

Making the Invisible Visible



Bay Area Regional Health Inequities Initiative

Melissa Jones, Executive Director

WE START WITH A RIDDLE....

What is the Worst Subject to
Study in School?



Bay Area Regional Health Inequities Initiative





MISSION STATEMENT

To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.



Leadership That Shapes History

Early Founders



Bob Prentice,
Former Director
*Public Health Division,
San Francisco Health
Department*



Arnold Perkins,
Former Director
*Alameda County Public
Health Department*

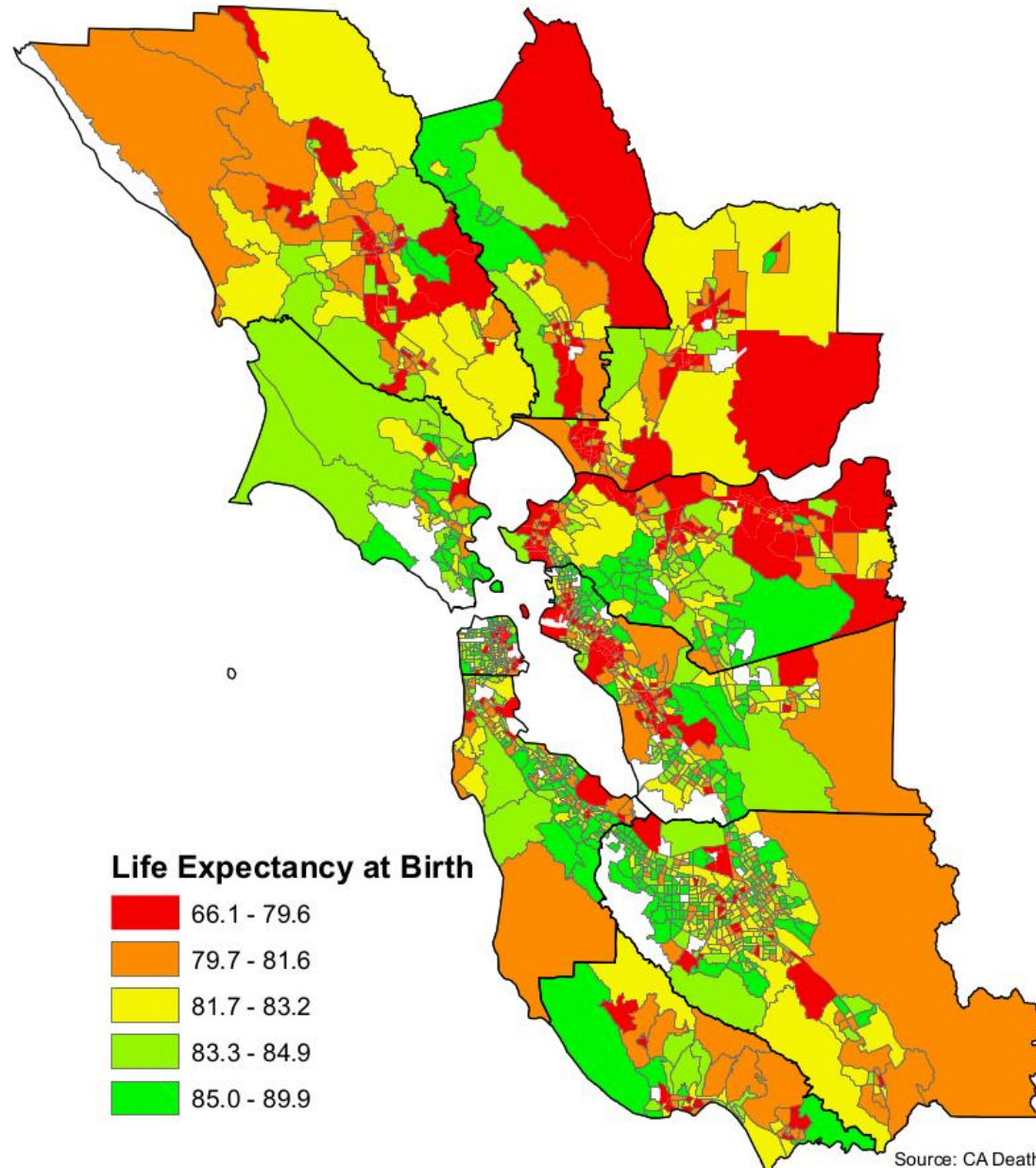


Wendel Brunner,
Public Health Director
*Contra Costa County
Health Services*



Art Chen,
Former Health Officer
*Alameda County Public
Health Department*

Bay Area Life Expectancy by Census Tract

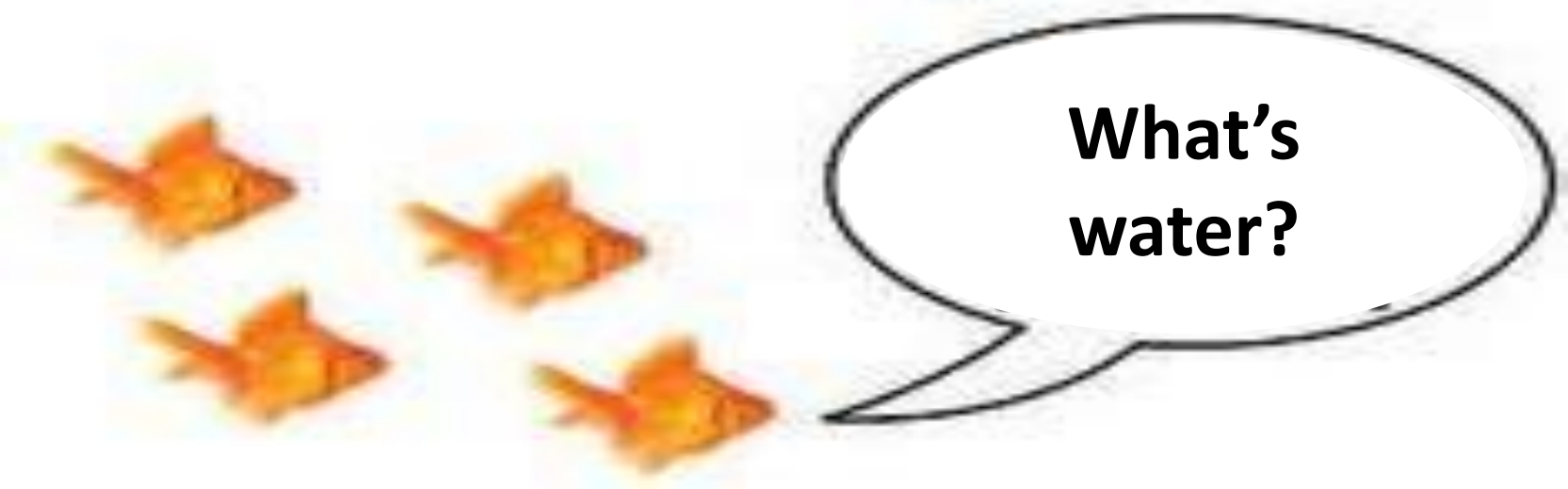


Source: CA Death Statistical Master Files, 2009-2011

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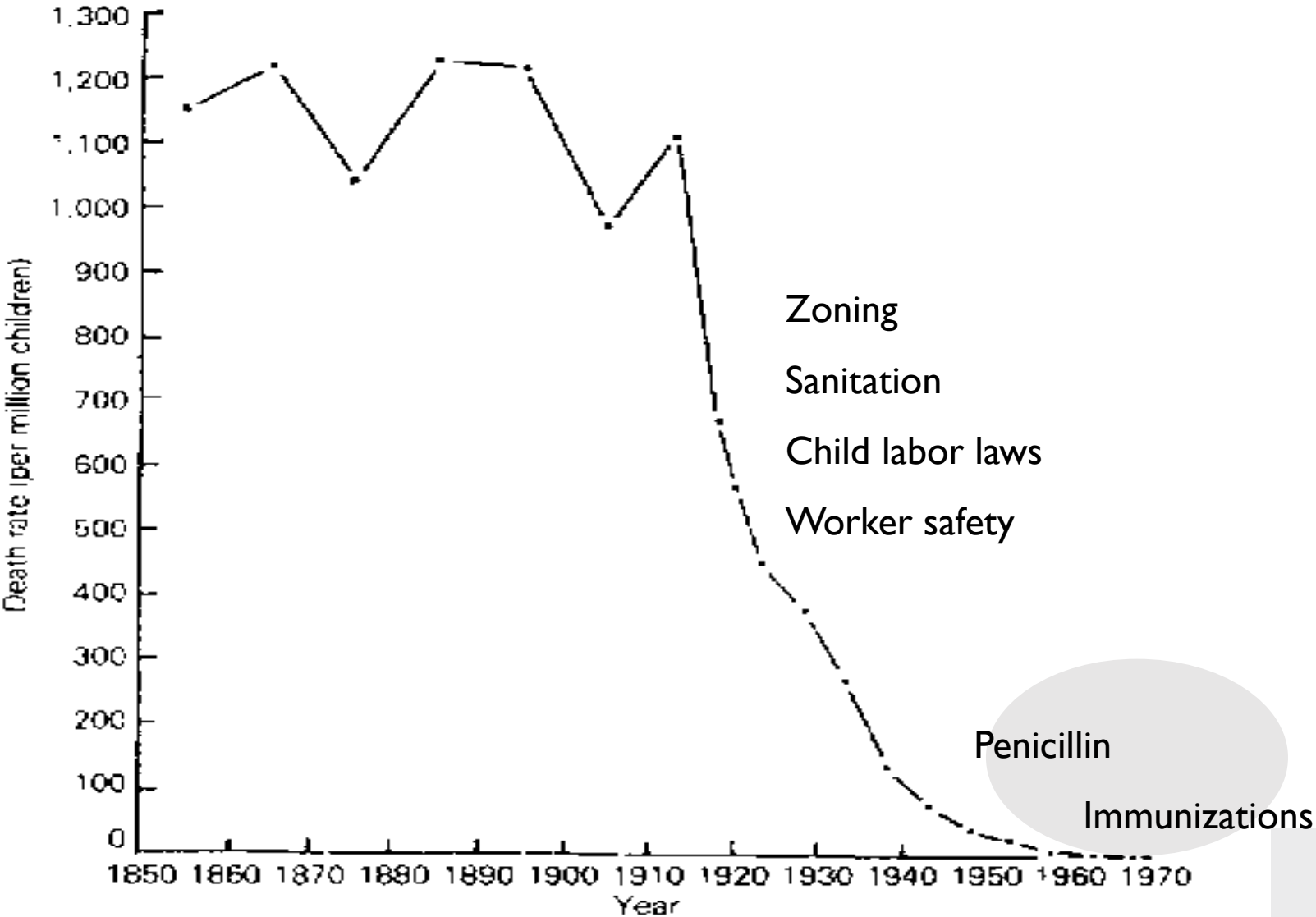


**How's the
water?**



**What's
water?**

What Reduced Child Death Rates?

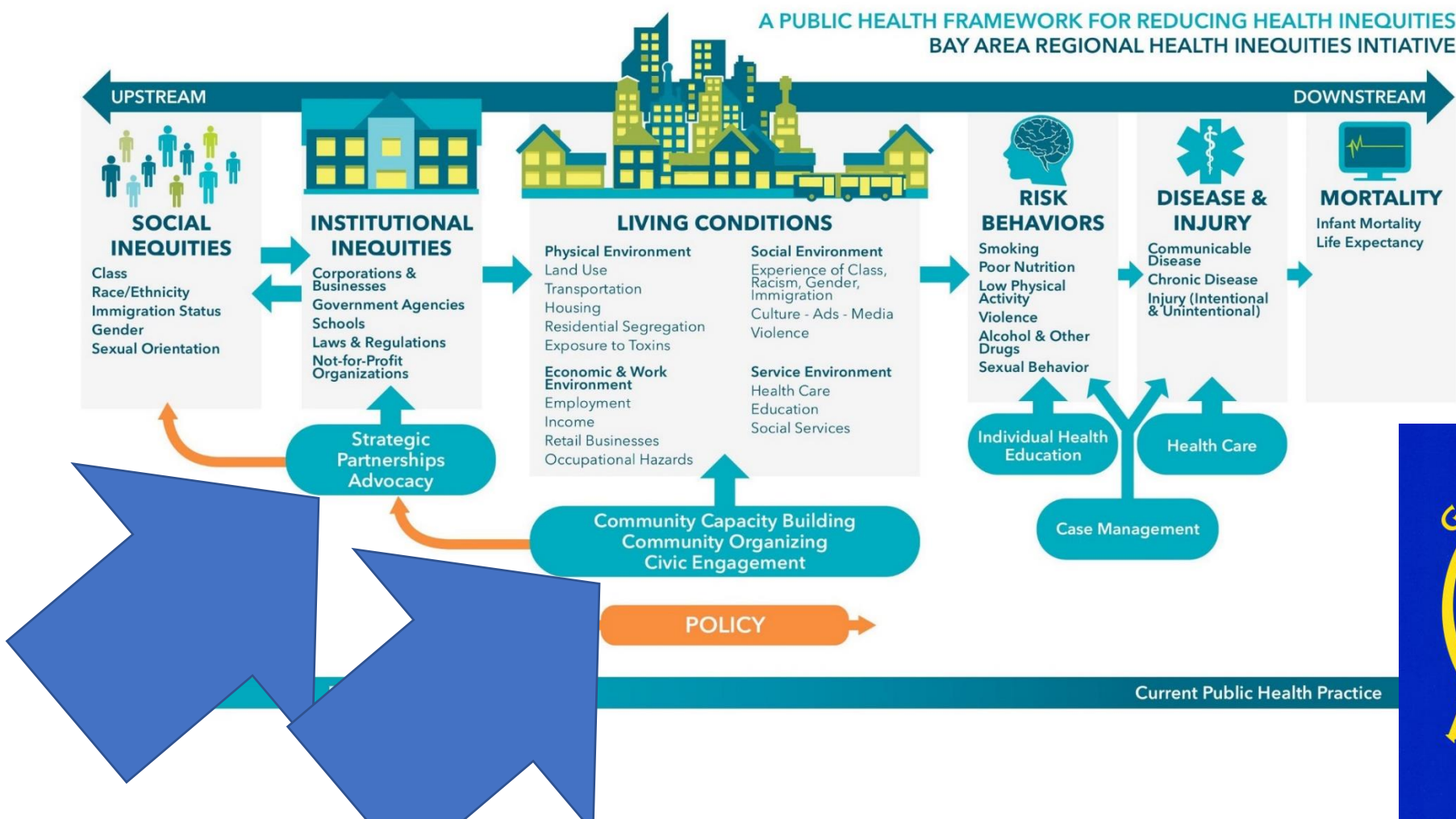


Adaptive Leadership For Health Equity



- Tackling tough challenges and thriving
 - Noticing when changes in the external environment create new opportunities
 - Identifying changes in the landscape

The BARHII Framework: Strength In Numbers



Strength In Numbers

Public Health and Community Organizations
are the **EARLY WARNING SYSTEMS FOR
SDOH**



**Institutional Energy For Many Flowers to
Bloom** Providing training and capacity
for as much diverse leadership as possible



Eco System of Partnerships that have
enough power to create health

Shifting Moments – Creating Momentum



OUR APPROACH

“WHAT LEADERSHIP CREATES ENOUGH MOMENTUM TO CLOSE LIFE EXPECTANCY AND QUALITY OF LIFE GAPS?”



What We Know: 2 Trends Shaping Our Region

Housing Affordability and Health

HOUSEHOLD INCOME	% RENT BURDENED
Less than \$35,000	89%
\$35-50,000	72%
\$50-75,000	39%

Hour Glass Economy

The Hourglass Economy



- ▶ Economic Prosperity Strategy:
 - 1,100,000 million low-wage workers in Bay Area
 - 31,000 middle-wage job openings per year
 - $31,000 \div 1,100,000 = 2.8\%$
- ▶ People of color make up **71%** of low-wage workers in the core Bay Area.

