

Health in All Policies

City services through the prism of health

October 24, 2013

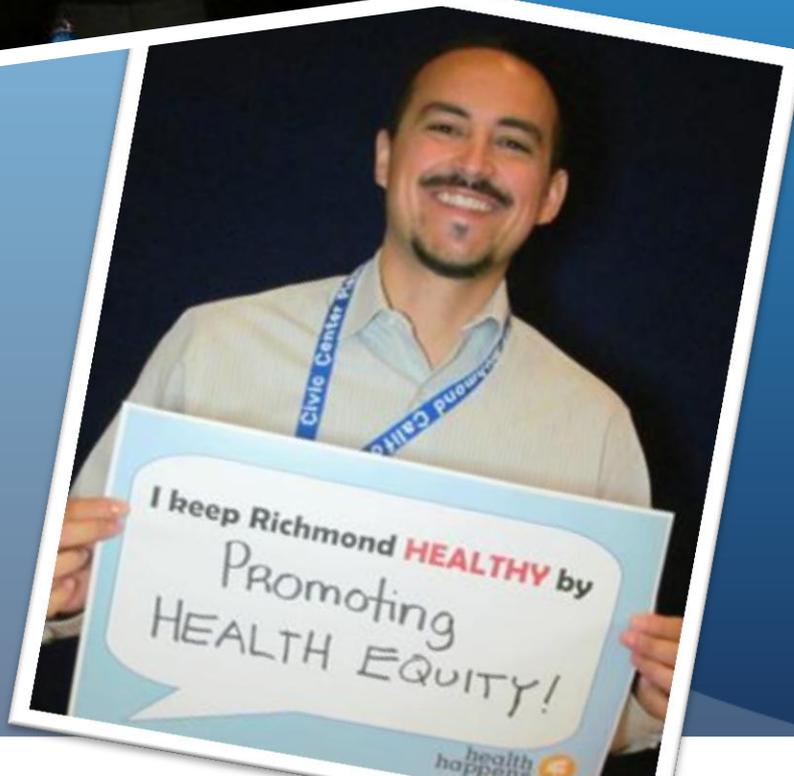
What is Health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



Health Equity

Health equity is achieving the highest level of health for all people. 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 disadvantage or historical injustices (such as racism).



Cal Endow Zip Code

Pinole

A child born in zip code **94564** will live an average of

81
YEARS.

A child born in zip code **94598** will live an average of

84
YEARS.

A child born in zip code **94801** will live an average of

77
YEARS.

A child born in zip code **94806** will live an average of

79
YEARS.

A child born code **94803** wi an aver

79
YEARS.

Walnut Creek

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

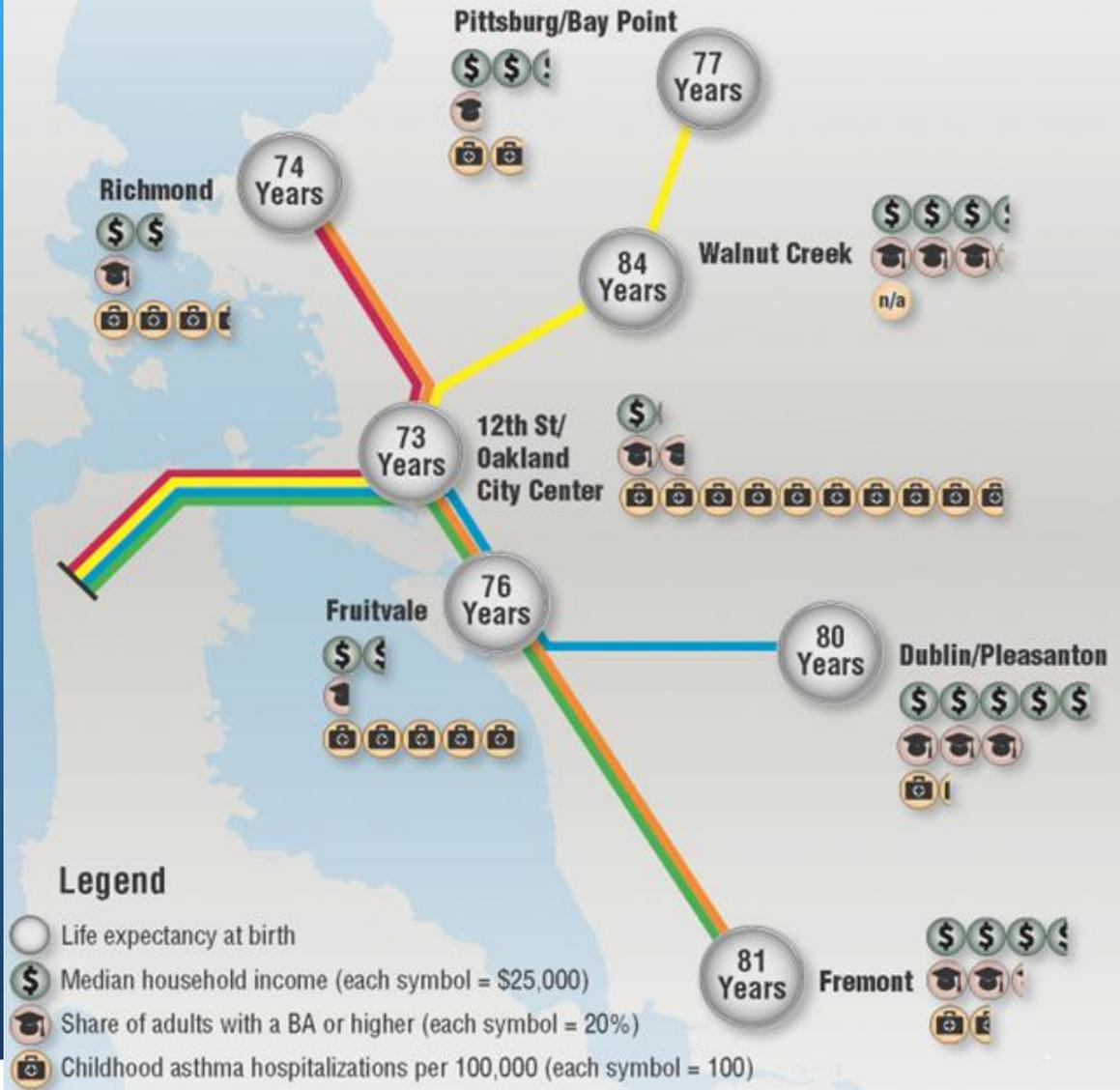
79
YEARS.

