater Richmond community. Up to six Roadmaps to Health Prize winning communities will be announced in early 2013 and each will receive a \$25,000 cash prize.

#### *Job Creation in Richmond*

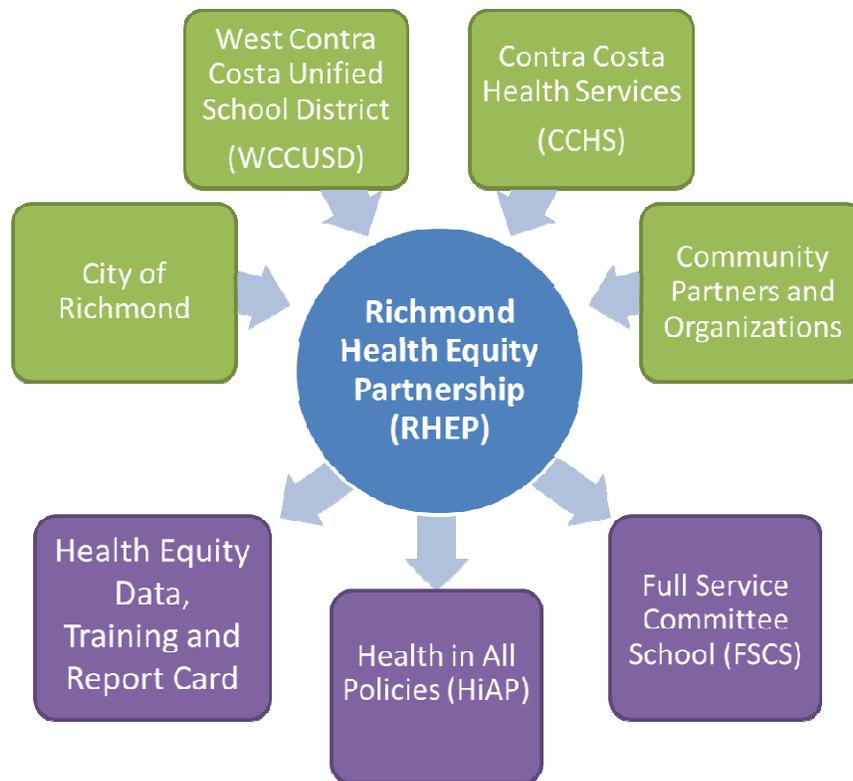
TCE's funding of the RHEP has allowed for the creation of one full-time and two part-time jobs for Richmond residents – one full-time City of Richmond health and wellness coordinator, and two part-time parent liaisons to the RHEP from Chavez Elementary and Peres Elementary Schools.

#### *School District Full-Service Community Schools Resolution*

On October 10, 2012, West Contra Costa Unified School District (WCCUSD) adopted a resolution supporting Full-Service Community Schools (FSCS). WCCUSD continues to work with partners to complete a work plan to implement FSCS at Peres and Chavez Elementary Schools for the 2013-2014 school years.

#### *Contra Costa Health Services Data Tracking and Health Equity Report Card*

CCHS continues to develop and track health indicators, and develop a health equity report card for the Richmond community. CCHS completed a draft assessment of health indicators, available at <http://www.ci.richmond.ca.us/DocumentView.aspx?DID=9011>.



## Health in All Policies

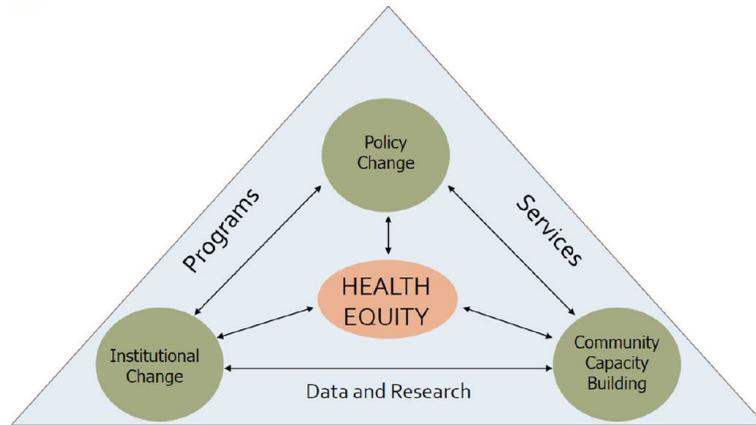
The mission of Richmond’s Health in All Policies (HiAP) strategy is to advance overall health and health equity in Richmond. Health starts where we live, learn, work and play, and everyday decisions within the City of Richmond can promote greater health and equity. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.

