

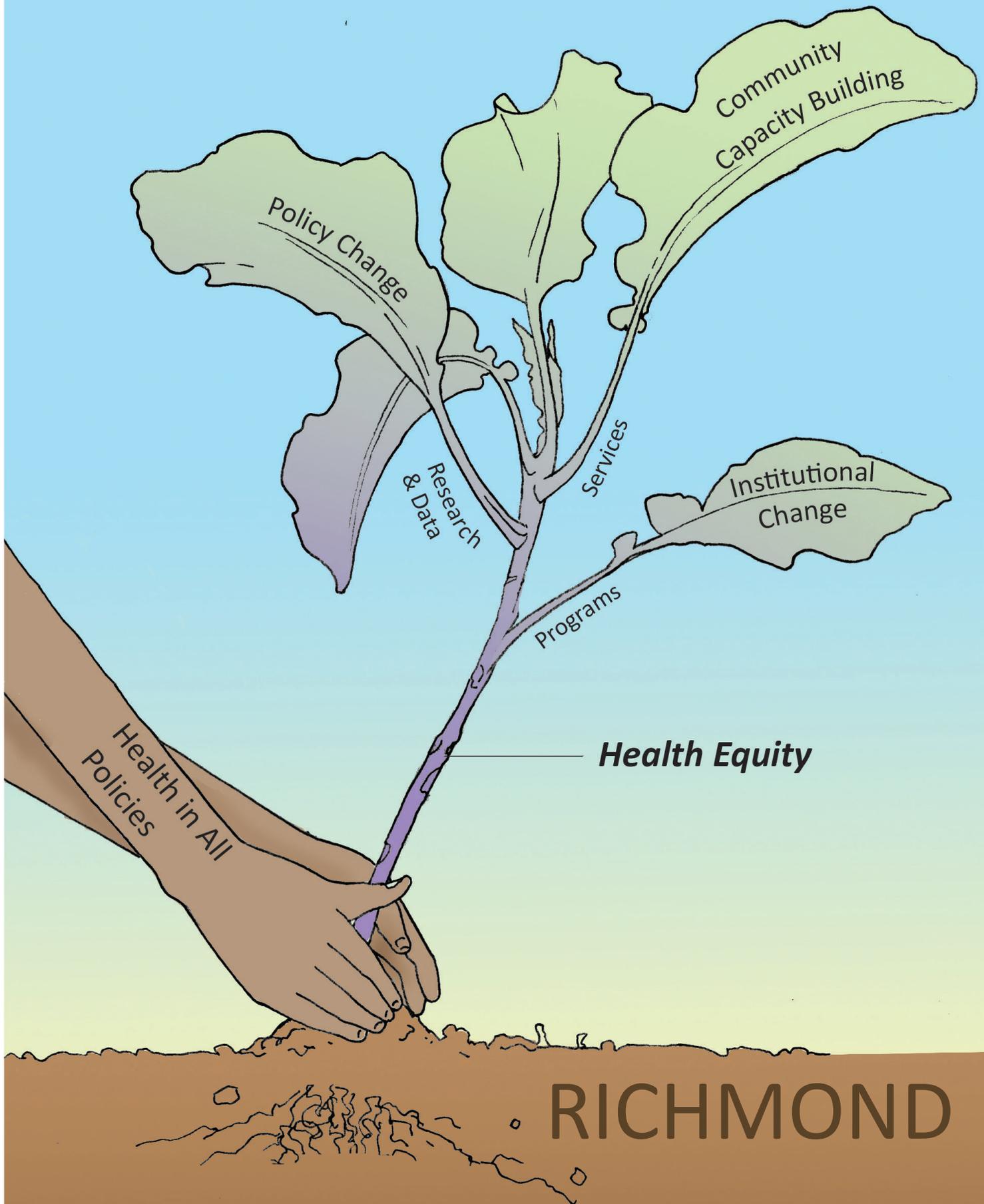
A stylized silhouette of a tree with a purple trunk and branches, and light green foliage. The tree is set against a background that transitions from a light blue sky at the top to a yellowish-green ground at the bottom. The ground is represented by a dark brown silhouette of a horizon line.

# Health in All Policies Report

**City of Richmond, California**

[www.richmondhealth.org](http://www.richmondhealth.org)

# GROWING HEALTH EQUITY IN RICHMOND, CA



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# INTRODUCTION

## City Manager Bill Lindsay

**Richmond believes in health equity.** The adoption of the Health in All Policies (HiAP) Ordinance<sup>1</sup> (R.M.C 9.15) and Strategy<sup>2</sup> last year affirms that we are committed to city services through the prism of health by operationalizing the General Plan 2030, which includes a standalone Community Health and Wellness Element.<sup>3</sup> The ordinance provides city staff and myself the opportunity to evaluate and prioritize services that promote health equity.<sup>4</sup> HiAP is a practice that ennobles our City's mission. It means that our employees who maintain the Martin Luther King, Jr. baseball fields are community clinicians. So are our librarians, firefighters, planners, finance team, and all other City employees and partners.

To achieve health equity, Richmond focuses on the social determinants of health. This refers to the conditions in the environment where people are born, live, learn, work, play, worship, and age. HiAP provides the context for City departments to address these factors. For example, informed by their participation on the HiAP interdepartmental team, the Library worked with other City departments and community organizations to create a new Digital Health Literacy Project that will improve residents' ability to find health information online and access local healthcare and social services. As prioritized in their strategic plan, the Employment and Training Department is developing a health career pathway to align youth employment with school-based academies. The Fire Department is developing an EMT and fire career pathway for Richmond youth because, as Chief Adrian Sheppard explains, "Hiring from the community increases our knowledge of how to do our work, while strengthening the community through good jobs." The Office of Neighborhood Safety (ONS) addresses safety and violence by focusing on social determinants of health such as employment, education and social support services.<sup>5</sup> The Richmond Police Department (RPD) continues to make efforts to address an identified toxic stressor in Richmond - racial profiling - through bias training. Though we have far to go, these efforts move Richmond towards health equity.

## 4 Key HiAP Practices

1

**\$35 million** of the Richmond Chevron Environmental and Community Investment Agreement (ECIA) will provide financial support for Richmond students pursuing college, beginning in 2016. Nearly every aspect of the fund allocation in the ECIA is informed by the HiAP Strategy.<sup>6</sup>

2

**\$6,030,371** is being leveraged from outside funding sources for the development of Unity Park, Greening the Last Mile and the Mathieu Court Alley Greening Project. Additionally, multiple City departments worked with community organizations to apply for three Active Transportation Program grants in the last year.

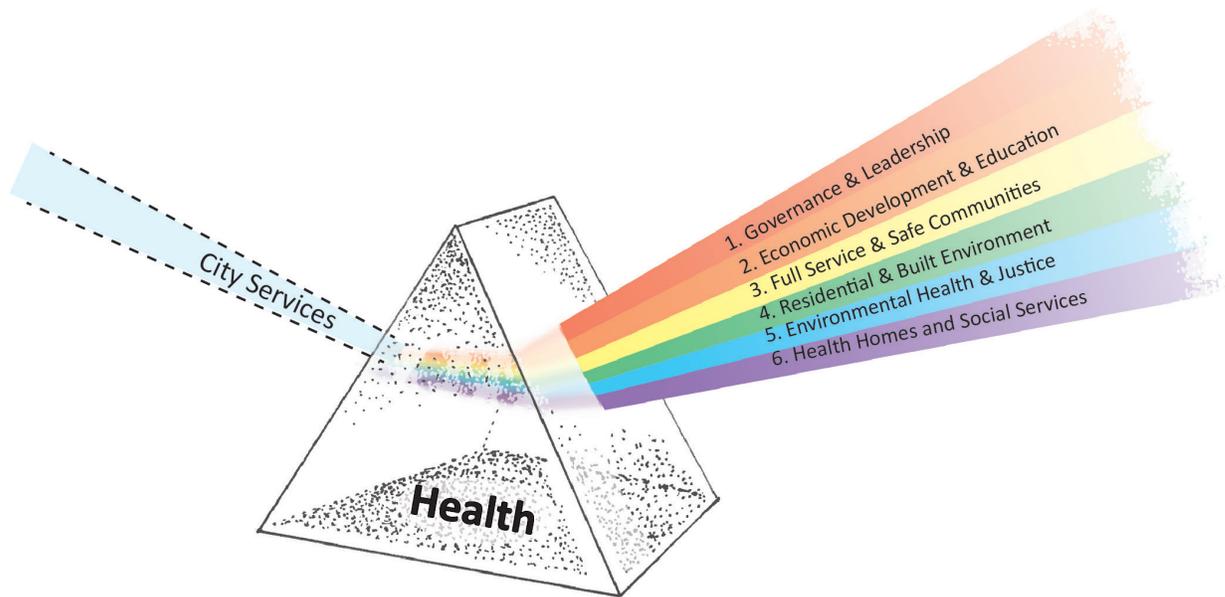
3

Between January 1, 2014 and April 1, 2015, **601 housing units** were approved or are under construction for low and very-low income households. This exceeds Richmond's regional share for low-income housing and is half of it's share for very-low income.<sup>7</sup>

4

Through participation in Marin Clean Energy (MCE), Richmond is making an average annual greenhouse gas reduction of **12,222 metric tons**. Municipal accounts with MCE are saving approximately \$100,000 per year. Among MCE member cities, Richmond has the highest enrollment of residents in "Deep Green" or 100% renewable energy.

# “City services through the prism of health”



“‘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...” (R.M.C. 9.14)

Passed into Richmond, California law April 15, 2014



# EXECUTIVE SUMMARY

## Shifting government to address health equity

This report is a tour of Health in All Policies one year after it was adopted as law (R.M.C 9.15). The first step for the City of Richmond was to begin speaking the language of health equity and to see all of our services, programs, data collection and policy development as health equity work. A lot of growth has happened, but much more needs to be done to fully institutionalize HiAP into all levels of government action. Richmond is currently poised at the edge of many opportunities. But opportunities also present challenges: **how do we ensure that the gains we make as a city are not just *equally*, but *equitably* distributed in our community?** This document helps clarify how Richmond, including the government, residents and organizations, can promote equity by addressing structural racism and many place-based “toxic stressors.”<sup>8</sup> The following are three areas where HiAP is making an impact at the level of City government.

### 1. Programs: Coordinating Services

**Often, City departments “stay in their swim lane.”** However, health equity requires departments to see how all our work is in the same “pool.” Education, as a key social determinant of health, cannot be addressed by one department or actor. For example, the HiAP Strategy was used in developing the Environmental and Community Investment Agreement (ECIA) between the City and Chevron, which resulted in \$90 million in benefits to Richmond over ten years. Employing a health equity framework, \$35 million of these funds will provide financial support for Richmond graduates pursuing a college degree. This opportunity strengthens the City’s ability to support Full Service Community Schools,<sup>9</sup> engage in the district funding process, and support the alignment of school-based academies with health career pathways, as is currently being developed by the Employment and Training Department and the Fire Department.

#### Percent of Richmond residents surveyed rating “k-12 education” positively, 2015

Black	White alone, not Hispanic	Hispanic and/or other race
11%	7%	25%

Source: Richmond Community Survey, 2015<sup>10</sup>

#### Percent of Richmond residents surveyed reporting being in “very good” or “excellent health,” 2015

Household Income		
Less than \$49,999	\$50,000 to \$99,999	\$100,000 or more
34%	61%	63%

Source: Richmond Community Survey, 2015

*“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.” (R.M.C. 9.15.010 I)*



## 2. Services: Actions

**HiAP creates synergistic, actionable items for every City Department.** Short, medium and long-term actions identified in the HiAP Strategy are tied to the General Plan and will be aligned with the biennial operating budget and 5-Year Strategic Business Plan. This is supported by monthly meetings of the interdepartmental HiAP team. As a result, in the last year, multiple departments worked together with community organizations on three separate transportation grants. Code Enforcement is proactively addressing quality of life through a Vacant Property Monitoring Fee paid by absentee owners. Recently approved Social Impact Bonds support Code Enforcement to work with SparkPoint, a financial counseling service for low-income individuals, to rehabilitate homes and make them available for first-time homebuyers. HiAP also helped the City recognize that healthcare provision is a component of municipal services, spurring collaboration with numerous organizations for Affordable Care Act (ACA) enrollment, and support for Doctor’s Medical Center.

