RICHMOND HEALTH EQUITY PARTNERSHIP:
Launch meeting

March 28, 2012
Jason Corburn
Jason Corburn, PhD, MCP

- Associate Professor UC Berkeley – Department of City & Regional Planning & School of Public Health
- Senior Planner – NYC Government
- Over 50 local, state & national govts around the world on healthy & equitable city strategies
- Advisor, World Health Organization’s Healthy Cities Program
- Evaluated Implementation phase of Richmond’s Health & Wellness Element for The California Endowment
- Health Equity Partnership
  - HiAP Strategic Plan
  - Training
  - Health Equity Report Card – data tracking system

Jason Corburn - UC Berkeley - jcorburn@berkeley.edu
Some objectives for today’s meeting

1. Introductions & grant deliverables
2. Identify leaders
3. Begin conversation about model of change that promotes greater health equity means,
4. Some examples from other places
5. Agreement on work plan & way forward
6. MOUs
Life Expectancy in Contra Costa by Race, 2005-2007

- Asian Pacific Islander: 86.0
- Hispanic: 85.7
- White: 80.4
- African American: 73.1
Contra Costa County: Mortality rate by neighborhood poverty & ethnicity

Source: http://cchealth.org/health_data/

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Health Inequities by Race/Ethnicity

Figure 5: Historical Life Expectancy at Birth, Alameda County

Gap is growing = Health inequity

Note: White and African American defined regardless of Latino origin.
Figure 5.3: All-Cause Mortality Trend

Source: Alameda County Vital Statistics Files, 1990-08.
Note: Rate for Asian/Pacific Islanders (API) until 1998-00; rate for Asians (without Pacific Islanders) from 1999-01.
Mortality & neighborhood poverty rate; selected counties

Social Gradients

- Philadelphia
- Cuyahoga County
- Hennepin County
- Alameda County
- Bay Area
- Colorado
- California
- Los Angeles County
### Table 3 - Heart disease deaths by selected cities

**Contra Costa County, 2005–2007**

<table>
<thead>
<tr>
<th>City</th>
<th>Deaths</th>
<th>Percent</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walnut Creek</td>
<td>627</td>
<td>13.4%</td>
<td>114.0**</td>
</tr>
<tr>
<td>Richmond</td>
<td>567</td>
<td>12.2%</td>
<td>210.2*</td>
</tr>
<tr>
<td>Concord</td>
<td>547</td>
<td>11.7%</td>
<td>153.8</td>
</tr>
<tr>
<td>Antioch</td>
<td>405</td>
<td>8.7%</td>
<td>211.1*</td>
</tr>
<tr>
<td>Pittsburg</td>
<td>254</td>
<td>5.4%</td>
<td>181.5*</td>
</tr>
<tr>
<td>San Pablo</td>
<td>249</td>
<td>5.3%</td>
<td>337.6*</td>
</tr>
<tr>
<td>Martinez</td>
<td>197</td>
<td>4.2%</td>
<td>188.5*</td>
</tr>
<tr>
<td>Pleasant Hill</td>
<td>197</td>
<td>4.2%</td>
<td>156.7*</td>
</tr>
<tr>
<td>El Cerrito</td>
<td>188</td>
<td>4.0%</td>
<td>145.9</td>
</tr>
<tr>
<td>Brentwood</td>
<td>130</td>
<td>2.8%</td>
<td>132.1</td>
</tr>
<tr>
<td>Oakley</td>
<td>100</td>
<td>2.1%</td>
<td>226.5*</td>
</tr>
<tr>
<td>Pinole</td>
<td>98</td>
<td>2.1%</td>
<td>142.5</td>
</tr>
<tr>
<td>Hercules</td>
<td>87</td>
<td>1.4%</td>
<td>135.7</td>
</tr>
<tr>
<td>Bay Point</td>
<td>48</td>
<td>1.0%</td>
<td>121.7</td>
</tr>
<tr>
<td><strong>Contra Costa</strong></td>
<td><strong>4,664</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>147.5</strong></td>
</tr>
</tbody>
</table>