Housing Affordability and Health:

Research informed by Maternal and
Child Health Programs and Front
Line Staff


2017-2018



Finding from Two Issue Briefs

- Housing Affordability and Health

- Housing Affordability's Impact on Families



BARHII
Bay Area Regional Health
Inequities Initiative

DISPLACEMENT BRIEF

Authors of this publication are solely responsible for the accuracy of statements and interpretation contained herein. Such interpretations do not necessarily reflect the views of MTC or ABAG.

HOUSING INSECURITY AND DISPLACEMENT IN THE BAY AREA

The Bay Area is in the midst of an unprecedented period of economic growth, adding nearly 200,000 jobs in the past decade.¹ Along with lagging housing production and renewed investment in central cities, this growth has fueled dramatic increases in housing costs, with rents rising almost 40% between 2010 and 2014.² Yet, over 1 million jobs region-wide pay less than \$18 per hour (or \$36,000 a year for full time work), making it extremely difficult to afford housing.³ Indeed 89% of Bay Area renter households earning less than \$35,000 a year are considered rent-burdened, meaning they spend more than 30% of their household budget on housing.⁴ With budgets stretched to the breaking point, households experience housing insecurity and are vulnerable to displacement from their homes and neighborhoods.

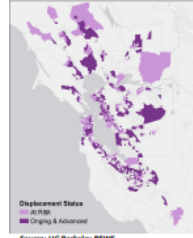
Households may be displaced for many reasons—rising rents, poor housing or neighborhood conditions, or (new) development to name a few—and all these types of displacement can have health impacts. Research indicates that nearly half of Bay Area census tracts are affected by gentrification, displacement and exclusion (21%) or at risk (26%) of these occurring (see Figure 1).⁵

TABLE 1: Gentrification and Displacement by Tract

COUNTY	DISPLACED & EXCLUDED	AT RISK
Alameda	24%	32%
Contra Costa	17%	18%
Marin	18%	11%
Napa	15%	25%
San Francisco	25%	64%
San Mateo	28%	28%
Santa Clara	24%	12%
Solano	13%	16%
Sonoma	11%	26%
Region	22%	27%

Source: UC Berkeley REWS

FIGURE 1: Gentrification, Displacement and Exclusion



While every county and most cities are affected (see Table 1), displacement risk is concentrated among the approximately 350,000 low-income renter households within Priority Development Areas.⁶ In addition to being slated for significant transportation investments, many of these areas are the focus of our health department's resources, as we work to ensure that residents have access to safe environments, good jobs and schools, parks, reliable and affordable transportation and other amenities that help people live healthy lives and improve a child's chances of success later in life.⁷ Displacement can mean that communities with poor health outcomes fail to benefit from public investments in their former neighborhoods.⁸

At the same time, some outer suburban areas of the Bay Area have seen dramatic increases in low-income households, and people of color.^{9,10} As the suburbanization of poverty has progressed, fewer low-income people live near transit,¹¹ which can provide an essential lifeline to jobs, schools and medical appointments. It has also strained city budgets, the social safety net, philanthropic giving and public health departments—making it difficult to keep people healthy.^{12, 13, 14}

TABLE 2: Percent of Households Rent Burdened by Income

HOUSEHOLD INCOME	% RENT BURDENED
Less than \$35,000	89%
\$35-50,000	72%
\$50-75,000	39%

Source: UC Berkeley REWS

HOUSING STABILITY AND FAMILY HEALTH: AN ISSUE BRIEF

The Untold Story of High Cost Housing





Bay Area Regional Health
Inequities Initiative



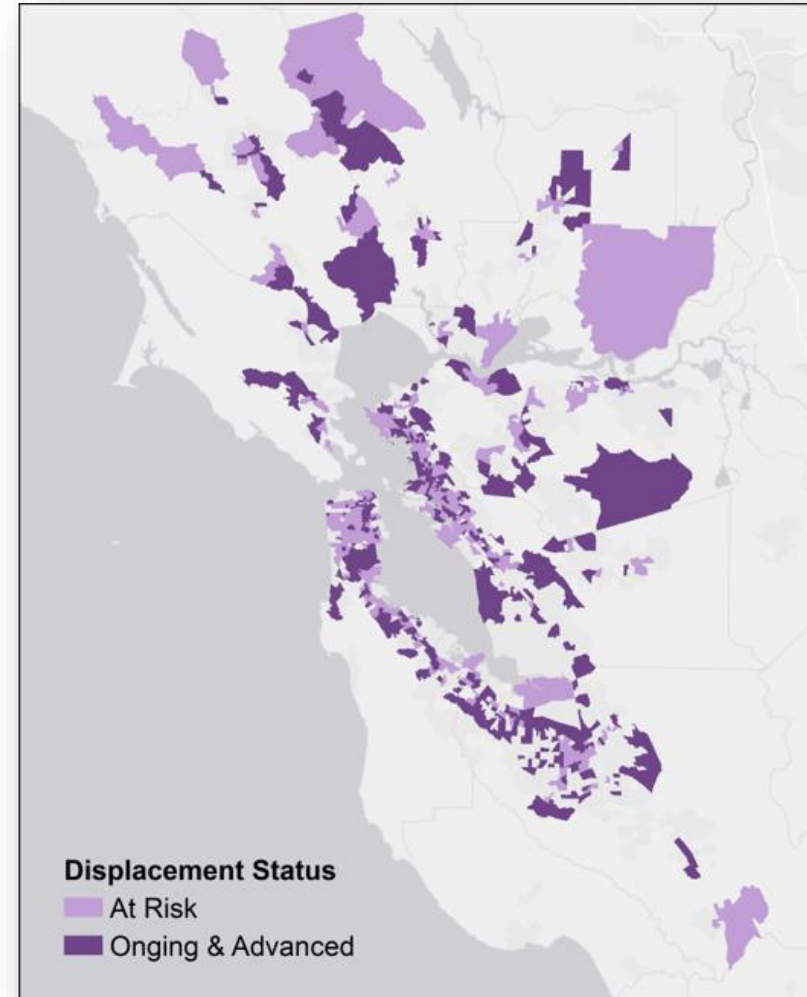
FEDERAL RESERVE BANK
OF SAN FRANCISCO

Displacement in the Bay Area

TABLE 1: Gentrification and Displacement by Tract

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Percent Rent Burdened

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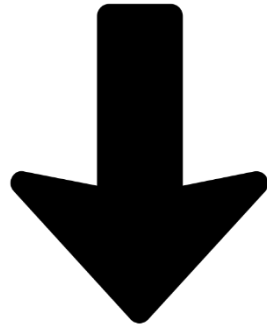
Percent of Families Rent Burdened

TABLE 1. PERCENTAGE OF FAMILIES WITH CHILDREN UNDER FIVE PAYING MORE THAN 30% OF THEIR INCOME ON HOUSING, BY COUNTY.

