

City of Richmond

Health in All Policies Strategy 2013-2014 (DRAFT)

Introduction from City Manager Bill Lindsay, City of Richmond

December 2013

The City of Richmond is fully committed to achieving the highest level of health for all Richmond residents. The following Health in All Policies (HiAP) Strategy reflects this commitment through an integrated effort to promote health equity in Richmond. With this strategy, the City continues to operationalize the Community Health and Wellness Element of the General Plan 2030.

This HiAP Strategy acknowledges that health starts in communities--where we live, learn, work, and play--and that everyday decisions within the City of Richmond can promote health. It is a cross-sector and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies, programs, and plans. This orientation towards better individual and population health outcomes recognizes that all city departments impact health, even those that are not traditionally seen as conducting health related work.

In early 2012, the City of Richmond embarked on a two-year process to research, develop, and implement HiAP at the city level. As a member of the Richmond Health Equity Partnership (RHEP), the City of Richmond collaborated closely with the University of California, Berkeley, Contra Costa Health Services, and West Contra Costa Unified School District. The development of this HiAP Strategy was made possible with the support of The California Endowment.

Several community based organizations and hundreds of residents also informed and supported the HiAP Strategy. Additionally, every City of Richmond department was consulted in drafting this HiAP Strategy, and staff provided key recommendations and feedback. Community engagement was fundamental to the process of selecting health equity indicators, identifying priority actions and policies, and defining health equity for the City of Richmond.

Successful implementation of HiAP requires cross-sector coordinating structures; a common vision via the development of a strategic plan; implementing tools for collaboration that promote health equity; financial incentives (integrated budgets); legislation; development of metrics to evaluate progress; staff development; ongoing community participation; and infrastructure for continuous communication and dissemination of information. Over the past two years, the City has made much progress on these components, and continues to move ahead on those not yet addressed.

Over the past few years, I have framed the work of the City through the prism of health. With the implementation of this HiAP Strategy, the City will continue its strong commitment to improving the overall health of all residents and neighborhoods.

Bill Lindsay, City Manager

Acknowledgments

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Engagement (ACCE)
Brighter Beginnings
Building Blocks for Kids (BBK) Collaborative
Cesar Chavez Elementary School
Community Clinic Consortium
Contra Costa Interfaith Supporting Community
Organization (CCISCO)
East Bay Center for Performing Arts
Familias Unidas
Kaiser Permanente East Bay
Lifelong-Brookside Health Center
Office of Supervisor John M. Gioia
Peres Elementary School
Richmond Community Foundation
RYSE Center
Solar Richmond
The California Endowment | Healthy Richmond
The Ed Fund | West Contra Costa Public
Education Fund
The Latina Center
West Contra Costa Unified School District
YMCA of the East Bay
Youth Enrichment Strategies (YES)

“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 Strategic Business Plan.

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.

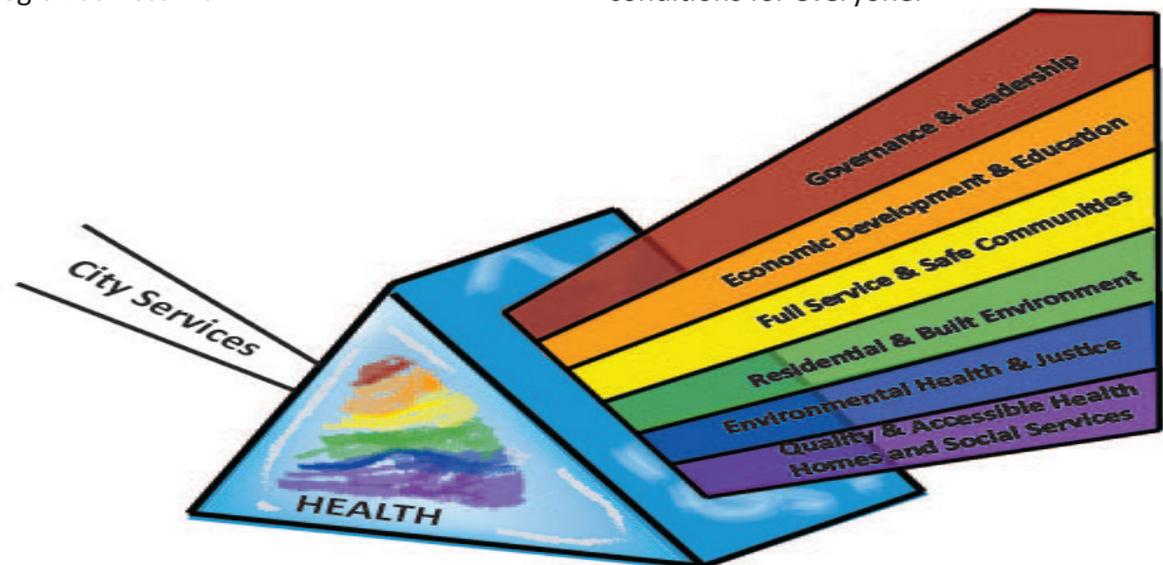


Figure 1: Prism of Health and the Six HiAP Intervention Areas

Introduction: Mission, Vision & Goals

“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.

Introduction: Health Equity in Richmond

The Health Equity Challenge in Richmond: Some Examples

Driver of health inequity	How this influences health equity	Example measures of health equity in Richmond	Richmond compared to rest of County or State of California
Violence	Premature death & fear in neighborhood	Homicide rates	Higher
Toxic pollution	Respiratory diseases & cognitive impairment linked to air pollution	Asthma Emergency Room Visits	Higher for children, particularly African Americans
Social Stress (including stress due to racism, classism, sexism, etc.)	Damages the immune system & can contribute to multiple disease & pre-term, low-weight babies	Infant mortality & low birth weight babies	People of color have highest rate of infant mortality & low birth weight babies
Housing	Safe & affordable housing can reduce stress & disease	Childhood lead poisoning	Improving, especially in low-income neighborhoods
Neighborhood Environments	Poor quality streets and sidewalks, lack of parks & segregated places increase injuries & chronic diseases	Heart disease hospitalizations	Higher in region's most racially segregated neighborhoods
Wealth & Economic Status	Economic resources can enable some groups to access health promoting goods and services, like healthy food and health care	Teen Sexually transmitted infections (STIs)	Higher than county & State average

Building on City's On-Going Commitment to Health

This HiAP Strategy will build on the City of Richmond's existing and on-going commitments to improve the health and well-being of all residents and address persistent health inequities. A city-wide effort is necessary since increased evidence suggest that your zip-code, not your genetic code, is a greater predictor of whether one will:

- Be born pre-mature
- Experience illness and get adequate primary health care as a baby and child
- Face unnecessary stress as a teen and young adult
- Be discriminated against in the workplace and other public services
- Be burdened with disabilities throughout life.

The City's HiAP Strategy is part of a larger collaborative partnership to advance health equity in Richmond that includes the West Contra Costa Unified School District, Contra Costa Health Services, and UC Berkeley, called the **Richmond Health Equity Partnership (RHEP)**.

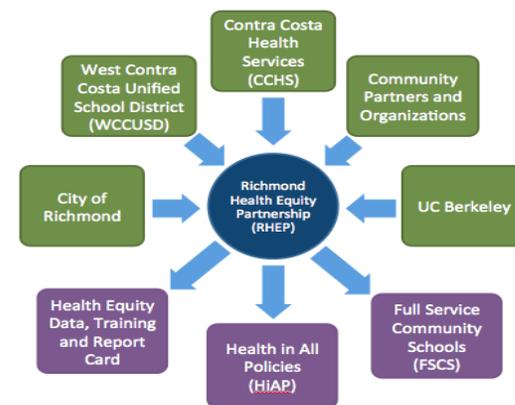


Figure 2: Richmond Health Equity Partnership (RHEP)

Why might your zip code matter more than your genetic code for health?

The driving hypothesis behind the HiAP Strategy is that the cumulative impact of multiple stressors on the body is a key reason for the persistence of health inequities in some Richmond neighborhoods and for people of color in Richmond (see Figure 1). Figure 1 depicts the human body being impacted by some of the multiple stressors that this HiAP Strategy aims to reduce. Thus, this HiAP Strategy recognizes that focusing on just one stressor, such as violence, lack of health care or environmental pollution, is insufficient.

This HiAP Strategy aims to offer a roadmap for simultaneously addressing the multiple stressors on the bodies of the poor and people of color in Richmond that adversely influence health. We know the City can not address all these forces alone, but through a targeted and concerted effort across all city departments, we can make an impact on reducing and eliminating many preventable stressors while at the same time enhancing the many assets and resources that already exist in Richmond to support human health.

“This HiAP Strategy aims to offer a roadmap for simultaneously addressing the multiple stressors on the bodies of the poor and people of color in Richmond that adversely influence health.”

-Dr. Jason Corburn, UC Berkeley

Cumulative Stressors on Some Richmond Residents

Chronic stress has known physical and mental impacts, from clogging arteries and heart disease, to overweight and diabetes, to chromosome damage and premature aging.

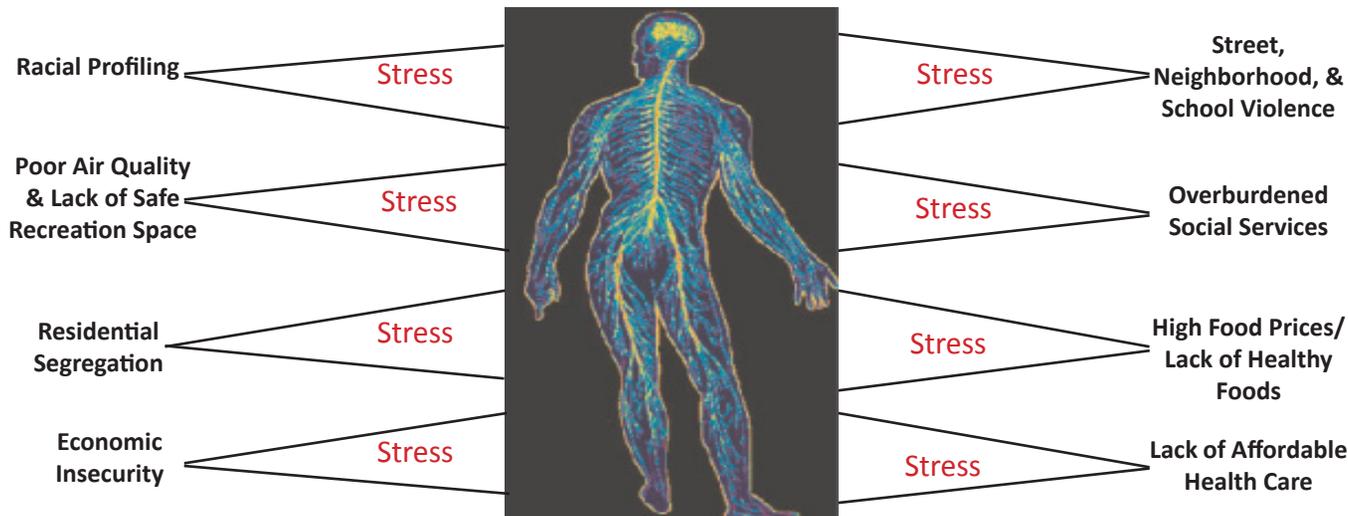


Figure 3: Examples of multiple stressors in Richmond influencing poor health outcomes.

Introduction: Health in All Policies Roadmap and Big Picture

The HiAP Roadmap: Focusing on Community & Society

The City of Richmond’s HiAP Strategy focuses on changing the forces that influence health equity at both the Societal and Community Levels (See dotted line in Figure 2 below) so that individuals and families have the resources and capacities to live healthy lives and experience fair and just outcomes.

How to use this report

This report is intended to act as guide for city staff and community members to participate in and track progress toward greater health equity in Richmond. In the sections that follow, we offer details on a set of existing policies that, when taken together, begin to describe how health is already being integrated into many, if not all, functions of

city government. Following the section on Existing Activities, **this strategy document includes 6 HiAP Intervention Areas, including:**

1. Governance & Leadership;
2. Economic Development & Education;
3. Full Service & Safe Communities;
4. Residential/Built Environments;
5. Environmental Health & Justice;
6. Quality & Accessible Health Homes and Social Services

Within each section, we include a “Health Equity Statement” that offers an overview of how actions are connected to our vision for promoting greater health equity in Richmond. Each Intervention Area includes priority Implementing Actions to be implemented in the short (1-2 years), medium (within 5 years) and long (5+ yrs) terms.

Where possible, each action is linked to the City’s General Plan for 2030 and/or 5 Year Strategic Business Plan, includes a brief description of its connection to health equity, lists the city departments responsible or the leader overseeing implementation, at least one measure to track progress, and our desired goal for each measure.

In each section we also offer a set of measures that act as proxy’s or indicators for tracking progress in each Intervention Area. In addition, we also offer at least one measure according to race/ethnicity, since health inequities currently disproportionately impact people of color in Richmond. Including specific measures for people of color is one way this HiAP Strategy aims to ensure our strategies are not blind to racial differences in opportunities to lead a healthy life and disease burdens in Richmond.

This document is intended to be a **living document**, or a document that evolves according to the changing conditions and priorities within the City. As such, this document will need to be reviewed and updated on an annual basis to reflect these changes with input from multiple government and community-based stakeholders. The HiAP strategy document is also intended to recognize and lift up accomplishments that the City has already achieved (see appendix A for a list of recent accomplishments) as well as to continue to challenge the City to go beyond the status quo.