### Table 3 - Diabetes deaths by selected cities

**Contra Costa County, 2005–2007**

<table>
<thead>
<tr>
<th>City</th>
<th>Deaths</th>
<th>Percent</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>88</td>
<td>14.5%</td>
<td>32.4*</td>
</tr>
<tr>
<td>Concord</td>
<td>78</td>
<td>13.2%</td>
<td>22.2</td>
</tr>
<tr>
<td>Antioch</td>
<td>70</td>
<td>11.8%</td>
<td>35.1*</td>
</tr>
<tr>
<td>Pittsburg</td>
<td>53</td>
<td>9.0%</td>
<td>37.0*</td>
</tr>
<tr>
<td>Walnut Creek</td>
<td>48</td>
<td>8.1%</td>
<td>10.1**</td>
</tr>
<tr>
<td>San Pablo</td>
<td>35</td>
<td>5.9%</td>
<td>49.3*</td>
</tr>
<tr>
<td>Martinez</td>
<td>27</td>
<td>4.6%</td>
<td>25.5</td>
</tr>
<tr>
<td>Pleasant Hill</td>
<td>24</td>
<td>4.1%</td>
<td>20.2</td>
</tr>
<tr>
<td>Brentwood</td>
<td>22</td>
<td>3.7%</td>
<td>22.0</td>
</tr>
<tr>
<td>El Cerrito</td>
<td>21</td>
<td>3.5%</td>
<td>16.5</td>
</tr>
<tr>
<td>Bay Point</td>
<td>14</td>
<td>2.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Pinole</td>
<td>13</td>
<td>2.2%</td>
<td>NA</td>
</tr>
<tr>
<td>Hercules</td>
<td>9</td>
<td>1.5%</td>
<td>NA</td>
</tr>
<tr>
<td>Oakley</td>
<td>7</td>
<td>1.2%</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Contra Costa</strong></td>
<td><strong>592</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>18.9</strong></td>
</tr>
</tbody>
</table>
### Table 2: Low Birth Weight Births by Selected Communities

**Contra Costa County 2005–2007**

<table>
<thead>
<tr>
<th>Community</th>
<th>Cases</th>
<th>Percent</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>382</td>
<td>14.1%</td>
<td>8.0*</td>
</tr>
<tr>
<td>Concord</td>
<td>321</td>
<td>11.8%</td>
<td>5.9</td>
</tr>
<tr>
<td>Antioch</td>
<td>315</td>
<td>11.6%</td>
<td>6.6</td>
</tr>
<tr>
<td>Pittsburg</td>
<td>239</td>
<td>8.8%</td>
<td>7.2</td>
</tr>
<tr>
<td>San Pablo</td>
<td>173</td>
<td>6.4%</td>
<td>7.5</td>
</tr>
<tr>
<td>Brentwood</td>
<td>159</td>
<td>5.9%</td>
<td>7.3</td>
</tr>
<tr>
<td>Walnut Creek</td>
<td>147</td>
<td>5.4%</td>
<td>7.1</td>
</tr>
<tr>
<td>Pleasant Hill</td>
<td>90</td>
<td>3.3%</td>
<td>7.8</td>
</tr>
<tr>
<td>Oakley</td>
<td>84</td>
<td>3.1%</td>
<td>6.1</td>
</tr>
<tr>
<td>Martinez</td>
<td>79</td>
<td>2.9%</td>
<td>5.4</td>
</tr>
<tr>
<td>Bay Point</td>
<td>75</td>
<td>2.8%</td>
<td>6.1</td>
</tr>
<tr>
<td>Hercules</td>
<td>60</td>
<td>2.2%</td>
<td>6.8</td>
</tr>
<tr>
<td>El Cerrito</td>
<td>40</td>
<td>1.5%</td>
<td>5.0**</td>
</tr>
<tr>
<td>Pinole</td>
<td>36</td>
<td>1.3%</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Contra Costa</strong></td>
<td><strong>2,712</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>6.7</strong></td>
</tr>
</tbody>
</table>

- These are unadjusted crude rates per 100 live births.
- Contra Costa total includes cities and unincorporated areas not shown.

* Significantly higher rate compared to county.
** Significantly lower rate compared to county.
Is there something about the experience of being African-American in Richmond that is driving the rate of low birth weight babies?
Infant Mortality Rate (per 1,000 live births), by Race/Ethnicity, Contra Costa, 2005-2007

Source: California Department of Health Services Death Statistical Master Files 2000-2007. Prepared by Contra Costa Health Services – Community Health Assessment, Planning and Evaluation (CHAPE)
Is it just income?

INFANT MORTALITY

Per 1,000 Live Births

16.6

African Americans with Household Income $35,000+

11.2

White Americans with Household Income <$10,000
Is it just education?

**INFANT MORTALITY**

Per 1,000 Live Births

- African Americans, 16+ years of schooling: 10.2
- White Americans, <9 years of schooling: 6.8

NCHS 2002

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Is it health care?