COUNTY	TOTAL	WHITE	AFRICAN AMERICAN	ASIAN	HISPANIC/LATINX	ALL OTHER
Alameda	34%	27%	50%	20%	52%	47%
Contra Costa	38%	30%	61%	30%	45%	38%
Marin	34%	21%	78%	64%	51%	*
Napa	46%	21%	*	47%	74%	*
San Francisco	26%	11%	70%	30%	58%	20%
San Mateo	30%	22%	*	27%	50%	18%
Santa Clara	33%	20%	39%	29%	52%	28%
Solano	37%	25%	75%	41%	40%	24%
Sonoma	36%	27%	67%	32%	47%	54%
BAY AREA TOTAL	34%	23%	57%	27%	50%	35%

[Source: BARHII/Alameda County Analysis of 2016 PUMS data. * indicates insufficient data]

Housing Affordability Impacts Spending on Healthcare and Food



Low-Income Households that can comfortably afford housing are able to spend:

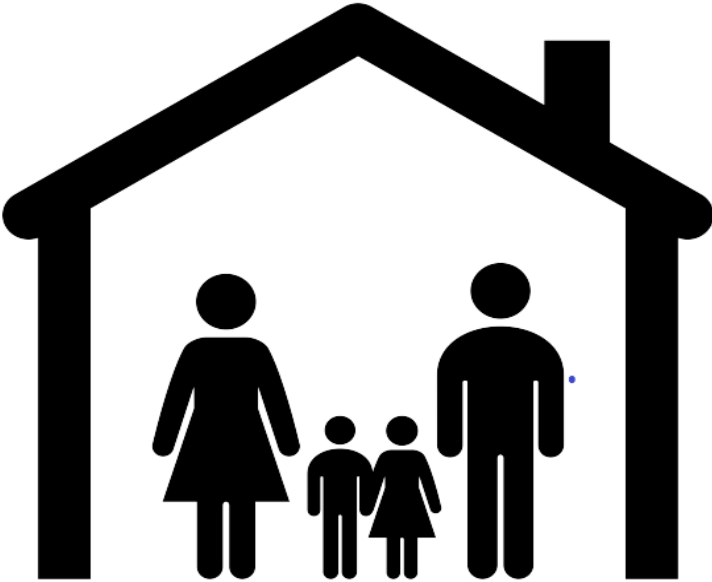


1/3rd more on Healthy Food



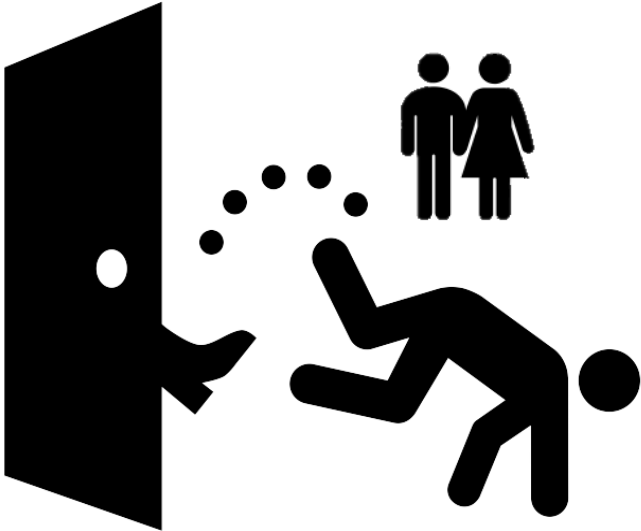
5x as much on Healthcare

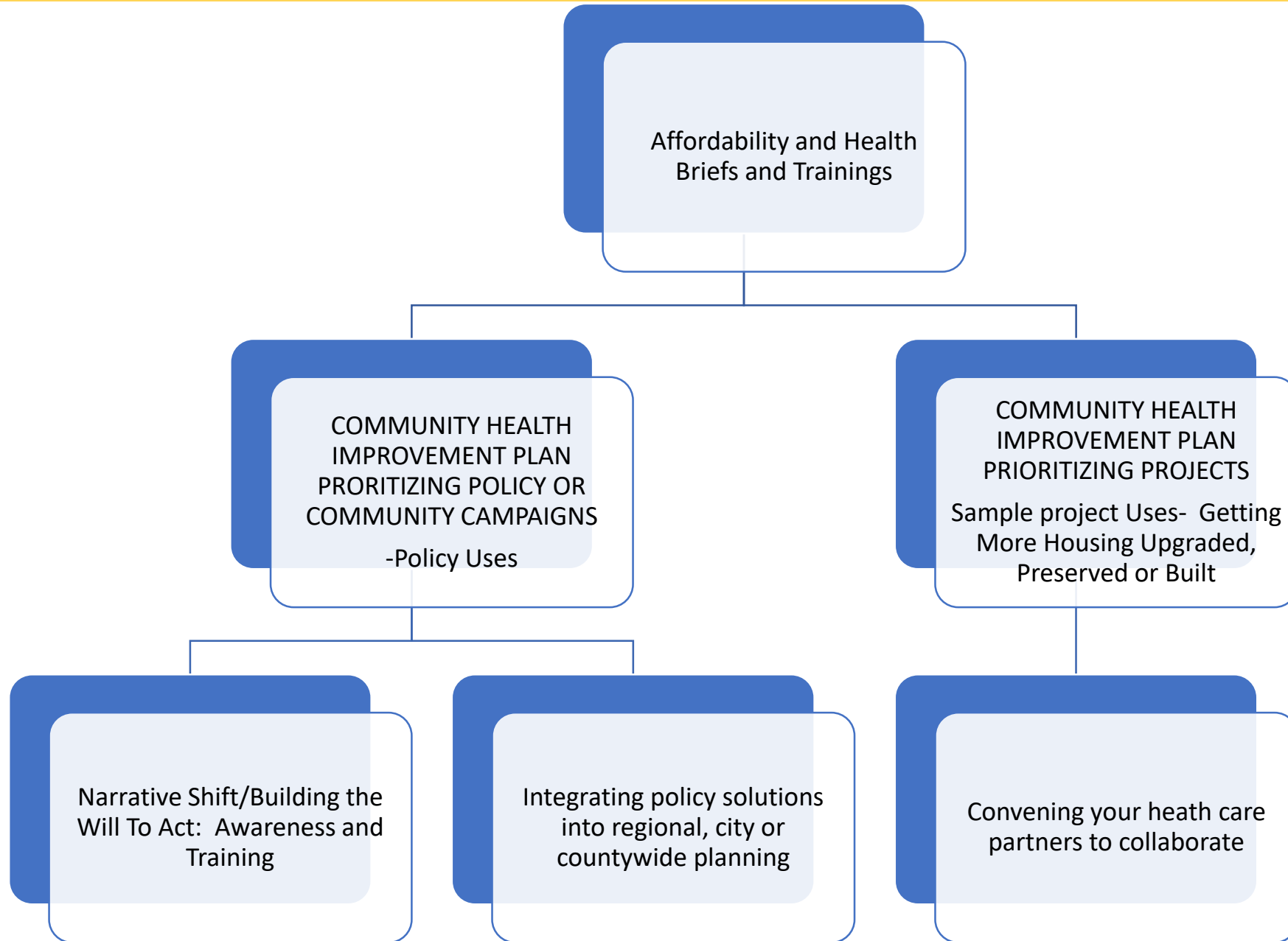
Housing Affordability Impacts on Families



2x more likely to be evicted

2x more likely to be in poor health





“Prescription for a healthy Bay Area? Homes for all”

Open Forum: Taking a regional approach to homelessness presents the best path forward
By Keith Carson and Muntu Davis



The Curb Cut Effect



Health Equity Kitchen Cabinet - Solutions That Prioritize Public Health



Protection:

Goal: Protect more than 450,000 low-income renter households

How? \$400 million/year and adoption of incentives and requirements.



Preservation:

Goal: Take 25,550 homes occupied by and affordable to low-income renters off the speculative market, and preserve and improve 11,110 expiring deed-restricted units.

How: \$500 million/year for 10 years and adoption of incentives and requirements



Production:

Goal: Meet the region's need for 13,000 new affordable homes/year

How: \$1.4 billion/year and adoption of incentives and requirements

Health Equity Kitchen Cabinet - Bills to Watch



- **Protection**
- **Tenant protection package includes:** AB 1482 (Chiu) Rent Cap or Anti-Rent Gouging, AB 1481 (Bonta) Just Cause Eviction, AB 36 (Bloom) Affordable housing and amends certain provision of Costa-Hawkins
- **SB 329 (Mitchel) Source of Income Discrimination** - clarifies that housing vouchers are included within California's prohibition on discrimination based on source of income.



- **Production**
- **AB 10 (Chiu) State Low Income Housing Credit** - increases the aggregate housing credit dollar amount that may be allocated among low-income housing projects with specific allocations for farmworker housing.
- **SB 50 (Weiner) Planning and zoning: Housing Development** – increases maximum building heights around transit and in jobs rich areas.