A child born in zip code **94530** will live an average of

79
YEARS.

Health and Wealth inequities across Bay Area Rapid Transit (BART) stations

The short distance between a few BART stations can mean an 11-year difference in life expectancy and dramatic differences in physical and economic well-being.



Legend

- Life expectancy at birth
- 💰 Median household income (each symbol = \$25,000)
- 🎓 Share of adults with a BA or higher (each symbol = 20%)
- 🏠 Childhood asthma hospitalizations per 100,000 (each symbol = 100)

HiAP Community Engagement

City wide Presentations

- City Council
- HiAP Informational Meeting, City Hall
- Richmond Neighborhood Coordinating Council (RNCC)
- HiAP Working Meeting, City Hall
- City Council

CBO Combined Leadership Meetings

- Community Stakeholders

Richmond Health Equity Partnership

- HiAP Subcommittee, meet 14 times



Community Engagement: Stressors Activity

CBO/School Group Presentations

- RYSE
- Peres Elementary School
- Cesar Chavez Elementary School
- Health Promoters, Brookside Lifelong
- Alliance of Californians for Community Empowerment (ACCE)
- Latina Center
- Youth Enrichment Strategies (YES)
- Healthy Living Fair
- Concilio Latino
- Native American Health Center

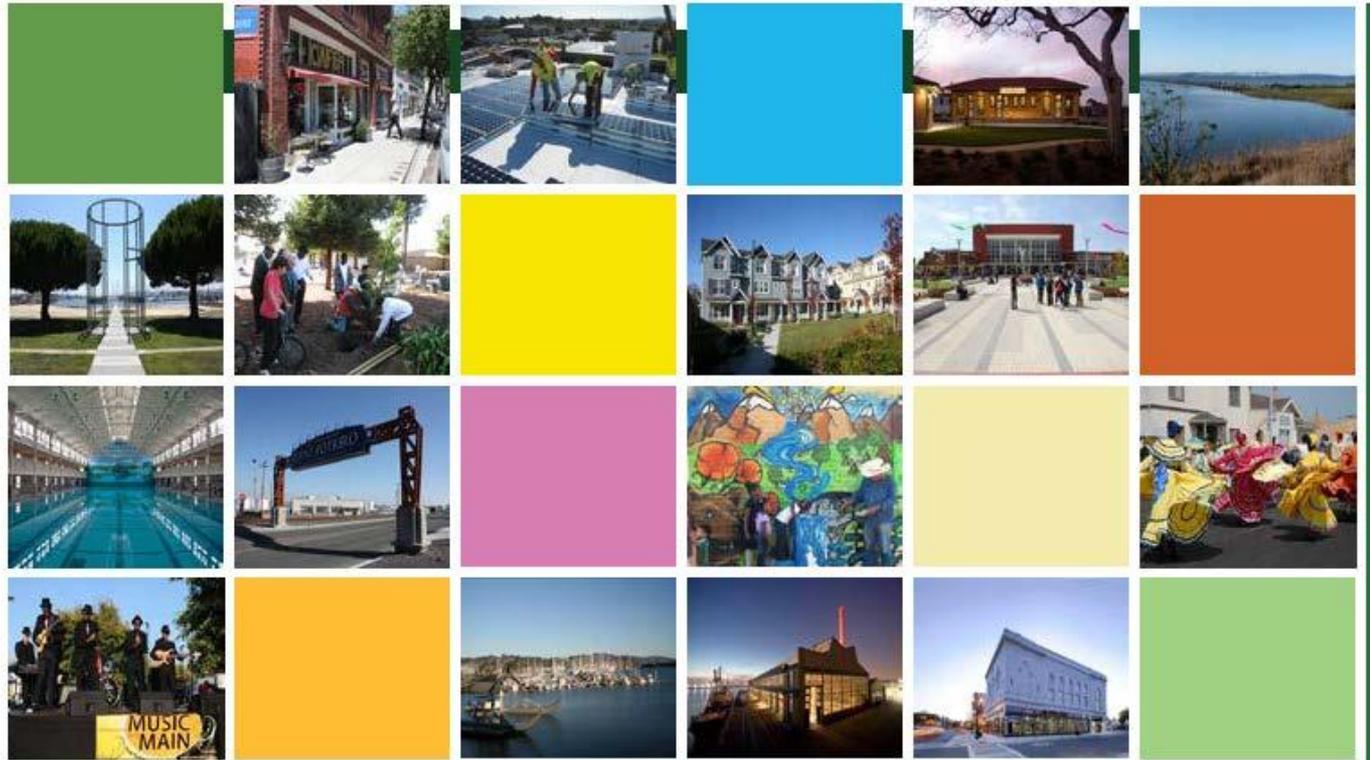


HiAP City Staff Engagement



Department/Prorgam	Meeting Date/Time
Office of Neighborhood Safety	October 9 at 1:30pm
Library	July 16 at 1:00pm
Finance Director	October 2 at 1:30pm
LEAP	July 16 at 1:00pm
Recreation	October 2 at 2:00pm
Housing Authority	September 24 at 3:00pm
Cities of Service	September 12 at 1:00pm
Revenue Manager	September 12 at 2:00pm
Human Resources	September 24 at 3:30
Planning	July 16th at 2:00PM

HIAP STRATEGY DOCUMENT



City of Richmond

Health in All Policies Strategy 2013-2014



Towards Health Equity: Goal 100%

Access to a personal doctor

Self-Reported Health: Excellent or Good

Perceived safety from environmental hazards

Rate the job that City Gov does at involving citizens: Excellent or Good

Ate fruit/veggies 3+/day last week (adults)

Participated in volunteer or community service last year

Regular physical activity last week (adults)

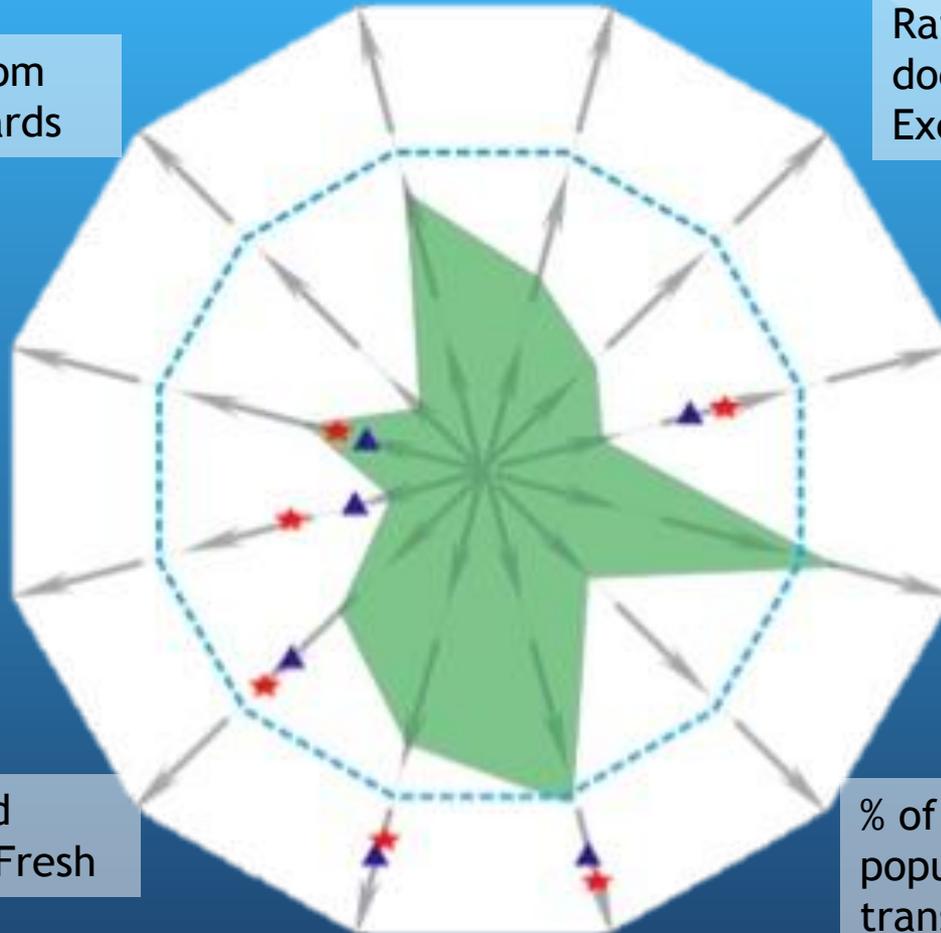
% of Richmond Youth who participated in YouthWORK's Summer program

