

+ ***“We are in the health business”***

– Bill Lindsay, Richmond,  
City Manager



## Richmond’s Health Equity Partnership Update and Health in All Policies



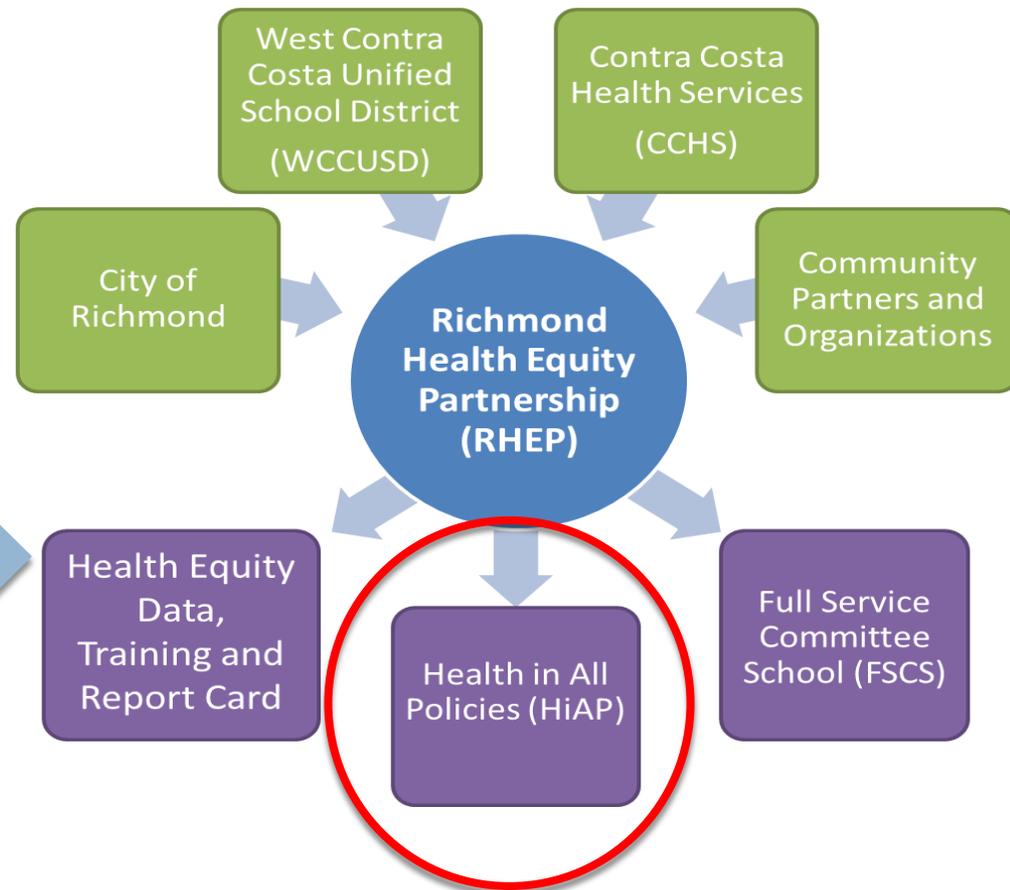
*City services through the prism of health*



# Richmond Health Equity Partnership (RHEP)

2

## Richmond: Healthy City Management



# Richmond Health Equity Partnership (RHEP) Update

3

- ❑ Cross Systems Collaboration
- ❑ Capacity Building to Impact Community Health and City Services
- ❑ WCCUSD Full service Community Schools resolution
- ❑ Supporting Residents, CBO's and Schools' Health Initiatives



# CA Policy Direction & Funding for the City of Richmond

4

- Leveraging over \$10 million dollars
- 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

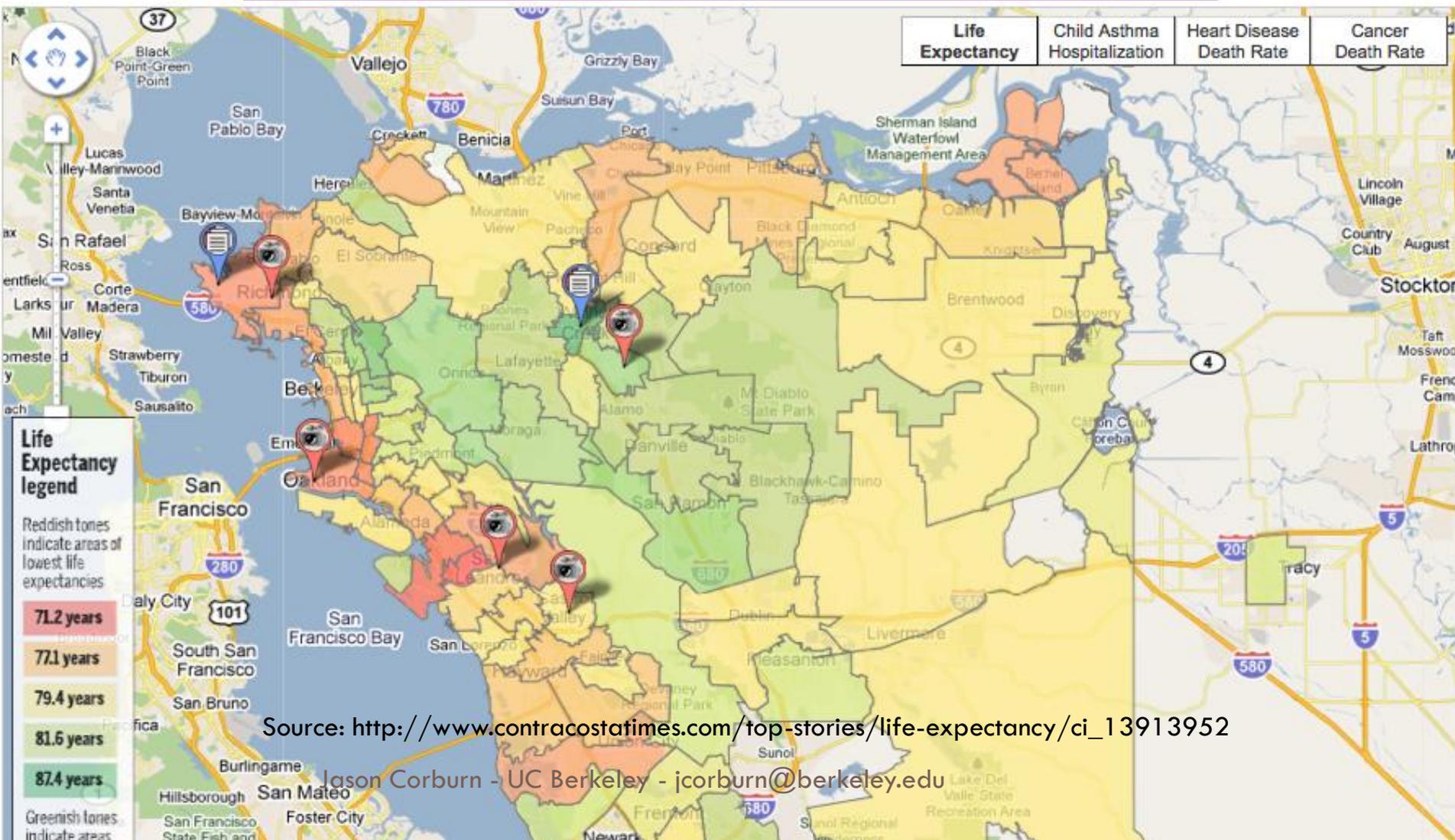
# Health in All Policies

- A core component of implementing the Health Element of the General Plan & improving the well-being and living conditions for all Richmond residents.

Health in all Policies is city management as ‘preventative medicine’ and all city staff are ‘community clinicians.’