HiAP is premised on at least five visions:

- 1) Health starts long before illness and before you reach a hospital or doctor’s office
- 2) Health starts in our families, in our schools and workplaces, in our communities
- 3) Your neighborhood, school or job should not be hazardous to your health
- 4) All Richmond residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, or ethnic background
- 5) City government can and does influence health in many of its decisions and departments

As part of the Richmond Health Equity Partnership, the City of Richmond is the lead on HiAP. “Health in All Policies” or “Healthy Public Policy” refers to the practice of taking an integrated and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies in the non-health

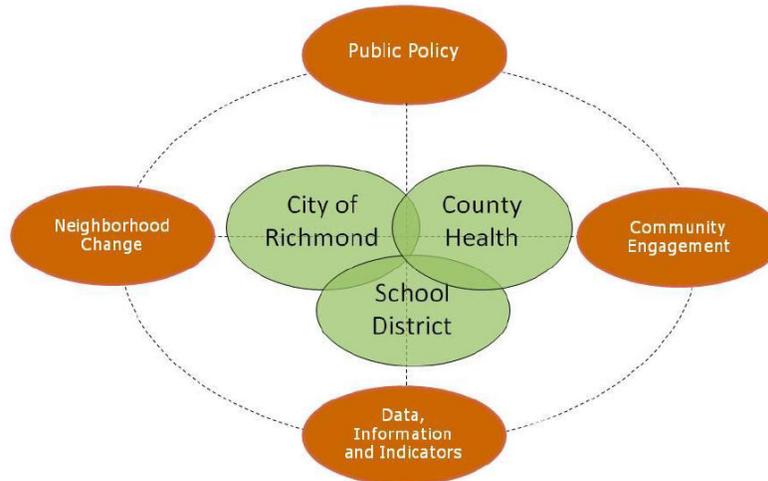
care/medical setting. It involves a range of activities specific to the needs of Richmond’s residents and the responsibilities of city government agencies, organizations and programs.



Source: Professor Jason Corburn, University of California, Berkeley

The goal of this HiAP Strategy is to increase health equity for all residents in the City of Richmond. Health equity is achieving the highest level of health for all people. According to the Department of Health and Human Services, Healthy People 2020 vision, 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 disadvantages or historical injustices (such as racism).