% Eligible household participating in CalFresh

% of Prisoner Reentry population served by transition/reentry programs

Perceived safety in neighborhood

Perceived safety at nearby park or playground (youth)



INTRODUCTION – MISSION, VISION, AND GOALS

Introduction: Mission, Vision & Goals

“City services through the prism of health.”

-Bill Lindsay, City Manager



Mission, Vision & Goals

Richmond's Health in All Policies (HiAP) Strategy is an effort to advance health for all residents and promote **greater health equity** for specific population groups in Richmond currently experiencing poor health. This strategy begins from the premise that everyday decisions within the City of Richmond can promote greater opportunities to make healthy decisions and promote more fair health outcomes for everyone. HiAP recognizes that health is not just something that occurs at a doctor's office or in a hospital, but rather health can be found in the everyday decisions made in almost every city department and can be found in existing policies, such as the General Plan and 5 Year Budget.

Good health is in the interest of everyone in Richmond and the region, since being healthy enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce stress and feelings of insecurity. This HiAP Strategy recognizes that 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, and the City of Richmond can and should enhance healthy choices and conditions for everyone.



“Health in All Policies” (HiAP) is another way of saying “Healthy Public Policy” and refers to the practice of integrating health promotion into the day-to-day decisions, policies and actions of the City of Richmond. HiAP recognizes that improving the health of Richmond residents is best done through partnerships between the City, other government, non-profit and private-sector actors. HiAP is also a legislated commitment of the State of California and the federal government, so this strategy aims to both fulfill a directive from outside the city while also offering a roadmap for how city management and policymaking can promote health and prevent disease and premature death.

Our Goal = Health Equity

This HiAP strategy is focused on increasing health equity in the City of Richmond. Currently, too many residents in Richmond, particularly the poor and people of color, suffer unnecessarily from illnesses that are preventable. HiAP is one step toward reducing the unnecessary and unfair health burdens facing some Richmond residents while also improving health for everyone. The following table provides some examples of current health inequities found in Richmond that this HiAP Strategy aims to address.



Fundamentally, HiAP is premised on at least five visions for Richmond:

1. Health starts long before illness and before you reach a hospital or doctor's office.
2. Health starts in our families, schools, workplaces, and communities.
3. Your neighborhood, school or job shouldn't 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.



GOVERNANCE & LEADERSHIP

Governance & Leadership

Health Equity Statement:

HiAP reflects the practice of the day-to-day decisions, policies and actions of the City of Richmond that can best promote health for all and, more specifically, for populations currently experiencing some of the worst health outcomes. HiAP is both a goal and a process that require interdepartmental and cross-sectorial leadership and collaboration. To work collaboratively, city staff need the skills to communicate effectively, understanding about other departments' work and integration of strategies, and a minimum level of trust and relationship. Infrastructure is required to support communication and the sharing of information between staff, as well as trainings to ensure that all staff have are

knowledgeable about the drivers of health disparities and how each department can positively impact the community's health. City staff should view their daily work as integral to contributing towards health equity in Richmond.

Furthermore, HiAP requires that health equity goals are part of the City of Richmond's budget strategy and are considered in city procurement. Systems must be developed to monitor progress towards healthy equity across departments, as well as holding departments accountable to these goals. Leadership is needed across agencies and community partners, and the City of Richmond should play an active role in facilitating collaboration between key stakeholders.

