

**ORDINANCE NO. 27-15 N.S.**

AN ORDINANCE OF THE COUNCIL OF THE CITY OF RICHMOND AMENDING ARTICLE IX OF THE MUNICIPAL CODE OF THE CITY OF RICHMOND. THIS ORDINANCE AMENDS THE HEALTH IN ALL POLICIES ORDINANCE.

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The Council of the City of Richmond do ordain as follows:

Section I. Amendment of Chapter 9.15. Chapter 9.15 of the Municipal Code of the City of Richmond is hereby amended to read as follows:

**CHAPTER 9.15**

**HEALTH IN ALL POLICIES**

**Sections:**

**9.15.010 Findings**

**9.15.020 Definitions**

**9.15.030 Health in All Policies Implementation**

**9.15.010 Findings.**

- (a) Health starts where we live, learn, work and play, and everyday decisions within the City of Richmond can promote greater health and equity.
- (b) 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, ethnic background or religion.
- (c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.
- (d) In the City of Richmond, those at greatest risk for poor health outcomes are low-income residents of color, especially African Americans residents, who have a shorter life expectancy than other county residents.
- (e) In comparison to other cities in Contra Costa County, Richmond residents experience the highest proportion of deaths from diabetes, a higher than average rate of children requiring hospitalization due to asthma, and the second highest number of hospitalizations for mental health disorders and substance abuse.
- (f) Richmond residents are also disproportionately affected by heart disease, cancer and stroke.
- (g) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the Community Health and Wellness Element of the General Plan 2030.
- (h) Health in All Policies is an approach to operationalizing the vision of health laid out in the Richmond General Plan 2030 and to creating institutional change by prioritizing health and health equity in all policies.
- (i) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.
- (j) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.

- (k)** It is also about how services are developed, prioritized and delivered.
- (l)** The Health in All Policies strategy guides the City of Richmond on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.
- (m)** The City of Richmond’s Health in All Policies is designed to be consistent with the State of California’s Health in All Policies Plan and the California Health and Safety Code Section 131019.5.

**9.15.020 Definitions.**

The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise:

- (a)** “Health in All Policies” (HiAP) is both a process and a goal.
  - (1)** The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.
  - (2)** At the root of the HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.
  - (3)** Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Richmond residents.
  - (4)** Robust stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.
- (b)** “Health” is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.
- (c)** “Health equity” refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.
  - (1)** 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.
  - (2)** These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health

conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) communities, or combinations of these populations.

- (d) “Health disparities” are differences of presence of disease, health outcomes, or access to care among distinct segments of the population, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.
- (e) “Health inequities” are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.
- (f) Determinants of health equity include the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.
- (g) “Social determinants of health” refer to everything outside of direct health care services, such as the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The social determinants of health include but are not limited to:
  - (1) The availability of resources to meet our daily needs (e.g. safe housing, access to healthy and affordable food).
  - (2) Access to educational, economic, and job opportunities that lead to sustainable employment.
  - (3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g. presence of trash and other forms of blight); and
  - (4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
  - (5) Social norms and attitudes (e.g. discrimination and racism), socioeconomic conditions (e.g. concentrated poverty and the chronically stressful conditions that accompany it).
- (h) “Toxic stress” refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include but are not limited to racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one’s life.

#### **9.15.030 Health in All Policies Implementation.**

To effectively implement and maintain Health in All Policies the City shall:

- (a) Apply health equity and social justice foundational practices to City actions and endeavor to integrate these practices into the city’s strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;

- (b) Use the Health in All Policies Strategy Document as the guiding plan for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as the process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and City change;
- (c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental team will be comprised of representatives from each department within the City and are responsible for:
- (1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents (General Plan, 5 Year Strategic Business Plan, etc.);
  - (2) Attending regularly scheduled Interdepartmental Team meetings chaired by the City Manager's office;
  - (3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;
  - (4) Working with his or her respective department to integrate and track health equity indicators for his or her department;
  - (5) Committing to attending ongoing health equity training, such as health equity impact assessments; and
  - (6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report with the adoption of the City budget.
- (d) Design and publish a tri-annual report on the status of health and health equity in the City of Richmond and progress of HiAP implementation for the City Council, city staff, community organizations, residents, businesses, and other governmental agencies within the City.
- (1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.
  - (2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.
- (e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP Strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions. The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

Section II. Severability.

If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section III. Effective Date.

This Ordinance becomes effective 30 days after its final passage and adoption.

First read at a regular meeting of the Council of the City of Richmond held on November 24, 2015, and finally passed and adopted at a regular meeting thereof held on December 15, 2015, by the following vote:

AYES: Councilmembers Bates, Beckles, Martinez, McLaughlin, Pimplé, Vice Mayor Myrick, and Mayor Butt.  
NOES: None.  
ABSTENTIONS: None.  
ABSENT: None.

**PAMELA CHRISTIAN**  
CLERK OF THE CITY OF RICHMOND  
(SEAL)

Approved:

**TOM BUTT**

Mayor

Approved as to form:

**BRUCE GOODMILLER**

City Attorney

State of California            }  
County of Contra Costa        } : ss.  
City of Richmond               }

I certify that the foregoing is a true copy of **Ordinance No. 27-15 N.S.**, passed and adopted by the City Council of the City of Richmond at a regular meeting held on December 15, 2015.

  
Pamela Christian, City Clerk of the City of Richmond