2nd Regional Convening of Public Health Officers and Planning Directors
Presented by Design 4 Active Sacramento & Planners for Health

Climate + Equity + Health

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Unique time in history
Goal This Morning

• Health Equity Framework

• California planning, SB 1000 in CA

• Process- The local context
Health Equity Framework

The Built Environment & Climate Change
Communities in Action: Pathways to Health Equity

#PromoteHealthEquity
The Robert Wood Johnson Foundation asked the committee to:

Review the state of health disparities in the United States and explore the underlying conditions and root causes contributing to health inequity and the interdependent nature of the factors that create them.

Identify and examine a minimum of six examples of community-based solutions that address health inequities, drawing both from deliberate and indirect interventions or activities that promote equal opportunity for health, spanning health and non-health sectors accounting for the range of factors that contribute to health inequity in the US (e.g., systems of employment, public safety, housing, transportation, education).

Identify the major elements of effective or promising solutions and their key levers, policies, stakeholders, and other elements that are needed to be successful.

Recommend elements of short- or long-term strategies and solutions that communities may consider to expand opportunities to advance health equity.

Recommend key research needs to help identify and strengthen evidence-based solutions and other recommendations as viewed appropriate by the committee to reduce health disparities and promote health equity.
The Process

- Hosted 3 information gathering meetings
  - Received input from a broad range of invited speakers
  - Open to the public
- Held 5 deliberative committee meetings
- Prepared nine chapter report
  - Underwent external peer review by 14 expert reviewers, mirroring the committee’s own expertise
The Report in Brief: 9 Chapters, 15 recommendations

A. Health equity is crucial for the wellbeing and vibrancy of communities. *Chapter 1 & 2*

B. Health is a product of multiple determinants. *Chapter 3*

C. Health inequities are in large part a result of poverty, structural racism, and discrimination. *Chapter 3*

D. Communities have agency to promote health equity. *Chapters 4 & 5*

E. Supportive public and private policies (at all levels) and programs facilitate community action. *Chapter 6*

F. The collaboration and engagement of new and diverse (multi-sector) partners is essential to promoting health equity. *Chapter 7*

G. Tools and other resources exist to translate knowledge into action to promote health equity. *Chapter 8*
Health inequities in the U.S.

Geography Matters

Life expectancy disparities in New Orleans, LA and Kansas City, MO


Note: Age adjusted death rates and life expectancy are indicators of overall health
Report conceptual model
## Communities promoting health equity

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Primary Social Determinant(s) of Health Targeted, Data on outcomes *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blueprint for Action</strong></td>
<td><em>Minneapolis, MN</em></td>
<td>Public safety 2007 -2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventing youth violence: Results = Reductions reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td>62% in youth gunshot victims;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36% youth victim crimes; 76% youth arrest with guns</td>
</tr>
<tr>
<td><strong>Delta Health Center</strong></td>
<td><em>Mound Bayou, MS</em></td>
<td>Health systems and services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 2013 -2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low birth weight babies decreased from 20.7% to 3.8%</td>
</tr>
<tr>
<td><strong>Dudley Street Neighborhood</strong></td>
<td><em>Boston, MA</em></td>
<td>Physical environment 2014 -2015</td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td>% HS students at or above grade level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Math from 36% to 63%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduation Rate 51% to 82%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent enrolled in college 48% to 69%</td>
</tr>
<tr>
<td><strong>Eastside Promise Neighborhood</strong></td>
<td><em>San Antonio, TX</em></td>
<td>Education</td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td>Child care available 80% to 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with others to improve neighborhood 58% to 83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safe places for Kids 48% to 67%</td>
</tr>
</tbody>
</table>

*Data as reported by the communities*
## Communities promoting health equity

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</table>
| **Indianapolis Congregation Action Network** | Indianapolis, IN  | Employment; Public safety  
76% more civic duty than avg. resident 
Reduction in incarceration and increased jobs |
| **Magnolia Community Initiative**  | Los Angeles, CA   | Social environment 2016  
57% children 0-5 had access to place vs ER 
78% graduated from H.S.; 45% College 
75.7% report feeling safe, to and from school |
| **Mandela Marketplace**            | Oakland, CA       | Physical environment  
641,000 lbs. of produce; 76% consumption 
$5.5 M new revenue; 26 + job ownership opportunities---sustainability |
| **People United for Sustainable Housing** | Buffalo, NY      | Housing  
Regional mapping process: # of employed workers, # housing units for redeveloped, carbon emission reduction; utility bills |
| **WE ACT for Environmental Justice** | Harlem, NY        | Physical environment  
New policies around air quality, use of harmful chemicals, pesticides, flame retardants |