INFANT MORTALITY

Per 1,000 Live Births

African Americans
First Trimester Prenatal Care

White Americans
Prenatal Care After 1st Trimester or None

12.7

7.1

NCHS 2002
Is it unhealthy behaviors, like smoking?

INFANT MORTALITY

Per 1,000 Live Births

African American Non-Smokers: 13.2
White American Smokers: 9.2

NCHS 2002

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Health Disparities: What do we mean?

“...differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions among specific population groups in the United States”

NIH Working Group on Health Disparities
Health Inequities:
What do we mean?

“...differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

Margaret Whitehead, 1946
Department of Public Health
University of Liverpool
Health Equity: What do we mean?

“...achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices [such as racism].”
What do we know about health inequities?

1. Health inequities are not natural, genetic or inevitable
2. Health is more than health care
3. Health is tied to distribution of resources
4. Economic & political inequities are bad for health
5. Racism is a central driver of inequities
6. Chronic stress can be deadly
7. Choices we make are shaped by choices we have
8. Organizational decisions influence inequities
9. Service decisions influence inequities
10. Social policies influence inequities
Model of Change: Equitable & Healthy Places

- Policy Change
- Institutional Change
- Community Capacity Building
- Data and Research

Programs → Health Equity → Services
Actions: Equitable & Healthy Places

- **Institutional Changes:**
  - Health equity staff trainings
  - Shared vision & leadership for health equity
  - Strategic plan for our organization
  - Rewards & accountability: ‘that’s not my job’ to its everyone’s job

- **Data & Research:**
  - Health Equity Report Card

- What can we do differently as an organization to promote health equity?
Boston Public Health Commission: Health Disparities Project

- 5 year goals within department
- Trainings and re-draft mission
- New data gathering and communication

<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>We don’t discriminate against anyone</td>
<td>We plan our work in such a way to ensure it address the factors leading to disparities</td>
</tr>
<tr>
<td>We serve a vulnerable populations impacted by these disparities</td>
<td></td>
</tr>
</tbody>
</table>

Diagram showing the degree of impact with sections for low and high impact, and descriptions for each level.
City signs on to help bridge gaps to healthier neighborhoods

Boston began unveiling ZIP code billboards for its campaign emphasizing that where you live matters to your health. (Boston Public Health Commission)

By Stephen Smith
Globe Staff / September 17, 2010

In Boston, it is a time of the signs. On three dozen roadway billboards and almost a score of T placards, some of the most defining digits in our lives — ZIP codes — started sprouting this week. The message, scheduled to be formally unveiled today, is subtle but powerful: Where you live matters when it comes to health. (Full
CADH'S Health Equity Initiative

The Health Equity Alliance (HEA) is an initiative of the Connecticut Association of Directors of Health (CADH) to enhance the capacity of local health departments, in partnership with community partners and leaders, to achieve health equity through a focus on the social determinants (including the social, political, economic, and environmental conditions) that affect health.

As part of that initiative, CADH has developed the Health Equity Index (Index), a web-based, community-specific tool, the first of its kind in the nation, that profiles and measures the social determinants of health and their correlations with specific health outcomes. The Index can produce community-specific scores, correlations, and GIS maps. The Index also provides direction for collecting additional qualitative data—the narrative of those experiencing or witnessing health inequities.

The ultimate goal of the HEA initiative is to achieve long-term health improvements for residents who presently experience avoidable and disproportionate rates of disease and disability.
Actions: Equitable & Healthy Places

- Policy Changes:
  - Health in All Policies – reveals opportunities to promote health equity
  - Inter-agency action, not health or school district alone

Programs:
- Full Service Community Schools
2010: Equity & Social Justice in County Strategic Plan

Ordinance 16948

- Integrate ESJ practices into the County’s actions, plans, management systems, and budgets.
- Create an inter-agency team that shares information sharing and holds each agency in county accountable for Equity commitments
- Improve fairness in countywide practices
- Develop tools and resources to inform decision-making and community engagement
- Report annually on ESJ measures and results.
Actions: Equitable & Healthy Places

Community Capacity:
- Healthy Richmond
- Parent groups at schools
- Social Justice dialogues
- Direct involvement in Health Equity Partnership
- From talking with ourselves, to working with others

Services:
- From one more thing to do, to integrated in all we do
Policy requires each County department to identify two strategic activities to promote equity between FY 2010 and 2014, annually evaluate progress, and include community partners in identifying, implementing & evaluating.
Follow grant deliverables
Build-in specific monthly goals/tasks
Leave room for adjustments/learning
Transparency in goals and responsibilities