### Framework for a Sustainable Implementation

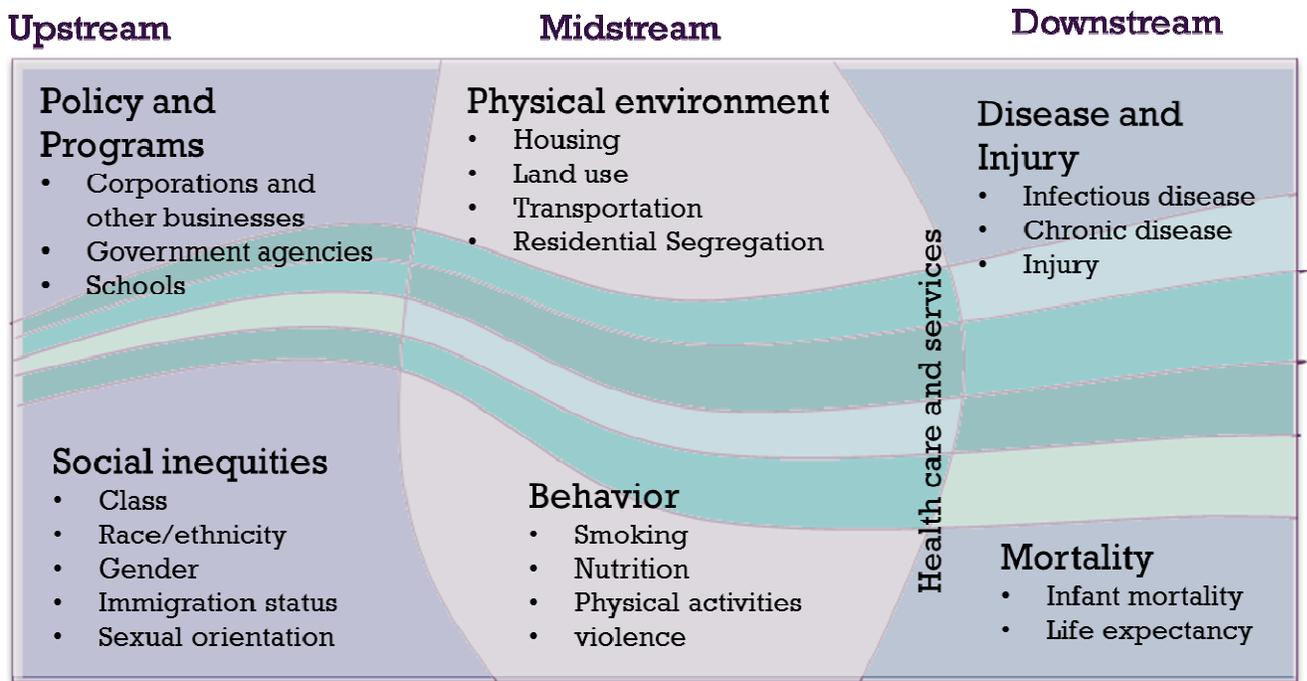


Compared to the rest of Contra Costa County, Richmond has high rates of health disparities and as a result residents experience drastic health inequities. The rate of childhood asthma is much higher in the City of Richmond than in surrounding communities. A study of hospitalizations for childhood asthma showed a rate for the 94801 (which includes the proposed project area), 94804 and 94806 zip codes, was

more than twice the rate for the State of California as a whole.<sup>6</sup> The rate for African American children in the same study was over three times the statewide rate.

Health disparities are differences between population groups in terms of the presence and number of disease, poor health outcomes, and access to care. Health disparities result from a variety of social factors, including income inequality, economic forces, education quality, environmental conditions, individual health behavior choice, and access to health care. Health disparities are not fair, nor are they inevitable.

*Points of Intervention in a Health Equity Framework*



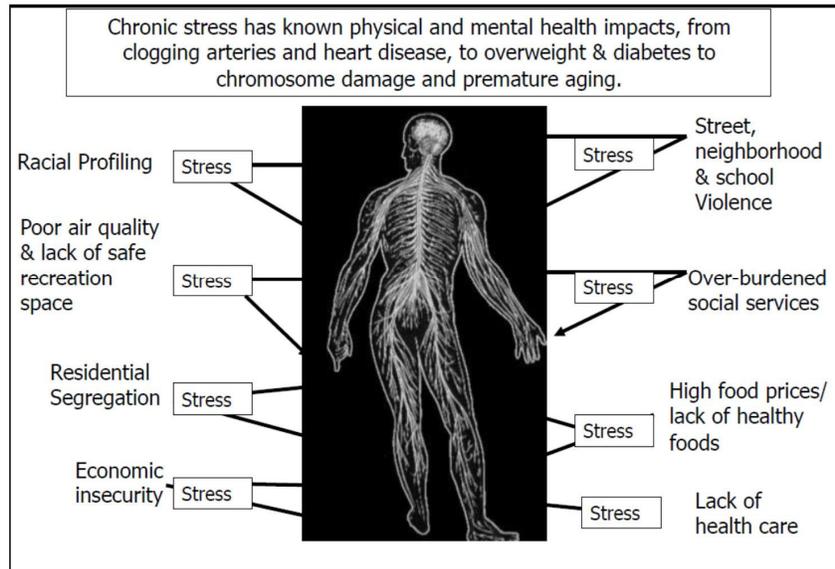
**Government, Schools, CBOs → Parks & Housing → Hospitals & Clinics**