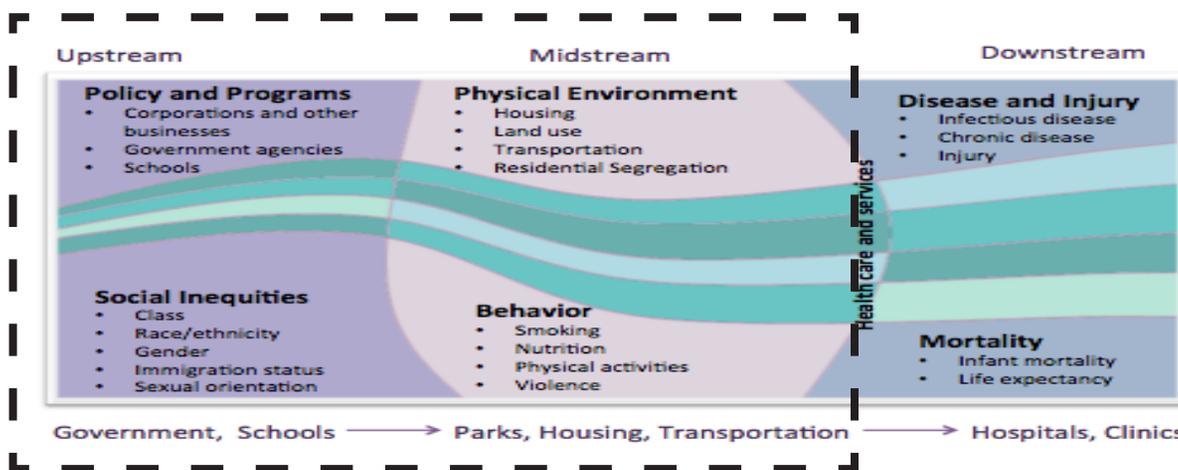


Figure 2: The Societal, Community, and Individual Approaches to Improve Human Health, NACCHO

Introduction: Towards Health Equity

The Big Picture: What We Want and What We Want to Avoid

This HiAP Strategy ultimately aims to increase the percentage of Richmond residents that report positively on indicators likely to promote health and decrease the percentage of residents experiencing the factors that contribute to health inequity. The diagrams on this page and the following page highlight a select set of measures to track overall progress toward increased health equity (Figure 3) and decreased health inequities (Figure 4). We recognize these are imperfect measures, but there are no perfect ways to measure and track health equity and inequities. We selected these measures based on current conditions in Richmond, feedback from residents and public sector staff, expert reviewer advice and, most importantly, the availability of data for Richmond, Contra Costa County and the State of California.

How to read these polygons:

1. Arrows indicate the direction of desired movement
2. Not all data are available at the County and State level.
3. Shaded areas indicate current condition or status.
4. Dotted line indicates our short-term goal for improvement.
5. More information about these data & sources can be found in appendix.

Towards Health Equity: 100% is our goal

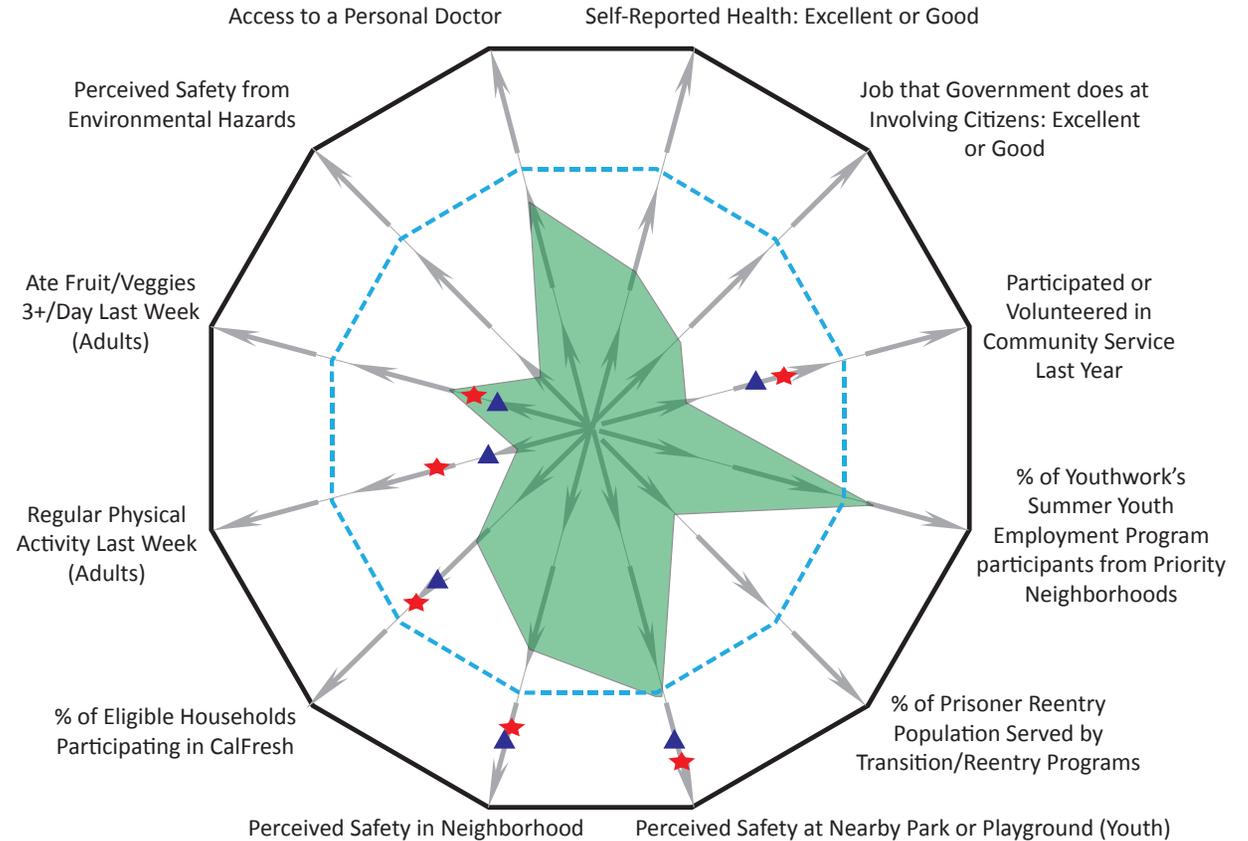
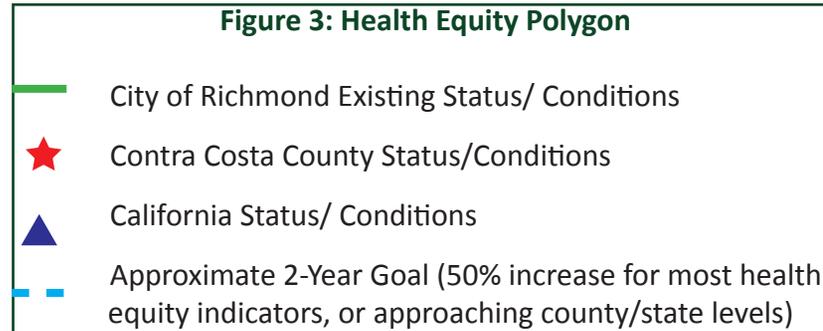


Figure 3: Health Equity Polygon



Introduction: Reducing Health Inequities

Reducing Health Inequities: 0% is our goal

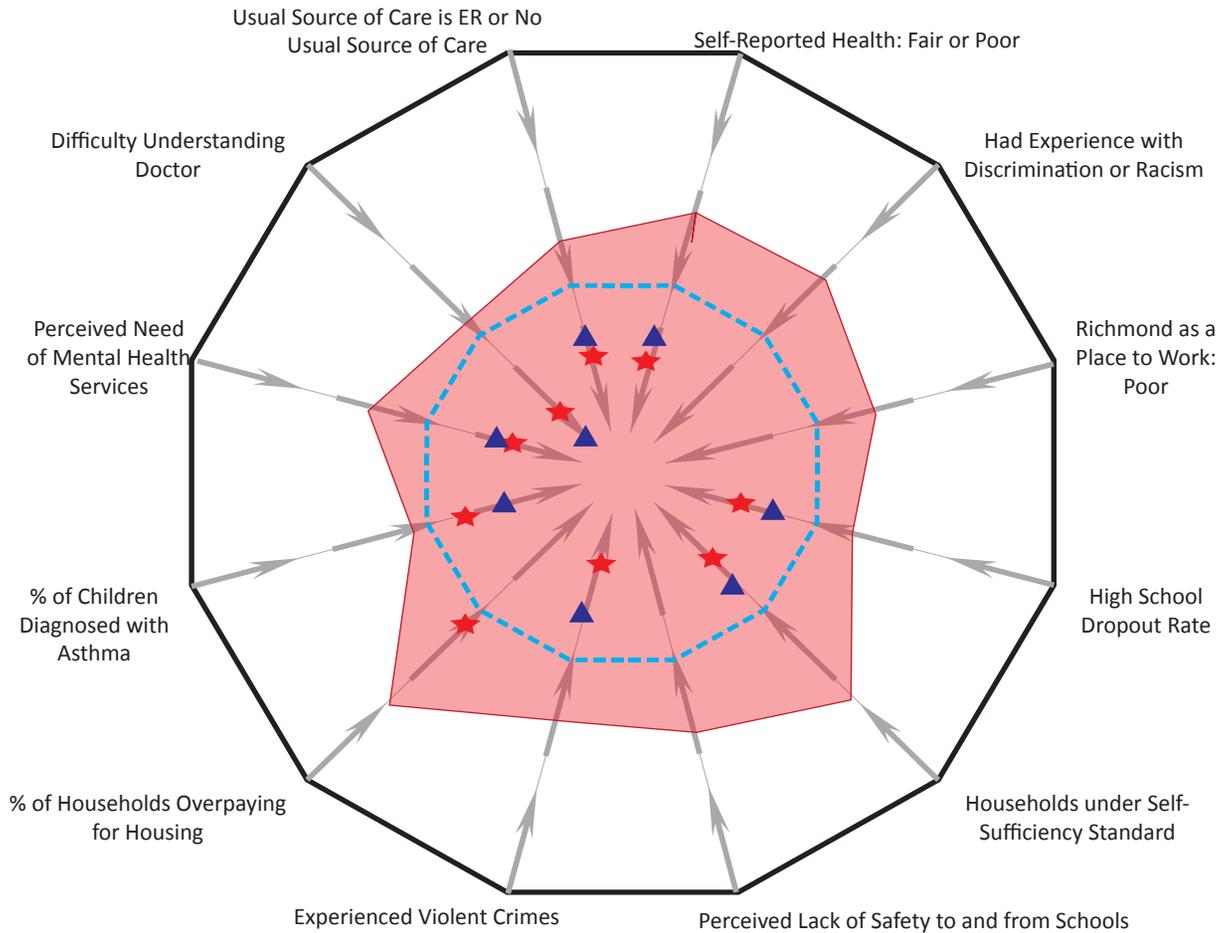


Figure 4: Health Inequity Polygon

- City of Richmond Existing Status/Conditions
- ★ Contra Costa County Status/Conditions
- ▲ California Status/Conditions
- - - Approximate 2-Year Goal (50% decrease for most health inequity indicators, or approaching county/state levels).

Current City of Richmond Health Conditions/Behaviors

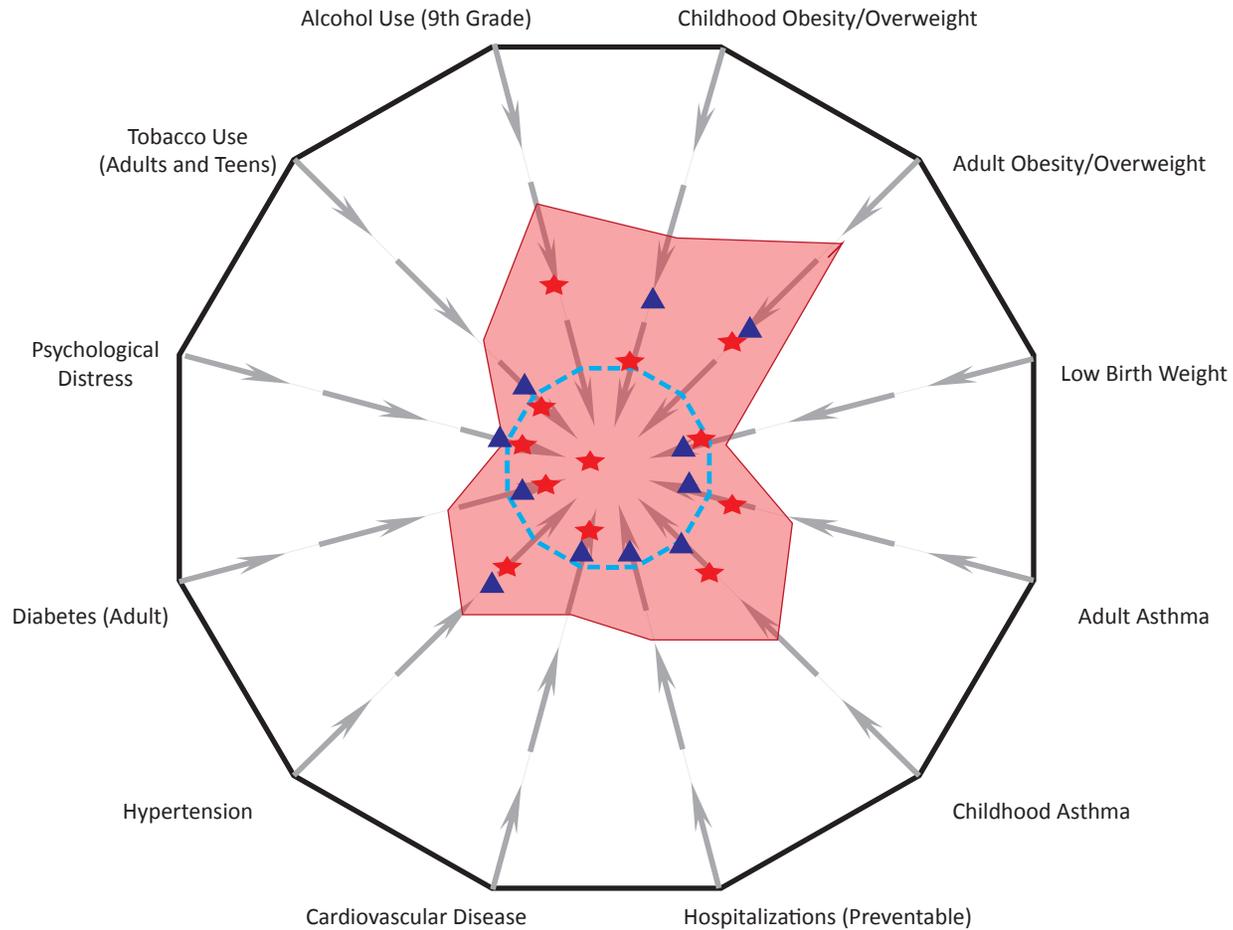


Figure 4: Health Conditions Polygon

- City of Richmond Existing Status/Conditions
- ★ Contra Costa County Status/Conditions
- ▲ California Status/Conditions
- - - Approximate 2-Year Goal (50% decrease for most health inequity indicators, or approaching county/state levels).