- **ACA 1 (Aguilar-Curry) Constitutional Amendment** - reduces the voter threshold for affordable taxes (sales, parcel, or transactions taxes) from 66 to 55%



Rapid Response Survey:

Health Impacts of Federal Immigration Policy



Methodology



Program Types

Clinical

- Clinics/FQHCs
- Pediatrics
- Medi-Cal

Public Health

- Mental Health
- Lead
- Drug and Alcohol
- Epidemiology
- Family Health/Maternal Health
- Immunizations
- Needle Exchange
- STD/HIV
- Rape Crises

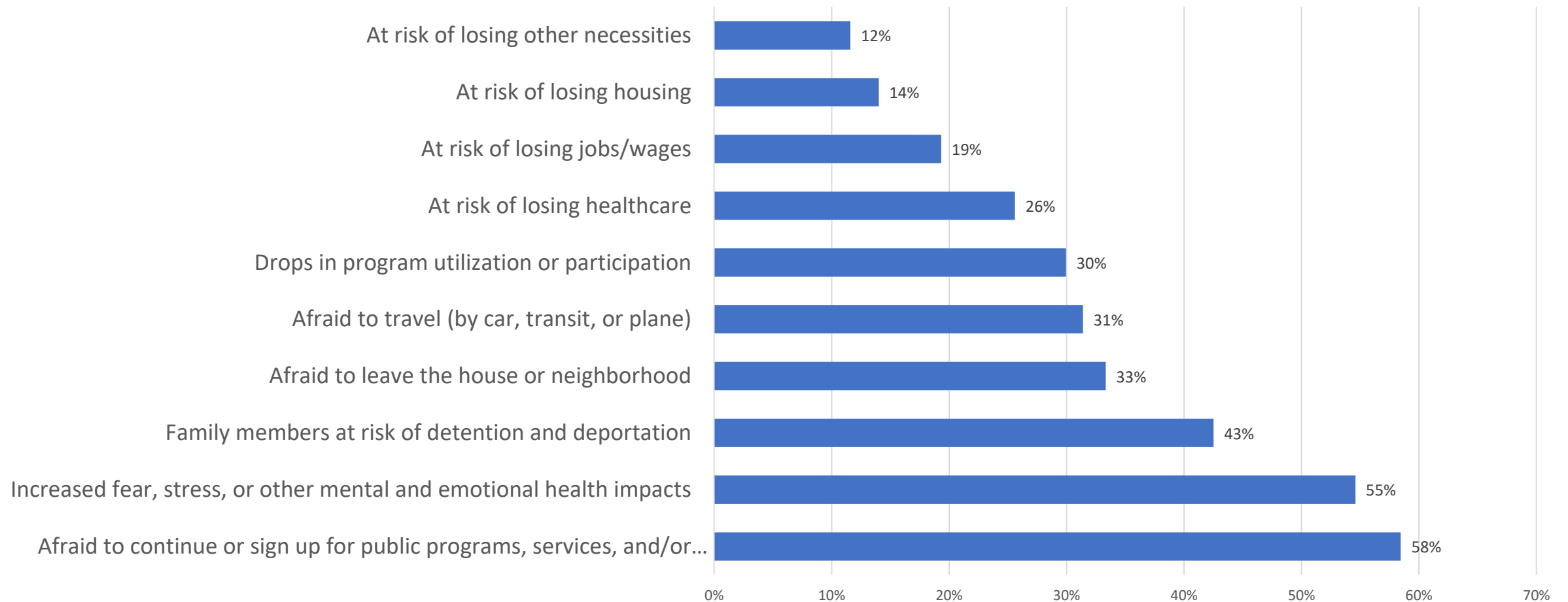
Social Services

- WIC
- CALWorks and Employment
- CALFresh
- CPS
- Homelessness

Community Partners

Results: Quantitative

“Have you witnessed or heard from clients that they have been impacted by the new immigration and refugee policy, enforcement and public discussion since November 2016 in the following ways:”



Data Into Action: Health Department Responses

Health Department/System Actions


- Welcoming communications to immigrant communities
- Sanctuary health systems
- Know your rights training or materials distribution
- Staff training/guidance on how to respond to ICE raids
- Hosting events for immigrant communities and/or county leadership
- Creating partnership with Immigration justice organizations
- Helping create and distribute guidance for health systems
- Data Analysis/Reports and Immigration and Health
- State Policy Action for Immigrant Defense

City/County Actions

- Defense Funds (CA, Alameda, SF, Santa Clara)
- Sanctuary Cities/Counties (San Jose, Oakland, SF, Hayward, Alameda County, Santa Cruz County, Fremont, San Pablo, Martinez, Richmond, El Cerrito, Albany, Berkeley, Emeryville, Alameda, Menlo Park, San Carlos, East Palo Alto)

BARHII outcomes responding to changes in immigration policy


Conducted rapid response survey and interviews on health impacts due to changes in federal policies.




Developed an Interrupting Hate and Bias Training for health services workforce.



BARHII members requested support on developing welcoming communications for immigrant clients (DACA, public charge). Partnered with Berkley Media Studies Group.



BARHII members shared how they were preparing for changes to public charge rule. With BMSG support, staff developed model messages for LHD to adopt.



Key stakeholders in model policy development for SB54 – guidance on information sharing to keep public facilities safe

How Today's Climate Impacts Strain Health

–



Heat, Fires, Flooding, and Human Health vulnerabilities

Heat

- **Future heat extremes expected to begin as early as June and extend through September**
- **Heat waves**
 - CA 2006— estimated excess of 655 deaths, 16,000 hospital admissions (CDPH)