Current Conditions: Citywide Governance Measures

- 29% of Richmond residents participated in community/volunteer service
- 30% of Richmond residents surveyed rate the job that city government is doing to involve citizens as good or excellent
- 20% of Richmond residents surveyed rate the value of services provided by the city as good or excellent
- 29% Richmond residents surveyed rate the value of services provided by the city as good or excellent
- 27% Richmond residents surveyed rate the sense of community as good or excellent
- 21% Richmond residents surveyed rate the overall quality of life in the city as good or excellent

Primary Cumulative Stressors Targeted



ECONOMIC DEVELOPMENT AND EDUCATION

Economic Development & Education

Health Equity Statement:

We cannot have a healthy economy without a healthy workforce and similarly, we cannot have a healthy population without the economic means to thrive. In addition to developing a strong, diverse economic base, we need to invest in education and training of the local population at all levels and across fields. Education has broad impacts on standards of living and social interactions, with consequences for the health of individuals and communities. Through three inter-related pathways, education influences health: health knowledge and behaviors; employment and income; and social and psychological factors. Completion of formal education is a key pathway to employment and access to healthier and higher paying

jobs that can provide food, housing, transportation, health insurance, and other basic necessities for a healthy life. Education is linked with social and psychological factors, including sense of control, social standing and social support. These factors can improve health through reducing stress, influencing health-related behaviors and providing practical and emotional support. Unemployment is associated with premature mortality, cardiovascular disease, hypertension, depression, and suicide. Families at the bottom 20% of earners (so even those not in poverty) spend 40% of their income in debt payments. These costs commonly result in reduced spending on food in general (and healthy food specifically), reduced access to health care,

and reduced time spent in recreation, all of which lead to increased obesity and stress, leading to increased heart disease, stroke, cancer, depression and anxiety, among other health problems.

Current Conditions: Citywide Education, Economic Development and Career Opportunity Measures

- The unemployment rate in Richmond is 12.7%
- The truancy rate for elementary school students in Richmond is 48.8%
- The high school dropout rate in Richmond is 22.3%
- 42.3% of households are under the self-sufficiency standard
- 83% of Richmond residents surveyed do not rate economic opportunities in Richmond as good or excellent
- 90% of Richmond residents surveyed do not rate the education opportunities in the city as good or excellent

Primary Cumulative Stressors Targeted



FULL SERVICE AND SAFE COMMUNITIES

Full Service and Safe Communities

Health Equity Statement:

A growing body of research shows that where one lives, one's social status, and the toll of chronic stress have a much more decisive effect on one's life span than visits to a doctor's office. Within Richmond, the average life expectancy varies by more than 5 years depending on what zip code you live in. Constant stress, induced, for example, by living in fear of crime, under the burden of financial problems, or worrying about where the next meal will come from, results in a physiological stress response that over the years increases the risk of chronic disease. A Full Service and Safe Community includes a community free of crime and violence; with access to affordable and quality food, transportation, and open space; and access

to other basic services, such as banking, libraries, the arts, etc. The location, quality, affordability and accessibility of these facilities and services contribute to "neighborhood completeness" that impact health and well-being health in other ways beyond stress. For example, the presence of safe, accessible, quality parks, plazas, recreation facilities and arts and cultural facilities can reduce rates of depression and isolation and increase physical activity and social interactions with others. The more public and retail services in one's neighborhood, the greater the likelihood of accessing these basic needs by walking or biking, increasing physical activity. Local goods and services can increase "eyes on the street," and reduces motor vehicle

injuries and pollution. The City has a role in developing and designing physical neighborhoods as well as the services and programs to facilitate residents interacting in public space.

Primary Cumulative Stressors Targeted

Poor Air Quality & Lack of Safe Recreational Space



Street, Neighborhood, & School Violence

High Food Prices/Lack of Healthy Foods

Current Conditions: Full Service and Safe Communities Measures

- 71% of children feel safe at their nearby park during the day
- 63% of Richmond adults feel safe in the neighborhoods
- Only 33.1% of eligible residents participate in CalFresh
- 19% of adults report doing physical activity within the past week
- 33% of adults report eating 3+ veggies/fruits per day within the past week
- 24% of residents surveyed rate the ease of walking in Richmond as excellent or good

RESIDENTIAL/BUILT ENVIRONMENT

Residential & Built Environment

Health Equity Statement:

Housing quality, cost and location all contribute to health in numerous ways. Unsafe housing and habitability conditions that affect health include poor indoor air quality, inadequate heating or ventilation, exposure to lead-based paint, rodent and pest infestations, exposed heating sources, excessive noise, and unprotected windows. Poor indoor air quality and inadequate heating or ventilation, which can lead to the growth of mold and dust mites, exacerbates asthma and respiratory allergies. Exposure to lead-based paint, which is the primary cause of lead poisoning in children, may cause permanent developmental damage and behavioral problems. Children of color

and children from low-income families are more likely to have elevated blood lead levels. High housing costs relative to income can result in spending a high proportion of income on housing at the expense of other needs, living in overcrowded or substandard housing, moving to where housing costs are lower or becoming homeless. Involuntary displacement contributes to stress, loss of supportive social networks and increased risk for substandard housing conditions and overcrowding. Racially segregated neighborhoods and those with concentrated poverty typically have fewer assets and health promoting resources. Furthermore, racial residential segregation is a primary cause of racial differences in socioeconomic

status (SES), a fundamental cause of racial differences in health, by determining access to education and employment opportunities.

Current Conditions: Residential Environment Measures

- 52% of Richmond residents report that blight is not a major problem
- 31% of Richmond residents rate access to affordable housing as excellent or good
- 31% of Richmond residents rate the variety of housing options in Richmond as excellent or good
- 58% of Richmond residents believe that their neighborhood is a good place to live
- 11% of residents feel safe from property crimes
- 19% of residents rate the quality of code enforcement as excellent or good.

Primary Cumulative Stressors Targeted

Poor Air Quality & Lack of Safe Recreational Space

Residential Segregation



Street, Neighborhood, & School Violence

ENVIRONMENTAL HEALTH AND JUSTICE

Environmental Health & Justice

Health Equity Statement:

Environmental quality and sustainability are linked to human health and Richmond has an important history of Environmental Justice research and action. Richmond's focus on Environmental Health and Justice highlights the importance of conserving energy and natural resources, improving air quality, protecting open and green spaces, and reducing the impact of contaminated sites, environmental hazards, and noise pollution. Richmond has an abundance of natural resources, such as an extensive shoreline, but access to these resources is inequitably distributed. Access and use of open space and natural habitats provides opportunities for physical activity, while contributing

to mental health and overall wellbeing. Living in close proximity to air pollution emissions and contaminated sites results in respiratory diseases, reduced lung growth, and heart disease. Exposure to excessive noise can adversely affect sleep, school and work performance and contribute to cardiovascular disease. The City of Richmond is working with county, regional, state and federal agencies and organizations to focus on improving the environment and making it equitable for all.

Primary Cumulative Stressors Targeted

Poor Air Quality & Lack of Safe Recreational Space



Current Conditions: Environmental Health and Justice Measures

- 14% of residents rate the overall cleanliness of Richmond as excellent or good
- 24% of residents surveyed rate the overall air quality as excellent or good
- 26% rate the quality of the natural environment as excellent or good
- 67% rate the city's recycling services as excellent or good
- 16% of residents report a lack of safety from environmental hazards
- 79% of residents report that it is essential or very important for the City to improve environmental quality in Richmond.



QUALITY AND ACCESSIBLE HEALTH CARE/HEALTH HOME & SOCIAL SERVICES

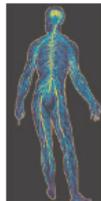
Quality & Accessible Health Homes and Social Services

Health Equity Statement:

Among the critical determinants of living environments that promote a community's overall health include access to top quality medical services and preventive care. While inadequate access to health care is only one factor in creating health disparities, it is especially important that populations who are burdened by exposure to harmful environments and adverse social conditions have access to quality primary care. The availability of primary care, particularly for vulnerable populations, has a role in preserving good health and preventing morbidity and hospitalizations from chronic and communicable diseases. Community-based health centers, including community

clinics and school-based clinics, have traditionally reached safety net populations and the uninsured while providing affordable health care. For Richmond residents who rely on public transit as their primary means of transportation, it is critical to ensure efficient public transportation connections to community health facilities. Similarly, low-income households, seniors, and people with disabilities may be particularly vulnerable in the event of an emergency. While the city does not directly provide health care services, access to quality, affordable health care is both a major concern in the Richmond community and the city has resources and the responsibility to promote health and wellness.

Primary Cumulative Stressors Targeted



Overburdened Social Services

Lack of Affordable Health Care

Current Status of Health Care Access in Richmond:

- 26% of Richmond residents do not have health insurance
- 22% of residents are insured by a government program
- 52% of residents have private coverage or have health insurance from an employer in Richmond
- Over 29% of residents did not have a doctor visit in the last year
- 26% of Richmond residents visited ER in last year
- 18% delayed getting prescription drugs or medical care in last year
- 32% of Richmond residents are obese, 30% overweight, and 21% diagnosed with asthma.