Introduction: Cumulative Stressors

The figure to the right is woven throughout the HiAP Strategy as a reminder that efforts to achieve health equity must address the multiple stressors that disproportionately impact low-income communities and communities of color. The following policies, programs, and short- and long-term plans target specific stressors; in each of the intervention areas, these stressors are identified to focus the reader to the health inequities that must be addressed.

Cumulative Stressors

Governance & Leadership

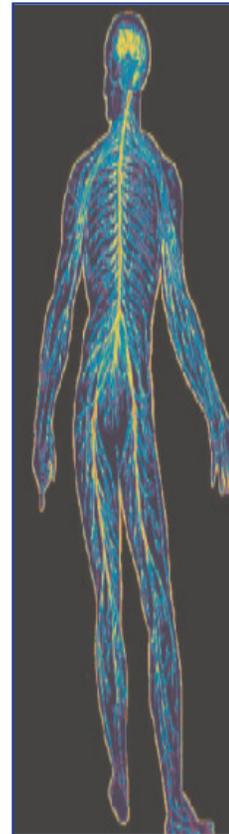
- City health data tracking system
- All staff supported to work toward equity
- Report city spending on health promotion & prevention
- Health promotion/equity become regular 'success' measures in budget

Economic Development & Education

- Richmond BUILD trained
- Support Full Service Community Schools
- Increase Community Health Worker (CHW) workforce

Full Service & Safe Communities

- Food security tool
- ONS support
- Safe from trauma/places of healing
- Access to parks & recreation



Residential & Built Environments

- Public housing assistance
- Lead abatement
- Code enforcement cases resolved
- Integrated residential neighborhoods

Environmental Health & Justice

- Community air monitors
- Re-route trucks
- Brownfield redevelopment
- Polluters pay for cleanups & repair health

Quality & Accessible Health Homes and Social Services

- Eligible enrolled in ACA
- Culturally competent care
- Undocumented have primary care access
- WIC/CalFresh enrollment

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.

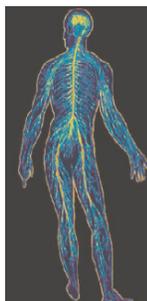
Primary Cumulative Stressors Targeted

Racial Profiling

Poor Air Quality & Lack of Safe Recreational Space

Residential Segregation

Economic Insecurity



Street, Neighborhood, & School Violence

Overburdened Social Services

High Food Prices/Lack of Healthy Foods

Lack of Affordable Health Care

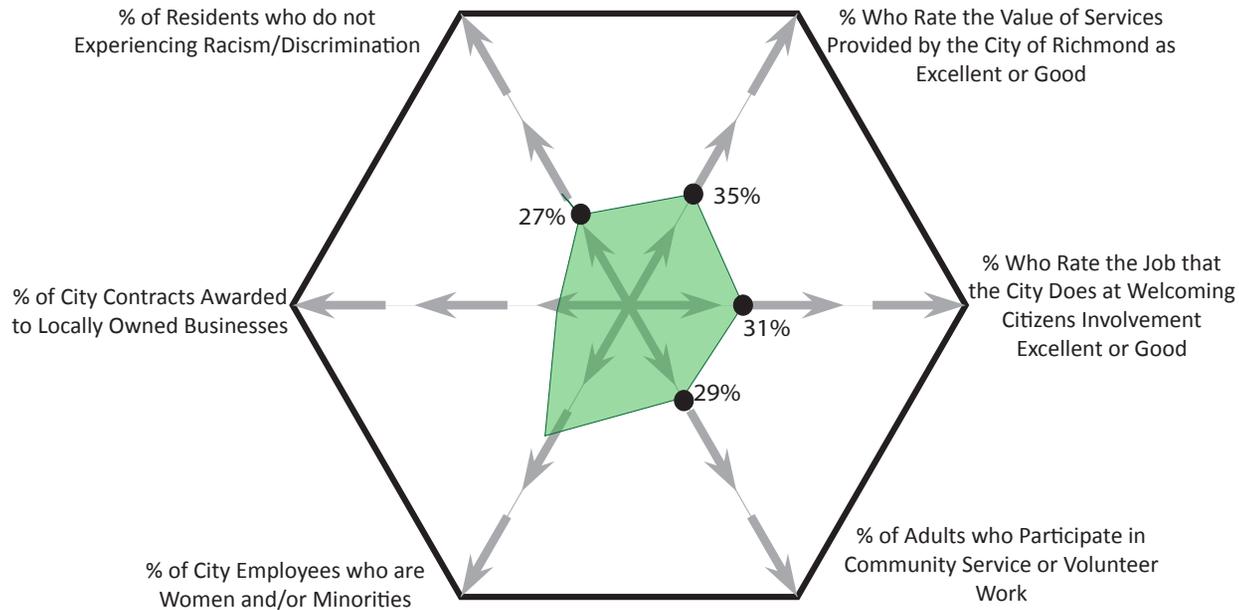
Current Conditions: Citywide Governance & Leadership

Measures

- 29% of Richmond residents participated in community/volunteer service
- 31% of Richmond residents surveyed rate the job that city government is doing to involve citizens as good or excellent
- 35% of Richmond residents surveyed rate the value of services provided by the city as good or excellent
- 27% of Richmond residents surveyed rate the sense of community as good or excellent
- 21% of Richmond residents surveyed rate the overall quality of life in the city as good or excellent

Governance & Leadership Indicators

Governance & Leadership Indicators



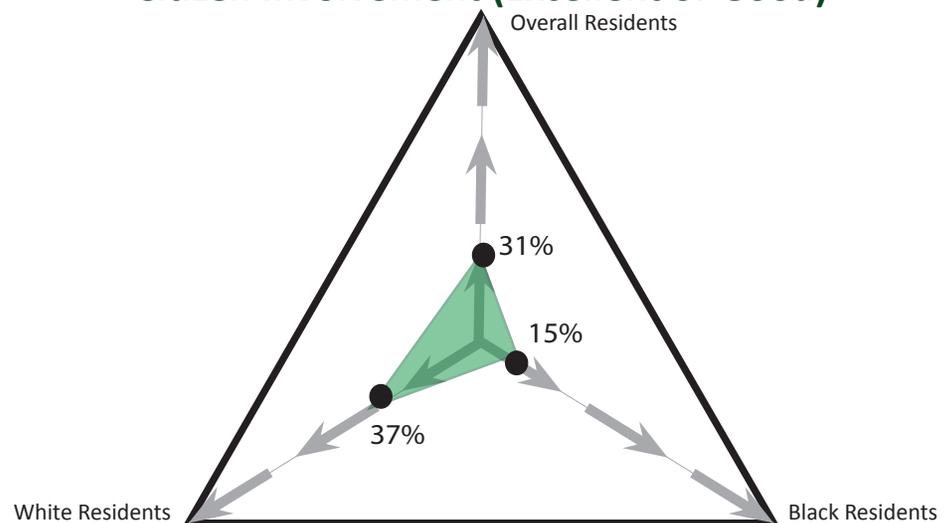
The health equity hexagon to the left includes six indicators or measures that are influenced by governance and leadership. Four of these indicators are from the 2013 Richmond Citizen Survey or the California Health Information Survey, while the data for the other two measures are currently unavailable. These measures should be monitored by the City of Richmond when the data becomes available.

Approximately 1/4 to 1/3 of respondents rate the value of services provided by the City (35%) and the job that the City does at citizen engagement (31%) as excellent or good, participate in volunteer work (29%), and do not experience discrimination (27%). The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects residents' responses to a question on the 2013 Richmond Citizen Survey that asks respondents to rate the job that Richmond government does at welcoming citizen involvement. While overall residents rated city government rather low in welcoming citizen participation (31%), there is a statistically significant difference between the responses of white and black residents.

White residents (37%) were more than twice as likely to respond that city government is doing an excellent or good job at welcoming citizen involvement than black residents (15%).

Current Conditions: Job that City Government is doing to Welcome Citizen Involvement (Excellent or Good)



Governance & Leadership Implementing Actions

Plan/Policy/Program	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Short-Term Action (1-2 years)				
Action 1A: Integrate health equity into 5 Year Strategic Business Plan and bi-annual budget	-health equity goals and measures integrated in 5YSBP and Bi-annual budget -linked to HiAP measures	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	↓ in health inequities throughout the city, across neighborhoods, and by race/ethnicity
Action 1B: Formalize the Interdepartmental HiAP team	-team established -work plan drafted & approved -work plan linked to existing city management structure, such as Senior mgmt. and/or budget chapter groups -# departments represented at each meeting	Leadership is crucial for HiAP implementation. The Interdepartmental HiAP Team will be made up of representatives each department and will be tasked with overseeing the implementation and maintenance of HiAP.	City Manager's Office, Inter-departmental HiAP Team	↑ # of city departments represented in the HiAP team
Action 1C: Develop on-going training & practice guide for city staff and public outreach/communication of HiAP & Health Equity work	-training program with all staff, including assessment & -evaluation tools -schedule/plan for delivering training & receiving feedback -public communication & engagement plan, including but not limited to web & social media based	Knowledge of the determinants of health including "Undoing Structural Racism," and how to connect new knowledge to everyday action is crucial for making HiAP part of systematic change in the City. Engaging and communicating with the public, in numerous languages and forums, is essential for integrating local knowledge into HiAP goals and implementation.	City Manager's Office, Inter-departmental HiAP Team	↑ # of workshops, trainings, and meetings with city staff and in the community about health equity, the social determinants of health, and cumulative stressors
Action 1D: HiAP Annual Report	- City manager develops update on HiAP progress - utilize Citizen Survey to track equity, health and well-being within city - Make report available on-line in multiple languages	Report the on-going progress of HiAP Strategy.	City Manager's Office, Inter-departmental HiAP team	↑ # of questions in the Richmond Citizen Survey related to health equity goals and indicators
Medium-Term Action (5 years)				
Action 1E: Develop city capacity to conduct Health Equity Impact Assessments	-% of city staff trained to conduct health equity analyses/screenings -% of staff job descriptions reflecting health equity assess. -% of city staff who participate in health equity assessments	Health Equity Impact Assessments can inform policymakers and city staff of likely impacts of proposed policies or programs on health disparities.	All	↑ # of city staff trained to conduct Health Impact Assessments (HIAs) ↑ # of HIAs conducted for proposed policies or programs

Governance & Leadership Implementing Actions

Plan/Policy/Program	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Action 1F: Deliver HiAP Trainings	<ul style="list-style-type: none"> -# of staff trainings -# of staff in attendance -# of senior staff in attendance -# City Council training developed and incorporated in retreat 	Conduct trainings for all City Staff , continue health equity trainings at Senior staff retreats, and develop and incorporate health equity training for City Council retreats	City Manager's Office, Human Resources	<p>↑</p> <p>in # of staff who consider full range of health/equity impacts of new policies and programs on specific neighborhoods and vulnerable population</p>
Action 1G: Integrate health equity into city departments	-% of city agency leaders prepared, able and supported in articulating the health equity challenges in Richmond, and proposed short, medium, and long-term goals`	A health equity guide will support the training and development of internal health equity leaders/ champions and empower them with the tools to speak about why this work is important for the City.	City Manager's Office	<p>↑</p> <p>development of checklists, guidelines, or protocols that integrate health criteria across departments</p>
Action 1H: Develop an open data portal to promote public engagement and monitor HiAP equity indicators, and create data-sharing agreements with community and system partners.	<ul style="list-style-type: none"> -# of MOUs with health care providers (i.e. Kaiser) to share health data -MOU with WCCUSD and CCHS to build new health equity database -Development of a data portal that the community at large can access 	City leadership on tracking progress toward health equity, utilizing existing City, County and State data.	City Manager's Office, IT Department	<p>↑</p> <p>ways of including the voice of diverse groups of residents/ communities, and serve as conduits of information and feedback</p>

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.