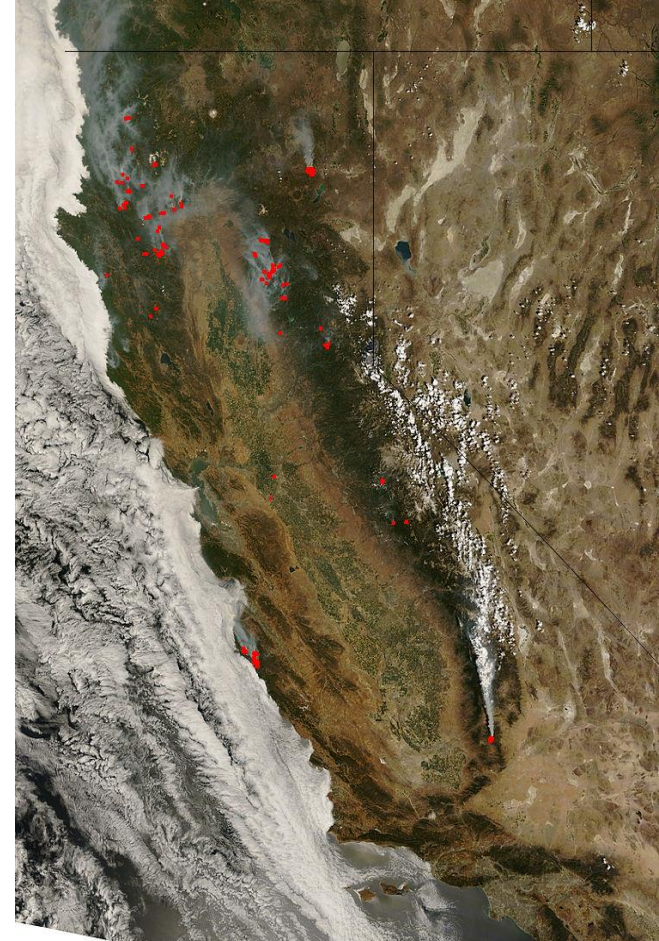
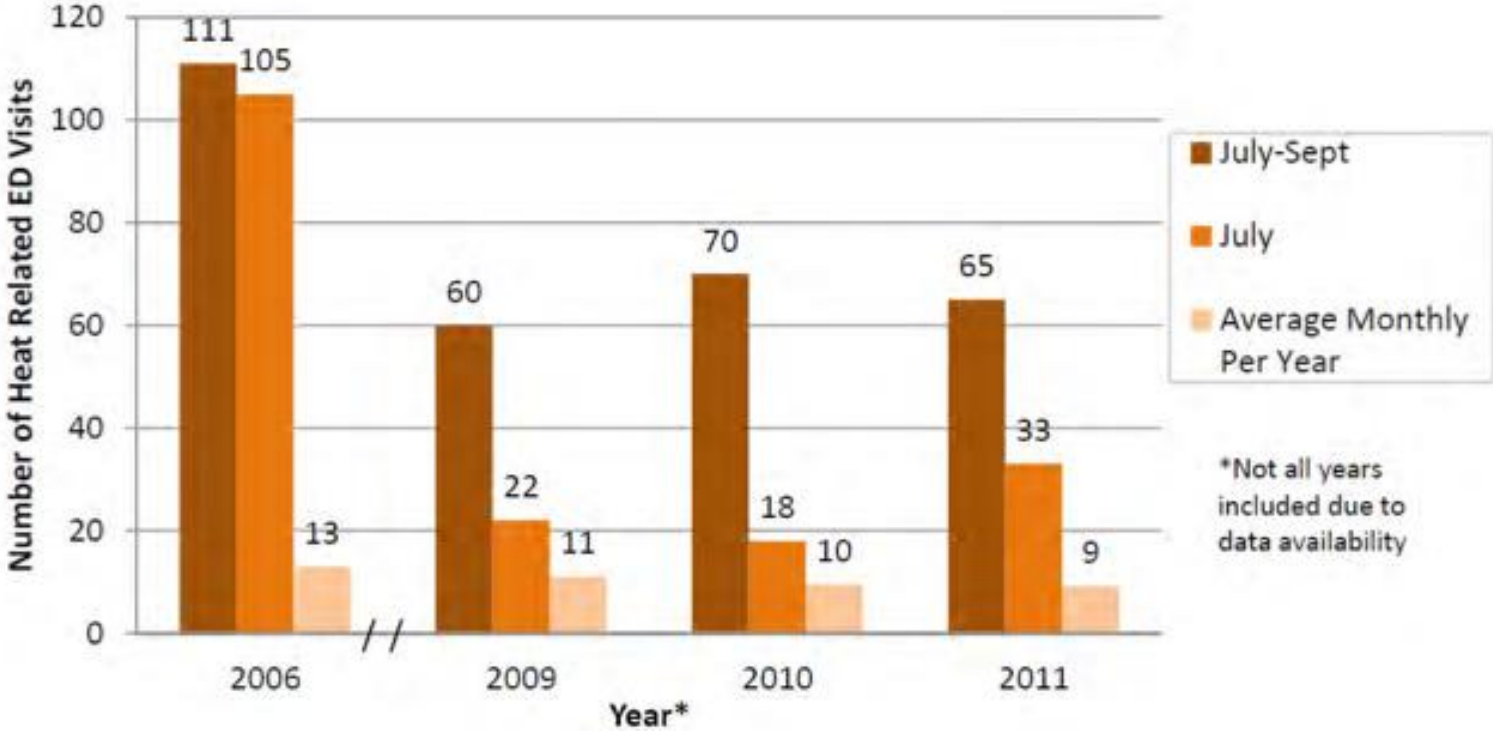
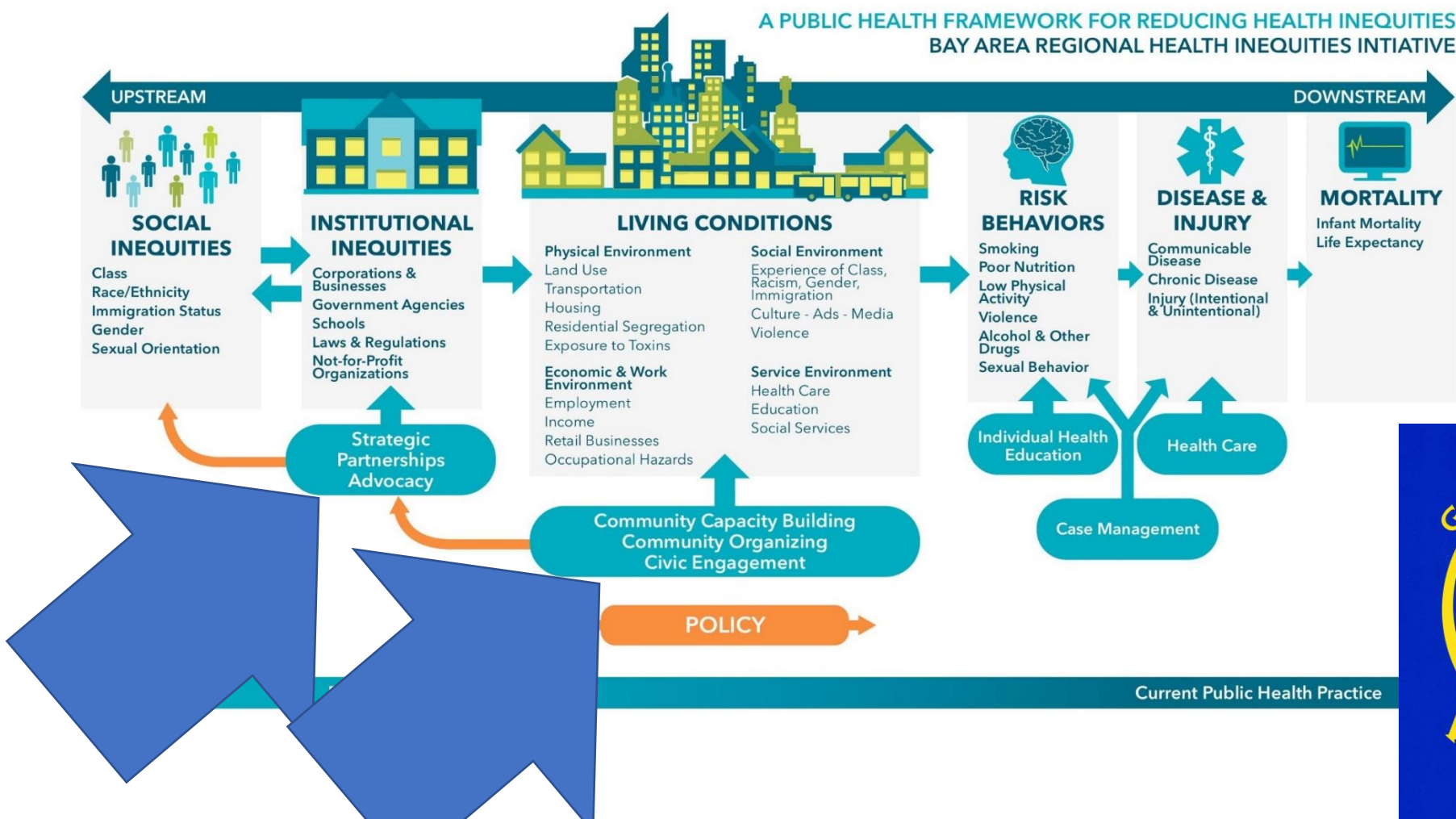


Figure 6: Heat Related Emergency Department Visits In Contra Costa County, 2006 & 2009–2011



Source: California Statewide Office of Planning Health and Development

The BARHII Framework: Strength In Numbers



Early Momentum - Spotting Great Projects – Blending Coalition, Investment, and Policy

FAIRMONT COORIDOR - Boston



Oakland Community Land Trust - Oakland



SPARCC



Appreciations



For more information:

WWW.BARHII.ORG



Intractability



Climate Change IS Exacerbates Existing Health Inequities NOW

Climate Impacts

- Extreme Heat
- Air Pollution
- Wildfire
- Severe Weather/Storms
- Drought
- Agricultural Disruptions