APPENDIX

Appendix B: Current Health Equity and Inequity Indicators

Health Equity Polygon: Desired Goals, 2013

Indicators	Richmond	Contra Costa	CA	Sources
Self Reported Health: Excellent or Very Good	48%	N/A	N/A	2013 RCS
Job that City Government does at Involving Citizens	31%	N/A	N/A	2013 RCS
Participation in Volunteer Work or Community Service	29%	64%	44%	CHIS & 2013 RCS
% of Youth from Priority Neighborhoods Participating in the Summer Youth Employment Program	89%			Summer Youth Employment Project-WIB Report: www.ci.richmond.ca.us/DocumentCenter/View/9350
% of Prisoner Reentry and Parolee Population Served by Re-entry and Transition Programs	Less than 50% (28% for substance abuse)			Contra Costa Interfaith Supporting Community Organization's (CCISCO) Speaking Truth on Coming Home Report: www.ccisco.org/research/
Perceived Safety at Nearby Park or Playground	71%	93%	90%	CHIS
Perceived Safety in Neighborhood	63%	87%	88%	CHIS
% of Eligible Households Participating in CalFresh	31.3%	53%	53%	California Food Policy Advocates: www.cfpa.net
Regular Physical Activity Last Week	19%	34%	24%	CHIS
Ate Fruit & Veggies 3+ Times/Day Last Week	33%	23%	24%	CHIS
Perceived Safety from Environmental Hazards	16%			2013 RCS
Access to a Personal Doctor				CHIS

Health Inequity Polygon: Desired Goals, 2013

Indicators	Richmond	Contra Costa	CA	Sources
Self Reported Health: Fair and Poor	28%	15%	16%	CHIS
Experience with Discrimination/Racism	51%	N/A	N/A	2013 RCS
Richmond as a Fair or Poor Place to Work	78%	N/A	N/A	2013 RCS
High School Dropout Rate	22.3%	10.1%	13.2%	California Department of Education: www.data1.cde.ca.gov/dataquest/
Households under Self-Sufficiency Standard	42.3	21.2%	31%	Insight Center for Community Economic Development: www.insightccd.org/
Perceived Lack of Safety to and from Schools				CHIS (Data Forthcoming)
Victim of Crimes in Last Year (Anyone in Household)	30%			2013 RCS
% of Households Overpaying for Housing	48.6%	44.1%		2008-2010 American Community Survey: www.census.gov/acs/www/
% Children Diagnosed with Asthma	27%	23%	15%	CHIS
Perceived Need of Mental Health Services		14.8%	14.3%	CHIS (Richmond Data Forthcoming)
Hard to Understand Doctor—Lack of Linguistic Competent Care		2.4%	3.5%	CHIS (Richmond Data Forthcoming)
Normal Source of Care is ER or No Usual Source of Care		15%	16.1%	CHIS (Richmond Data Forthcoming)

PARK IMPROVEMENTS – BELDING GARCIA



A great place to play coming soon!

it starts with a playground.