Primary Cumulative Stressors Targeted

Racial Profiling

Economic Insecurity



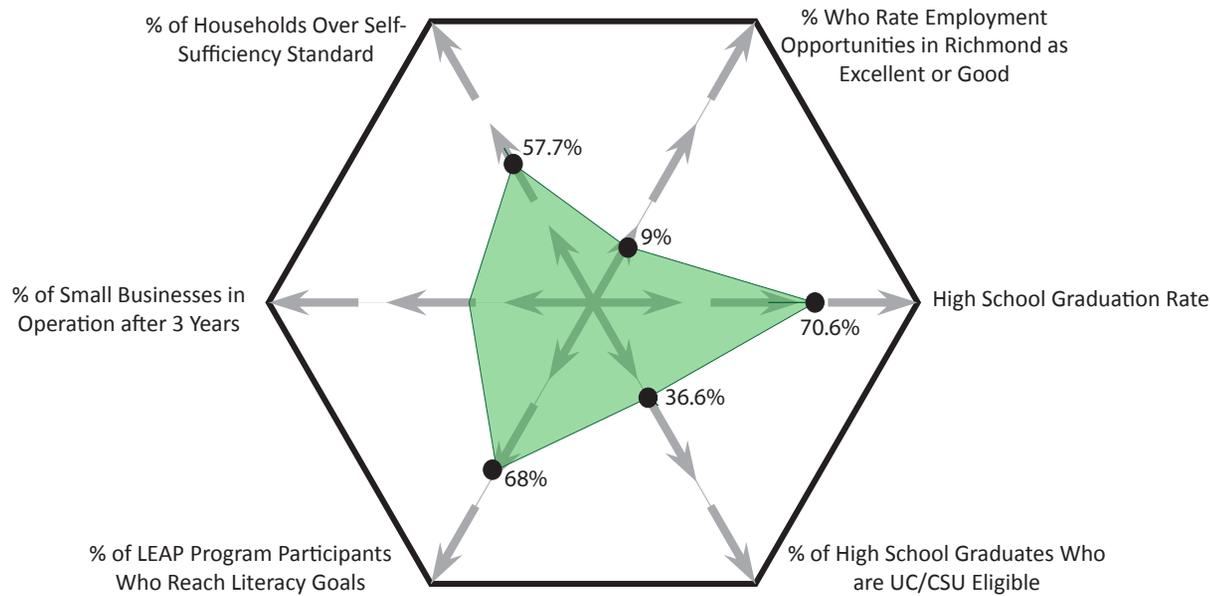
Overburdened Social Services

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

Economic Development & Education Indicators

Economic Development & Education Indicators

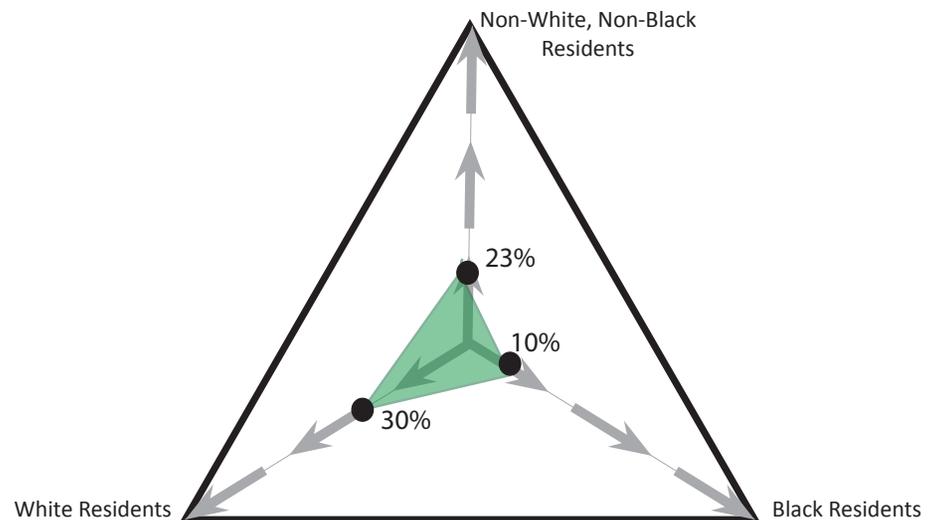


The health equity hexagon includes six indicators that are influenced by economic development and education. Approximately 1 in 10 residents who responded to the Richmond Citizen Survey perceive employment opportunities in Richmond as excellent or good. Only 7 out of 10 students are graduating from high schools in Richmond, and of these graduates, only 1 in 3 are UC/CSU eligible. Additionally, a little more than half of households in Richmond are living above the self-sufficiency standard, which takes into account the higher costs of living in Bay Area. Data for the other two measures are currently unavailable, but should be monitored by the City of Richmond when the data becomes available. The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects residents' responses to a question on the 2013 Richmond Citizen Survey that asks respondents to rate economic development in Richmond. There is a statistically significant difference between the responses of white residents and residents of color.

White residents (30%) were three times more likely to rate economic development in Richmond as excellent or good than black residents (15%). There is also a statistically significant difference between the responses of whites and other residents of color (23%), who are primarily Latino.

Current Conditions: Economic Development in Richmond (Excellent or Very Good)



Economic Development & Education Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Short-Term Action (1-2 years)					
Action 2A: Assist in locating SparkPoint representatives at City and school locations	Action EH3.A Human Services Program; Action EH3.B Coordination with Service Providers	-# of SparkPoint representatives located in City and School sites	SparkPoint Centers are financial education centers that help individuals and families who are struggling to make ends meet. Sufficient income is needed for basic material needs such as food, clothing, transportation and shelter. Insufficient income is associated with premature death.	Employment and Training, Library	↑ % of respondents in RCS who rate services to low-income residents as excellent or good
Action 2B: Aligning the City of Richmond's YouthWorks program with high school academies.	Action EH3.A Human Services Program; Action EH3.B Coordination with Service Providers	-Development of a strategic plan that aligns YouthWORKS programs with school academies -# of YouthWORKS participants in employment or community service programs that match school academy themes	YouthWORKS provides case managed services to at-risk and in-risk youth, such as academic support, transportation assistance, life skills, and pre-employment training. Participants in YouthWORKS programs have improved school attendance and academic performance, including higher CAHSEE passage rates and graduation rates.	Employment and Training, WCCUSD	↑ % of youth prepared for careers in emerging sectors
Action 2C: Enhance Small Business Training, incubator programs & priority contracting with Richmond minorities and women	Action LU3.B Small-Business Support Program; See also: HW6.C; ED2.A; Action ED3.A Workforce Development Strategy (Also see: ED2.A; HW6.B; EC5.B)	-% new business permits to women and people of color -# of small businesses complete program -% of City contracts signed with new small businesses -% of City contracts signed with women & minority owned businesses	Throughout history, discrimination against women and people of color has impacted their job and educational opportunities, career advancement, income and earning potential and many other factors that impact their health and economic well-being. The promotion of minority owned and women owned businesses in government contracting processes can help address past discrimination and current issues of equity.	Employment and Training, Finance, City Manager's Office	↑ % of respondents in RCS who rate city-sponsored job training programs as excellent or good
Action 2D: Support WCCUSD integration of Full Service Community Schools (FSCS) by supporting parent & community involvement	Action ED3.B Partnerships with Educational Institutions	-City Staff attend and participate in FSCS committee meetings -City Manager drafts a declaration of support of FSCS, including continuity with the City's efforts in engaging parents at Peres and Chavez ES	FSCS integrate academics, youth development, family support, health and social services, and community development.	City Manager's Office	↑ # of schools supported as Full Service Community Schools

Economic Development & Education Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Action 2E: Enter in a data-sharing agreement with WCCUSD for access to absenteeism data, and raise public awareness of chronic absenteeism.	Action ED3.B Partnerships with Educational Institutions	-Data sharing agreement between the COR & WCCUSD -Accountability metrics that hold the COR & WCCUSD accountable for attendance goals -Public awareness campaign on chronic absenteeism	Chronic absences in early grades hamper a child's ability to read and exacerbate achievement gaps, especially for children from lower socioeconomic status families and students of color. By sixth grade, chronic absence becomes one of the key early warning signals that a student will eventually drop out of high school.	City Manager's Office	↓ % of students in Richmond schools who are chronically absent
Action 2F: Formalize City's participation in the development of LCAPs, as required by the Local Control Funding Formula.	Action ED3.B Partnerships with Educational Institutions	-Submission and approval of an LCAP for West Contra Costa Unified School District -# of diverse stakeholders and residents, involved in informing the LCAP development process	LCFF targets interventions to address the needs of disadvantaged students, including English Learners, students from low-income households, and foster youth. LCFF requires that districts develop a Local Control and Accountability Plan to increase and improve services for these students.	City Manager's Office, WCCUSD	↑ Academic performance outcomes for disadvantaged students.
Medium-Term Action (5 years)					
Action 2G: Develop a Richmond EMS Corps (modeled from Alameda County's EMS Corps)	Action ED3.A Workforce Development Strategy (Also see: ED2.A; HW6.B; EC5.B)	-# of participants -# of participants who complete the program and go on to be employed by CCHS	An intensive training program designed to prepare interested youth from the juvenile justice residential program for EMT certification. If they successfully complete the Certification, Alameda County guarantees an EMT job in the county	Police, Fire CCHS	↑% of respondents in RCS who rate city-sponsored job training programs as excellent or good
Action 2H: Assure affordable, accessible, and high quality childcare for all neighborhoods.	Action EH1.B: Childcare and Out-of-School Care Program	-# of outreach events to inform residents of subsidized childcare opportunities -# of neighborhood-based childcare options -# of safe routes to childcare facilities	Access to high quality childcare positively affects childhood growth, physical development, physical health, cognitive, behavior, and school outcomes. Childcare and preschool programs provide important resources to working parents, yet affordability and access to childcare remains a barrier for low-income parents.	City Manager's Office, Planning	↑ % of respondents in RCS who rate access to affordable quality childcare as excellent or good
Action 2I: Expand current literacy and GED programs provided at the City of Richmond to after hours classes at local schools and include computer literacy classes.	Action ED3.B Partnerships with Educational Institutions; Action EH1.A Libraries Strategic Plan; Action EH3.F Information Technology	-Number of literacy and GED programs provided -Number of residents served by literacy and GED programs -# of other facilities trained	Education attainment is highly predictive of one's health. Access to adult literacy, GED, and continued learning opportunities provide adults and young people the opportunity to continue their education beyond traditional education.	Library WCCUSD	↑ % of LEAP adults achieving at least one literacy goal

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Long-Term Action (5+years)					
Action 2J: Seek new partnerships with clinical training programs in San Francisco Bay Area (i.e. UCSF Nursing School)	Action ED3.A Workforce Development Strategy (Also see: ED2.A; HW6.B; EC5.B)	-Partnership established -# of Richmond residents enrolled in training/mentorship program	The goal is to recruit minority health care workers to clinics and care facilities in Richmond. These clinicians should also be part of a mentoring and youth training program that might be linked to school-based clinic in the WCCUSD.	Employment and Training, WCCUSD, CCHS, Service providers at school sites	↑% of respondents in RCS who rate city-sponsored job training programs as excellent or good
Action 2K: Use existing RHEP and other workforce partnership to pursue Health Profession Opportunity Grants	Action ED3.A Workforce Development Strategy (Also see: ED2.A; HW6.B; EC5.B)	-# of HPOG received	HPOG are focused on improving the work readiness and employment outcomes for low-income workers and Temporary Assistance for Needy Families (TANF) beneficiaries.	City Manager's Office, CCHS, WCCUSD	↑ % of respondents in RCS who rate city-sponsored job training programs as excellent or good

Full Service & 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

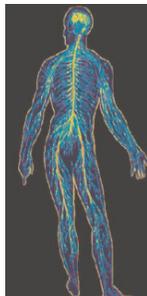
accessibility of these facilities and services contribute to "neighborhood completeness" that impact health and well-being health in other ways beyond stress. For example, the presence of safe, accessible, quality parks, plazas, recreation facilities and arts and cultural facilities can reduce rates 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.

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

Primary Cumulative Stressors Targeted

Poor Air Quality & Lack
of Safe Recreational
Space

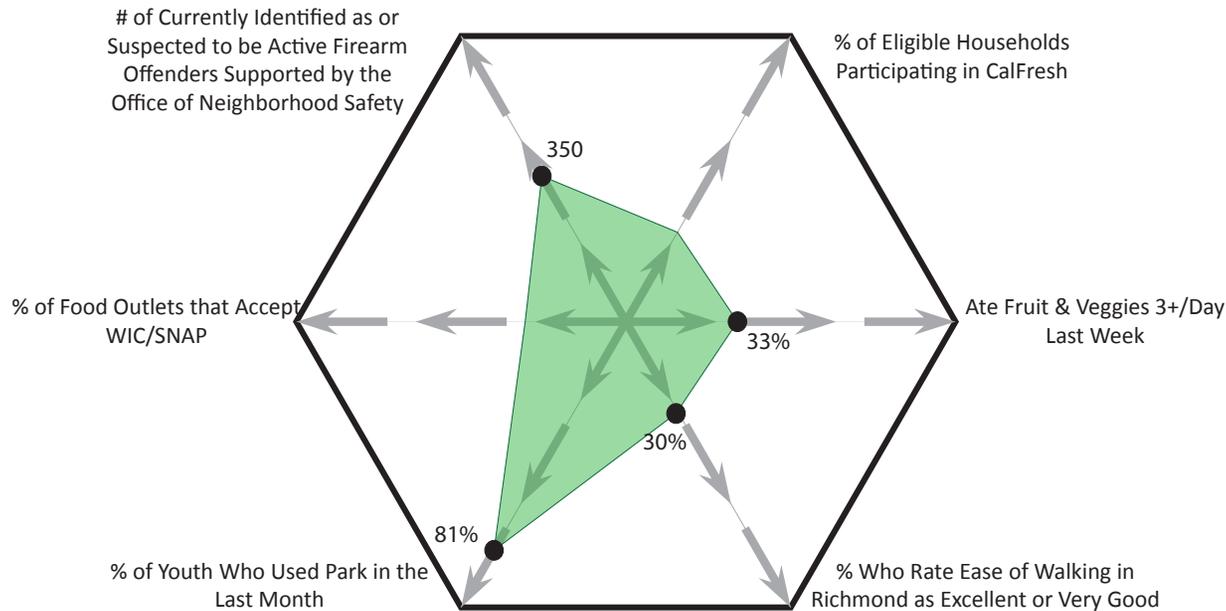


Street, Neighborhood,
& School Violence

High Food Prices/Lack
of Healthy Foods

Full Service & Safe Communities Indicators

Full Service and Safe Communities Indicators

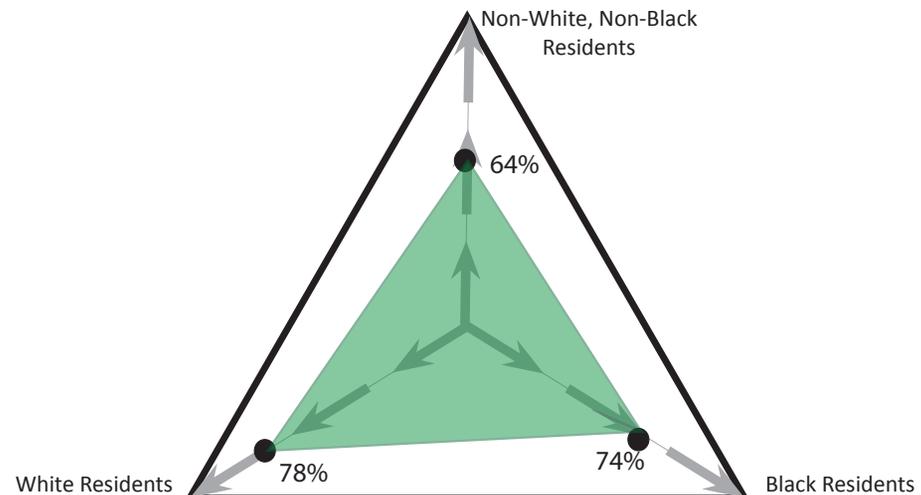


The health equity hexagon includes six indicators that are influenced by full service and safe communities. According to the California Health Information Survey, only 1 in 3 Richmond residents ate three or more servings of fruits and vegetables per day. Only 3 in 10 residents rate their ease of walking in Richmond as excellent or good. Most of the youth in Richmond (approximately 8 in 10) used a local park in the past month. Additionally, many of the young people who are suspected to be active firearm offenders have been supported by ONS (Office of Neighborhood Safety). Data for the other two measures are currently unavailable, but should be monitored by the City of Richmond when the data becomes available. The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects residents' responses to a question on the 2013 Richmond Citizen Survey that asks respondents about safety in their neighborhood. While most respondents report feeling safe in their neighborhood during the day, there is a statistically significant difference in perceived safety across ethnic/racial groups.