Our challenge...improve health for all Richmond residents

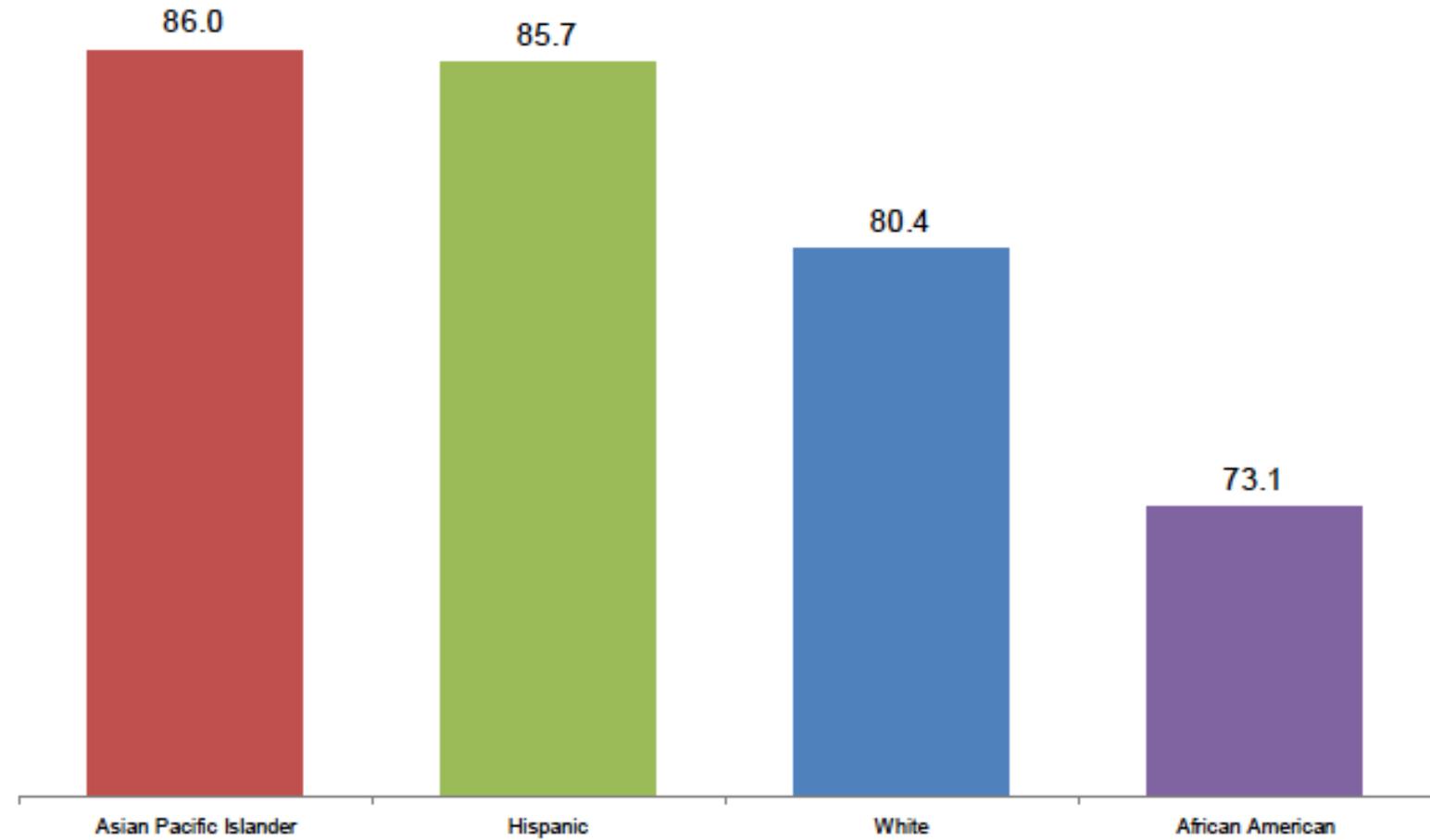
# SHORTENED LIVES WHERE YOU LIVE MATTERS



# Our challenge...eliminating health inequities for people of color in Richmond

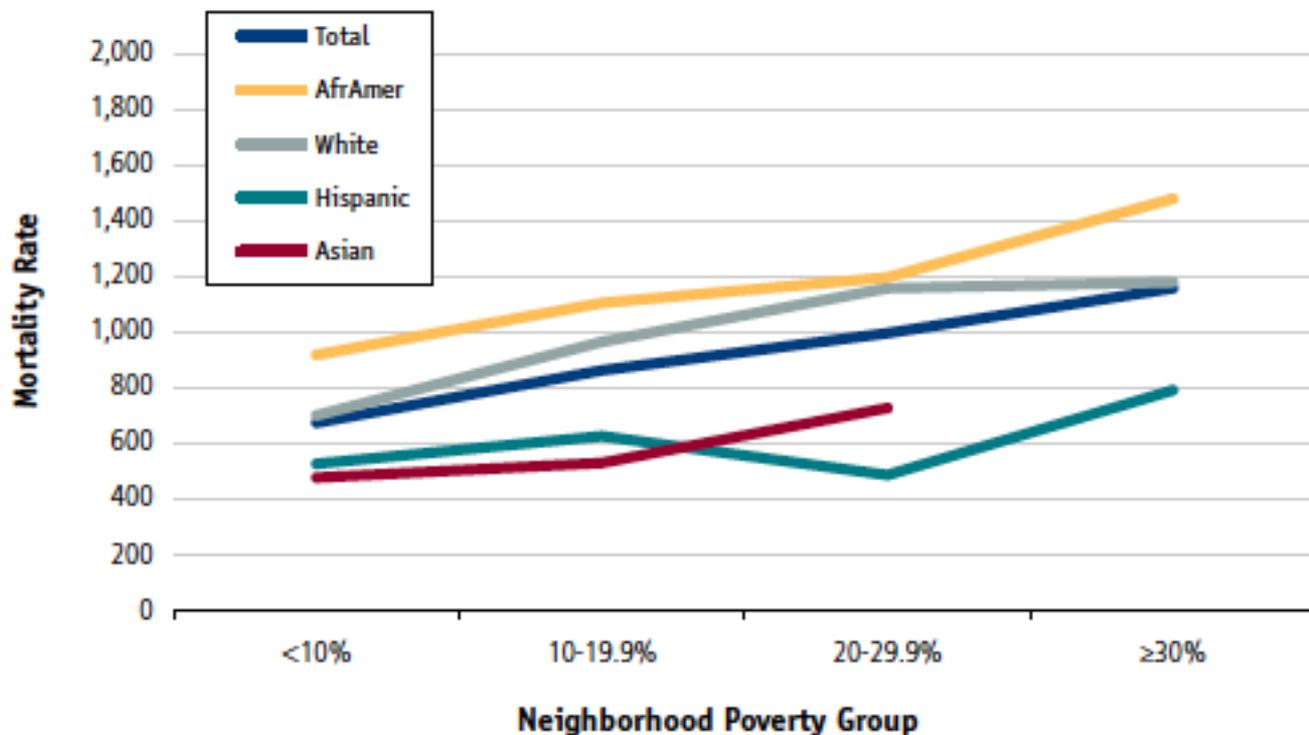
7

Life Expectancy in Contra Costa by Race, 2005- 2007



# Our challenge...ensuring your zip code doesn't determine your life expectancy

8