Sponsored by: **Livie & Luca**

Belding Garcia Park
Richmond, California 94804
October 29th 2013



View A



View B

Playground design provided by KaBOOM! Partner in play



get involve

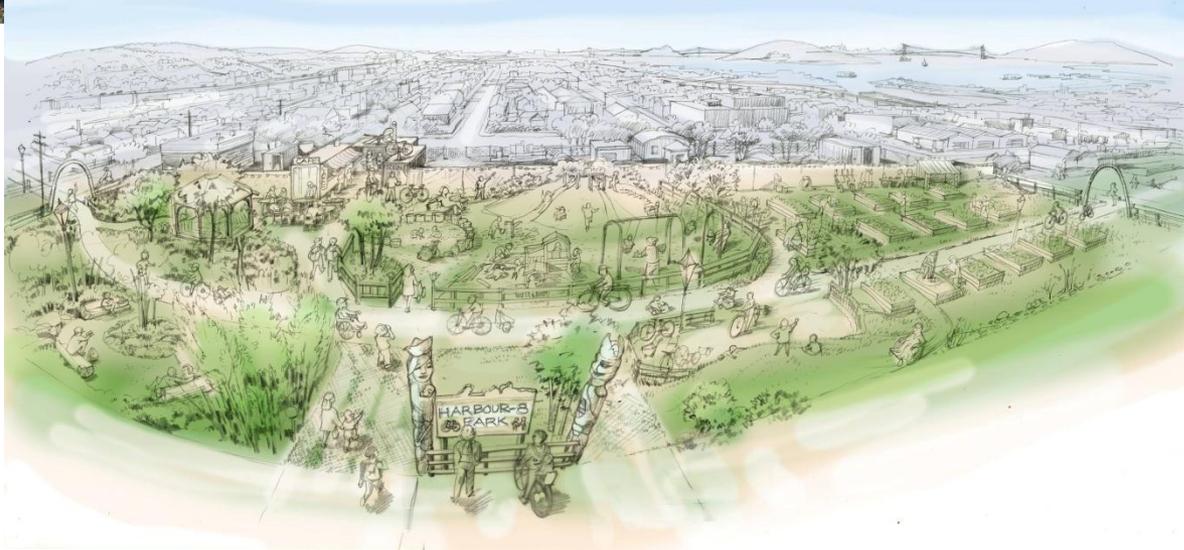


SOLARTHON

- GRID Alternatives volunteer driven fundraiser
- 8 families received solar systems in 1 day
- 75% bill reduction & \$148,000 saved over lifespan
- 124 total systems

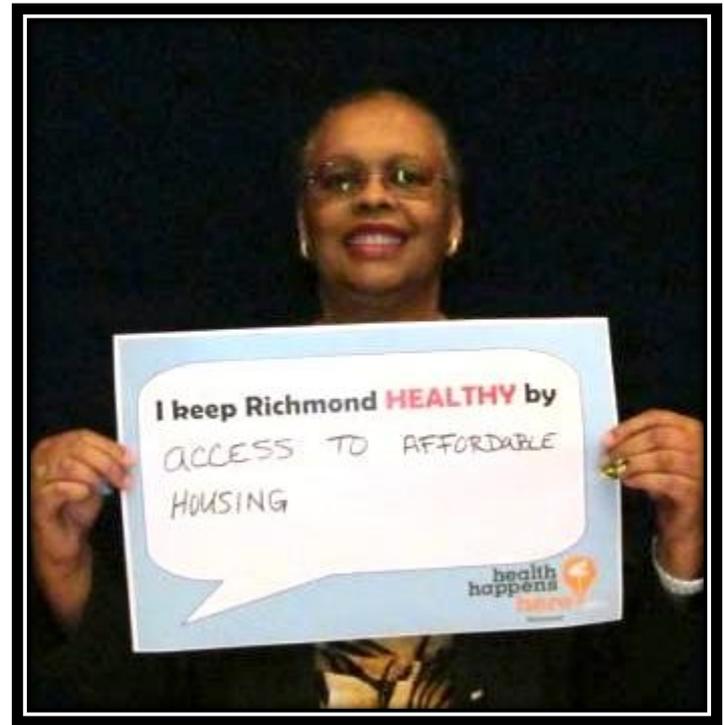


PARK IMPROVEMENTS – GREENWAY



NEXT STEPS:

- Stakeholder input (City staff, Community Based Organizations, Contra Costa Health Services, West Contra Costa Unified School District, etc.)
- City Council Presentation
- Implementation
- Monitoring

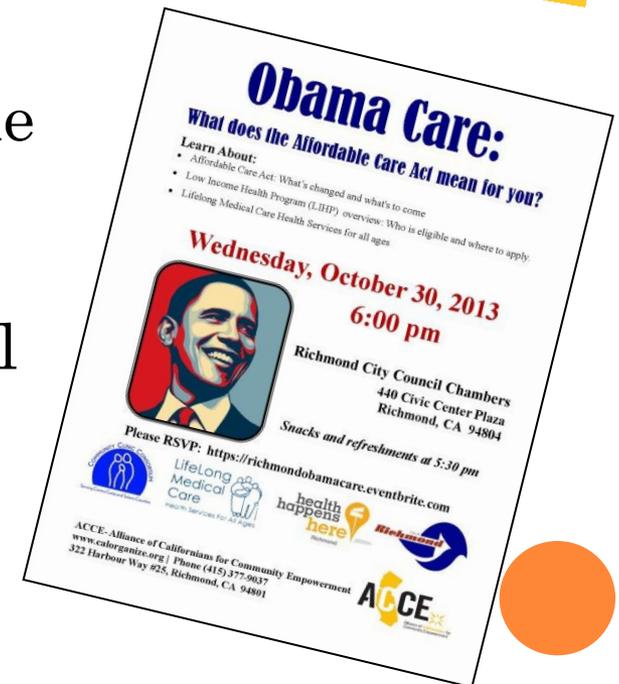


ANNOUNCEMENTS

- Help Rebuild Belding-Garcia Playground

October 26, 2013, 8:00AM-4:00PM

- ObamaCare: What does the Affordable Care Act mean to you?, Community workshop, Wednesday October 30, 2013, 6:00PM, Richmond City Council Chambers





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City of Richmond, Health in All Policies