Health Impacts

- Death
- Cardiovascular Stress and Failure
- Disease
- Hunger; malnutrition
- Increased cost of water, food and energy
- Illnesses such as Heat Stroke, Heat Exhaustion
- Mental health disorders



Groups Most Impacted

- Elderly
- Children
- Farm/Outdoor Workers
- Diabetics
- Low-Income Urban Residents
- People with Respiratory Diseases

How Today's Climate Impacts Strain Health

–

Heat, Fires, Flooding,
and Human Health
vulnerabilities





2015

**Climate Change Vulnerability in
Contra Costa County: A Focus on Heat**

Heat

- **Future heat extremes expected to begin as early as June and extend through September**
- **Heat waves**
 - CA 2006— estimated excess of 655 deaths, 16,000 hospital admissions (CDPH)

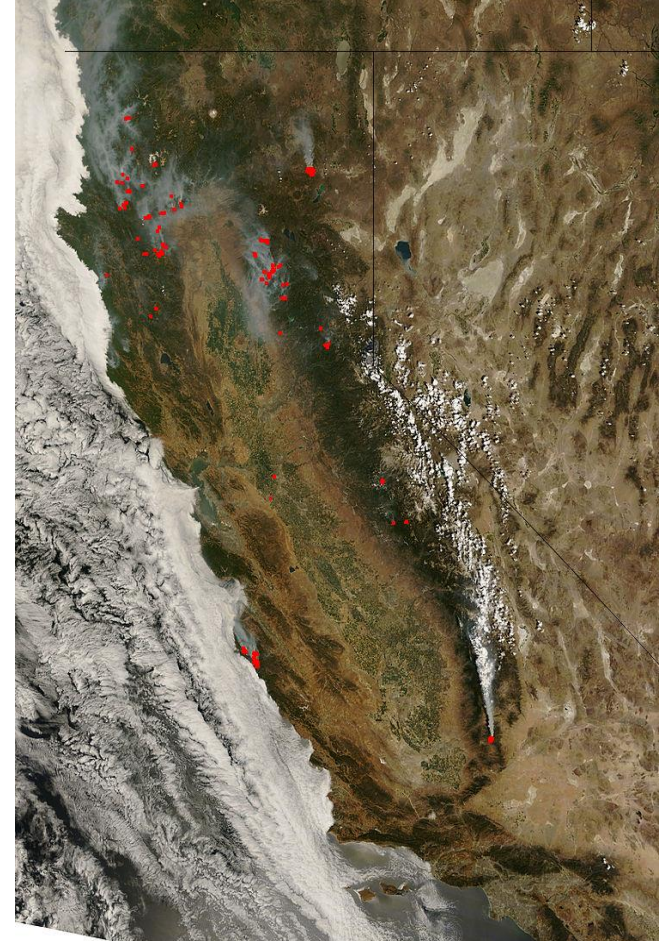
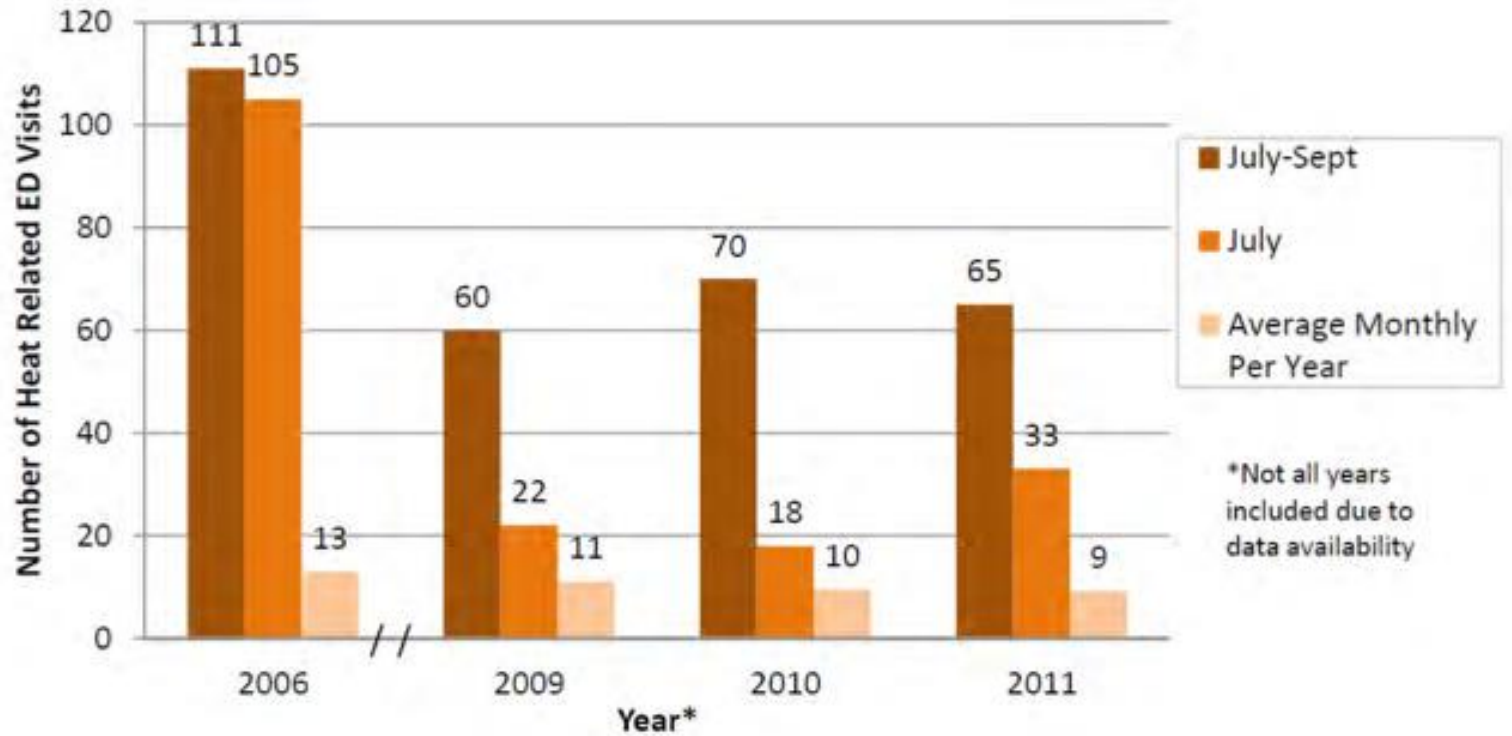


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Source: California Statewide Office of Planning Health and Development

Climate Change IS Exacerbates Existing Health Inequities NOW

Climate Impacts

- Extreme Heat
- Air Pollution
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Health Impacts

- Death
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Groups Most Impacted

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Other impacts...

Projected future increase in number and intensity of winter storms*

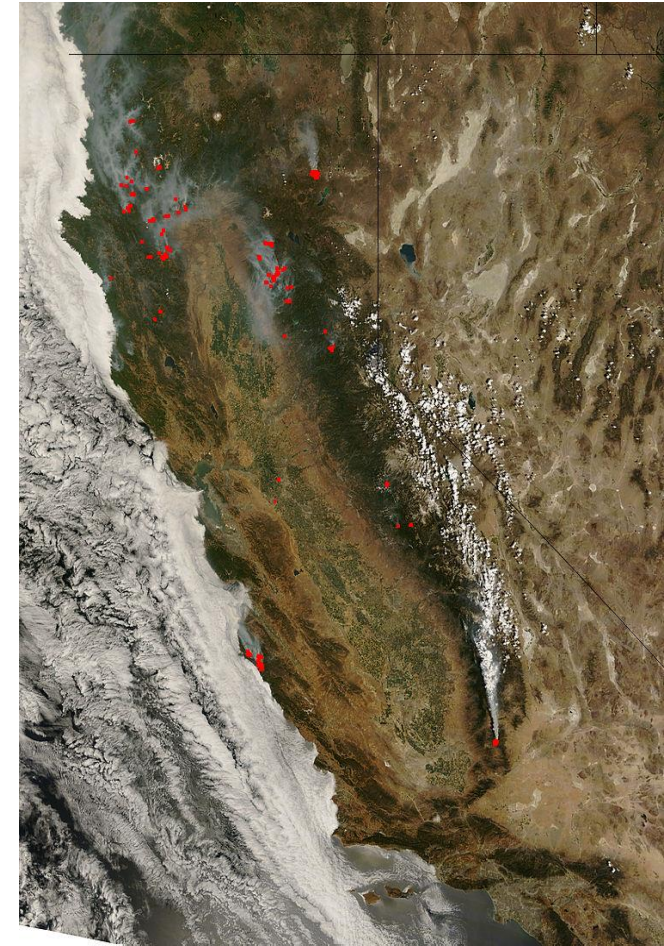
- Displaced populations
- Injuries and drowning
- Exposure to toxins
- Food and water contamination and shortages