*Data as reported by the communities*
Guiding principles for communities

- **Leverage existing efforts** whenever possible
- Adopt strategies for authentic **community engagement, ownership, involvement, and input**
- **Nurture** the next generation of leadership
- Foster **flexibility, creativity, and resilience** where possible
- Seriously consider **non-traditional** community partners
- Commit to **results**, systematic **learning**, cross-boundary **collaboration, capacity building, and sustainability**
- **Partner** with public health agencies
Recommendation 6-1: All government agencies that support or conduct planning related to land use, housing, transportation, and other areas that affect populations at high risk of health inequity should:

• Add specific requirements to outreach processes to ensure robust and authentic community participation in policy development as related

• Collaborate with public health agencies and other to ensure a broad consideration of unintended consequences for health and well being, including whether benefits and burdens will be equitably distributed

• Highlight the co-benefits of shared “wins” that could be achieved by-considering health equity in the development of comprehensive plans (for example improving public transit in transit poor areas supports physical activity, promotes health equity, and creates more sustainable communities.)

• Prioritize affordable housing and implement strategies to mitigate and avoid displacement (and its serious health effects), and outcome measures.
California Planning and SB1000

Planning and New Laws
Community Engagement and Outreach

- Design process from beginning
- Advisory boards and novel ways to integrate partners
- Culture and equity considerations
- Data
- Tools
• Identify objectives and policies to reduce the unique or compounded health risks in disadvantaged communities by means that include but are not limited to:
  – Reducing pollution exposure, including improving air quality near roadway siting
  – Promoting public facilities
  – Promoting food access
  – Promoting safe and sanitary homes
  – Promoting physical activity

• Identify objectives and policies to promote civil engagement in the public decision making process

• Identify objectives and policies that prioritize improvements and programs that address the needs of disadvantaged communities
For purposes of this subdivision, the following terms shall apply:

(A) “Disadvantaged communities” means an area identified by the California Environmental Protection Agency pursuant to Section 39711 of the Health and Safety Code or an area that is a low-income area that is disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, exposure, or environmental degradation.

(B) “Public facilities” includes public improvements, public services, and community amenities, as defined in subdivision (d) of Section 66000.

(C) “Low-income area” means an area with household incomes at or below 80 percent of the statewide median income or with household incomes at or below the threshold designated as low income by the Department of Housing and Community Development’s list of state income limits adopted pursuant to Section 50093.
Equitable & Resilient Communities

- Definitions of social equity
- Incorporating social equity
- Data, mapping, example local areas
- Resilience screen
Social equity definitions

The National Academy of Public Administration defines social equity as:
“The fair, just, and equitable management of all institutions serving the public directly or by contract; the fair, just and equitable distribution of public services and implementation of public policy; and the commitment to promote fairness, justice, and equity in the formation of public policy.

The American Planning Association defines social equity as:
"The expansion of opportunities for betterment that are available to those communities most in need, creating more choices for those who have few."

The California Planning Roundtable states that social equity:
“Ensures that all groups enjoy the benefits of a healthy and prosperous community, with access to housing, transportation, jobs and commerce. It enables a variety of businesses to flourish.”

Sources:
http://www.napawash.org/fellows/standing-panels/social-equity-in-governance.html
https://planning.org/policy/guides/adopted/redevelopment.htm
http://reinventingthegeneralplan.org/principles/
Topics for Consideration

Ideas for Data and Analysis

- Prevalence child/adult obesity
- Prevalence diabetes
- Prevalence heart disease
- Land use mix
- Park access
- Commute patterns

Potential Policy Options

- Increase proximity to parks and recreation
- Build connected trail ways to jobs/amenities
- Pursue urban greening programs
Topics for Consideration

Ideas for Data and Analysis
• Prevalence child/adult obesity
• Prevalence diabetes
• Prevalence heart disease
  ~
• Map of grocery stores
• Map of community gardens
• Map of farmers markets

Potential Policy Options
• Establish a food policy council
• Facilitate use of unused land for community gardens
• Increase access to healthy food retail environments
• Preserve agricultural land
• Reduce food waste, increase food recovery

Food Systems

SB 1383
Local Context

Implementation and Process
Cities & Counties
Thank You

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Communities in Action, Pathways Towards Health Equity: National Academy of Science

Wheel Image:  

Washingtonpost Graph, climate partners:  
https://www.washingtonpost.com/graphics/world/paris-climate-agreement-withdrawal/?utm_term=.928781a1e32e