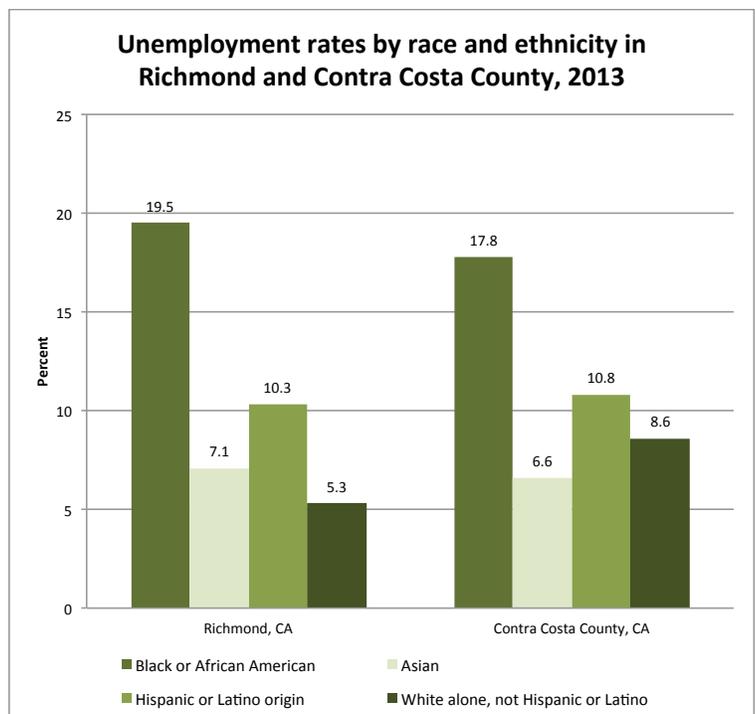
**Richmond residents rating City service as “very positive impact” or “moderate positive impact” on their health**

Services	2013	2015	Percentage Point Change
Parks	51%	76%	+ 25%
Police	50%	66%	+ 16%
Library services	41%	59%	+ 18%
Fire	49%	66%	+ 17%
Street lighting	37%	70%	+ 33%
Affordable & quality housing	37%	59%	+ 22%
Traffic safety	44%	66%	+ 22%
Street quality	42%	66%	+ 24%
Recreation programs	31%	53%	+ 22%
Blight abatement	32%	51%	+ 19%

Source: Richmond Community Survey, 2013, 2015<sup>11</sup>

## 3. Data and Research

**City actions are informed by data and research.**<sup>12</sup> These actions are informed by reports like *Measuring What Matters*,<sup>13</sup> which collected data on the social determinants of health in Richmond in 2009, health aspects of the Richmond Community Survey beginning in 2011, and the Richmond Health Equity Partnership *Draft Health Equity and Data Report Card* in 2014.<sup>14</sup> Community engagement by the City and the advocacy of community groups like Contra Costa Interfaith Supporting Community Organizations (CCISCO) and Alliance of Californians for Community Empowerment (ACCE) ensures that City work is responsive to resident needs (R.M.C. 9.15.020 (a)(4)) and leads to new data collection such as the Vacant Property Registry. The Fire Department is prioritizing improved data systems, which will give the City unparalleled health data specific to Richmond. One recommendation of this report is to begin tracking demographic information on Business License Applications to better track how the City is supporting small businesses started by women and people of color (R.M.C. 9.15 (2)(C)).



Source: ACS 2013 (3 year), S2301<sup>15</sup>

# BACKGROUND



Let's Get Covered!  
ACA enrollment event, 2014

## TIMELINE OF HiAP

### 2014 - 2030 Implementation of HiAP ordinance and strategy

The City Council adopts the HiAP ordinance as an approach to operationalizing the vision of health laid out in the Richmond General Plan 2030. Further, the ordinance states that the strategy document, “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.”

This report (2015) documents the successes and challenges of HiAP in its first year and develops recommendations for the ongoing implementation of HiAP.

### 2012 - 2014 Development of HiAP

The Richmond Health Equity Partnership (RHEP) is formed with support of The California Endowment. Out of this, UC Berkeley Professor Jason Corburn convenes the HiAP subcommittee, which begins meeting once a month. The subcommittee develops the HiAP strategy and ordinance and identifies toxic stressors through 18 community meetings, 13 staff meetings, and 17 RHEP subcommittee meetings.

### 2009 - 2012 Pilot Implementation and Adoption of Community Health and Wellness Element (CHWE) for the General Plan

The City launches CHWE implementation and planning pilots in Iron Triangle and Belding Woods neighborhoods at Cesar Chavez and Peres elementary schools. Community engagement continues with City staff attending weekly school based meetings. The CHWE is adopted in the General Plan 2030.

### 2005 - 2009 Community Health and Wellness Element (CHWE) development

A CHWE for the General Plan is first conceived. Supported by a grant from The California Endowment and in partnership with MIG, the City begins analyzing needs and conditions of health inequity. The first community meetings are held and continue throughout the process. The Measuring What Matters report in 2009 by the Pacific Institute and seven local organizations provides a template for health equity indicators in Richmond.

# HiAP KEY TERMS (R.M.C. 9.14.020)

**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.

**Toxic Stress** refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood.<sup>17</sup> 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 chronic conditions such as heart disease and diabetes. Toxic stress has 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.

**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.<sup>16</sup> 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).

(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 stressful conditions that accompany it).

**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.

## WHERE HiAP SITS IN CITY GOVERNMENT



# USING HiAP

## Four strategies for Richmond residents and organizations

**HiAP is a unique ordinance and strategy in government.** It does not carry the same legal weight or “teeth” as policy like the California Environmental Quality Act;<sup>18</sup> however, there are other ways that the HiAP Ordinance and Guidance Strategy can be used by residents, community groups and City employees right now and in the future as action items are aligned with the City’s budget. Below are four ways Richmond’s HiAP can be used.

### 1. Health in All Policies is a policy and organizing framework

HiAP can be used to confirm whether or not City, organization, business or resident actions promote or inhibit health equity - a legally codified city value.

Every action item in the strategy includes an explanation of how that action promotes health equity. Residents can use this framework and the language of social determinants of health for action. For example, residents have long advocated for the complete banning of synthetic pesticides by the City. At a recent City Council meeting, residents presented concerns that these pesticides were still in use and being purchased by the City. One Councilmember asked, “Don’t we have a Health in All Policies law?” Recognizing the disconnect between action and ordinance, the Council unanimously passed a 12-month ban on the City’s use and purchase of pesticides containing glyphosate, a suspected carcinogen, in 2015.

### 2. Partner with the City

1) In partnership with the City, the Unity Park Project is bringing together 17 local non-profit and community organizations to employ 57 local residents to redesign sections of the Richmond Greenway.<sup>19</sup>

2) Since 2012, Richmond’s impact volunteering program Excellence Serving our Community (ESC)<sup>20</sup> partnered with 62 community organizations and internal departments/programs and mobilized 1,700 volunteers for park improvements and other projects.

3) In January 2016, the Love Your Block Initiative will begin distributing \$1,000 grants for neighborhood improvements.

### 3. Identify departments that can support and fulfill action items

Every short, medium and long-term action item in the HiAP Strategy identifies which department is best situated to implement the action. This increases government transparency by guiding residents to call on the correct departments. For example, ACCE pushed for the Vacant Property Registry (Action 4A), which was implemented by Code Enforcement and began assessing fees in the last year. This transparency also facilitates interdepartmental efforts and will be further supported by alignment of action items with the City budget.

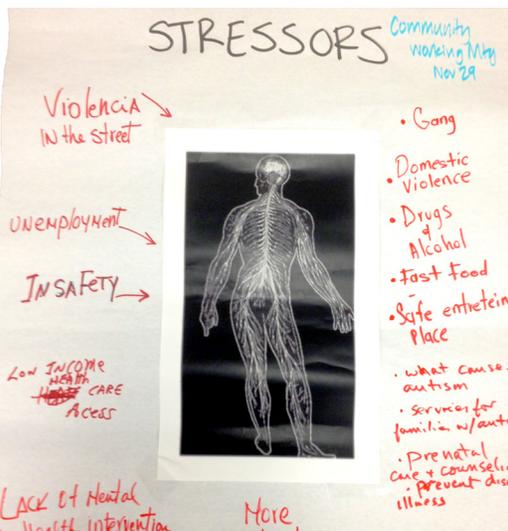
### 4. Leverage HiAP for funding and/or aligning resources

HiAP creates a unique opportunity for funders who are interested in supporting work occurring in an active and fertile environment such as Richmond, or for local groups looking to partner with the City. For example, informed by their participation on the HiAP interdepartmental team, the Library and Cultural Services Department recently worked with other City departments and community organizations to apply for and receive a federal grant to create a new Digital Health Literacy Project that will improve English and Spanish speaking residents’ ability to find health information online and connect with local healthcare and social services.<sup>21</sup> This will also address the “digital divide” by increasing digital literacy, providing free laptops to 180 low-income participants and expanding free wifi access in residential and public computing areas.

# Policy and Organizing Framework: Toxic Stress & Action

The driving hypothesis behind the HiAP Strategy is that the cumulative impact of multiple stressors on the body is a key factor in the persistence of health inequities for people of color and those who experience socioeconomic disadvantage or historical injustice. These specific stressors were identified at community workshops (Figure 1) and then compiled into a set of eight cumulative stressors (Figure 2).<sup>22</sup> These stressors guide HiAP and City actions by providing policy and organizing frameworks aligned with community needs and priorities. Some City and community actions that buffer against these stressors are shown in Figure 3.

**Figure 1:** Stressors identified by residents in an HiAP community working meeting, November 29, 2012<sup>23</sup>



**Figure 2:** Eight cumulative stressors on some Richmond residents, 2012-2014



**Figure 3:** City and community efforts that provide buffers for some Richmond residents, 2015



# FUTURE GROWTH

## Challenges and limits provide places to grow

A meaningful and sustainable implementation of HiAP can only come through an honest engagement with the challenges and limits that confront it. Over the past year, four challenges remain at the fore and are outlined below. Most importantly, these challenges present opportunities for growth.

### 1. Improving the social determinants of health requires long-term efforts

HiAP emphasizes that the social determinants of health are the drivers of health equity. As one resident commented, and as public health research confirms, the social determinants of health are fundamentally about access to resources. A single policy rarely changes the fundamental conditions for health, which include, for example, long-term living-wage employment, housing security and access to affordable, quality food. HiAP helps identify local opportunities for the multiple City policies and administrative decisions that influence whether or not Richmond will be a more equitable and healthy city. Recent examples include the allocation of ECIA funds for the Richmond Promise, renewable energy, job training, and Climate Action Plan, as well as the City's attempt to keep Doctor's Medical Center open. The pending development of the Berkeley Global Campus (BGC) is a significant opportunity to continue to address the social determinants of health through local procurement and hiring, additional housing and strengthening education.

### 2. HiAP needs deeper, ongoing engagement

Ongoing community engagement with HiAP ensures that it remains relevant and responsive to the needs of Richmond residents (R.M.C. 9.15.030 (e)). The community engagement process that was central to developing the HiAP Ordinance and Strategy shaped how the City now develops policy and services. This report will lead to new engagement opportunities around HiAP. A remaining challenge is to more deeply integrate community knowledge and health equity considerations into the agendas of policymakers and the practices of City staff who have not previously considered health as their responsibility.

### 3. Conflict and tension can be productive forces within an HiAP framework

City Government cannot - nor should they - lead all efforts for health equity. Amongst other reasons, there exists, in some instances, a distrust of City systems due to persistent disparities. The City also often cannot act as quickly as independent actors, which increases a sense of nonresponsiveness. These concerns are clearly recorded in the 2015 Richmond Community Survey.<sup>24</sup> The City is, however, the most comprehensive and long-lasting system available to all residents. At its most basic level, HiAP is built through, and will continue to be shaped by resident efforts to advocate for those historically disadvantaged in systems and institutions. The process of resident leadership and action that shifts how government functions is called "coproduction." The coproduction of City policy and action is essential to building long lasting systems that persist at scale in Richmond.<sup>25, 26</sup> This learning builds the capacity of government and opens the possibility for new policy directions, language and opportunities.

### 4. Funding

HiAP does not have a separate budget allocation for ensuring implementation, or to complete actions like the writing of this report. City staff engaged partnerships with community organizations, UC Berkeley professors and graduate students, and aligned interdepartmental work to support HiAP at minimal cost. The UC Berkeley School of Public Health has entered into a partnership with the City that will ensure ongoing support from students and faculty. However, HiAP needs alignment with the City budget and continued support from foundations and other sources to ensure its long-term viability.