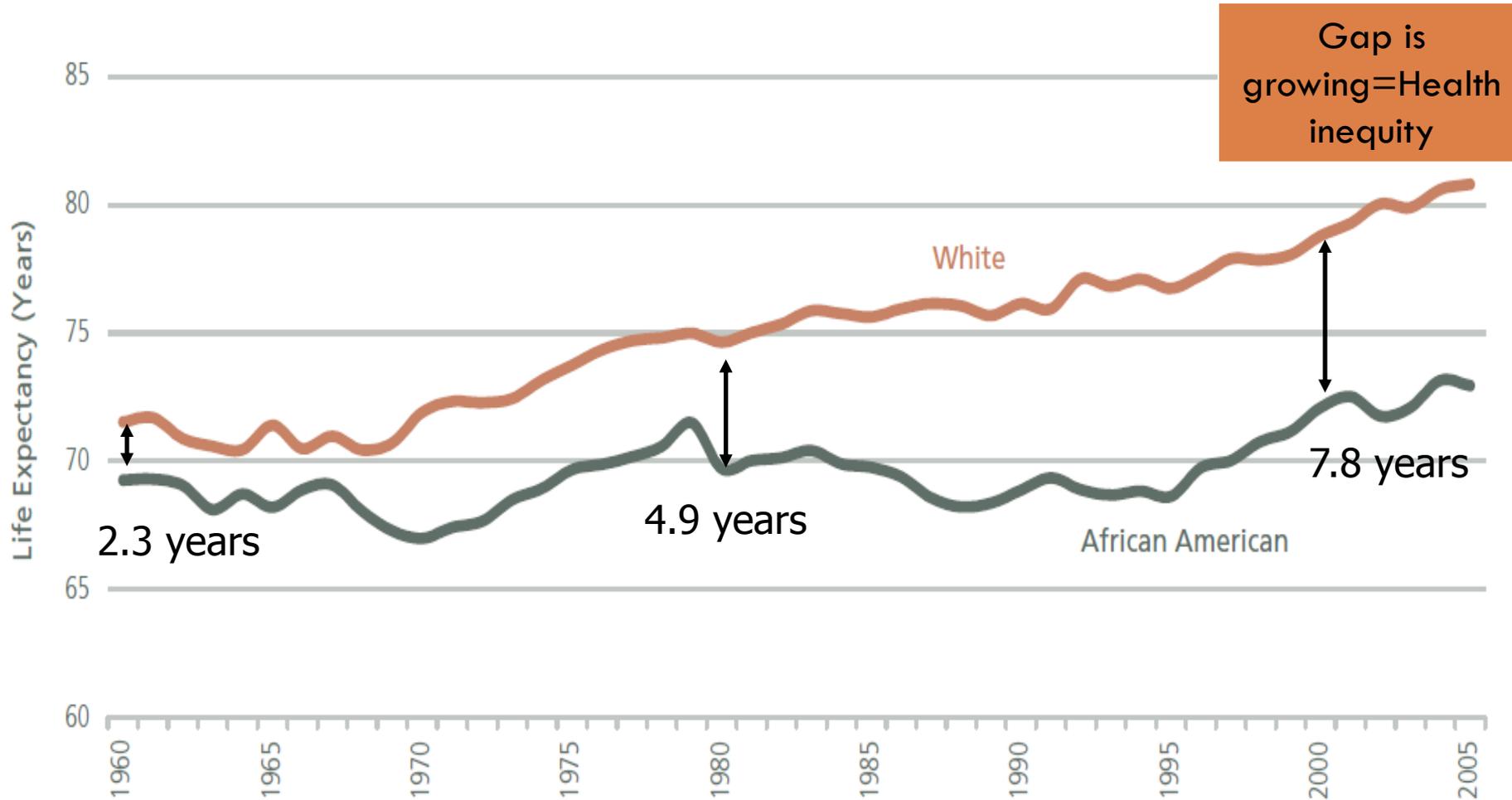


Source: [http://cchealth.org/health\\_data/](http://cchealth.org/health_data/)

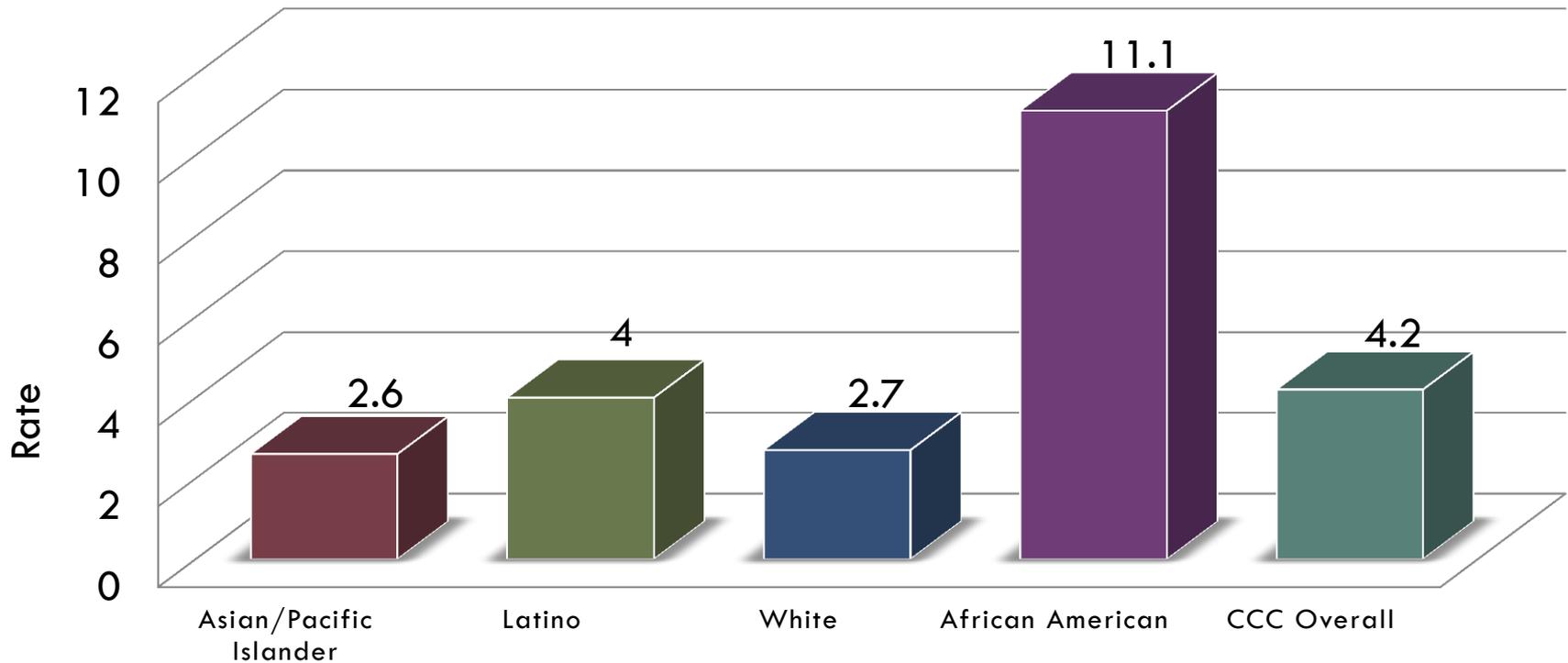
Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

# Our challenge...reversing racial inequities.

## Life expectancy Bay Area



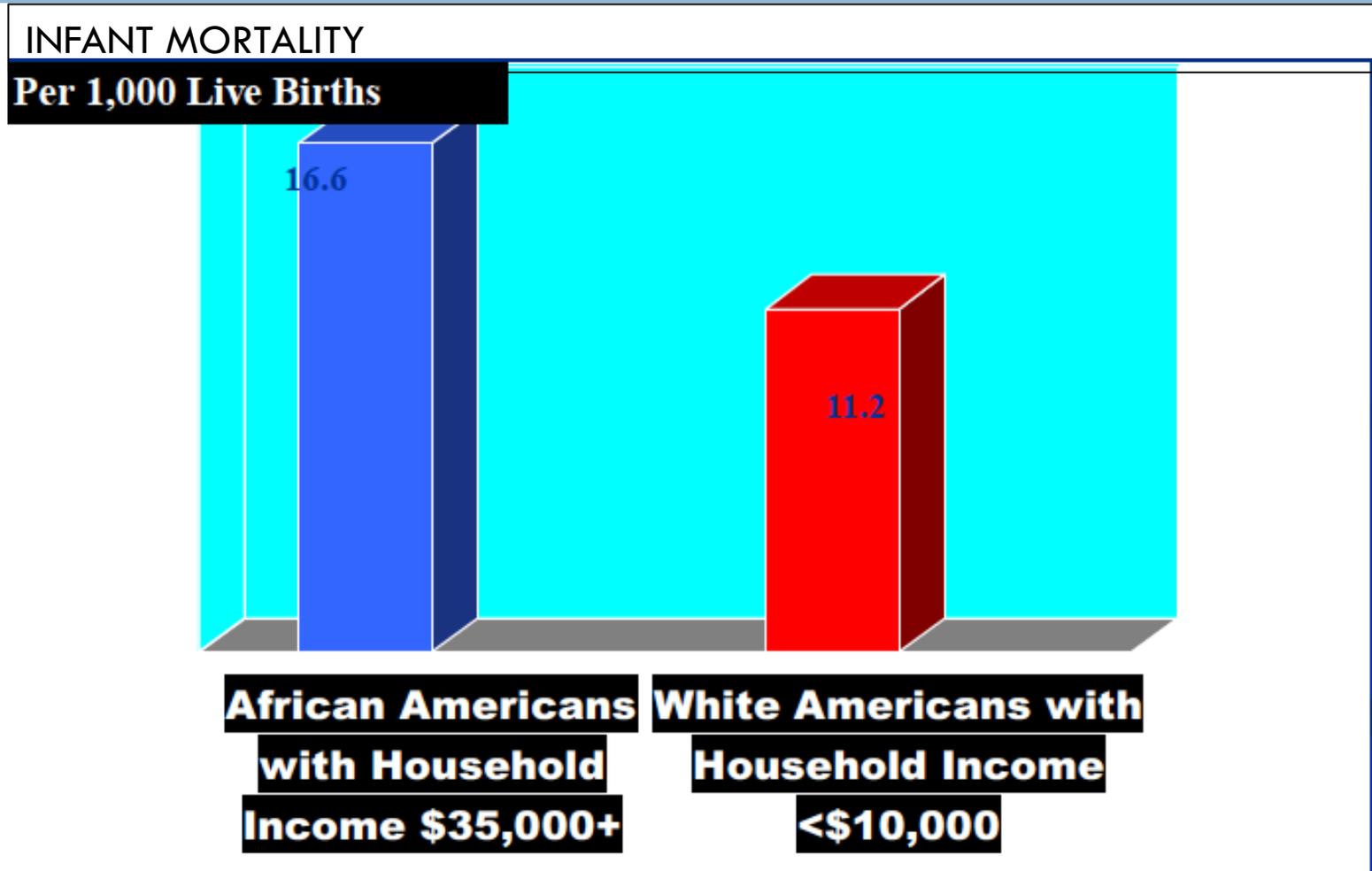
# Infant Mortality Rate (per 1,000 live births), by Race/Ethnicity, Contra Costa, 2005-2007