White residents (78%) were most likely to report feeling safe in their neighborhood during the day, while black residents (74%) and other residents of color (64%) were less likely to perceive their neighborhood as very safe or somewhat safe during the day.

Current Conditions: Safety in Neighborhood During the Day (Very or Somewhat Safe)



Full Service & Safe Communities Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Short-Term Action (1-2 years)					
Action 3A: Replace all City Street and PG&E lights with LED	Action HW4.K Streetscape Improvements (See also: CR2.C; LU2.B; CF1.H)	-100% of City lights replaced with LED	LED lights are brighter and use less energy. LED lights will provide improved visibility on streets furthering community perceived safety and crime prevention work.	City Manager's Office, Engineering, Public Works	↓ % of residents who feel unsafe in their neighborhood at night
Action 3B: Review liquor store permits & develop healthy food access 'corner store' program	Action HW2.E Food Quality and Availability Assessment	-Number of liquor store permits within 500 ft of school, park, childcare facility, or place of worship -Implementation of a corner store health food access program -# of corner store healthy food sites participating in program	A high density of liquor stores in a neighborhood can contribute to crime and violence, higher rates of alcohol-related hospitalizations, drunk driving accidents, pedestrian injuries, higher numbers of child accidents, and assaults.	Planning	↓ Density of off-sale alcohol outlets per square mile in highly impacted neighborhoods and ↓ Retail Food Environment Index score in impacted neighborhoods
Action 3C: Expand role and requisite staffing composition of the Office of Neighborhood Safety (ONS)/Expand ONS Peacemaker Fellowship Opportunities	Action HW8.A Public Safety Committee and Anti-Violence Programs	-2/5 year budget plans for ONS -# of outreach contacts by ONS Neighborhood Change Agents -# of individuals participating in the ONS fellowship -# of CBOs in Richmond facilitating ONS-like street outreach and service navigation	Violence prevention remains a top concern of residents and for the City. A long-term financial sustainability plan, including multi-year financial support for ONS with the City's budget plan and continue the collaborative work between ONS and other city agencies.	ONS, Finance, City Manager's Office	↓ # of firearm-related assaults, injuries, deaths, and new charges
Action 3D: Improve quality of life by offering diverse programs that encourage physical activity, social interaction, and personal well-being.	Action PR4.D: Public Awareness and Info. Program; Action PR5.A Citywide Recreation Program; Action PR5.B Festivals & Events	-# of recreation and wellness programs offered -# of participants in recreation and wellness programs	Offering wellness opportunities that fit the needs of all ages, abilities, and interests makes healthy lifestyles accessible to all residents and contributes to the physical, mental, and social health of the community.	Recreation	↑ # of wellness programs offered and # of participants attending recreation programs and events
Medium-Term Action (5 years)					
Action 3E: Enhance arts programs & support	Goal AC1: A Community Strengthened by the Arts; Goal AC2: Enhanced Economic Development Opportunities	-# of Richmond youth participating in public art and mural projects -# of Richmond children and young adults participating in East Bay Center for the Performing Arts programs	Access to the arts for youth and adults can induce positive physiological and psychological changes; reduce drug consumption; shorten length of stay in hospital; improve recovery time; increase job satisfaction; promote better doctor-patient relationship; improve mental healthcare; and reduce depression and blood pressure.	Library Services	↑ Public funding for the arts per capita ↑ # of Richmond youth participating in visual or performing arts programs

Full Service & Safe Communities Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Action 3F: Expedited permit review process for all retail businesses providing a minimum of 10% shelf space for fresh produce.	Action HW2.A Healthy Food Store Incentives Program; Action ED2.G Business Incentives Programs	-# of expedited permits received -# of expedited permits granted	Despite Richmond’s many small grocery stores located along its commercial corridors and numerous informal fruit and vegetables street vendors, a majority of residents do not have sufficient and convenient access to fresh produce markets or full service grocery stores. Many residents actually have more convenient access to fast food than to produce markets or grocery stores.	Planning	↓ Retail Food Environment Index (RFEI) score in highly impacted neighborhoods
Action 3G: Shared-Use Agreements	Action ED1.E Joint-Use Agreements (PR1.F; CF2.A; HW1.G; EH1.D; AC1.D); Policy CF4.2 Neighborhood Centers	-Standard Shared-Use Agreement developed with WCCUSD -# of Joint-Use Agreements active	Joint use agreements remove barriers to physical activity by providing places to be active. By working together to share facilities, schools and communities can achieve multiple benefits.	Planning, City Manager’s Office, WCCUSD	↑ # of recreational programs, opportunities, and events in low-income neighborhoods
Action 3H: Develop a strategic plan for partnering with viable and responsive community based organizations that focus on developmental assets, harm reduction, restorative justice, and social justice programming.	Action HW8.D Inmate Re-Entry and Transition Program	-# of schools implementing Restorative Justice Model -# of suspensions/expulsions -# of arrests on school campuses -# hours RPD and ONS dedicate to Restorative Justice Program	Eliminating our school-to-prison pipeline requires everyone to be involved. The Restorative Justice Project focuses on providing teachers, administrators, police, school resource offices and students the space and skills to resolve issues that traditionally have led to suspension or expulsion in manner that keeps the student in school and addresses the root causes of the problem.	Police, ONS, WCCUSD, Viable CBOs, The California Endowment	↓ # of suspensions and expulsions in Richmond schools ↑ # of schools in Richmond implementing restorative justice programs
Action 3I: Develop system to flag when conditional use permits are due for renewal, prioritize permits near sensitive land for a full review and develop a quick review method for all others.	Policy LU5.1 A Balanced Mix of Land Uses	-# of CUP reviewed under “full review” and under “quick review”	Full reviews will be treated as though they are new applications, enabling staff to apply any new regulation or considerations when granting the new conditional use permit.	Planning	
Long-Term Action (5+years)					
Action 3J: Connect neighborhoods that lack healthy food outlets to areas with such stores.	Action HW4.C Safe and Convenient Public Transit Options	-analysis of current transit options for food retailers -develop a strategic plan for improvement	Work with regional transit to provide access via improvements to public transit routes, bike routes, and pedestrian amenities.	Engineering, Planning	↑% of residents who live near grocery stores, produce and farmers markets

Residential & Built Environment

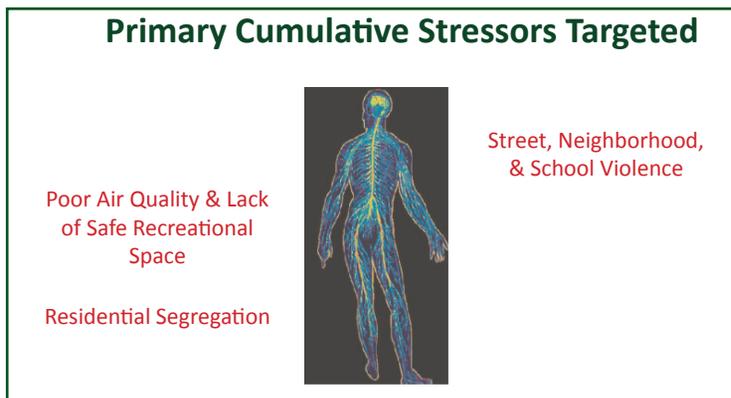
Health Equity Statement:

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.

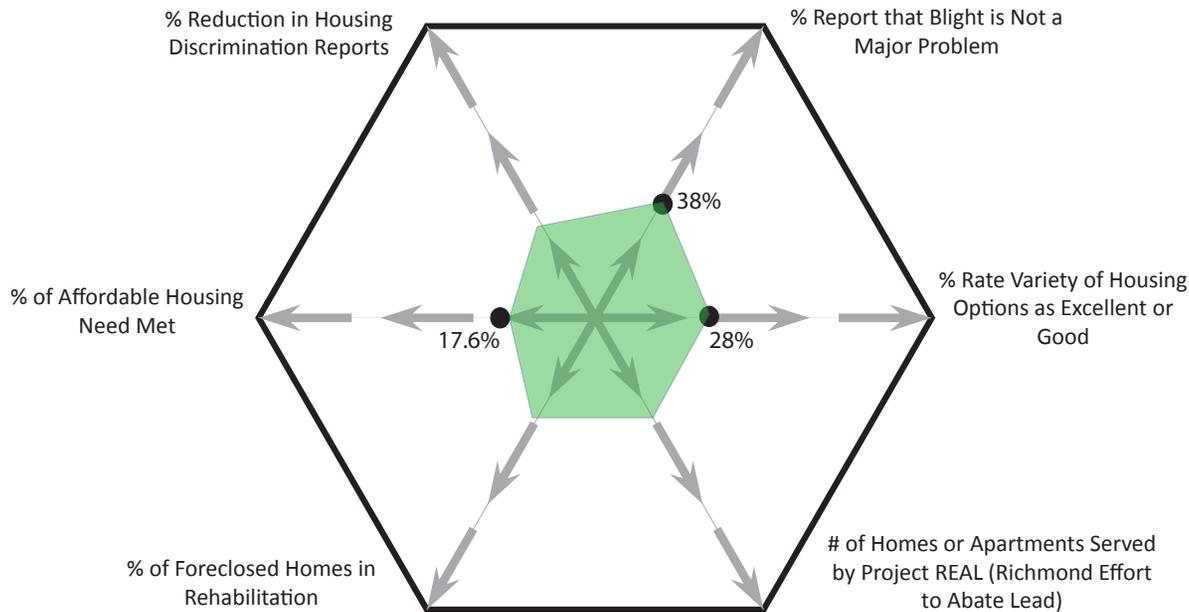
Current Conditions: Residential Environment Measures

- 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.



Residential & Built Environment Indicators

Residential & Built Environment Indicators

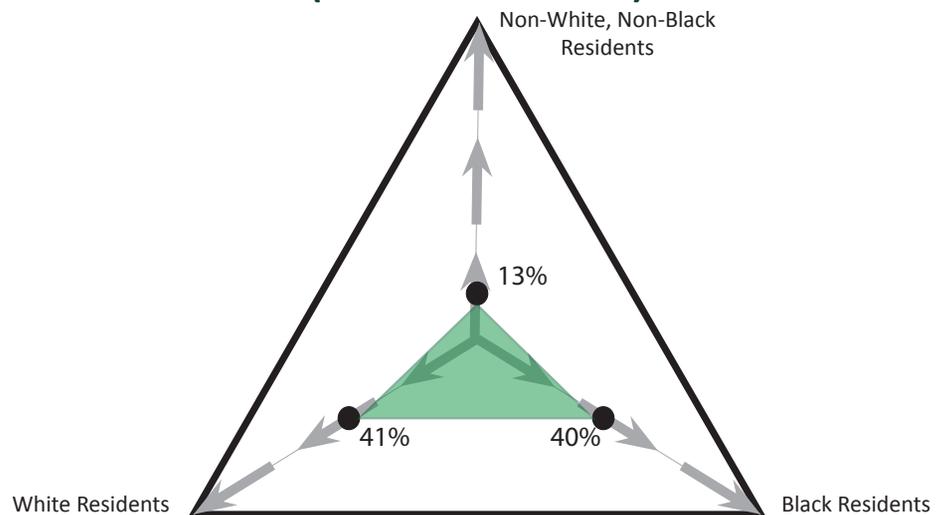


The health equity hexagon includes six indicators that are influenced by residential and built environments. According to the Richmond Citizen Survey, about 1 in 3 residents report that blight (e.g. run down buildings, weed lots, or junk vehicles) is a major problem in Richmond. Only 28% of residents rate the variety of housing options in Richmond as excellent or good. This is consistent with the finding that only 18% of affordable housing need has been met. Data for the other measures are currently unavailable, but should be monitored by the City of Richmond when the data becomes available. The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects residents' responses to a question on the 2013 Richmond Citizen Survey which ask respondents to rate the variety of housing options in Richmond. While white and black residents had similar responses in rating housing options as excellent or good (41% and 40% respectively), there is a statistically significant difference in the responses among other ethnic/racial groups.

As shown in the triangle, other residents of color--mostly Latino residents--were about three times less likely (13%) to rate housing options in Richmond as excellent or good.