Source: Professor Jason Corburn, University of California, Berkeley illustrates the points of intervention in a health equity framework.

The HiAP concept recognizes that the causes of health disparities and the resulting health inequities are the consequence of a variety of social factors that impact individuals and communities "upstream," beyond the scope of traditional health services. This concept acknowledges that all city departments impact health, even those we do not traditionally consider as conducting health-related work. Richmond's Health in All Policies Strategy is being developed as a collaborative approach with the goal of improving health equity by addressing the social determinants of health and integrating health into the decision making process across all departments of the City.

<sup>6</sup> Community Action to Fight Asthma, an Initiative of the California Endowment, Bay area data from 1998 to 2000.

## Cumulative Stressors on some Richmond residents



Source: Professor Jason Corburn, University of California, Berkeley

A driving theory behind the HiAP Strategy is that the cumulative impact on the body of multiple stressors is a key driver that explains the persistence of poor health outcomes disproportionately afflicting people of color in Richmond. Thus, Richmond's HiAP Strategy may take a multidimensional and integrated approach to reducing the cumulative stressors that occur from an early age and throughout life in the most vulnerable Richmond neighborhoods. By focusing on cumulative stressors, we hope to reduce the occurrence of many chronic illnesses and premature mortality for Richmond residents who are currently experiencing health disparities.

### *Health in All Policies Ordinance*

The adoption of a Health in All Policies Ordinance is a key step to institutionalizing and operationalizing HiAP in the City of Richmond. The HiAP Ordinance can serve as the foundation to fully implement Health in All Policies, potentially providing definitions of health related terms and a goal of incorporating health equity and social justice foundational practices into City operations, policies, and programs; mandating the establishment of an interdepartmental team to carry out the work of HiAP; referencing the Health in All Policies Strategy Document as the guiding document for HiAP implementation and monitoring; creating an annual reporting mechanism such as a Health Equity Report Card that can be developed collaboratively with CCHS; and requiring an ongoing community engagement process.

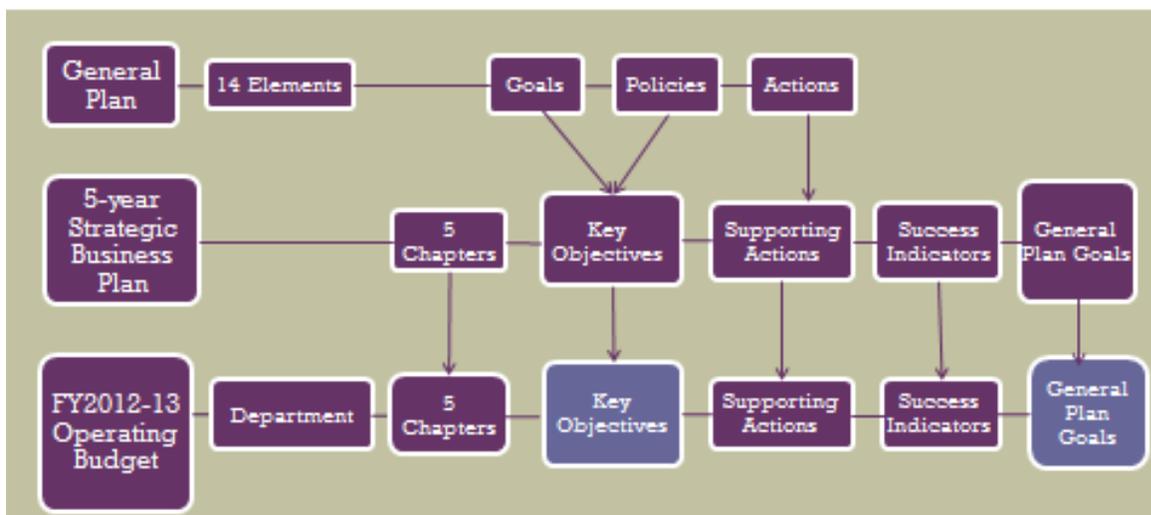
## Existing Health in All Policies Initiatives