# STORIES OF HEALTH EQUITY IN RICHMOND



Parchester Park, 2014



Cinco de Mayo Parade, 2015

**You will notice that the HiAP Strategy does not focus on behavior change.** The dozens of actions identified in the HiAP Strategy focus on the social determinants of health and are designed to shift systems and infrastructure to better support health equity. This type of change requires many interconnected efforts in order to effect long-lasting change. The City must work alongside, with and through the leadership of Richmond organizations and residents in order to achieve this goal.

**The City can help grow the great work that exists in Richmond through HiAP.** The three stories that follow highlight how multiple efforts combine to impact health in Richmond. These stories seek to give a snapshot of some of the innovative work occurring in Richmond. Some of the actions are supported or led by the City, some are completely resident driven, some may not even be in total agreement. Yet taken together in one City, these many efforts guide Richmond towards health equity.

Images (top to bottom): Richmond Sunset, Park Build 2014, Cinco de Mayo parade 2015

Major Taylor Bike Fest  
Building Blocks  
for Kids, 2014



# ENVIRONMENTAL HEALTH & JUSTICE

Richmond has a long and powerful legacy of environmental justice.<sup>27</sup> In Richmond, health equity is inherently tied to environmental health and justice. This legacy spans the Citizen’s Action League and Communities for a Better Environment’s victory over a waste incinerator adjacent to North Richmond in the 1980’s to the Richmond Our Power National Convening in 2014, which called for a “just transition” away from fossil fuels.<sup>28</sup> These efforts take many forms, such as grassroots air-monitoring by the Bucket Brigade or policy focused organizing around the Environmental and Community Investment Agreement (ECIA), but they consistently champion the concerns of Richmond residents most impacted while benefiting the health of all Richmond residents.

**Health in All Policies adds an equity framework to the developing Climate Action Plan (CAP) and is guided by ongoing community work in shaping environmental justice efforts.** One example is the ongoing work of food justice advocates. The Food Policy Council recently

secured funding for salad bars at Peres and Nystrom Elementary schools and members like Urban Tilth are improving Richmond residents’ ability to supply local, affordable food for themselves and their communities through urban gardens and educational programs. This work also builds community capacity for responding to environmental injustice. Similarly, through a Y-PLAN partnership with the Center for Cities + Schools at UC Berkeley, teachers and 218 students in the Richmond High School Health Academy informed the CAP directly. Students toured toxic sites in Richmond and learned about co-benefits, mitigation and adaptation before drafting recommendations for climate interventions in homes, schools, businesses and the city. Many of the student recommendations address the social determinants of health, such as green roofs that would lead to updated roofs, reduced energy costs and heat island effects, and increased air quality. These recommendations serve as building blocks for ongoing community input workshops to develop a CAP with a strong equity focus as called for in the HiAP strategy.

**Attention to the connection between climate change and health primed the City to advocate for state funds made available through cap and trade.** As a refinery fence-line community that is close to major highways, ports and warehouses, the City advocated for inclusion in State Bill 535 funds, the equity element of the State’s cap and trade legislation. The City also applied for funds made available through State Bill 375, the compact growth element of the State’s cap and trade legislation. The result was a \$5.1 million award for the development of affordable senior housing and the Baxter Creek restoration along major transit routes.

**The Remote Sampling Procedure is one example of increased responsiveness and transparency.** Poor air quality was identified as one of the primary stressors by residents in the development of HiAP. Richmond’s Community Air Monitoring System provides real-time data on air quality in three locations throughout the city (North Richmond, Atchison Village and Point Richmond) and along the refinery fence-line.

Additionally, as part of this system, City staff can now trigger an incident-related remote sample through the internet. This provides for immediate sample collection if the City receives significant inquiries or concerns from community members. This data is available at [fenceline.org](http://fenceline.org).

**A reduction of greenhouse gases (GHG) and a move towards renewable, community-controlled energy production is essential to environmental health in Richmond over the long-term.** The ECIA will support the development of a 60-acre solar farm operated by MCE, which will use a minimum of 50 percent Richmond resident labor force. The agreement includes funding for electric vehicles used by the City, improvement of free and local transportation options, urban forestry, energy retrofits, roof-top solar and the development of the Climate Action Plan. The ECIA also supports a zoning ordinance update, to align development regulations that reduce GHG emissions with the General Plan 2030.

## KEY HIGHLIGHTS

**\$35 million** of the \$90 million negotiated through the ECIA will support students pursuing higher education.

**Weekly** recycling and compost pick-up is now available (improved from biweekly pickup). Bulky item pickup is now available twice per year.

**218** Richmond High School students in the Health Academy developed recommendations for the City’s CAP through a Y-PLAN partnership.

**50%** of the workers hired at the future 60-acre solar farm operated by MCE will be Richmond residents.

**1st** year of the Community Air Monitoring and Remote Sampling system. The website [fenceline.org](http://fenceline.org) with live air quality data receives approximately 600 visits per month.

**1st** full year of MCE service, providing Richmond residents with energy from 50 percent renewable sources with the option to purchase from 100 percent renewable sources.

**Highest** number of households enrolled in the 100 percent renewable energy service of all MCE member cities.

**13.9** miles are being repaved or in the planning/design phase in 2015 to improve bike, pedestrian and car travel. 17.1 miles were repaved in 2013 and 2014.



# PEACEMAKING FOR HEALTH EQUITY

**Health and wellness are supported by multiple types of freedom: expression, movement, inclusion and peace.** According to the World Health Organization, “Health is a state of complete physical, mental and social well-being.”<sup>29</sup> The presence of violence interrupts states of complete well-being.

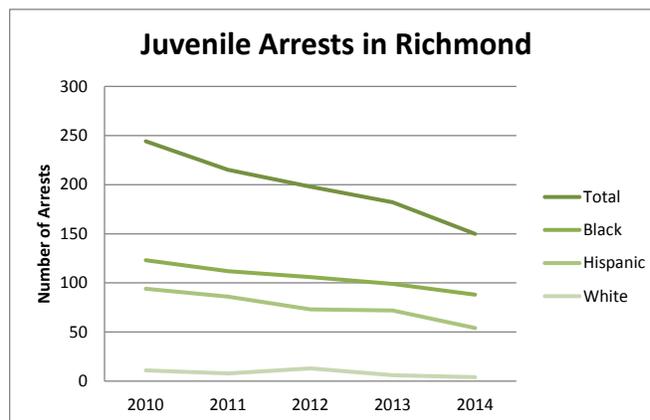
**Violence prevention is addressed in the HiAP strategy and the Health and Wellness element of the General Plan 2030.** Violence prevention from a health perspective seeks to address root causes of violence and cause institutional shifts. The HiAP strategy outlines steps that can be taken to address toxic stressors like racial profiling, economic insecurity and a lack of safe recreational spaces, which contribute to, and are forms of violence. Many of these efforts are community-led. In 2013, a campaign led by CCISCO, ACCE and Safe Return resulted in Richmond adopting one of the strongest ‘ban the box’ ordinances in the country, which strives to end hiring discrimination against formerly incarcerated people. Richmond is also a “sanctuary city,” which means that the Police Department (RPD) does not work with Immigration and Customs Enforcement. The City strengthened this

commitment to inclusive systems by creating a Municipal Identification program, which provides residents with an official form of identification that includes an optional debit card function. Richmond residents and the City have also opposed multiple attempts by the County Sheriff to build a new jail in Richmond. This work reflects a growing awareness that institutions and systems must humanize the causes and impacts of violence in order to support complete states of well-being.

**HiAP will support the expansion of the Office of Neighborhood Safety (ONS)** through alignment with the city budget. To do their work, ONS staff reach out to the small population of Richmond residents most likely to be involved in gun violence and works with them through the Peacemaker Fellowship. More than the sum of their legal history, director Devone Boggan sees the fellows as, “neighborhood change agents,” who are vital and critical to any attempts to reduce gun violence. Going further than typical violence prevention programs, the ONS model addresses toxic stressors that contribute to these individuals’ exclusion from the opportunities and resources in the community by providing social support

and guidance, travel and educational opportunities as well as monetary stipends. ONS activities are crucial for improving the health of these individuals *and* the city.

**In the development of HiAP, racial profiling was named by community members as one of the most important stressors to address in Richmond.** In line with this, Chief Chris Magnus explained that, “the relationship between police and the African American community, particularly in many cities, has really been at best strained and at worst incredibly difficult for many, many years.”<sup>30</sup> To address this, the RPD has focused on a number of reforms. Through participation in the Department of Justice’s Violence Reduction Network, RPD trained all officers and sergeants in de-escalation and all staff in fair and impartial policing which seeks to confront implicit bias, or how unconscious racism plays into police decision making. The department is also engaged in the CCISCO-led, Ceasefire: Alive and Free Initiative, which hosts neighborhood walks and confronts specific individuals with a choice of closer law enforcement scrutiny or social service programs. Recognizing RPD’s efforts, the Department of Justice requested the Chief’s participation on the Civil Rights Division review of the pattern and practices of the Ferguson Police Department. Yet, despite a significant decrease in total juvenile arrests between 2010 (244) and 2014 (150), arrests of Black youth over that time have increased as a share of total arrests from 50.4 to 58.7 percent. Additionally, City statistics on violence and arrests do not include unincorporated North Richmond. As Richmond Poet Laureate Donté Clark reflected in 2013, “On paper, everything looks cool, the crime rates have



Source: Richmond Police Department, 2014<sup>31</sup>

dropped. But for those of us who live there...we can name at least 11 people who were killed this year, another 30 who are going to jail and ain’t coming home no time soon...So if that’s what you call decreasing crime, that’s what I call an extinction of a people.”<sup>32</sup>

**In the long-term, peacemaking in Richmond will be supported by an ongoing focus on the social determinants of health.** A number of HiAP actions will expand these efforts going forward. These include the expansion of adult literacy and GED programs (2I), support for people of color and women owned businesses (2C), EMT and firefighter career pathways developed by the Fire Department for Richmond youth who may have contact with the juvenile system (2G), a strategic plan for CBOs involved in harm reduction and restorative justice in schools (3H), as well as homeless prevention and temporary shelter (4H) which are key to reducing recidivism.

## KEY HIGHLIGHTS

**40** fellows have worked with ONS in the past 18 months to reach 160 stakeholders who had an association with a firearm-related offense. ONS will add ten more fellows in 2015.

**14** homicides in 2014 is the lowest number of homicides in Richmond in four decades. The City is committed to the many efforts that are contributing to lowering this number.

**16** cities have contacted ONS in the last year for consultation. Additionally, Chief Magnus advised on the Department of Justice investigation of policing in Ferguson, Missouri.

**All** Richmond Police Department staff, officers, and managers have participated in a training on Fair and Impartial Policing.

**1,920** new street lights installed since Dec. 2013. An additional, 7,000 lights have been upgraded to brighter, energy saving LED lights.

**400** Municipal IDs were issued between the program start in October 2014 and May 2015.



# BUILDING HEALTHY PLACES

In the past two years, the City of Richmond has supported eight park improvement projects in underserved communities, worked with community partners to secure over six million dollars for three parks currently in development and helped coordinate hundreds of volunteers in these efforts.

**By focusing on the numbers alone, however, one might miss more subtle, but equally important changes.**

In the heart of the Iron Triangle around the recently rebuilt Elm Playlot, a new soundscape has emerged. On a sunny Friday afternoon there are two young men working out a drum beat under a play structure, a family chess game is filled with laughter and insistent advice, the whoosh and squeal of a young girl on the zip-line, another tumbling over gym mats spread out on the lawn. Under the shade of the giant trees a group of women converse more quietly, wrapped comfortably around one of the picnic tables. Across the park, Pogo Park staff are working with young children on paper sculptures in celebration of spring. It might seem like an exaggeration to say that this is a normal snapshot

of the Elm Playlot, but for those who live nearby, have played or picked up free breakfast and lunch there, or even stopped by to visit, this image of the park is not out of the ordinary. Many of these same people have been involved with and witnessed the multi-year development of Elm Playlot from vision to reality.