Current Conditions: Variety of Housing Options in Richmond (Excellent or Good)



Residential & Built Environment Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Short-Term Action (1-2 years)					
Action 4A: Implementation of Foreclosed registry	Program H-2.5.3: Vacant Foreclosed Residential Property Ordinance	-Passage of Vacant Foreclosed Residential Property Ordinance -# of vacant foreclosed properties registered by Code Enforcement that protect neighborhoods from blight	Blighted areas are associated with various economic, social, and physical health disparities. Neighborhood blight is a predictor of premature mortality due to diabetes, homicide, and suicide.	Code Enforcement	↓% of Richmond residents who report blight as a major problem in their neighborhood
Action 4B: Address substandard housing conditions by linking proactive code enforcement efforts with affordable housing programs	Program H-2.5.4: Code Enforcement for Residential Neighborhoods	-# of foreclosed and affordable housing units maintained by code enforcement -% of code enforcement violations addressed by proactive efforts or by fines	Housing infrastructure and proper maintenance are important to protect the health and safety of residents in their homes. Many tenants are reluctant to complain to landlords about physically unsafe conditions because they fear they will be evicted, and will be unable to find other affordable housing.	Code Enforcement	↓ # of Richmond residents living in substandard housing conditions
Action 4C: Expand Richmond Effort to Abate Lead (Project Real)	Program H-2.5.14: Richmond Effort to Abate Lead	-# of housing units in low-income neighborhoods remediated by Project REAL -# of children who are tested for lead in eligible housing units (homes built before 1978 and with one child under 6 years of age)	Children with developing bodies are especially vulnerable because their rapidly developing nervous systems are particularly sensitive to the effects of lead. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized. Additionally, average blood-lead levels remain unequally high children of color.	Housing Authority	↑20% increase in eligible housing units in low-income neighborhoods remediated by Project REAL
Action 4D: Improve park quality in underserved areas	Action PR1.B: Park Performance Standards; Action PR1.C.: Parks Master Plan; Action PR1.D: Parkland Acquisition Plan; Action PR1.I: Capital Improvement Program	-# of park improvement projects completed in underserved communities -# of park development projects along corridors where pedestrian and bicycle improvements are planned -# of diversified programs offered at parks	Access to clean, safe, and well-maintained park facilities is critical to improving residents' health by promoting active living and quality of life. The quality of a park, even more than its size or proximity, is associated with the use of a park by children and parents. Using Park inventory, focus park improvement investments in areas of city underserved by parks and/or where there are poor quality facilities.	Recreation, Public Works	↑ # of community parks and aquatic facilities in underserved communities renovated to state-of-the-art standards

Residential & Built Environment Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Medium-Term Action (5 years)					
Action 4E: Amend the City's Housing Density Bonus Ordinance	Program H-1.3.5: Density Bonus for Extremely Low Income Housing	-# of new developments that provide a percentage of their total units at rents affordable to extremely low-income households	To allow density bonuses for developments that provide a percentage of their total units at rents or prices affordable to extremely low-income households. Study other housing density bonus ordinances in the Bay Area to determine an appropriate percentage.	Planning and Building Services Department	↑number of affordable housing units for very low, low, and moderate income households
Action 4F: Protect neighborhoods from gentrification that leads to displacement of residents.	H-4.2.4: Counseling Service Referrals for Foreclosures, Landlord-Tenant Disputes, Unlawful Evictions, and Housing Discrimination	-# of mixed income housing developments -# of housing options -# of affordability housing units in all neighborhoods of Richmond	Involuntary displacement occurs when residents are pushed to move outside an area due to a sharp increase in housing or median rent prices in areas where household income declines or remains flat. Displacement indicates a lack of affordable housing or the increased use of deteriorated housing, which can have serious health implications	Housing and Community Development Department	↓ number of Richmond residents who are displaced; ↑ # of mixed income housing developments; ↑ affordability of housing in all neighborhoods
Action 4G: Report and monitor the City's progress in developing and maintaining affordable units in the Housing Element Annual Progress Reports	Program H-2.4.1: Monitoring Program for At-Risk Affordable Housing Units; Program H-1.1.2: Housing Element Annual Progress Report Program; H-1.3.3: Inclusionary Housing Ordinance Performance	-Track # of affordable housing units at risk of conversion to market-rate -Evaluate impact of affordable housing subsidies and incentives -Evaluate inclusionary housing ord. -Report on funds secured for developing affordable housing	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.	Planning, Build. Serv. Dept., Housing & Comm. Dev., Housing Authority,, and City Manager's Office	↓% of Richmond residents who are rent burdened ↑number of affordable housing units for low income households

Residential & Built Environment Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Long-Term Action (5+ years)					
Action 4H: Develop homelessness prevention program & enhance temporary and emergency shelter for families	Program H-3.6.1: Homelessness Coordination Efforts; Program H-3.6.2: Zoning Ordinance Amendment to Comply with Senate Bill 2; Program H-3.6.3: Funding for Emergency, Transitional, and Supportive Housing	-Implementation of strategies in the Contra Costa Interagency Council on Homelessness (CCICH) 10-Year Homeless Plan -Amendment in the Zoning Ordinance requiring zoning that facilitates emergency shelters and transitional housing,	Mobility resulting from housing insecurity and homelessness disconnects people and families from health-promoting resources and social services, including healthcare, and social networks.	Planning & Building Services Dept., Housing and Community Development Dept.	↑access to emergency, transitional, and supportive housing
Action 4I: Include strategies in the Housing Element to increase the number of new affordable housing units in middle/ upper-income neighborhoods to encourage socioeconomic class integration and reduce neighborhood segregation.	Policy HW5.3 Mixed-Income and Integrated Neighborhoods	-Development of a dissimilarity index to monitor ethnic and economic diversity or segregation.	Segregated high poverty neighborhoods typically have fewer resources such as libraries and markets while hosting undesirable land uses, resulting in higher levels of teenage childbearing, tuberculosis, cardiovascular disease, and exposure to toxic air pollutants Residents in integrated neighborhoods are less isolated from economic opportunities and marginalized in political decision-making.	Housing and Community Development Department, Planning and Building Services Department	Narrow the difference in Richmond neighborhoods in the proportion of population living at or below 200% of the census poverty threshold
Action 4J: Ensure high-quality planning, design, and construction of senior housing while maintaining affordability	Program: H-3.1.1: Senior Housing Incentives; Action HW5.D Senior and Affordable Housing Design Guidelines	-# of affordable senior housing units available	Low-income seniors benefit from access to safe and affordable senior housing, including culturally and linguistically competent senior housing communities	Planning and Building Services Department	↑ # of affordable senior housing units

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

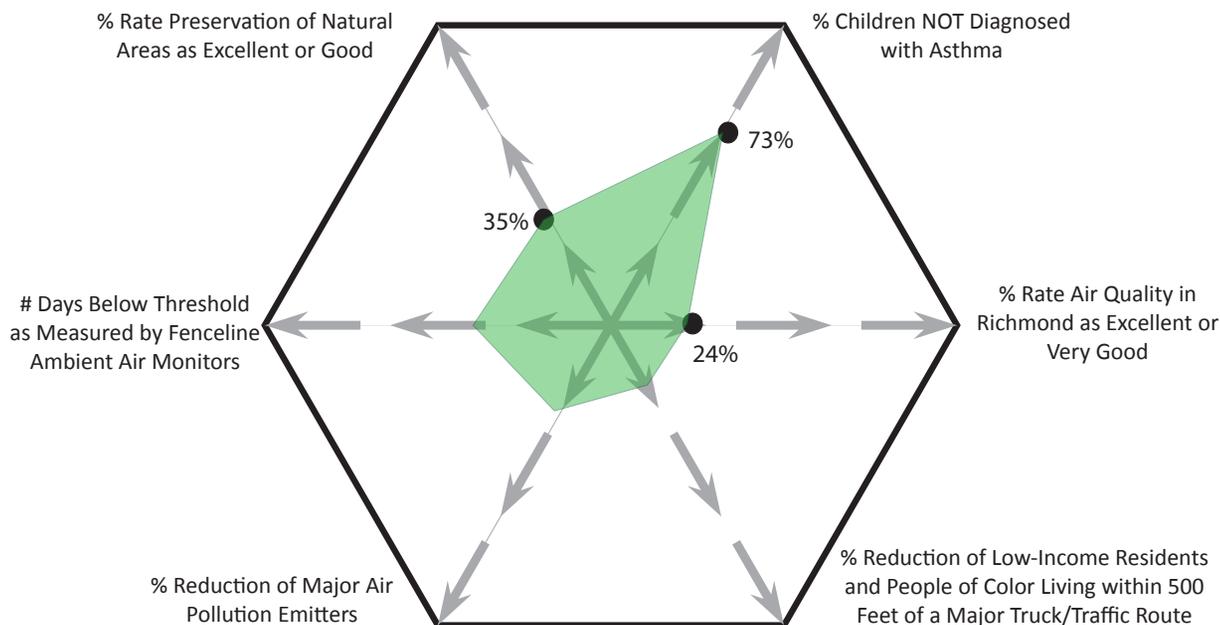


Current Conditions: Environmental Health and Justice Measures

- 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.

Environmental Health & Justice Indicators

Environmental Health and Justice Indicators

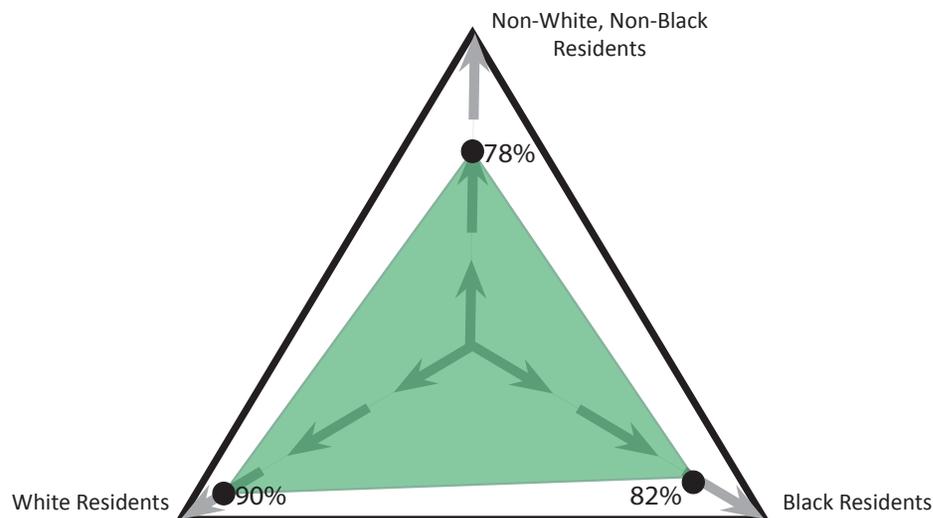


The health equity hexagon includes six indicators influenced by environmental health and justice. According to the California Health Information Survey, about 1/4 of children in Richmond are diagnosed with asthma (27%) and most residents rate the air quality as fair or poor in the Richmond Citizen Survey (only 21% of respondents rate the air quality in Richmond as excellent or good). Although improving in recent years, only 1 out of 3 residents rate the preservation of natural areas in Richmond as excellent or good.

Data for the other two measures are currently unavailable, but should be monitored by the City of Richmond when the data becomes available. The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects residents' responses to one of the questions in the 2013 Richmond Citizen Survey. Residents were asked if the City of Richmond should address issues that improve the environmental quality in Richmond within the next two years. Most residents across ethnic and racial groups responded that it is essential or very important for the City to improve environmental quality. Although white residents were more likely to share this response, there is no statistical difference in the responses across racial groups. Residents overwhelmingly believe that environmental issues should be addressed by the City.

Current Conditions: Improving Environmental Quality in Richmond (Essential or Very Important)



Environmental Health & Justice Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Short-Term Action (1-2 years)					
Action 5A: Include Environmental justice section for vulnerable populations in City Climate Action Plan	Action EC1.A Climate Action Plan	-Plan completed	Adaptation strategies will focus on potential local impacts of climate change such as sea level rise, increased risk of flooding, diminished water supplies and public health.	City Manager's Office	% of money allocated to EJ communities from SB 375 to reduce impacts of climate change
Action 5B: Support Comprehensive Asthma reduction & management Plan	Action HW3.B Regional Medical Services Coordination; Action HW9.E Indoor Air Quality Guidelines; Action HW9.F Sensitive Use Location Guidelines; Action HW9.T Second-Hand Smoke Ordinance	-Plan completed -MOU between WCCUSD, CCHS, COR and other parties developed and signed - Reduce Number of ER asthma visits -reduce asthma hospitalizations	Asthma disproportionately effects minority and low-income families in Richmond. Asthma is the top medical condition causing school absenteeism.	City Manager's Office, Housing, Planning, CCHS, WCCUSD, Kaiser Permanente, Community Clinic Consortium	↓ 50% reduction of asthma hospitalizations and ER visits; and ↓ 50% reduction of school days missed attributed to asthma
Action 5C: Expand community based air monitoring in Richmond for a suite of industrial air pollutants	Action HW9.A Air Quality Monitoring and Reporting Program (See also: ED1.G; EC5.C; CN4.D)	-# of new air monitoring stations	In cooperation with regional, state and federal agencies and environmental justice organizations, and develop a comprehensive education and reporting system for the community. Motor vehicles, power plants, and refineries are predominant sources of fine particulate air pollution (PM2.5). Exposure to PM2.5 is associated with detrimental cardiovascular outcomes.	Planning BAQMD, CCHS, Chevron	↓ 20% reduction in PM2.5 in low-income neighborhoods with 10 ug/m ³ or higher PM2.5; and ↓ 50% reduction in number of days of significant flaring from the Chevron refinery
Medium-Term Action (5 years)					
Action 5D: Work with BAAQMD to expand mobile and stationary source monitoring	Action HW9.A Air Quality Monitoring and Reporting Program (See also: ED1.G; EC5.C; CN4.D)	-# of new air monitoring stations	In cooperation with regional, state and federal agencies and environmental justice organizations, and develop a comprehensive education and reporting system for the community. Motor vehicles, power plants, and refineries are predominant sources of fine particulate air pollution (PM2.5). Exposure to PM2.5 is associated with detrimental cardiovascular outcomes.	Planning BAQMD	↓ 20% reduction in proportion of low-income residents living with 10 ug/m ³ or higher PM2.5; and ↓ 50% reduction in number of days of significant flaring from the Chevron refinery