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

# Is it just income?

11

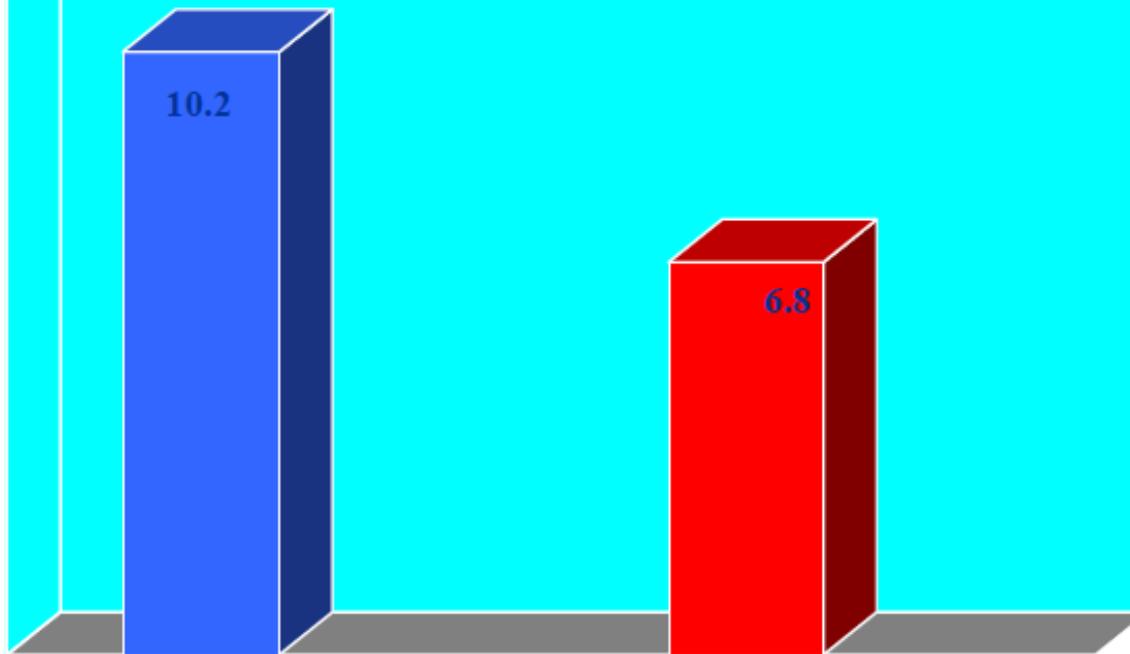


# Is it just education?

12

INFANT MORTALITY

Per 1,000 Live Births



**African Americans  
16+ years of schooling**

**White Americans <9  
years of schooling**

NCHS 2002

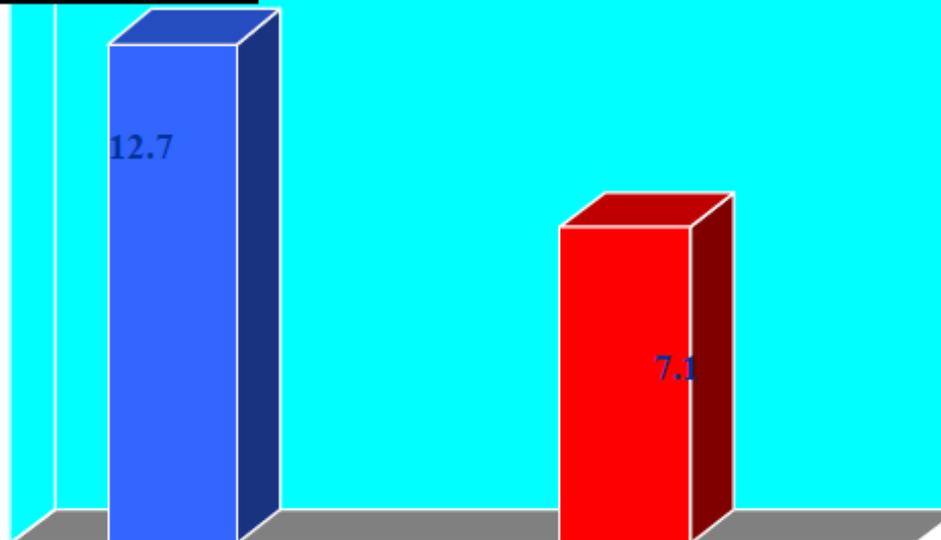
# Is it health care?