**Past work lays foundations for the continued growth of healthy places.**

The City's volunteering program started with small pilot projects in Belding Woods and the Iron Triangle and grew into a network of programs that transformed resident engagement in creating healthy places, such as the rebuild of JFK Park. Community development of Lucas Park opened imagination and possibility for Elm Playlot, which has blossomed into the developing Harbor 8 and Unity Park along the Richmond Greenway. This spurred the development of new housing for seniors, whose rooms will look out on parks and murals instead of an abandoned railway, and collaborations with the light industrial businesses along the Greenway who are donating space and training in the trades. Food justice advocates provide

important opportunities for co-production between the City and community members in the development of a City more inviting and supportive of urban agriculture.<sup>33</sup> Pogo Park is collaborating with the City to secure funding and develop a “yellow brick road” that links healthy spaces in the Iron Triangle through three-dimensional mockups to envision art-filled, safe walking streets. Richmond residents are transforming the relationship between place and health and the City is learning how to support and strengthen these efforts through HiAP. Importantly, these are also opportunities for employment, building neighborhood organizing capacity, and creating safe, public spaces. As Pogo Park founder Toody Maher recounts, “The park is where the rubber hits the road, but Health in All Policies is what gives the greenlight for all of this work to happen.”<sup>34</sup>

**For some, these changes also beg an important question: who benefits from changes in the residential and built environment in the long run?** In 2013, Richmond renters had a median income that was just over half of the median income of homeowners (\$41,890 compared to \$80,410). In Richmond, renters constituted 44 percent of total households in 2010. The 82.1 percent of low income renters in Richmond who spend more than 30 percent of household income on housing are especially susceptible to shifts in the Bay Area housing market.<sup>35</sup> Richmond is addressing this, in part, through increasing the supply of housing at every

income level to keep housing costs affordable and account for regional growth. Richmond has exceeded the Regional Housing Needs Allocation targets for the past two housing cycles, and between January 1, 2014 and April 1, 2015, 67.4 percent or 601 units approved, built or under construction were for low and very-low income households. During this same time period, 291 market-rate units were built, although around 1,200 more are currently going through entitlement review or are under construction.

**To ensure housing security, diversity and affordability, HiAP identifies synergistic policy and action opportunities in the Housing Element of the General Plan.** These include an amended density bonus for units dedicated to extremely low income households (4E in HiAP, Program H-1.3.5 in Housing Element), and inclusionary housing that addresses residential segregation (4I in HiAP and Program H-1.3.3 in Housing Element). Other action items aim to prevent residents from foreclosure and displacement through proactive code enforcement (4B and Program H-2.5.4), counseling services for foreclosure, landlord-tenant disputes, unlawful evictions and discrimination (4F and Programs H-2.5.2, H-4.2.4) and high quality, affordable senior housing (4J and Program H-3.1.1). These efforts are further supported by addressing other social determinants of health that impact housing affordability, including employment and transportation.

## KEY HIGHLIGHTS

90

tons of illegal dumping are removed by Code Enforcement every month which directly impacts sanitation and quality of life.

\$3

million in Social Impact Bonds were approved by the City Council on June 2, 2015 to rehabilitate vacant properties in the City for future sale to low-income residents.

770

individuals participated in fair housing counseling and homebuyer education classes run by Bay Area Legal Aid and the Community Housing Development Corporation of North Richmond over the past two years. These were in part supported by City funds.

60

residents of the Iron Triangle were paid \$17-20/hour wages by Pogo Park over the past five years for park improvement projects. This means \$1 million in wages directed to the neighborhood.<sup>36</sup>

# HiAP INTERVENTION AREAS



The HiAP Strategy is divided into six intervention areas which comprise the following section. Each area includes indicators that were developed with City staff to address toxic and cumulative stressors identified by Richmond residents. Each intervention area includes priority implementing actions for the short (1-2 years), medium (within 5 years) and long (5+ years) term. This report focuses on indicators for short term items as outlined in the HiAP Strategy. It also includes actions that are important to health equity in Richmond but are not named in the HiAP Strategy or led by the City. **For more on each action item and intervention area, refer to the HiAP Strategy.**

Health inequities disproportionately impact people of color in Richmond, so each section includes at least one measure that addresses race and ethnicity.<sup>37</sup> Including specific actions that address race-based health disparities is one way HiAP aims to ensure a commitment to health equity and address structural racism.

## WHAT DO THE CHECKMARKS MEAN?

<input checked="" type="checkbox"/>	The action has been fulfilled and/or the infrastructure has been created for continuing action.	<input checked="" type="checkbox"/>	The action is in the process of being fulfilled or was partially achieved.	<input type="checkbox"/>	Action still needs to be taken or the action needs to be updated based on feedback.
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# 1: GOVERNANCE & LEADERSHIP

## Short-Term Actions (1-2 years)

*“We need to change our culture around health.”<sup>38</sup>*

*Erika Carty, Human Resources*

**1A:** In the last year, the City of Richmond has been working to address a budget shortfall.

**Alignment of HiAP items to the budget and 5-year Strategic Business Plan** has been postponed until the new budget is released (*CM Office, Finance*).

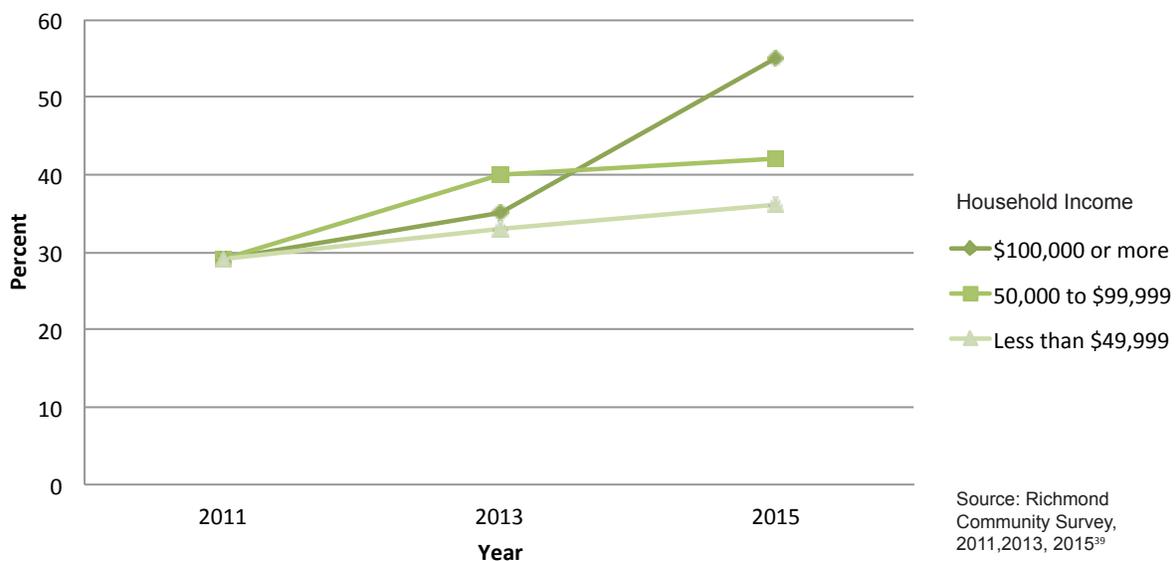
**1B:** Monthly meetings by the **HiAP Interdepartmental team** have been spaces for sharing, collaboration, and aligning services. The number of participating departments continues to grow and includes Finance, Human Resources, Library and Cultural Services, IT, City Manager’s Office, Planning, Recreation and Engineering (*CM Office, HiAP team*).

**1C:** Three **Health Equity Trainings** led by the City Manager’s Office for City employees have focused on toxic stressors, health disparities and health equity. Human Resources (HR) initiated classes

focused on employee wellness and is now collecting data on employee health outcomes via a new survey. HR is also creating “wellness walls” in city buildings throughout the city and coordinating Health Wellness Teams, a six-week “challenge” that encourages city employees to engage in a variety of healthy behaviors and health screenings. These efforts will continue to grow through a focus on the determinants of health, structural racism, health impact assessment and evaluation (*CM Office, HiAP team*).

**1D:** The **HiAP Annual Report** is required as an element of the Ordinance and Strategy. It is meant to help clarify how and where HiAP can continue to grow and what needs to be better addressed in the coming years. This report will become a triennial report after 2015 (*CM Office, HiAP team*).

Richmond residents rating positively "the overall direction that Richmond is taking" by household income



## 2: ECONOMIC DEVELOPMENT & EDUCATION

### Short-Term Actions (1-2 years)

**2A: SparkPoint is piloting the placement of representatives at school sites**, beginning with Dover Elementary. SparkPoint offers financial education for low-income individuals and the pilot seeks to document the connection between increasing financial education for parents and educational outcomes for students with the goal of expanding to other sites (*Employment & Training, Library*).

**2B: YouthWorks provides case managed services to at-risk and in-risk youth**, such as academic support, transportation assistance, life skills, and pre-employment training. **Action 2B seeks to align YouthWorks with high school academies** to strengthen job pathways (such as Richmond High School's Health Academy, which will be piloted in 2016). YouthWorks is engaged in a one year evaluation of strategic opportunities to create a better defined roadmap for their five year strategic plan (*Employment & Training, WCCUSD*).

**2C: The City initiated the Business Roundtable to better understand and provide policy direction for improving Richmond's business climate**, which is essential to increase jobs, increase municipal revenue, and increase economic diversity and opportunity. The City increased attendance at "How to do business in the City of Richmond" workshops which served 89 people in 2015, up from 33 in 2013. However, a health equity focus needs to more specifically **enhance Small Business Training, incubator programs and priority contracting with people of color and women in Richmond** as outlined in the HiAP Strategy. One step towards this is beginning to collect demographic data on who applies for and receives business licenses (*Employment & Training, Finance, CM Office*).

**2D: City Manager staff attend Full Services Community School (FSCS) committee meetings as well as parent meetings** at schools throughout the district. The City partnered with UC Berkeley Center for Cities and Schools to conduct an inventory of programs in the City that can support the FSCS efforts. In the coming year, the **City Manager will draft and release a statement of support for Full Service Community Schools** (*CM Office*).

**2E: WCCUSD created a new public data portal**, which will allow the City to track absenteeism. The HiAP Strategy looks to strengthen this through a **data sharing agreement between the City and West Contra Costa County Unified School District (WCCUSD), and the development of accountability metrics regarding attendance goals**. While graduation rates in WCCUSD are increasing, dropout rates in WCCUSD (14.6 percent) are higher than the state (11.6 percent) and highest among Latino and African American students in the district (*CM Office*).

**2F: City staff participated in the District Local Control and Accountability Plan (LCAP) committee and three of the Local Control Funding Formula (LCFF)/LCAP community meetings**. The HiAP Interdepartmental Working Group reviewed the LCAP to identify potential alignment with the Richmond Promise, educational summer programming, and literacy development. **The City still needs to explore formal participation in the LCAP/LCFF** (*CM Office, WCCUSD*).

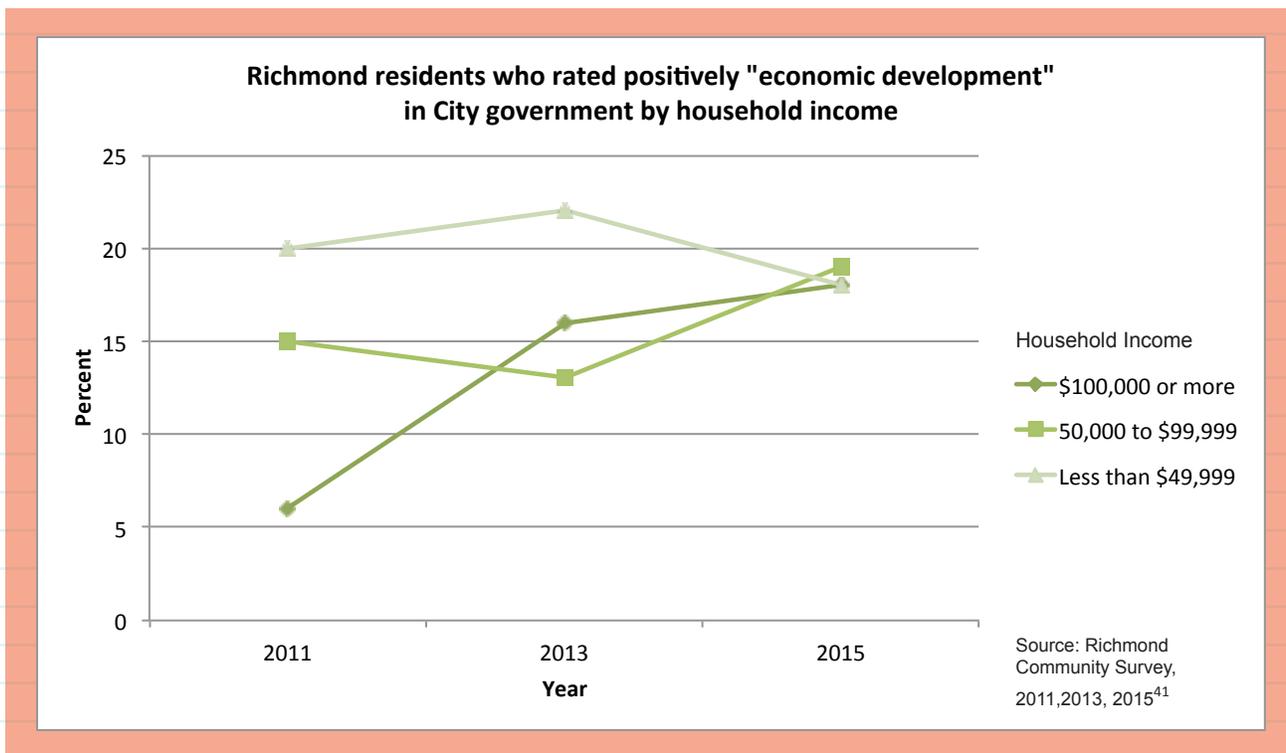
## 2: ECONOMIC DEVELOPMENT & EDUCATION

### City Manager on the BERKELEY GLOBAL CAMPUS:

The Berkeley Global Campus at Richmond Bay, a proposed campus extension and development project by UC Berkeley along Richmond's southern shoreline, presents significant opportunities to support local economic and educational growth. Richmond has a number of policies that can help ensure benefits for current Richmond residents through this opportunity, including a local hire policy (R.M.C. 2.56), a "ban the box" ordinance (R.M.C. 2.65), and a minimum wage of \$11.52 in 2016 (R.M.C. 7.108).