Environmental Health & Justice Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Action 5E: Analyze and re-designate truck routes away from areas with high asthma rates and sensitive land	Policy HW9.1 Air Quality (See also: CN4.1; ED1.4; EC5.3.); Action HW9.H Truck Routes Plan (See also: CR4.B); Action CR4.A Goods Movement Plan; Action HW9.F Sensitive Use Location Guidelines	-# of truck routes analyzed -# of truck routes diverted -estimated (or if possible) measured decrease in air pollution in sensitive land use areas	Living near busy roadways on heavy industrial processing facilities and the incidence of respiratory disease symptoms, such as asthma. Diesel particulate matter has acute short-term impacts and a disproportionate effect on the elderly, children, people with illnesses or others who are sensitive to air pollutants.	Planning, engineering	↓ 20% in reduction of diesel emissions in low-income neighborhoods
Action 5F: Leverage CalEMP money for Local Hazard Mitigation Plan	Action SN2.C Regional Emergency Coordination Plan; Action SN3.A Disaster Preparedness and Recovery Plan See also: HW3.D; CF2.D; EC6.F	-extreme heat events included in existing plans -some indication of elderly connected to bus routes -information available to public	Extreme weather events can be destructive to human health and well-being due to such other factors, including: 1) Urbanization and heat island effects; 2) Proportion of population 65+; 3) Number of people living alone.	Public Safety, CCHS	↑ Number of trees planted in urban areas ↑ Utilization of cooling centers in extreme heat events
Action 5G: From the outset, inform the community of and include them in decisions regarding brownfield site risk assessment, cleanup alternative, and end uses.	Action CN1.E Habitat Restoration See also: HW9.Q; EC6.B	-# of sites engaged from the outset in informing the community	Remediating contaminated and brownfield sites will improve environmental quality and maximize opportunities to develop new use, but residents need to be engaged at every step of the process	Planning	↑ brownfield sites remediated per square mile in low-income neighborhoods
Long-Term Action (5+ years)					
Action 5H: Require an HVAC system with filtration for sensitive use sites that are within 500 feet of high traffic road	Action HW9.F Sensitive Use Location Guidelines; Action HW9.E Indoor Air Quality Guidelines	-# of sensitive use fall within 500 ft of high traffic road -#of sensitive use sites with HVAC systems	Particulate matter and other pollutants are highest within 500 ft of high traffic road (100,000 vehicles per day). CARB recommends not siting sensitive land uses near high traffic roads. To reduce/mitigate infiltration of vehicle emissions through improved HVAC systems.	Planning, Engineering, Code Enforcement	↓ % of sensitive land use sites within 500 ft of high traffic roads with HVAC systems

Environmental Health & Justice Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal
Action 5I: Work with regional regulators to apply California Air Resources Board’s Air Quality and Land Use Handbook regulations for large stationary sources and small stationary sources	Action CN4.A Bay Area Air Quality Management District Partnership; Action CN4.B Air Pollution Reduction Strategy Also see: HW9.B	-# of new sources regulated (by size) -predicted amount of emissions reduction from new regulations	(1) Operating permit rule; (2) Air Toxics “Hot Spots” Law (AB 2588); (3) Local district rules; (4) Air Toxic Control Measures (ATCMs); (5) New Source Review rules	Planning	↑ # of large and small stationary sources meeting local air pollution regulations
Action 5J: Work with regional regulators to enforce regulations for mobile sources	Action CN4.A Bay Area Air Quality Management District Partnership; Action CN4.B Air Pollution Reduction Strategy Also see: HW9.B	-partnership established with regional regulators -number of new mobile sources regulated	(1) Emissions standards; (2) Cleaner-burning fuels (i.e. unleaded gasoline, low-sulfur diesel); (3) Inspection and repair programs (i.e. Smog Check)	Planning	% reduction of ambient air pollution

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

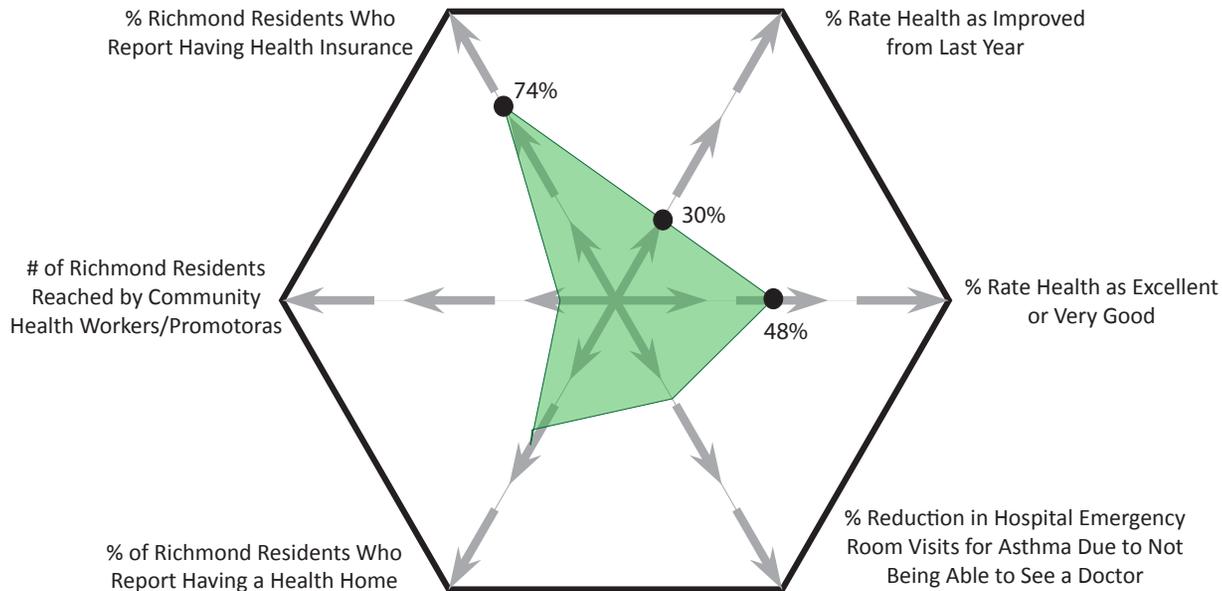
Lack of Affordable Health Care

Current Status: Quality & Accessible 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.

Quality & Accessible Health Homes and Social Services Indicators

Quality and Accessible Health Home and Social Services Indicators



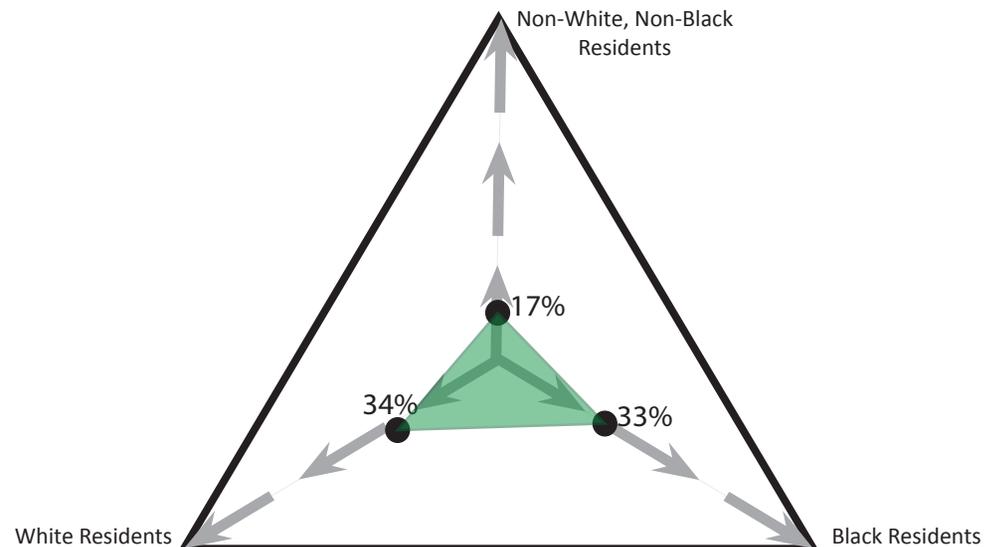
The health equity hexagon includes six indicators influenced by quality and accessible health homes and social services. According to the California Health Information Survey, about 3/4 of adults in Richmond have health insurance. In the Richmond Community Survey, approximately 50% of adults rate their health as excellent or very good, with 1 in 3 adults sharing that their health improved from the previous year.

Data for the other measures are currently unavailable, but should be monitored by the City of Richmond when the data becomes available. The goal is to move outwards towards the edges of the polygon, or 100% of each measure.

The triangle to the right reflects the responses of residents to one of the questions in the 2013 Richmond Citizen Survey, which asks them to rate access to affordable, quality health care in Richmond. Overall, only about 1 in 4 residents rated access to affordable and quality health care in the City as excellent or good.

However, there are some statistically significant differences in responses by race. White and black residents had similar responses (34% and 33% respectively rate access to health care as excellent or good), while other residents of color were about twice less likely to rate access to health care as excellent or good (17%).

Current Conditions: Access to Affordable, Quality Health Care (Excellent or Good)



Quality & Accessible Health Homes and Social Services Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Short-Term Action (1-2 years)					
Action 6A: Increase enrollment in health supporting programs (e.g. food stamps/EBT, Woman Infant Children (WIC), Head Start) at City sites and through City programs.	Policy HW2.1 Quality Food	-# enrollment through City programs -% enrolled of total eligible -# of City-sponsored or City-supported outreach and education events to increase enrollment in CalFresh, WIC, Head Start, etc.	Individuals and families seeking one public service may also benefit from additional services. The goal is to cross-register those in need of one service for multiple services at the initial point of contact.	City Manager's Office	↑ % participation rate of eligible households for CalFresh and WIC
Action 6B: Coordinate Affordable Care Act workshops and outreach efforts with Contra Costa Health Services and Community Clinic Consortium.	Action HW3.B: Regional Medical Services Coordination	-Creation and distribution of materials/media in all major languages spoken in Richmond -Creation of a webpage related to ACA that links to county and community services. -X # of ACA-specific workshops sponsored by the City, Contra Costa County Health Services, the Community Clinic Consortium and community partners	Communities of color in California are more likely to be uninsured. Under ACA, families under 138% of the Federal Poverty Level (FPL) will now have access to Medi-Cal, and those up to 400% of FPL will have access to subsidized insurance through Covered California. However, outreach in communities of color is critical to ensure that people access public programs or subsidies for which they are eligible.	City of Richmond, Community Clinic Consortium, Lifelong Medical Care, Brookside Community Health Center, and ACCE	↓ % of residents (adults and children) who report being uninsured
Action 6C: Work with the local health agencies to assist 500 people to Health Care Exchange and/or Medical Expansion.	Action HW3.B: Regional Medical Services Coordination	-Sign up 500 Richmond residents for Health Care Exchange and/or Medical Expansion -Increase the number of Richmond residents who were not insured that get access to health insurance	For culturally and linguistically diverse, Limited English Proficient, and newly eligible populations, there are additional barriers to enrollment. The need for assistance will be high during the early years, with some estimates ranging from 50% to 75% of eligible applicants needing assistance to enroll.	City of Richmond, Contra Costa County Health Services, and Community Clinic Consortium	↓ % of residents (adults and children) who report being uninsured

Quality & Accessible Health Homes and Social Services Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Action 6D: Work with existing local and regional community health workers (CHWs)/promotora program trainers, and service providers to develop an on-line list of accessible CHWs and participate in updating and distributing this database/list	Action HW3.B: Regional Medical Services Coordination	-Creation of a database that includes promotoras serving Richmond communities, including those with Brookside Lifelong, other community health clinics, and Contra Costa Health Services	Community health workers play an important role in promoting community-based health education and prevention in a manner that is culturally and linguistically appropriate, particularly in communities and for populations that have been historically underserved and uninsured.	City of Richmond, Contra Costa County Health Services, and Community Clinic Consortium	↑ % of Richmond residents in underserved communities who have been reached by community health workers
Action 6E: Identify all facilities providing behavioral /mental health services for Richmond communities.	Action HW3.B: Regional Medical Services Coordination	Distribute materials/ information on behavioral health services and access.	Reducing behavioral health disparities requires improved access to quality services and support that enable individuals and families to thrive, participate in and contribute to their communities.	City of Richmond, Contra Costa County Health Services, and Community Clinic Consortium	↑ % of Richmond residents who are in need of behavioral health services who receive care
Medium-Term Action (5 years)					
Action 6F: Work with CCHS and local providers to ensure that all providers in the City are meeting standards for culturally and linguistically appropriate services in health care. The CLAS Standards, released in 200, represent the first national standards for culturally competent healthcare service delivery.	Action HW3.B: Regional Medical Services Coordination	-# of health care providers that establish culturally and linguistically appropriate goals, policies and management accountability -# of health care providers that monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	CLAS Standards advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to provide care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.	City of Richmond, Kaiser, Contra Costa County Health Services, and Community Clinic Consortium	↓ % of respondents in CHIS who report having communication problems with their health care provider
Action 6G: Increase the number of Richmond residents that report having access to health homes.	Action HW3.B: Regional Medical Services Coordination	-% of Richmond residents who report having a health home.	Medical homes improve the quality of care for patients while simultaneously advancing health equity for underserved populations. by patient centeredness, patient engagement, coordination, and follow-up.	City of Richmond, Contra Costa County Health Services, and Community Clinic Consortium	↑ % of respondents in CHIS who report having a health care provider that coordinates their care

Quality & Accessible Health Homes and Social Services Implementing Actions

Plan/Policy/Program	General Plan Implementing Actions	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/Goal
Action 6H: Include access to healthcare facilities as part of the overall city transportation plan.	Action HW3.A: Medical Facilities Access Plan	-% of new medical facilities located within 500 ft. of local public transit service -# of free shuttle service providers to major health facilities	For low-income households, seniors, people with disabilities and those who are transit-dependent, efficient public transportation connections to community health facilities are important to ensure access to care.	City of Richmond, Kaiser, Contra Costa County Health Services, and Community Clinic Consortium	↓ % of residents (adults and children) in CHIS who report not visiting a doctor within the past year
Action 6I: Commit to expanding the training and employment of lay health care workers, and community health workers (CHWs), in partnership between the City’s employment training programs, health care providers, and non-profits currently working with CHWs.	Action EH2.A: Workforce Development Strategy	-# of Richmond residents trained to be community health workers -# of new community health workers employed by health care providers based in Richmond or serving Richmond communities	Community health workers play an important role in promoting community-based health education and prevention in a manner that is culturally and linguistically appropriate, particularly in communities and for populations that have been historically underserved and uninsured.	City of Richmond, Kaiser, Contra Costa County Health Services, and Community Clinic Consortium	↑ % of respondents in RCS who rate city-sponsored job training programs as excellent or good; and ↑ number of promotoras working in Richmond and serving in underserved communities

Appendix A: Current Health Equity Implementing Actions

The City of Richmond has implemented multiple policies and programs that address health equity. These actions are listed in the following table, along with the corresponding elements of the General Plan 2030. The health equity implementing actions address one or more of the cumulative stressors that create negative health outcomes. In the table below, they are organized by the intervention areas found in the HiAP Strategy document.