13

## INFANT MORTALITY

Per 1,000 Live Births

NCHS 2002



**African Americans**

**White Americans**

**First Trimester**

**Prenatal Care After**

**Prenatal Care**

**1st Trimester or**

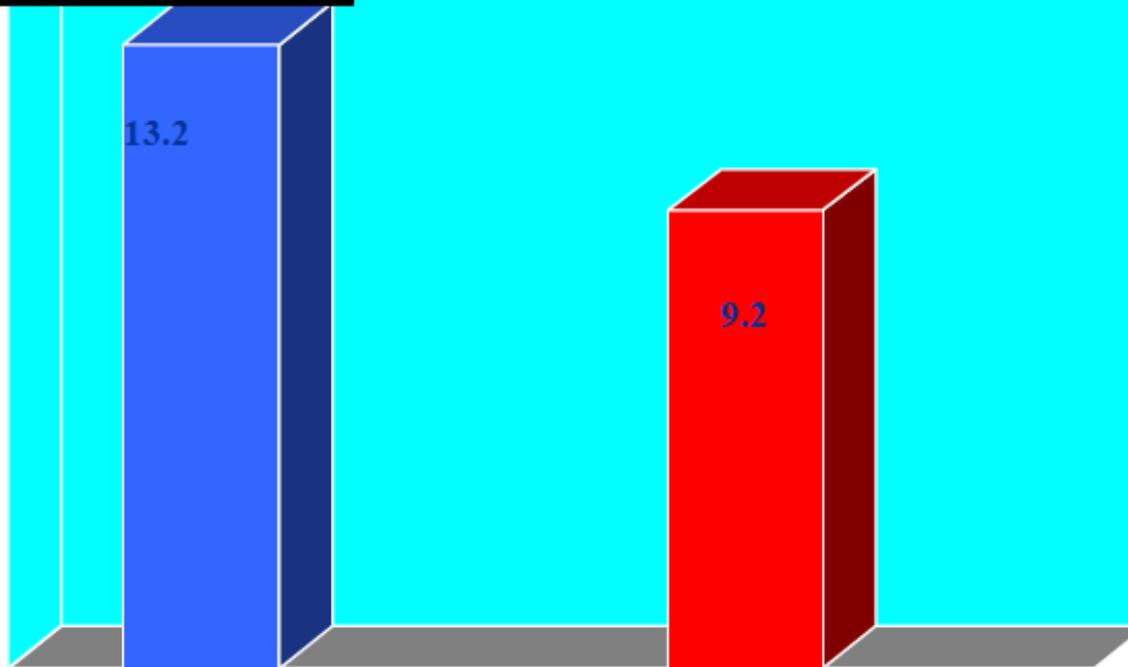
**None**

# Is it unhealthy behaviors, like smoking?

14

INFANT MORTALITY

Per 1,000 Live Births



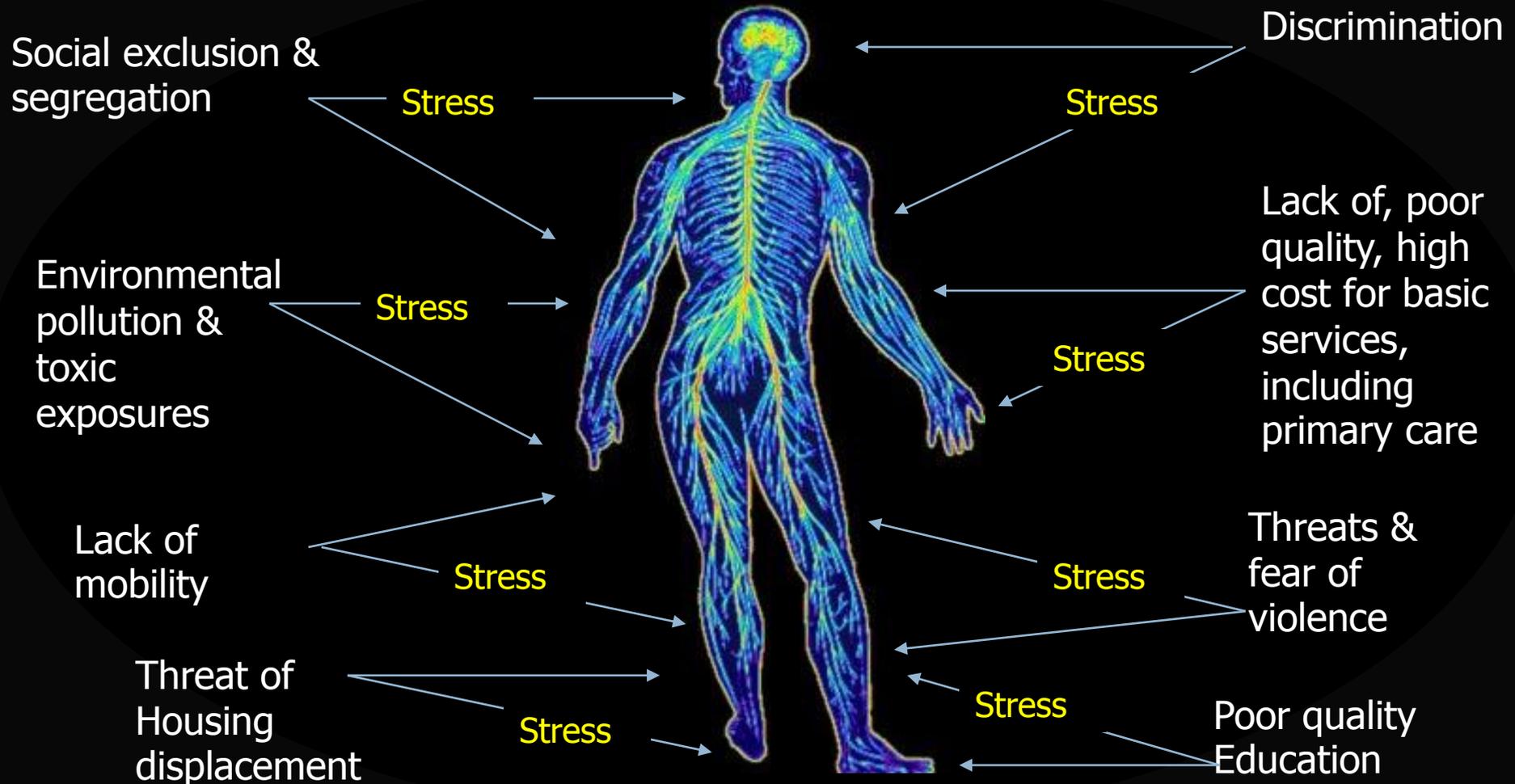
**African American Non-Smokers**

**White American Smokers**

NCHS 2002

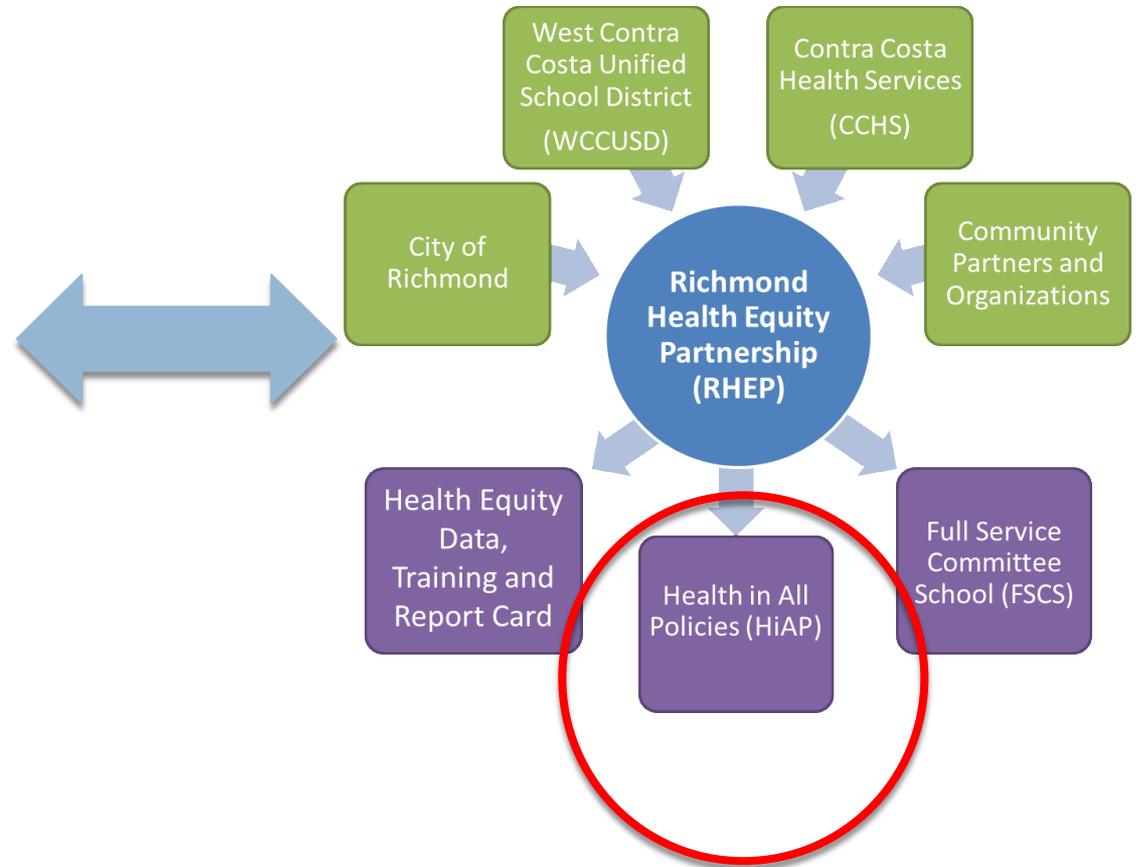
# Richmond Health Equity Partnership hypothesis: Cumulative stress over life-course

## Physical and Mental Health Impacts



# Health equity in all city decisions

16



# CA: Health in All Policies

17



Health in All Policies Task Force  
Report to the Strategic Growth Council

Executive Summary

*Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.*

Health in All Policies Task Force Implementation Plan  
***Health and Health Equity in State Guidance***  
*Endorsed by the SGC on May 10, 2012*

## **I. The Health in All Policies Task Force**

The Health in All Policies (HiAP) Task Force is a multi-agency effort to improve state policy and decision-making by encouraging collaborative work towards health and sustainability goals by incorporating health considerations into non-health policy areas. After an in-depth process that included input from health and policy experts, the public, and extensive Task Force discussions, the Strategic Growth Council (SGC) approved eleven priority recommendations and charged the Task Force with developing implementation plans.