The City Manager comments that,

*"The University of California, Berkeley has made a commitment to signing binding agreements to ensure that the Richmond community benefits from the campus development and operations. As part of this effort, the Berkeley Global Campus Working Group was established, consisting of representatives from a broad cross-section of constituencies from Richmond. This Working Group embarked on the development of actionable proposals in the areas of education, local employment, procurement, and workforce training. The Working Group also identified housing policy and displacement as issue areas for which it intends to develop recommendations. Working in partnership with UC Berkeley, these recommendations can play a role in shaping the impact of the campus on improving health equity in Richmond."*<sup>40</sup>



# 3: FULL SERVICE & SAFE COMMUNITIES

## Short-Term Actions (1-2 years)

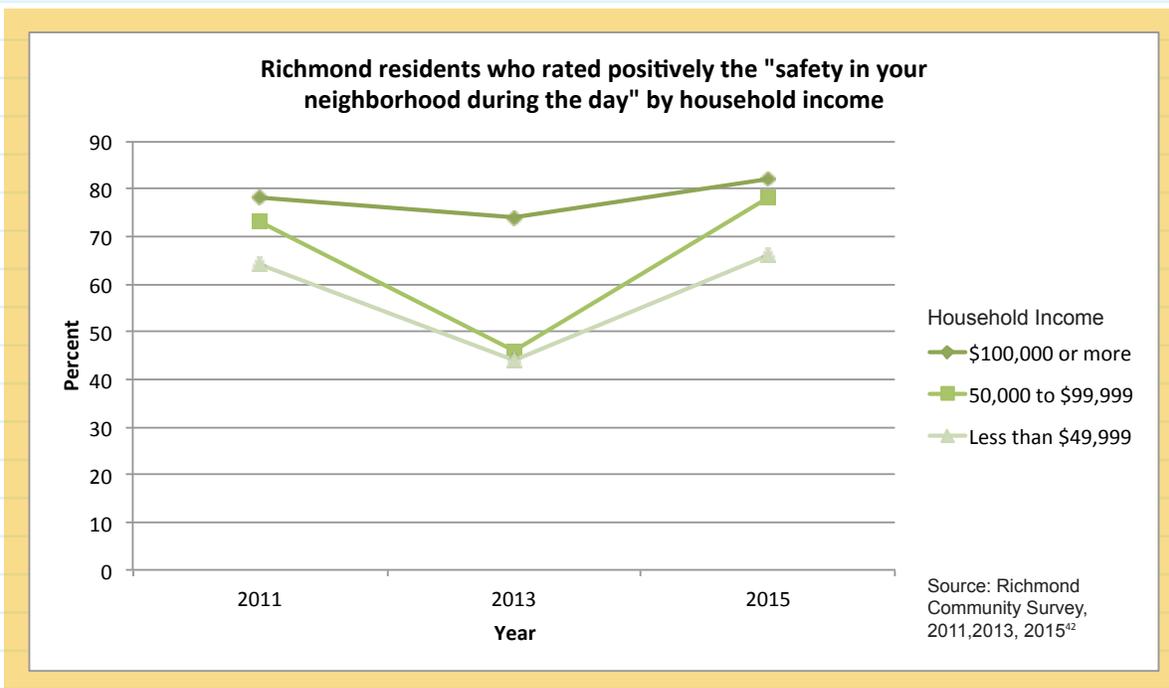
**3A: All Richmond street lights have been upgraded to LED, which are brighter, last longer and use less energy.** They also cost less money and can increase feelings of safety. Since December 2013, approximately 1,800 new street lights have been installed on empty poles and another 120 are pending PG&E review, for a total of 1,920 new lights. This is in addition to upgrading 7,000 existing lights. The City has also accommodated requests to add lighting shields and/or dim LED lights if there are lighting intensity concerns voiced by residents (*CM Office, Engineering, Public Works*).

**3B: A full review of liquor store permits and store inspections has been conducted by RPD but the development of a healthy food access 'corner store' program has yet to be initiated.** The future development of an Urban Agriculture Ordinance with input from community groups will facilitate the growing and selling of locally produced fruits and

vegetables. Maps and data developed by Contra Costa Environmental Health in 2015 begin to give a clearer picture of the retail food environment in Richmond (*Planning, RPD*).

**3C: The City is continuing to support the ONS Peacemaker Fellowship Program, which has contributed to the lowest homicide rate in Richmond in four decades.** In the last 18 months, ONS has worked with 40 Fellows to reach 160 stakeholders who had an association with firearm-related offenses in Richmond. They will add ten more fellows in 2015. **The City Manager's Office and Finance will work with ONS over the coming year to develop 2-and 5-year budget plans** (*ONS, Finance, CM Office*).

**3D: Through the Recreation Department, Richmond offers 107 recreation and wellness programs, which serve 90,000 participants each year** (*Recreation*).



# 3: FULL SERVICE & SAFE COMMUNITIES

## Culture is Prevention

*“When we think about safe communities, we think about people not being afraid of young people in our community.”<sup>43</sup>*

*Tamisha Walker, Safe Return Project*

While reviewing a draft of the HiAP report, Courtney Cummings of Native American Health Services commented, “culture is prevention.”<sup>44</sup> Many forms of culture in Richmond contribute to health equity and are led by community members. These efforts highlight the importance of belonging in creating a healthy community for all. Here are only a few examples of how “culture is prevention” in Richmond:

✓ The prominent and historic role of churches and faith-based organizations in providing basic services and leading efforts to create more inclusive communities, such as the successful CCISCO-led campaign to oppose a Contra County Jail expansion in Richmond in 2012.

✓ The first Pride in the Park Family Day organized by Richmond Rainbow Pride celebrated Richmond’s LGBTQ community in 2015. The event comes two years after the City began flying a gay pride flag during the month of June.

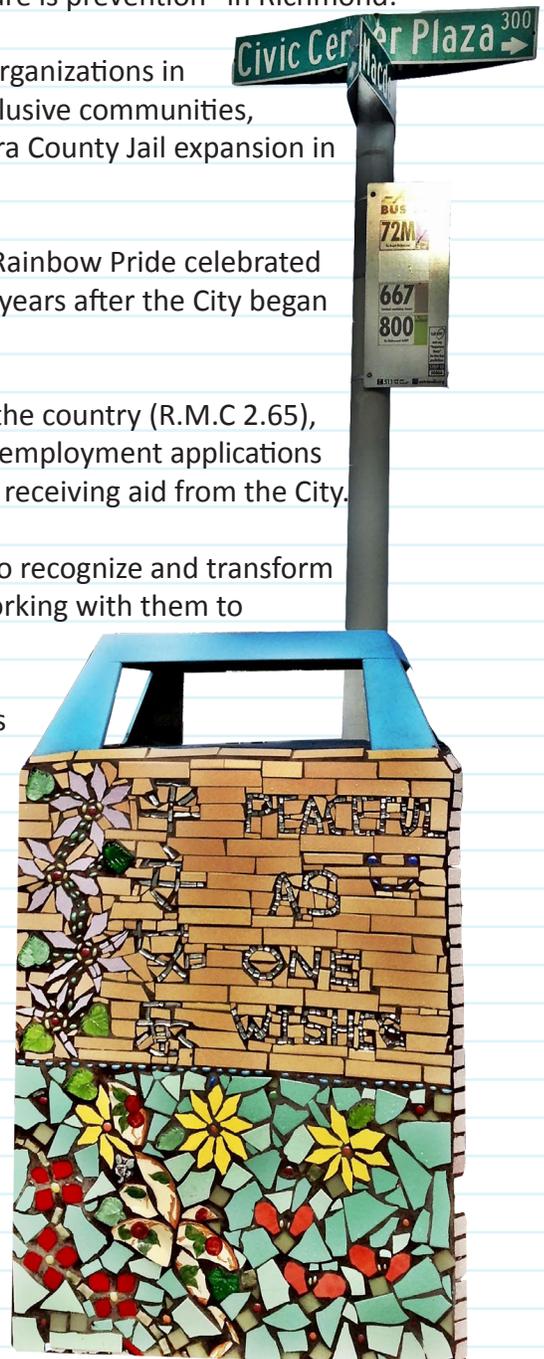
✓ One of the most comprehensive “ban the box” ordinances in the country (R.M.C 2.65), which prohibits questions about prior criminal convictions on employment applications for City employees and businesses contracting, leasing from or receiving aid from the City.

✓ Healing circles organized by the Safe Return Project that aim to recognize and transform the trauma faced by young people in Richmond, while also working with them to advocate for related policy change.

✓ The development of plays and poetry that highlight the stories and experiences of young people by RAW Talent productions at the RYSE Center. A recent example includes “Bag Ladies’ Butterfly Blues,” a play about a young woman growing up in Richmond, written by 18 year old Nyabingha Zianni McDowell and fellow RYSE Center collaborators.

✓ The East Bay Center for Performing Arts hosts hundreds of students throughout the year to develop skills in jazz, West African drumming, regional styles of Mexican dance, playwrighting, acting, and more.

✓ Richmond artist Daud Abdullah who, since 2013, has taught young people employed through the Summer Youth Employment Program to create and install mosaics throughout the city like the one to the right.



# 4: RESIDENTIAL & BUILT ENVIRONMENT

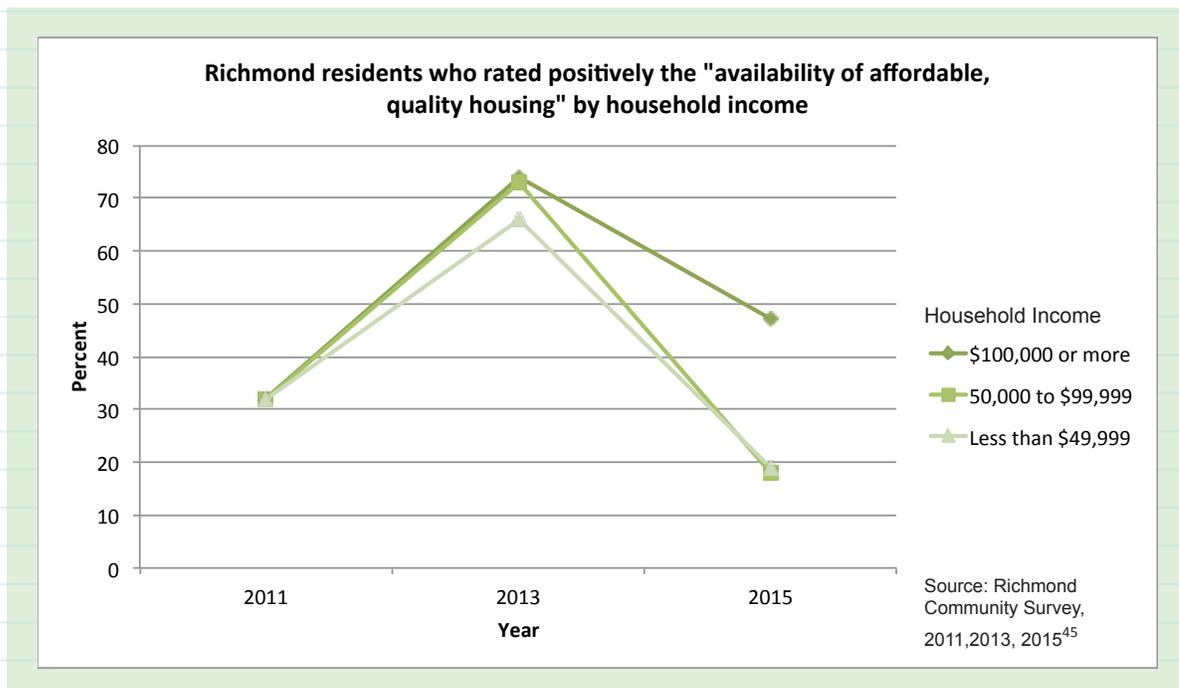
## Short-Term Actions (1-2 years)

✓ **4A:** To prevent blight, the Code Enforcement Department began **assessing fines for vacant properties not registered in the vacant property registry** (R.M.C. 6.38.115). Eighty-five properties have been registered since the establishment of the registry under the Vacant Property Ordinance (R.M.C. 6.38.115) on March 19, 2013. This helps protect property values in Richmond, where the median home sales price is estimated to have decreased 24.8 percent, from \$430,000 in 2005 to approximately \$323,500 in 2014 (*Code Enforcement*).