Richmond's Health in All Policies framework may take into consideration other similar local, state and federal policies, including the Health and Social Justice Ordinance from King County, Washington and California's own Health in All Policies legislation.

### + How can we best align existing City plans with HiAP

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



City of Richmond: Health In All Policies Community Working Meeting

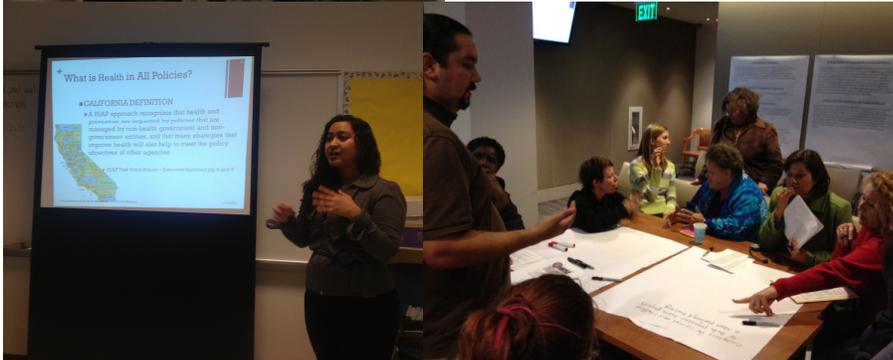
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## Community Meetings

The City of Richmond Health Initiatives team hosted several community meetings to introduce HiAP, receive input on community health stressors, and receive input on community priorities for moving forward. City staff and University of California, Berkeley School of Public Health Master of Public Health Candidates provided outreach presentations and facilitated the following community meetings:

Meeting	Location	Date
Civic Center Kickoff Informational Meeting	City Hall	November 8, 2012
RYSE Youth Center	205 41st Street	November 13, 2012
Peres Elementary School	719 5th Street	November 16, 2012
Chavez Elementary School	960 17 <sup>th</sup> Street	November 19, 2012
Richmond Neighborhood Coordinating Council (RNCC)	Community Services Building, Room One,	November 19, 2012

	330 25th Street	
Community Stakeholders	City Hall	November 20, 2012
Community Stakeholders	City Hall	November 27, 2012
Brookside Community Clinic Health	1030 Nevin Avenue	November 28, 2012
Civic Center Working Meeting	City Hall	November 29, 2012



HiAP community meetings, November 2012.

### *Health in All Policies Strategy Document*

The City of Richmond is currently in the process of drafting a guiding HiAP Strategy Document that aims to operationalize HiAP. This Strategy Document may identify short- and long-term goals for individual departments and the City as a whole, and align with the City's General Plan, 5-Year Strategic Business Plan, and the Current Fiscal Year Budget. The Strategy Document may also include performance measures enabling the City to monitor progress and identify areas for improvement. Additional HiAP meetings will be held over the next 3-6 months to obtain broad community feedback on the development of the Strategy Document. A draft of the HiAP Strategy Document and Ordinance may be made available to the public for review and comment in approximately 3-6 months.

Additional information can be found at: [www.richmondhealth.org](http://www.richmondhealth.org)

**DOCUMENTS ATTACHED:**

Attachment 1 – TCE Approved Grant Work Plan

Attachment 2 – Timeline of RHEP, Healthy Richmond, and CHWE

Attachment 3 – RHEP Progress Report