**Environmental Justice at the Local and Regional Level**  
**Legal Background**

Cities, counties, and other local governmental entities have an important role to play in ensuring environmental justice for all of California’s residents. Under state law:

“[E]nvironmental justice” means the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies.

(Gov. Code, § 65040.12, subd. (e).) Fairness in this context means that the *benefits* of a healthy environment should be available to everyone, and the *burdens* of pollution should not be focused on sensitive populations or on communities that already are experiencing its adverse effects.

Many local governments recognize the advantages of environmental justice; these include healthier children, fewer school days lost to illness and asthma, a more productive workforce, and a cleaner and more sustainable environment. Environmental justice cannot be achieved, however, simply by adopting generalized policies and goals. Instead, environmental justice requires an ongoing commitment to identifying existing and potential problems, and to finding and applying solutions, both in approving specific projects and planning for future development.

# ALLIANCE FOR Boys and Men of Color

Invest in the Health and Success  
of California's Future

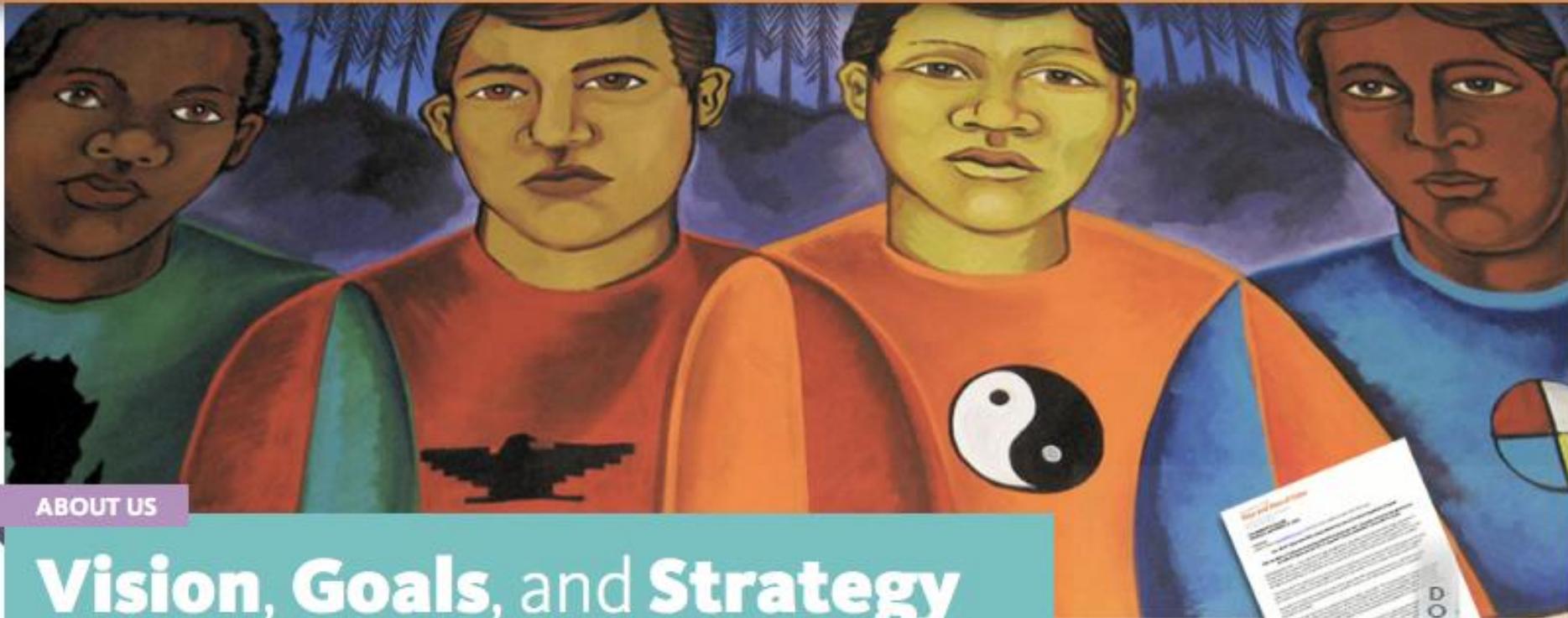
boysandmenofcolor@policylink.org | 510.642.8568



[ABOUT US](#)

[SELECT COMMITTEE](#)

[ALLIANCE MEMBERS](#)



ABOUT US

## Vision, Goals, and Strategy

We are an alliance of change agents committed to improving the life chances of California's boys and young men of color. The Alliance includes youth, community organizations, foundations, and systems leaders – like education, public health, and law enforcement officials. We are active at the local and state levels, with a particular focus on Oakland, Los Angeles, and Fresno. Our work is supported by a variety of funders.



**LATEST PRESS RELEASE:**  
RECENTLY PASSED SCHOOL  
DISCIPLINE BILLS IN CA

# California Policy & Action on Health Inequities

20

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

# Nat'l Health Care Reform



# OBAMACARE

FORMALLY TITLED

## PATIENT PROTECTION & AFFORDABLE CARE ACT

**BILL**  
  
 2,074 pages long

**PASSED**  **2010**   **CHANGES POLICY FOR ENTIRE NATION**

**INDIVIDUAL MANDATE**  **YES**   **BUSINESSES**  
 requires businesses with 50 or more full-time employees to provide coverage

**MEDICARE DONUT HOLE**    **LOW-INCOME FAMILIES**  
 works to close the Medicare donut hole  
 provides Medicaid to Americans earning less than 130% of the federal poverty level