✓ **4B:** The Code Enforcement Department is currently working with 158 properties in some capacity. In 2015, the City Council approved \$3 million in Social Impact Bonds for Code Enforcement to work with SparkPoint to **rehabilitate vacant properties for sale to first-time, low-income home buyers** (*Code Enforcement*).

✓ **4C:** Since 2013, **Project REAL remediated 85 units for lead and tested 337 children for toxic lead levels**. This reversed two years of no funding for remediation and testing (*Housing Authority*).

✓ **4D:** In the last two years, **the City and numerous partners proactively supported eight park projects in underserved communities**. Parchester Park was rebuilt by a partnership that included Parchester residents, the Trust for Public Land, Richmond Trees, Boys and Girls Club of El Sobrante, generous donors, and RichmondBUILD. Growth continues on the Richmond Greenway, including the Unity Park Project and Harbor 8. The City facilitated the support of the Oakland Athletics, Raiders, and Warriors, and worked with residents to renovate the ballfields at MLK Park, where RPAL runs a comprehensive Little League. As a participant in the Love Your Block initiative, Richmond will begin distributing mini-grants to neighborhood improvement projects in Parchester Village and North Richmond. **More data needs to be collected about the presence of parks along pedestrian and bike pathways as well as the number of diversified programs offered at parks** (*Recreation, Public Works*).



# 4: RESIDENTIAL & BUILT ENVIRONMENT

## Medium-Term Actions (5 years)



**4E:** Richmond focuses on increasing the density and supply of housing as one strategy to reduce cost of housing overall. To support this, the City **amended the Housing Density Bonus** to include bonuses for developers who include a percentage of units with rents affordable to extremely low-income households (RMC 15.04.810.050) (*Planning*).



**4F: A health equity approach requires policies and services that protect current Richmond residents from displacement.**

Richmond's rental housing stock has become less affordable to very low, low and moderate income households from 2000 to 2014. During this time, an estimated 81.8 percent (4,480) of extremely low-income renter households and 69.2 percent (1,145) of extremely low-income owner households experienced housing problems. Means to address this includes policy that increases renter stability, and the continuation of counseling services for people facing foreclosures, tenant-landlord housing disputes and discrimination. In the last two years, the City has provided \$40,000 in Community Development Block Grant (CDBG) funds to Bay Area Legal Aid to support low-income tenant counseling, and \$54,000

in CDBG funds to Community Housing Development Corporation of North Richmond to support homebuyer education, foreclosure education and mediation assistance to low-income households. (*Housing & Community Development*)



**4G: The Housing Element Update tracked the development and maintenance of affordable units.** This includes identifying units at low (2,416 units) and moderate to high risk (199 units) of loss due to the expiration of affordability covenants. Within the planning period (2015-2023), it would be much more expensive to replace the 199 units at risk than it would be to acquire and rehabilitate them (see the Housing Element Update for more) (*Planning, Housing & Community Development, Housing Authority, CM Office*).



**4H:** The Housing Element Update includes a list of all Services and Housing Resources for Homeless Persons and Families in Richmond, but the City needs to **develop a homelessness prevention program and enhance temporary shelter options** in collaboration with community partners (*Planning, Housing & Community Development*).

## BERKELEY GLOBAL CAMPUS & HOUSING:

Commenting on the development of the Berkeley Global Campus and its impact on housing affordability, UC Berkeley Chancellor Dirks wrote on May 28, 2015, "We will in fact address such concerns, with binding commitments and with action. With that clearly and unambiguously stated, the University is, for now, respectfully deferring to the leadership of the City of Richmond with regard to City housing policy."

The City Manager concurred that, "It is critical that the City of Richmond accept this leadership role in growing the supply of affordable housing as it also seeks to expand economic opportunity for its residents. To this end, the Richmond City Council recently adopted an updated Housing Element of its General Plan. This includes policies to meet the existing and projected needs of all economic segments of the community. It also recognizes that, in order for the private market to adequately address housing needs and demand, the City of Richmond must adopt land use plans and regulatory systems that provide opportunities for housing development. Development of the Berkeley Global Campus will create the demand for new affordable housing, and land use plans and policies must make certain that this development advances health equity in this very basic human need for housing."<sup>46</sup>

# 5: ENVIRONMENTAL HEALTH & JUSTICE

## Short-Term Actions (1-2 years)



**5A: The City is currently developing a Climate Action Plan. HiAP requires the inclusion of an environmental justice section, which is being shaped by community feedback from Richmond High School students, local experts and key stakeholders (CM Office).**

General Plan actions including Indoor Air Quality Guidelines and a Second-Hand Smoke Ordinance. Upcoming HiAP items, such as the redesignation of truck routes (5E) further support a possible plan.

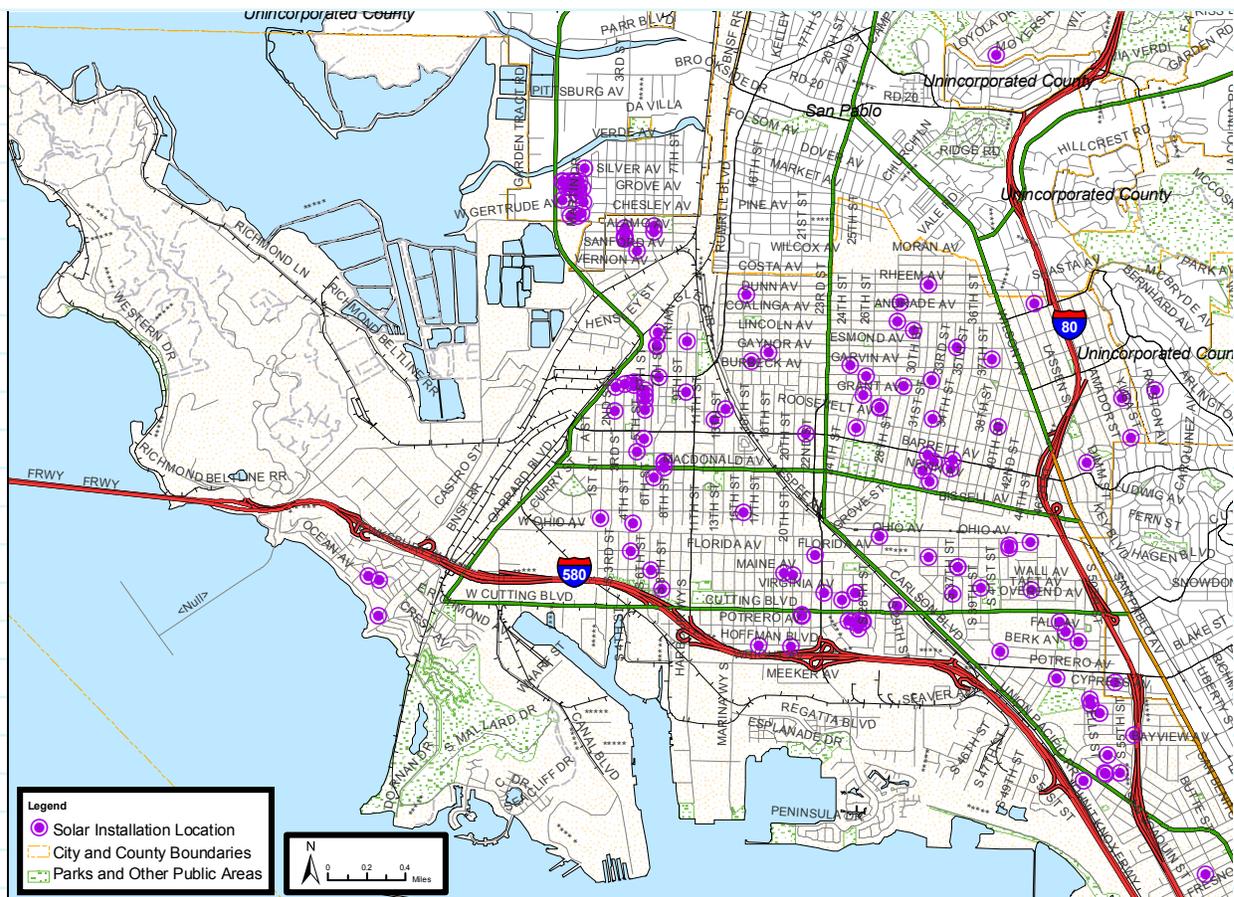


**5C: Richmond's air monitoring system is in use and working in six sites.** These stations provide immediate transparency on air conditions in Richmond and increase responsiveness in the case of flares at the Chevron refinery. This data is shared via the City website and fenceline.org (Planning BAQMD, CCHS, Chevron).



**5B: A comprehensive Asthma Reduction and Management Plan** has yet to be initiated. This plan requires the collaborative efforts of the City Manager's Office, Housing, Planning, CCHS, WCCUSD, health care providers, and the Community Clinic Consortium. This will be supported through

140 solar systems installed by GRID Alternatives and partners by February, 2015.



Source: GRID Alternatives, 2015

# 5: ENVIRONMENTAL HEALTH & JUSTICE

*“We grow food for the opportunity to grow ourselves.”<sup>47</sup>*

*Doria Robinson, Urban Tilth*

**Environmental health and justice requires many hands. In Richmond, the many hands have been busy:**

**Food Justice:** Community groups and residents continue to lead the way to achieve food justice. This includes ongoing work with the City to develop an Urban Agriculture Ordinance, install salad bars at local elementary schools by the Food Policy Council, the expansion of food gardens along the Richmond Greenway and Urban Tilth’s Roots and Restoration Farm in North Richmond. Along with a City Zoning update, HiAP action items that support this include the development of a healthy corner store food program (3B), increasing of shelf space for fresh produce (3F) and connecting neighborhoods to healthier food options (3J).

**Community Controlled & Renewable Energy:** The City’s partnership with Marin Clean Energy (MCE) means that residents can choose to purchase energy from 50 percent or 100 percent renewable sources instead of PG&E. Through this, Richmond is making an average annual GHG reduction of approximately 26,944,604 lbs (12,222 metric tons) per year. Additionally, through the City’s municipal accounts with MCE, the City is saving approximately \$100,000 per year. This will be further supported by a local “solar farm” run by MCE as one element of the ECIA. While Richmond is well known for its solar (see map, opposite), challenges exist for expanding solar to low-income residents in older housing stock. This is an opportunity for co-benefits - improving housing stock and installing solar has both health and economic benefits for residents. Every eight solar systems installed prevents over 466 tons of greenhouse gas emissions and saves households over \$148,000 over the lifetimes of the systems.

**Greenhouse Gas Reductions:** As a “fence-line community,” Richmond is advocating for benefits from AB 535, the equity element of the cap and trade agreement. Community-led efforts advocating against the coal trains that pass through Parchester Village reveal the co-benefits of GHG reduction and health promotion. Many elements of the ECIA also support GHG reduction in the City and require GHG reduction by Chevron. Partnering with Groundwork Richmond, The Watershed Project, Pogo Park and Richmond Trees, The City of Richmond received a \$497,292 grant to plant more than 500 trees in Richmond over the next two years through AB32, the state’s Global Warming Solutions Act of 2006.