Current Health Equity Implementing Actions

Intervention Area	Plan/Policy/Program	General Plan Implementing Actions	Health Equity	Department(s) Responsible
Full Service and Safe Communities	Bicycle and Pedestrian Master Plans	Circulation, Economic Development, Land Use & Urban Design, Parks & Recreation, Community Health & Wellness, Energy & Climate Change, and National Historical Park	Makes cheaper forms of transportation safe, viable, and convenient, benefitting community members who may not be able to afford to drive	Planning, Engineering
	Livable Corridors	Circulation, Economic Development, Land Use & Urban Design, Growth Management, Energy & Climate Change	Makes main corridors in Richmond’s low-income and communities of color more walkable and accessible	Planning
	Safe Routes to School	Circulation, Land Use & Urban Design	Promoting safe neighborhoods and promoting physical activity for children and parents	City Manager’s Office, Planning, Recreation
	Street Paving	Community Facilities & Infrastructure	Streets paved in low income and communities of color/ neighborhood revitalization	Public Works
	Geographic Policing Model	Community Health & Wellness	Promotes collaboration and partnerships between police officers and community to reduce violence in higher-risk neighborhoods	Police
	CCTV and Shotspotter Technology	Community Health & Wellness	Redirects resources to areas at higher risk of gun violence	Police
	Office of Neighborhood Safety	Community Health & Wellness	Leveraging community knowledge to conduct street/ school outreach, high-risk conflict mediation and retaliation prevention, and focuses resources on those identified as or suspected to be active firearm offenders.	City Manager’s Office - Office of Neighborhood Safety
	LED Streetlight Upgrades	Energy & Climate Change Element	Improved public lighting contributes to neighborhood safety and helps residents feel safer	City Manager’s Office, Public Works
	Park Renovation - Unity Park and Pogo Park	Arts & Culture, Circulation, Community Facilities and Infrastructure, Conservation Natural Resources and Open Space, Energy & Climate Change, Land Use & Urban Design, Parks and Recreation, Health and Wellness Elements	Nearby parks are a primary resource for physical activity for residents of low-income neighborhoods	City Manager’s Office, Planning, Public Works
	Urban Greening Master Plan	Parks & Recreation, Community Health & Wellness	Makes urban environment greener and healthier	Planning, Public Works
	Prop 84 Richmond Greenway	Conservation Natural Resources and Open Space, Parks and Recreation, Health and Wellness	Dollars spent on low-income and communities of color	Funds park improvements on the Richmond Greenway
Codify a Richmond Food Policy Council or Task Force	N/A	Council or Task Force is empowered to coordinate food security issues for the Richmond community, including but not limited to the WCCUSD and other non-profit organizations working in this area.	Environmental Initiative	

Intervention Area	Plan/Policy/Program	General Plan Implementing Actions	Health Equity	Department(s) Responsible
Residential & Built Environment	Miraflores Housing Development Project	Housing, Economic Development, Land Use & Urban Design, Community Health & Wellness, Growth Management, Historic Resources Elements	Makes available affordable, secure, healthy, and accessible housing	Housing Authority
	Hope Revitalization Grant	Housing, Growth Management, Community Facilities & Infrastructure	Demolishes deteriorated public housing apartments and replaces them with new apartments	Housing Authority
	Nystrom United Revitalization Effort	Housing, Parks & Recreation, Community Facilities & Infrastructure	Comprehensive revitalization plan to strategically address challenges in the Nystrom neighborhood	City Manager's Office
	Foreclosure List	Economic Development	Foreclosures concentrate in certain neighborhoods	Police
	Richmond BART Transit Village and Metro Walk	Housing, Circulation, Economic Development, Land Use & Urban Design, Community Health & Wellness, Growth Management, Energy & Climate Change	Makes available affordable, secure, healthy, and accessible housing	Former Redevelopment Agency
	Public Housing and Housing Voucher Program	Housing, Growth Management, Community Facilities & Infrastructure	Provides public housing and housing assistance to qualifying low-income residents and administers the federal housing choice voucher program	Housing Authority
	Atchison Village Historic Structures Report and Rehabilitation Planning	Historic Resources, Housing	Affordable housing units within the Iron Triangle neighborhood	Planning
	Renovation and Resale of Foreclosed Home Program	Housing, Economic Development, Community Health & Wellness	Blight abatement and community revitalization	Housing
	Project REAL - Richmond Effort to Abate Lead	Housing, Community Health & Wellness	Children of minority populations and children from low-income families are more likely to have elevated blood lead levels	Housing Authority
	Richmond Recovery Rebate	Energy & Climate Change Element	Subsidizes home improvements for qualifying low- and moderate-income residents	City Manager's Office
Environment Health & Justice	Chevron Refinery Community Air Monitoring Program	Community Health & Wellness, Public Safety & Noise	Lack of a refinery community air monitoring program inhibits public education and engagement with refinery activities	City Manager's Office, Planning
	Contaminated Site Cleanup and Remediation	Community Health & Wellness, Conservation Natural Resources & Open Space, Historic Resources, National Historical Park, Public Safety & Noise Elements	Contaminated sites contribute to adverse health impacts and reduce recreational availability of public spaces	City Manager's Office, Engineering
	Hope Revitalization Grant	Housing, Growth Management, Community Facilities & Infrastructure	Demolishes deteriorated public housing apartments and replaces them with new apartments	Housing Authority
	Abandoned Vehicle and Unkept Fence Abatement	Community Health & Wellness	Blight abatement in high-need areas	Police

Intervention Area	Plan/Policy/Program	General Plan Implementing Actions	Health Equity	Department(s) Responsible
Economic Development & Education	Richmond Bay Campus Development Project	Economic Development	Creates a plan with the goal of ensuring that development of the campus benefits the Richmond economy in jobs, economic and educational opportunities	City Manager's Office, Finance, Employment and Training
	Downtown Revitalization	Historic Resources, Arts & Culture, Community Facilities & Infrastructure	Downtown revitalization anchored by the East Bay Center for the Performing Arts creates an economic and cultural center in the Iron Triangle neighborhood	City Manager's Office, (Redevelopment)
	Workers' Cooperative Initiative	Economic Development	Strategy to support and develop women and minority-owned businesses	Mayor's Office
	Richmond BUILD	Economic Development, Education & Human Services	Green construction skills training, job readiness, and job placement for Richmond residents	Employment and Training
Effective & Equitable Government Leadership & Coordination	School-based Health and Wellness Element implementation	Education & Human Services, Community Health and Wellness	Focused parent engagement within Cesar Chavez Elementary within Belding Woods and Peres Elementary within the Iron Triangle focus neighborhoods	City Manager's Office, Planning
	Cities of Service Volunteer Program	Education & Human Services	Promotes civic engagement and aims to empower Richmond residents	City Manager's Office
	City-Sponsored Community Events (Neighborhood Cleanups, Tree Giveaways)	Education & Human Services, Community Health & Wellness	Community events provide resident contact with City services and contribute to community cohesion	City Manager's Office, Police, Public Works, Recreation
	Community-Based Planning Approaches	Education & Human Services, Community Health & Wellness	Creating policy from the bottom up and input from most affected communities	City Manager's Office, Planning
	Monthly HiAP Subcommittee Meetings	N/A		City Manager's Office, Planning, Library and Education, Housing Authority, Finance
	Health equity goals in 5-Year Strategic Business Plan and Bi-Annual Budget	N/A		City Manager's Office, Finance
	HiAP City Ordinance	N/A		City Manager's Office
	Annual Health and Wellness Fair	N/A		City Manager's Office
	City staff and senior staff training on HiAP	N/A	Training of City Staff involved with RHEP, CHWE, Alive and Free, as well as Senior staff have been working with Pr. Jason Corburn from UC Berkeley	City Manager's Office

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 Richmond Citizen Survey (hereinafter referred to as 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%	California Health Information Survey (hereinafter referred to as 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.insightcced.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)

Appendix B: Current Health Equity and Inequity Indicators

Current City of Richmond Health Conditions Polygon, 2013

Indicators	Richmond	Contra Costa	CA	Sources
Childhood Obesity/Overweight	39%	16%	29%	CHIS
Adult Obesity/Overweight	62%	51%	53%	CHIS
Low Birth Weight	7.9%	7%	6.8%	California Department of Public Health; for City of Richmond, used zip code 94804 as a proxy
Adult Asthma	21%	21%	14%	CHIS
Childhood Asthma	27%	23%	15%	CHIS
Hospitalizations (Preventable)	14.4%		10.7%	Office of Statewide Health Planning and Development—Estimates: www.cdph.ca.gov/Pages/DEFAULT.aspx
Cardiovascular Disease		5.6%	6.3%	CHIS (Richmond Data Forthcoming)
Hypertension		25.5%	26.2	CHIS (Richmond Data Forthcoming)
Adult Diabetes		6.3%	8.5%	CHIS (Richmond Data Forthcoming)
Psychological Distress	6%	6%	7%	CHIS
Tobacco Use		9.8%	13.3%	CHIS (Richmond Data Forthcoming)
Alcohol Use- 9 th Grade	47%	42%		California Healthy Kids Survey (Note: Data for "county" is actually school district data) www.chks.wested.org

Governance and Leadership Indicators

Indicators	Percent	Sources
% Rate Value of Services Provided by the City of Richmond as Excellent or Good	35%	2013 RCS
% Rate Job the City Government Does at Welcoming Citizen Involvement as Excellent or Good	31%	2013 RCS
% Adults who Volunteer on Local Board, Council, or Orgs that Deal with Local Problems:	29%	2013 RCS & CHIS (Data from RCS)
% of Richmond Employees who are Minorities or Women		Data Forthcoming
% of City Contracts Awarded to Locally Owned Businesses		Data Forthcoming
% of Respondents who do not Experience Discrimination/Racism	27%	2013 RCS

Economic Development and Education Indicators

Indicators	Percent	Sources
% Rate Employment Opportunities in Richmond as Excellent or Good	9%	2013 RCS
High School Graduation Rate	70.6%	Calculated for high schools in Richmond. Data from www.data1.cde.ca.gov/dataquest/
Percent of High School Graduates who are UC/CSU Eligible	36.6%	Calculated for high schools in Richmond. Data from www.data1.cde.ca.gov/dataquest/
% of LEAP Program Participants who Reach Literacy Goals	68%	City of Richmond Literacy Program Manager
% of Small Businesses in Operation after 3 Years		Data Forthcoming
% of Households Over the Self-Sufficiency Standard	57.7%	Self-Sufficiency Standard provided from the Insight Center for Community Economic Development: www.insightccd.org/

Full Service and Safe Communities Indicators

Indicators	Percent	Sources
% of Eligible Households Participating in CalFresh		Data Forthcoming
Ate Fruit/Veggies 3+/Day Last Week	33%	CHIS
% Rate Ease of Walking in Richmond as Excellent or Good	30%	2013 RCS
% of Youth who Used Park in Last Month	81%	CHIS
% of Food Outlets that Accept WIC/SNAP		Data Forthcoming
# of Formerly Incarcerated Individuals with Gun Related Charges Supported by the Office of Neighborhood Safety	350	Office of Neighborhood Safety Annual Report: www.ci.richmond.ca.us/DocumentCenter/Home/View/8266

Residential Environment Indicators

Indicators	Percent	Sources
% Report that Blight is not a Major Problem	38%	2013 RCS
% Rate Variety of Housing Options as Excellent or Good	28%	2013 RCS
# of Homes and Apartments Served by Project REAL		Data Forthcoming
% of Foreclosed Homes in Rehabilitation		Data Forthcoming
% of Affordable Housing Need Met	17.6%	Based on Renter-Occupied Units: 2008-2010 American Community Survey
% Reduction in Housing Discrimination Reports		Data Forthcoming

Environmental Health and Justice Indicators

Indicators	Percent	Sources
% of Children not Diagnosed with Asthma	73%	CHIS
% Rate Air Quality in Richmond as Excellent or Good	24%	2013 RCS
% Reduction of Low-Income Residents and People of Color Living within 500 Feet of a Major Truck/Traffic Route		Data Forthcoming
% Reduction of Major Air Pollution Emitters		Data Forthcoming
# Days Below Threshold Measured by Fenceline Ambient Air Monitors		Data Forthcoming
% Rate Preservation of Natural Areas as Excellent or Good	35%	2013 RCS

Quality and Accessible Health Care Indicators

Indicators	Percent	Sources
% Rate Health as Improved from Previous Year	30%	2013 RCS
% Rate Health as Excellent or Very Good	48%	CHIS
% Reduction in Hospital Emergency Room Visits for Asthma Due to not being Able to See a Doctor		Data Forthcoming
% of Richmond Residents who Report Having a Health Home		Data Forthcoming
# of Richmond Residents Reached by Community Health Workers		Data Forthcoming
% of Richmond Residents who Report Having Health Insurance	74%	CHIS (Additionally, Enroll America estimates that approximately 21.7% of residents under the age of 65 are uninsured for the PUMA that covers most of the City of Richmond- www.enrollamerica.org/maps)