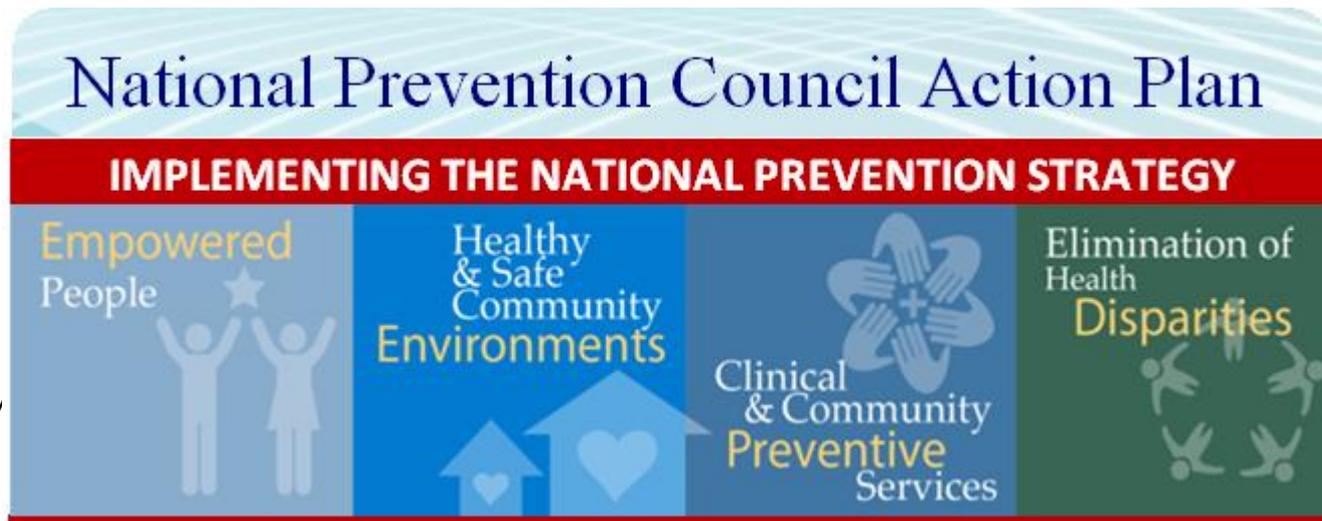
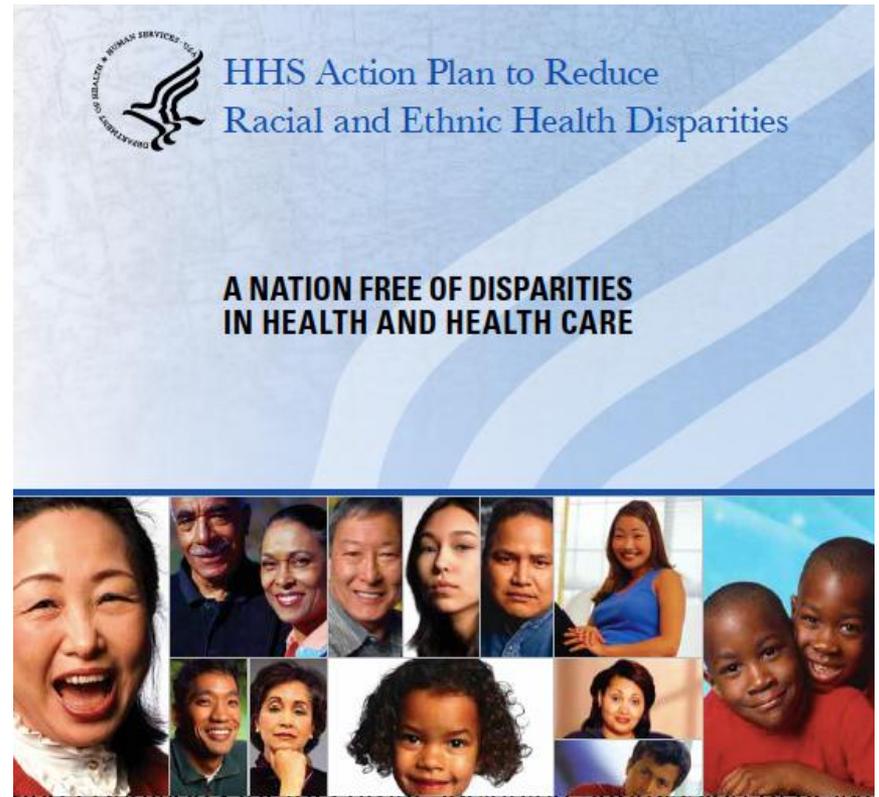
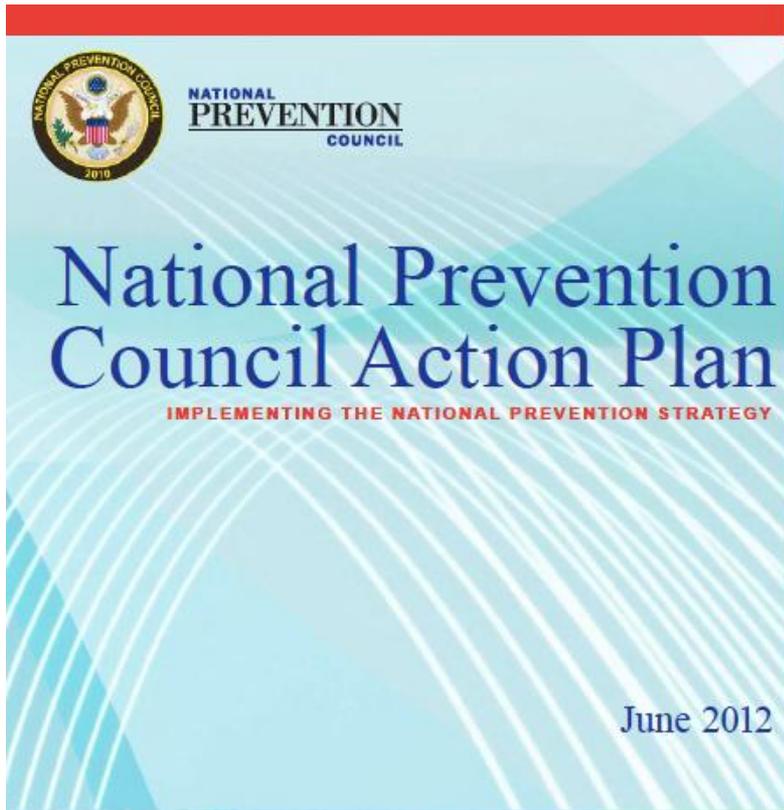
**YOUNG ADULTS**    **MEDICAL LOSS RATIO (MLR)**  
 can stay on their parents' health insurance plan until the age of 26, regardless if employer coverage is available  
 health insurers must spend 80 to 85 percent of premiums on medical care

**EXPANDED MEDICAID**    **SMALL BUSINESS TAX-CREDIT FOR OFFERING INSURANCE**  
 for adults

Professor J. Corburn, jcorburn@berkeley.edu

\*Source: "Obama's Health Insurance Requirements" Manufacturing Rep., n.d. Web. 12 Sept. 2012. [www.manufacturing.org/Health/obamacare.html](http://www.manufacturing.org/Health/obamacare.html)  
 Health Care Law | HealthCare.gov Home | HealthCare.gov News, n.d. Web. 18 Sept. 2012. <http://www.healthcare.gov/healthcare.html>

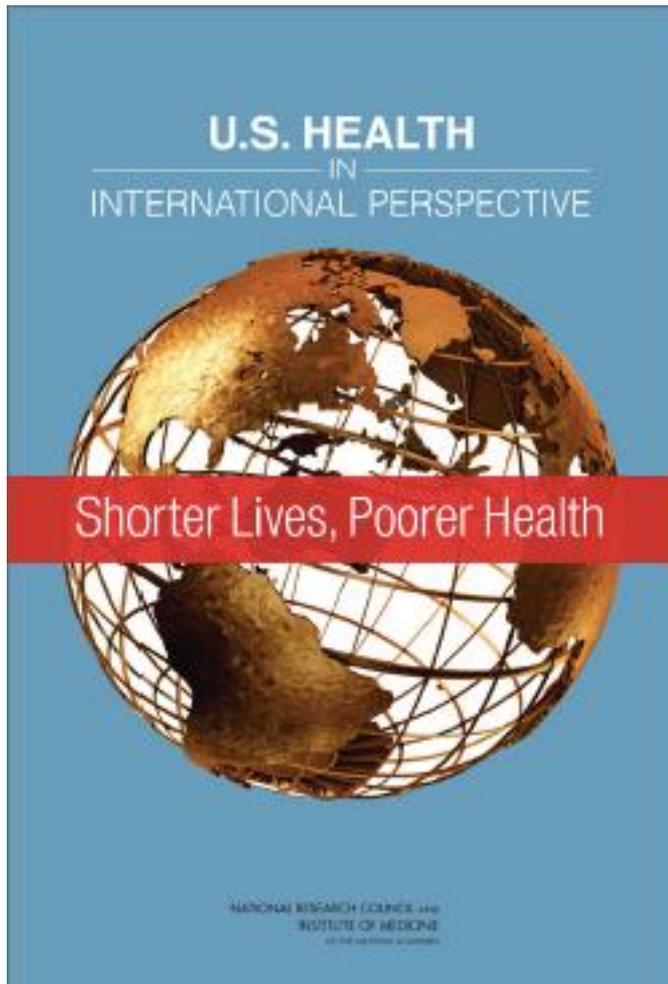




<http://www>

# National Public Health Crisis

23



“[T]he U.S. health disadvantage has multiple causes and involves some combination of inadequate health care, unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions.”