RichmondBUILD training with GRID Alternatives

# 6: QUALITY & ACCESSIBLE HEALTH HOMES AND SOCIAL SERVICES

## Short-Term Actions (1-2 years)

**6A:** In fulfilling the Quality Food Element of the General Plan, the City needs to better **track and increase the enrollment of residents in health supporting programs** such as Head Start, EBT, Women Infant Children (WIC) and CalFresh. Currently, only 59 percent of individuals eligible for CalFresh in Contra Costa County are enrolled, which amounts to close to \$1 million in unused benefits<sup>48</sup> (CM Office).

**6B:** In the last year, **the City partnered with organizations and agencies to host more than a dozen Affordable Care Act sign-ups**. Some of these were bilingual (English/Spanish), others were conducted in twenty languages, while others, like the WeConnect event, were part of larger cultural events. However, barriers continue to exist for residents seeking access to health care. Some of these can begin to be addressed through cultural humility training for providers and building trust among historically marginalized populations. One provider noted that providers need to be aware of the way that histories of maltreatment in African American communities can be a barrier to accessing services. Other factors include lack of documentation and/or language barriers. Partners in these efforts include Contra Costa Health Services (CCHS), the Community

Clinic Consortium (CCC), Lifelong Medical Care, ACCE, Healthy Richmond, Blue Shield, the California Endowment, NAACP, and SEIU-UHW (CM Office, CCC, CCHS).

**6C:** In Contra Costa County, Lifelong Medical Care enrolled over 600 people for Health Care Exchange and 1,412 people for Medi-Cal since January 2014. To meet the **goal of 500 new enrollments in the next year**, Richmond needs to begin collecting this data for the city specifically. Additionally, an awareness campaign is needed to address the backlog in Medi-Cal sign-ups for those who have registered but have not received notice of benefits (CM Office, CCC, CCHS).

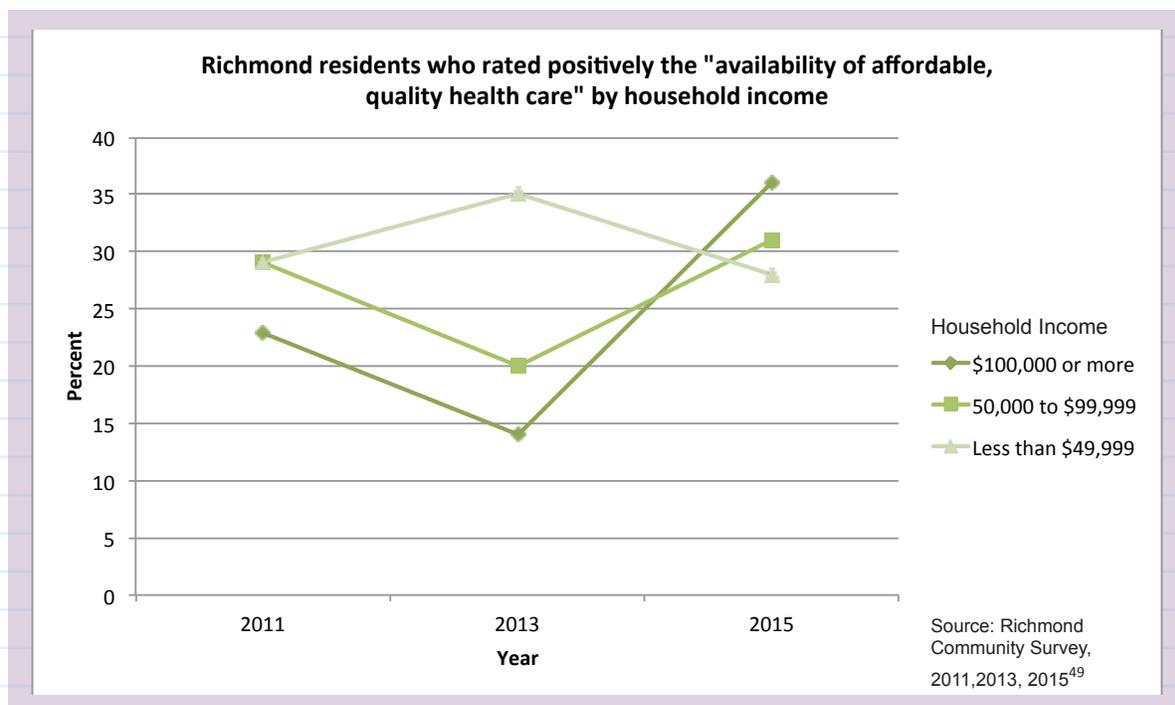
**6D & 6E:** The City of Richmond needs to work with CCHS and CCC to develop **an online list of accessible community health workers** in order to ensure that historically underserved populations have access to care. The Digital Health Literacy Project in Library and Cultural Services is currently compiling a map of all behavioral and mental health services for Richmond communities as part of their online learning web (CM Office, CCHS, CCC, Library and Cultural Services).



# 6: QUALITY & ACCESSIBLE HEALTH HOMES AND SOCIAL SERVICES

## DOCTOR'S MEDICAL CENTER

Doctor's Medical Center (DMC) was the largest hospital in Contra Costa County and the only hospital providing West County with emergency, cancer, stroke, and cardiac services. For Richmond, the frequency of asthma attacks, gunshot violence and other acute conditions means that close proximity to a full service hospital can make the difference between life and death. Guided by community advocacy, the Health and Wellness Element of the General Plan, and HiAP, the City attempted to stop the closing of DMC in 2015 by putting funds from the ECIA towards DMC. However, at the state and county levels the same commitment to the hospital didn't exist because it was operating on a large financial deficit. The City's efforts around the DMC closure showed that the City views healthcare as an essential public service. The Fire Department is filling a large piece of this gap (80 percent of their calls are medical in nature) by updating and prioritizing their health data collection systems and improving linguistic competency. These efforts will provide the City with essential local data on the health concerns and conditions of local residents. In addition, RPD is partnering with County Health Services for the placement of a Behavioral Health specialist with an officer to better support the Mental Health Collaborative. The closure of DMC, however, revealed the limitations of the City's ability to support full-scale infrastructure for health services within the context of county and state governance and finances. While the Urgent Care Center established by Lifelong Medical Care helps address some of Richmond's acute medical needs, much more needs to be done to ensure Richmond has access to quality health services.



# RECOMMENDATIONS

Through the development of this report, many ideas, opportunities and gaps were identified. Below are seven recommendations to strengthen HiAP in the coming years.

1. *(In process)* Amend the HiAP Ordinance with the following changes:
  - a. HiAP report will go from an annual report to a **triennial report**. This will allow the report to better incorporate measures compiled in the Richmond Community Survey, the US Census, and the Health Equity Report Card that help the City track health equity data. Further, it will align better with the bi-annual budget and will relieve staff of the time required to compile the report every year.
  - b. Based on feedback from community members, the City will **remove the term “vulnerable population”** from the ordinance. As Native American Health Center Peer Specialist Courtney Cummings commented, “We don’t use the term ‘vulnerable’ because we don’t see ourselves as vulnerable. Culture is prevention, not a vulnerability. When we are labeled as vulnerable we are then viewed as such and, it becomes another barrier to overcome as American Indians, Alaska Natives and Native Hawaiians.”
  - c. **Add the term “toxic stress”** to the definition section of the ordinance. This helps clarify language in the Ordinance and Strategy and is central to understanding why health disparities exist.
2. *(In process)* **Update action items** in the HiAP Strategy based on interdepartmental feedback gathered during the development of this report.
3. Develop an **ongoing community engagement plan** so that HiAP can remain responsive to community needs and concerns.
4. *(In process)* Develop an **interdepartmental database** to facilitate more efficient tracking and analysis of HiAP implementation. This includes the creation of HiAP materials specific to each department that can help departments better track how their work aligns with HiAP.
5. Develop the **HiAP website** as an external resource. This is already identified as Action 1H, but should be pursued as a priority item.
6. *(In process)* Institutionalize a relationship with the School of Public Health at UC Berkeley that would support an ongoing, **HiAP-specific internship program**. These students would first be oriented to HiAP and health equity work in Richmond. They would then support specific action items within the HiAP Strategy.
7. Develop **“HiAP briefs”** for new ordinances and City policies. HiAP briefs would focus on the health equity aspect of these policies and strengthen City staff, council and resident knowledge of the social determinants of health and opportunities to align City actions with HiAP.

# RESOURCES

## Health in All Policies

HiAP homepage: [www.richmondhealth.org](http://www.richmondhealth.org)

HiAP Ordinance: [www.ci.richmond.ca.us/DocumentCenter/View/28772](http://www.ci.richmond.ca.us/DocumentCenter/View/28772)

HiAP Strategy: [www.ci.richmond.ca.us/DocumentCenter/View/28771](http://www.ci.richmond.ca.us/DocumentCenter/View/28771)

Health and Wellness Element, Richmond General Plan 2030: [www.ci.richmond.ca.us/DocumentCenter/Home/View/8816](http://www.ci.richmond.ca.us/DocumentCenter/Home/View/8816)

Richmond General Plan 2030: [www.ci.richmond.ca.us/2608/General-Plan-2030](http://www.ci.richmond.ca.us/2608/General-Plan-2030)

## Academic articles on HiAP in Richmond

A Health-In-All-Policies Approach Addresses Many Of Richmond, California's Place-Based Hazards, Stressors: [content.healthaffairs.org/content/33/11/1905.short](http://content.healthaffairs.org/content/33/11/1905.short)

Health in All Urban Policy: City Services through the Prism of Health: [link.springer.com/article/10.1007/s11524-014-9886-3](http://link.springer.com/article/10.1007/s11524-014-9886-3)

Making Health Equity Planning Work: A Relational Approach in Richmond, California: [jpe.sagepub.com/content/early/2015/05/29/0739456X15580023.abstract](http://jpe.sagepub.com/content/early/2015/05/29/0739456X15580023.abstract)

## Housing, community profile & land use data

5th Cycle Housing Element Update: [www.ci.richmond.ca.us/DocumentCenter/View/31210](http://www.ci.richmond.ca.us/DocumentCenter/View/31210)

Just Cause Eviction and Rent Control presentations: [www.ci.richmond.ca.us/3000/Housing-Policy](http://www.ci.richmond.ca.us/3000/Housing-Policy)

Urban Agriculture Assessment: [www.ci.richmond.ca.us/DocumentCenter/Home/View/8291](http://www.ci.richmond.ca.us/DocumentCenter/Home/View/8291)

## Health data and resources

Measuring What Matters: [pacinst.org/publication/measuring-what-matters/](http://pacinst.org/publication/measuring-what-matters/)

Draft Health Equity Report Card: [www.ci.richmond.ca.us/DocumentCenter/View/28345](http://www.ci.richmond.ca.us/DocumentCenter/View/28345)

Digital Health Literacy Project: [digitalhealthliteracy.weebly.com/about.html](http://digitalhealthliteracy.weebly.com/about.html)

## Education data and resources

Richmond Promise homepage: [www.richmondpromise.org](http://www.richmondpromise.org)

WCCUSD data dashboard: [www.wccusd.net/dashboard](http://www.wccusd.net/dashboard)

WCCUSD Full Service Community Schools Online search of Programs or Services: [westcountyfscs.org/search-schools/](http://westcountyfscs.org/search-schools/)

2015 City-School Partnerships in Richmond, CA: Supporting Full Service Community Schools in West Contra Costa Unified School District: [citiesandschools.berkeley.edu/uploads/DesireePosterFinal.pdf](http://citiesandschools.berkeley.edu/uploads/DesireePosterFinal.pdf)

## Environmental Resources

Environmental & Community Investment Agreement: [www.ci.richmond.ca.us/documentcenter/view/30667](http://www.ci.richmond.ca.us/documentcenter/view/30667)

Solar Case Study: [icma.org/en/icma/knowledge\\_network/documents/kn/Document/307436/Solar\\_Case\\_Study\\_Richmond\\_CA](http://icma.org/en/icma/knowledge_network/documents/kn/Document/307436/Solar_Case_Study_Richmond_CA)

Climate Action Plan homepage: [www.richmondclimateaction.org/](http://www.richmondclimateaction.org/)

Air Monitoring: [www.fenceline.org/richmond/](http://www.fenceline.org/richmond/)

