City of Richmond
Health in All Policies
May 31, 2013

“City services through the prism of health”
– Bill Lindsay, Richmond City Manager
Life Expectancy in the East Bay

Life expectancy, by ZIP code

- 71 - 75 years
- 76 - 78
- 79 - 81
- 82 - 83
- 84 - 87

County boundary
Highways

Data is from the Bay Area News Group’s Shortened Lives series (2009), which acquired data from epidemiologist Matt Beyers, of the Alameda County Public Health Department. Beyers used death certificate data from 1999 to 2001 for Alameda and Contra Costa counties and adjusted for age differences using 2000 Census population breakdowns.
Results from the 2011 Richmond Community Survey: Self-Rated Health

Self-rated health, by neighborhood group
% "excellent" or "very good" responses

- 24% - 33%
- 34% - 40%
- 41% - 50%
- 51% - 54%
- Data not available

Source: 2011 Richmond Community Survey Question 18A: "In general, how would you rate your health?"; COR GIS files
Map by Ellen Kersten, ekersten@berkeley.edu
Richmond General Plan 2030

- 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.’
Timeline of Community Health and Wellness Element, Richmond Health Equity Partnership, and Healthy Richmond

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 Belvedere Woods neighborhoods. 4 focus areas identified: 1) citywide policy and systems implementation; 2) neighborhood improvement strategies; 3) data collection, indicators development, 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)

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

Feb 2011: HSC/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.

Feb 2012: TCE approves RIHEP 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.
HiAP Background and Evolution

Health Equity Framework

- Policy Change
- Programs
- Data and Research
- Health Equity
- Community Capacity Building
- Institutional Change
- Services

Source: Associate Professor Jason Corburn, UC Berkeley

Richmond Health Equity Partnership

- 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)

City of Richmond, Health in All Policies
HiAP and City Documents Alignment

General Plan
14 Elements
Goals
Policies
Actions

5-year Strategic Business Plan
5 Chapters
Key Objectives
Supporting Actions
Success Indicators
General Plan Goals

FY2013-15 Operating Budget
5 Chapters
Key Objectives
Supporting Actions
Success Indicators
General Plan Goals

City of Richmond, Health in All Policies
HiAP Community Engagement
HiAP Strategy Document

- Introduction: Background Section

- Solution Intervention Areas (6 Areas)
  - Intro/Health Equity Statement
  - Current Status/Existing Policies
  - Priority implementing Actions
    - Short Term Actions (1 year): 1 to 2 actions
    - Medium Term Actions (5 year, FY2015-20): 2 to 3 actions
    - Long Term Actions (10 year, FY2021-2030): 2 to 3 actions

City of Richmond, Health in All Policies
## Effective and Equitable Government Leadership & Coordination

### Short-Term Action (1 year, FY2014)

<table>
<thead>
<tr>
<th>Plan/Policy/Program</th>
<th>Measures</th>
<th>Health Equity</th>
<th>Department(s) Responsible</th>
</tr>
</thead>
</table>
| Conduct a comprehensive assessment of starting conditions before moving forward with HiAP implementation | -assessment developed  
-assessment conducted  
-results from assessment | To gauge where City staff and departments stand with respect to available resources, history of cooperation and conflict, power differentials, identification of incentives and barriers to participation as well as baseline understanding and knowledge about health equity and how they view their role in promoting it. | City Manager’s Office/Consultant |
| Develop trainings curricula and materials for Staff capacity building and HiAP implementation | -partners identified  
-trainings materials developed | Based on assessment and in line with the strategy document, training curricula is designed to lay the foundation for building staff capacity and further infusing health equity considerations into the City of Richmond culture. | City Manager’s Office/Consultant |
| Complete integration of health equity goals and measures into the 5 Year Strategic Business Plan and bi-annual budget | -health equity goals and measures integrated in SYSBP and Bi-annual budget | Including measures in the budget and business plan further ensures that HiAP remains a priority and is operationalized into action. | City Manager’s Office, Finance |
# Environmental Health and Justice

## Short-Term Action (1 year, FY2014)

<table>
<thead>
<tr>
<th>Existing Plan/Policy/Program</th>
<th>General Plan Implementing Actions</th>
<th>Measures</th>
<th>Health Equity</th>
<th>Department(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete City Climate Action Plan</td>
<td>Action EC1.A Climate Action Plan</td>
<td>Plan completed</td>
<td>The climate action plan should include mitigation strategies for addressing the sources of greenhouse gas emissions in the community.</td>
<td>City Manager’s Office</td>
</tr>
<tr>
<td><strong>Comprehensive Asthma Plan</strong></td>
<td>Action HW3.B Regional Medical Services Coordination</td>
<td>-Plan completed -MOU between WCCUSD, CCHS, COR and other parties developed and signed -Number of ER asthma visits</td>
<td>Asthma disproportionately effects minority and low-income families in Richmond. Asthma is the top medical condition causing school absenteeism, contributing to parent/guardian</td>
<td>City Manager’s Office, Housing, Planning, WCCUSD, CCHS, Kaiser Permanente, Community Clinic Consortium</td>
</tr>
<tr>
<td></td>
<td>Action HW9.E Indoor Air Quality Guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action HW9.F Sensitive Use Location Guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sections:

9.14.010 Findings
9.14.020 Definitions
9.14.030 Health in All Policies Implementation


(a) In the City of Richmond, those at greatest risk for poor health outcomes are low-income residents of color, especially African Americans.

(b) In comparison to other cities in Contra Costa County, Richmond has the highest proportion of deaths from diabetes, a higher than average rate of children requiring hospitalization due to asthma, and the second highest number of hospitalizations for mental health disorders and substance abuse.

(c) Richmond is also disproportionately affected by heart disease, cancer and stroke.

(d) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health
Next Steps

- Solicit feedback from City Staff
- Another round of community engagement
- Shop for funding
- City Council to adopt HiAP Ordinance and Strategy Document
- Implement, monitor, evaluate and improve

City of Richmond, Health in All Policies
www.richmondhealth.org

http://www.flickr.com/photos/richmondenvironment/

http://vimeo.com/richmondhealth

Gabino Arredondo
Gabino_arredondo@ci.richmond.ca.us
510-620-6606

Meredith Lee
Meredith_lee@ci.richmond.ca.us
510-620-5488

City of Richmond, Health in All Policies 3.1.2013