# But we can do better...

24

## Infant mortality addressed by outreach

John M. Gonzales, CHCF Center for Health Reporting  
Updated 11:47 am, Monday, January 28, 2013

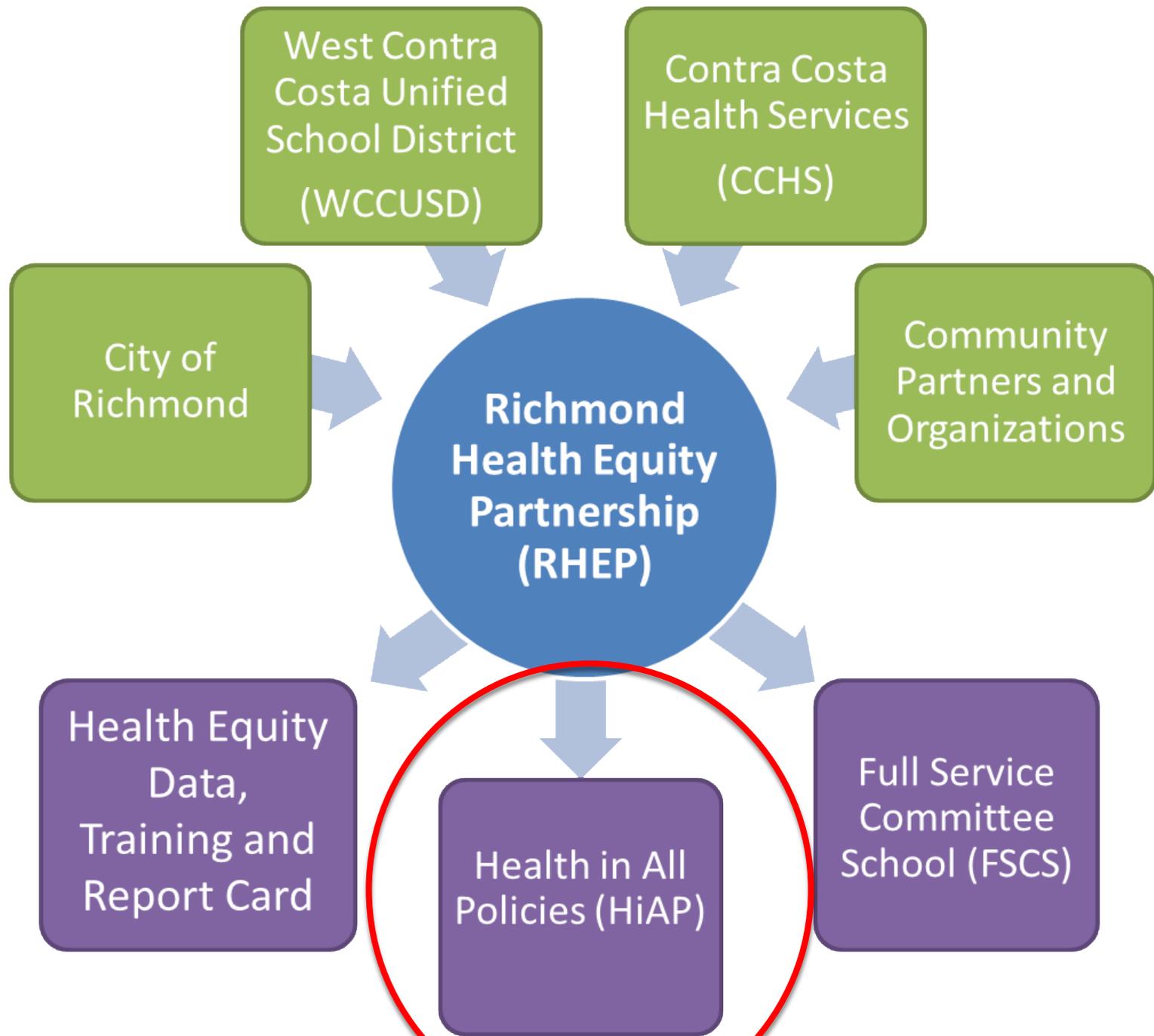
In the roughest neighborhoods of Oakland, Sandra Tramiel carries a baby scale in her knapsack as she undertakes a profound mission: saving Alameda County's black children from death before their first birthday.

Tramiel is a public health nurse, a foot soldier in a decades-long battle waged here and across the country to reduce the disproportionately high death rate of African American newborns.

In Alameda County, which has the highest proportion of African Americans in the state, there is new evidence that efforts like Tramiel's home visits are paying off. The rate of black infant deaths is on the decline, having dropped to 8.05 per 1,000 live births between 2007 and 2010, one of the lowest rates in the state.

The statewide black infant mortality rate of 9.5 deaths per 1,000 live births in 2010, the most recent year for which data is available, is still agonizingly high, but for the first time the number is below double digits. The state saw a 21 percent drop from 2008 and 2010.

Source: <http://www.sfgate.com/health/article/Infant-mortality-addressed-by-outreach-4154865.php#page-1>



# Health in All Policies Strategic Plan:

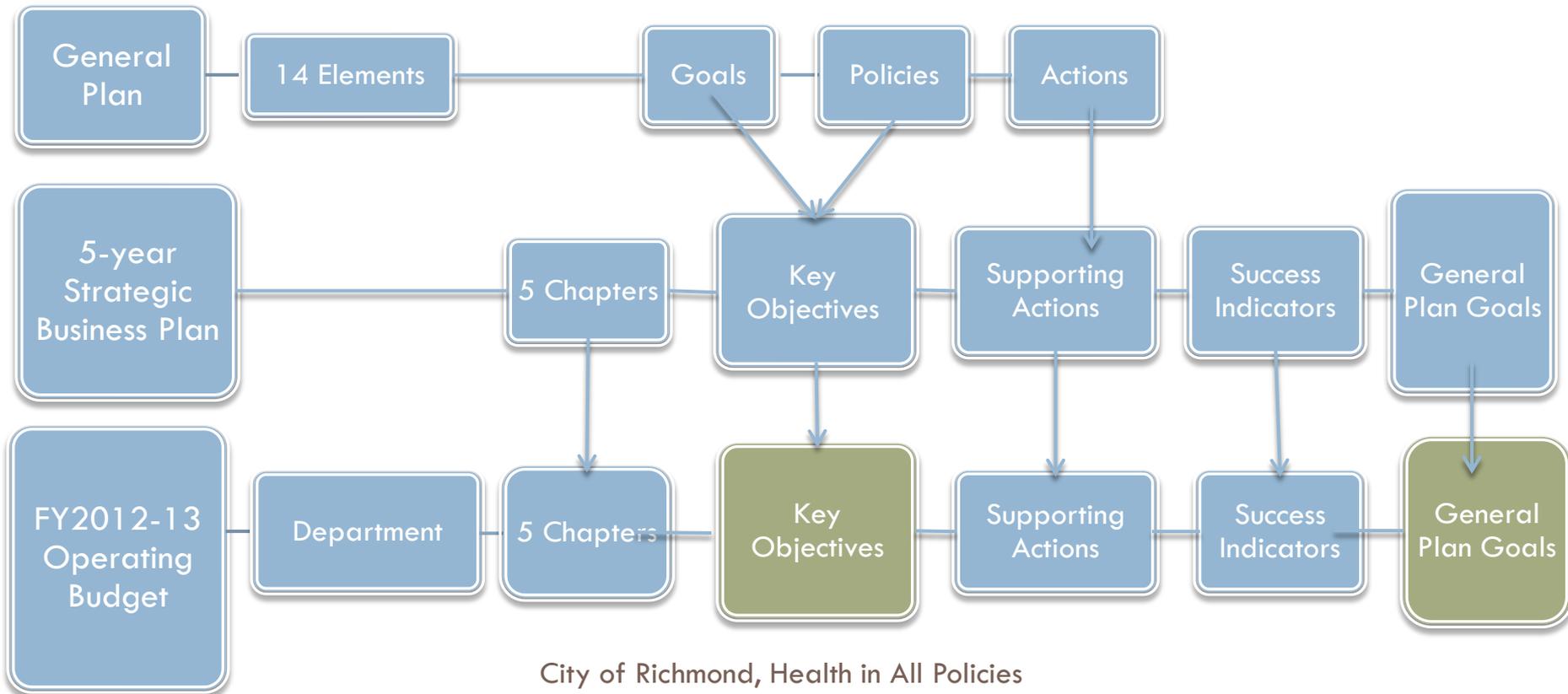
Lift-up what works/find new ways to leverage across departments

26

1. Interdepartmental Leadership & Working Group
2. Identification of Drivers of Health inequity and equity in Richmond
3. Integrate Health Equity in City's Budget Strategy
4. Health Equity Goals in City Procurement
5. Recruit and Maintain a Diverse Workforce in Richmond City Government
6. Health Equity Screening Tools
7. Increase Economic Opportunities in Richmond
8. Environmental Health and Justice
9. Education and Social Environments
10. Housing, Residential Segregation and Concentrated Poverty
11. Full Service and Safe Communities
12. Access to affordable & high quality Health Care

# HiAP: Aligning existing work with health equity goals

27





# Questions?