## Department reports and Community Survey

Excellence Serving our Communities: [www.ci.richmond.ca.us/DocumentCenter/Home/View/34591](http://www.ci.richmond.ca.us/DocumentCenter/Home/View/34591)

YouthWorks Mid-Year Report: [www.ci.richmond.ca.us/documentcenter/view/31094](http://www.ci.richmond.ca.us/documentcenter/view/31094)

Office of Neighborhood Safety: [www.ci.richmond.ca.us/DocumentCenter/View/30746](http://www.ci.richmond.ca.us/DocumentCenter/View/30746)

Richmond Community Survey homepage: [www.ci.richmond.ca.us/1871/Community-Surveys](http://www.ci.richmond.ca.us/1871/Community-Surveys)

Berkeley Global Campus homepage: [www.ci.richmond.ca.us/2397/Berkeley-Global-Campus](http://www.ci.richmond.ca.us/2397/Berkeley-Global-Campus)

# ENDNOTES

1. The Health in All Policies Ordinance is available here: <http://www.ci.richmond.ca.us/DocumentCenter/View/28772>
2. The Health in All Policies Strategy is available here: <http://www.ci.richmond.ca.us/DocumentCenter/View/28771>
3. The Richmond General Plan 2030 Health and Wellness Element is available here: <http://www.ci.richmond.ca.us/DocumentCenter/Home/View/8816>
4. For more background on the development of HiAP and how it addresses health equity, see: Corburn, J., Curl, S., & Arredondo, G. (2014). A Health-In-All-Policies Approach Addresses Many Of Richmond, California's Place-Based Hazards, Stressors. *Health Affairs*, 33(11), 1905-1913.
5. For more on the Office of Neighborhood Safety see: <http://www.thenation.com/article/190225/how-one-california-city-began-bringing-its-murder-rate-down-without-cops> or <http://www.thisamericanlife.org/radio-archives/episode/555/the-incredible-rarity-of-changing-your-mind?act=2#play>
6. City of Richmond, California and Chevron Products Company (2014). Chevron Refinery Modernization Project Environmental and Community Investment Agreement. Available from: [http://chevronmodernization.com/wp-content/uploads/2014/08/14\\_0804\\_Executed-Copy-of-ECIA.pdf](http://chevronmodernization.com/wp-content/uploads/2014/08/14_0804_Executed-Copy-of-ECIA.pdf)
7. The regional share, or Regional Housing Needs Allocation (RHNA) is the total number of housing units (by affordability level) mandated by the state that each City must include in its Housing Element. In the Bay Area, this is developed by the Association of Bay Area Governments (ABAG) and the Metropolitan Transportation Commission (MTC). For more on this process: <http://www.abag.ca.gov/planning/housingneeds/> For more on Richmond's RHNA, see: City of Richmond (2015). 5th Cycle Housing Element Update (2015-2023). General Plan 2030. <http://www.ci.richmond.ca.us/3000/Housing-Element-Update>
8. For a much deeper description of this "relational approach" to health equity, see: Corburn, J., Curl, S., Arredondo, G., & Malagon, J. (2015). Making Health Equity Planning Work A Relational Approach in Richmond, California. *Journal of Planning Education and Research*, 0739456X15580023.
9. The Center for Cities and Schools at UC Berkeley has produced recommendations and inventories to support Full Service Community Schools. See: 2015 City-School Partnerships in Richmond, CA: Supporting Full Service Community Schools in West Contra Costa Unified School District. <http://citiesandschools.berkeley.edu/uploads/DesireePosterFinal.pdf> Or, 2014 Mapping for Alignment: Inventorying School-Based Services in WCCUSD - Maura Baldiga and Anna Maier. Policy Brief at [citiesandschools.berkeley.edu/uploads/PLUS\\_WCCUSD\\_Brief\\_2014.pdf](http://citiesandschools.berkeley.edu/uploads/PLUS_WCCUSD_Brief_2014.pdf) In addition, WCCUSD has created an inventory of community-based programs and search portal, see: WCCUSD Full Service Community Schools Online search of Programs or Services <http://westcountyfcs.org/search-schools/> Or, West Contra Costa Unified School District Inventory of Community Based Programs April 2014 <http://www.wccusd.net/cms/lib03/CA01001466/Centricity/domain/961/lcff%20lcap/Inventory%20of%20Programs%204-9-14.pdf>
10. For demographic comparisons of all questions for Richmond, see: National Research Center, Inc. and the International City/County Management Association (2015). Comparisons by Demographic Subgroups. Richmond Community Survey. Retrieved from: <http://www.ci.richmond.ca.us/DocumentCenter/View/31302>
11. Lindsay, Bill and White, LaShonda, Staff Report (2015). 2015 Richmond Community Survey Results Available from: <http://sireweb.ci.richmond.ca.us/sirepub/cache/2/bysrvvtw43tl-tuqsr04geub/43672706302015092810703.PDF>
12. For more on the importance of data in health equity efforts, see: Corburn, J., & Cohen, A. K. (2012). Why we need urban health equity indicators: integrating science, policy, and community. *PLoS Med*, 9(8), e1001285. Available here: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001285>
13. To view the full Measuring What Matters Report (2009) see: <http://pacinst.org/publication/measuring-what-matters/>
14. The Health Equity and Data Report Card is currently being compiled by Contra Costa Health Services. For the current draft of the report (2014) see: <http://www.ci.richmond.ca.us/DocumentCenter/View/28345>
15. U.S. Census Bureau, 2011-2013 3-Year American Community Survey; S2301. Retrieved from: [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_3YR\\_S2301&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S2301&prodType=table) Black or African American and Asian categories are "not Hispanic or Latino." Margin of error for Richmond is Black (3.6), Asian (2.7), Hispanic (1.9), White (1.7). Margin of error for Contra Costa County is Black (2.2), Asian (0.8), Hispanic (0.9), White (0.5). African Americans are also less represented in the labor force (53.2%) compared to all other groups. Latinos, have the highest representation at 72%.
16. For more on social determinants of health, see: World Health Organization. Social determinants of health. [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/) or, Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of health and social behavior*, 80-94. or, Berkman, L. F., Kawachi, I., & Glymour, M. (Eds.). (2014). *Social epidemiology*. Oxford University Press.
17. For more on toxic stress, see: Committee on Psychosocial Aspects of Child and Family Health. 2012. Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health. *Pediatrics*, 129; e224. or, Williams, D.R. & Jackson, P.B. 2005. Social Sources of Racial Disparities in Health. *Health Affairs*. 24 (2): 325-335.
18. For more on how the California Environmental Quality Act has been used in health equity efforts, see: Bhatia, R., & Wernham, A. (2009). Integrating human health into environmental impact assessment: an unrealized opportunity for environmental health and justice. *Ciência & Saúde Coletiva*, 14(4), 1159-1175. or, Corburn, J., & Bhatia, R. (2007). Health impact assessment in San Francisco: incorporating the social determinants of health into environmental planning. *Journal of Environmental Planning and Management*, 50(3), 323-341.

# ENDNOTES

19. For more on Unity Park, visit <http://www.richmondgreenway.org/> or <https://www.facebook.com/FriendsofRichmondGreenway>
20. For more on Excellence Serving our Communities, see: Monk, Rochelle (2014). City of Richmond Cities of Service Leadership Grant.
21. For more on the importance of health literacy see: Zaracodoolas C, Plesant AF, Greer DS. Advancing health literacy: A framework for understanding and action. San Francisco: Jossey Bass Press, 2006: sv-18.
22. For example, one of the stressors named by residents was residential segregation. For more on how this impacts health, see: Williams, D. R. & Collins. 2001. Racial Residential Segregation: A fundamental cause of racial disparities in health. Public Health Reports 116: 404-416. Or, Massey, D. 2004. Segregation and Stratification: A Biosocial Perspective. Du Bois Review, 1:7–25.
23. To view more images from the development of HiAP and other Environmental and Health Initiatives, see: <https://www.flickr.com/photos/richmondenvironment/collections/72157628723906539/>
24. For example, the survey showed that only 25% of those surveyed responded positively to “overall confidence” in the government. A lack of trust is particularly visible when analyzed by race/ethnicity. Compared to 57% of white respondents, only 18% of black and 27% of Hispanic residents agreed that the City is “Generally acting in the best interest of the community.” Numbers are similarly disparate for respondents rating the City as “honest.” <http://www.ci.richmond.ca.us/DocumentCenter/View/31302>
25. For more on this general topic, see: Corburn, J., Curl, S., Arredondo, G., & Malagon, J. (2014). Health in All Urban Policy: City Services through the Prism of Health. Journal of Urban Health, 91(4), 623-636.
26. Mitlin, D. (2008). With and beyond the state—co-production as a route to political influence, power and transformation for grassroots organizations. Environment and Urbanization, 20(2), 339-360.
27. For more on the history of Richmond environmental organizing (2012), see: <http://richmondconfidential.org/2012/12/06/henry-clark-and-three-decades-of-environmental-justice/>
28. For more on the Our Power Convening (2014), see: <http://www.ourpowercampaign.org/convenings/richmond2014/>
29. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. <http://www.who.int/about/definition/en/print.html>
30. To view the interview, see: <http://news.yahoo.com/richmond-california-police-chief-chris-magnus-talks-community-policing-in-katie-couric-interview-044448393.html>
31. Richmond Police Department (2014). Juvenile Arrests 2010-2014. City of Richmond, CA.
32. *Romeo is Bleeding*, directed by Jason Zeldes (2015).
33. The Urban Agriculture Assessment was created in 2011 and is available here: <http://www.ci.richmond.ca.us/2530/Urban-Agriculture-Assessment>. Community groups and the City have been working together on an Urban Agriculture Ordinance but no final plan has been reached. This work will be important in completing the City’s Zoning Update.
34. Maher, Toody. Personal Communication. April 17, 2015.
35. A number of recent reports have looked at housing vulnerability in Richmond. For more on this topic, see: Moore, E., Gambhir, S., & Tseng, P. (2015). Belonging and Community Health. Haas Institute for a Fair and Inclusive Society. [http://diversity.berkeley.edu/sites/default/files/HaasInstituteReport\\_Belonging%20%26%20Community%20Health%20in%20Richmond.pdf](http://diversity.berkeley.edu/sites/default/files/HaasInstituteReport_Belonging%20%26%20Community%20Health%20in%20Richmond.pdf) For a broader regional comparison, see: [urbandisplacement.org](http://urbandisplacement.org). Additional qualitative research is needed to better understand why the demographics of certain Richmond neighborhoods are changing and who is at greatest risk of displacement.
36. Pogo Park (2014). Annual Report. Richmond, CA.
37. See, for example: Richmond Health Equity Partnership (2014). Draft: Health Equity and Data Report Card. <http://www.ci.richmond.ca.us/DocumentCenter/View/28345>
38. Carty, Erika. Personal Communication. June 18, 2015.
39. The Richmond Community Survey is a representative population sample of Richmond residents, with a margin of error of +/- five percentage points at 95% confidence. A “positive rating” is the combination of the top two most positive response options in the survey (i.e., “excellent” and “good,” “very safe” and “somewhat safe,” “essential” and “very important,” etc.). To view all the Community Surveys, see: <http://www.ci.richmond.ca.us/1871/Community-Surveys>
40. Lindsay, Bill. Email Communication. June 10, 2015.
41. See endnote 38 for more on margin of error and rating system. To view all the Community Surveys, see: <http://www.ci.richmond.ca.us/1871/Community-Surveys>
42. Ibid.
43. Walker, Tamisha. Personal Communication. June 30, 2015.
44. Cummings, Courtney. Personal Communication. June 17, 2015.
45. See endnote 38 for more on margin of error and rating system. To view all the Community Surveys, see: <http://www.ci.richmond.ca.us/1871/Community-Surveys>
46. Lindsay, Bill. Email Communication. June 2015, 2015.
47. Robinson, Doria. Email Communication. July 14, 2015. Originally from: <https://storify.com/ourpower/richmond2014>
48. The City declared May 2015 as “CalFresh Awareness Month” but low enrollment continues. For more on this issue see: <http://sireweb.ci.richmond.ca.us/sirepub/cache/2/bknlit-brh51kukbuhlcdmbjx/43175107142015050251411.pdf#xml=http://sireweb.ci.richmond.ca.us/SIREPub/cache/2/bknlit-brh51kukbuhlcdmbjx/43175107142015050251411.xml>
49. See endnote 38 for more on margin of error and rating system. To view all the Community Surveys, see: <http://www.ci.richmond.ca.us/1871/Community-Surveys>

**THE GOAL OF HiAP  
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