• Climate change and air quality are linked

- Higher surface temperatures lead to formation of ground level ozone;
- Adverse effects on heart and lung function (e.g., ↑ risk of asthma attacks in exercising children)
- Longer growing seasons and increase in some pollens and molds

Changing patterns—yields of crops & pests & weed species resulting in: increased food costs and possible increased use of pesticides.

Effects on local economy and workers —displaced jobs and unemployment



Floods, Extreme Storms and Wildfire

Projected future increase in number and intensity of winter storms*

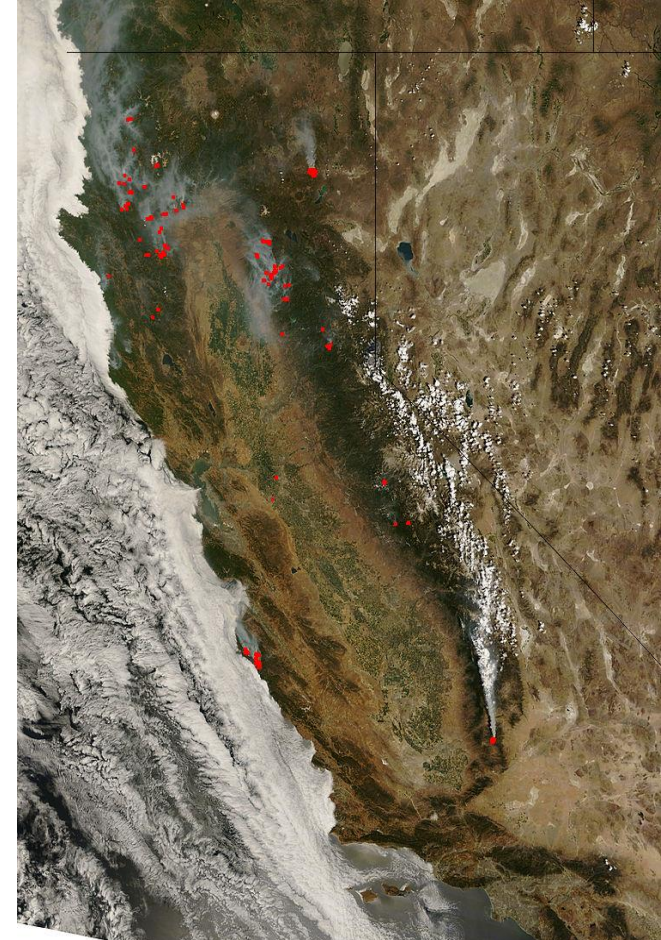
- Displaced populations
- Injuries and drowning
- Exposure to toxins
- Food and water contamination and shortages

Building Resilience Before the Storm →

- Identify vulnerable clients, support strong neighborhoods to build social cohesion and informal systems of support and formal strategies for check ins during flooding, storms and fires.
 - Pregnant women
 - Elderly
 - People with small children
 - People who live in households without access to a vehicle
- Identify areas of the community at risk for flooding and address vulnerabilities in housing stock, report to public works (damaged sewer drains, standing water, etc...)

Micro

- Assist clients with emergency preparedness (to-go kit with lists of medications, flash lights, food water, etc...)
- Encourage clients in areas at risk for fire to clear brush



Climate Change Quick Guides

GUIDE 01

Taking Action on Climate Change for Health

Climate Change: What's Public Health Got to Do With It?



DEFINITIONS

Greenhouse Gases (GHG)
Gases which absorb infrared radiation and trap its heat in the atmosphere. Both natural and industrial gases which these greenhouse properties, like carbon dioxide and methane.



This is the first in a series of five Guides designed to help public health professionals understand:

Guide 01
Climate Change: What's Public Health Got to Do With It?

Guide 02
Health and Equity Co-Benefits of Addressing Climate Change

Guide 03
Climate Change and Health Equity

Guide 04
How Public Health can Address Climate Change

Guide 05
Getting Involved in Climate Change Action Planning

What is Climate Change?

Global warming refers to the rise in global average temperature near Earth's surface. It is one aspect of climate change, which refers to major changes in temperature, precipitation, or wind patterns that last for a long time.

Human activities are releasing large amounts of greenhouse gases, such as carbon dioxide, into the atmosphere.

Why is Climate Change a Threat to Public Health?

"Climate change is a threat to the very systems that sustain our food, our shelter, and our health. It is a threat to our ability to protect and promote the health of our communities. It is a threat to our ability to address the health inequities that exist in our communities. It is a threat to our ability to save lives, reduce suffering, and improve the health of our communities."

How does Climate Change Affect Public Health?

Climate change has a wide range of impacts on public health. It can affect the distribution of infectious diseases, the availability of clean water and air, and the health of our food systems. It can also affect the health of our most vulnerable populations, such as the very young, the very old, and those with pre-existing health conditions. Climate change can also affect the health of our communities by increasing the risk of natural disasters, such as hurricanes, droughts, and wildfires.

GUIDE 04

Taking Action on Climate Change for Health

How Public Health can Address Climate Change



Greenhouse gas emissions from human activity are increasing the earth's temperature, resulting in extreme weather events that have serious health consequences. Vulnerable communities will likely have some of the greatest exposure to climate-related health impacts and the fewest resources to confront them. This is a public health issue and public health professionals can play a key role in addressing it.

We Can Address Climate Change. We Can Impact Health.

The following are suggested actions public health staff can take to address climate change at work. We urge you to carry out some of these and encourage your leadership or staff to implement them so that your organization is doing its part to confront this threat to public health.

Research

- Complete internal needs assessments and community vulnerability assessments to gather baseline data.
- Map geographic areas for impacts over time.
- Partner with other agencies to monitor key data changes (i.e., weather, neighborhood, and health outcomes). Include health data and maps on County or City website for use by others.
- Work with relevant agencies in your jurisdiction to examine emissions related to your health department's purchasing policy, building energy use, and staff travel.

Education and Outreach

- Conduct trainings on the health impacts of climate change for department staff, medical professionals, staff in related departments, and community-based organizations.
- Post climate change web links and information to your department's website, professional network list-serves and email tags.
- Use local data to identify opportunities to address climate change.
- Empower all staff working with the community to integrate messages into existing prevention programs about the health co-benefits of addressing climate change. For example, did you know global warming affects pollen release, which can lead to an increase in asthma and other respiratory problems?

Spotlight on Santa Clara County

As part of its CDC funded Communities Putting Prevention to Work Obesity Prevention Initiative, the Santa Clara County Public Health Department (SCCPHD) worked with jurisdictions and community organizations on environmental strategies to increase the use of active transportation and the consumption of local fresh food. Some of the strategies were: creation of a city Community Supported Agriculture (CSA) project, expansion of the acceptance of Cal Fresh EBT cards at farmers' markets, adoption of Safe Routes to School policies in school districts and cities, creation of a bilingual bike map, development of zoning standards to implement active transportation policies in a city general plan, and amendment of a city code to reduce parking requirements. SCCPHD also embarked on a new collaboration with the Office of Planning to create a Health Element, which will be the first of its kind in the County and will help shape other elements of the General Plan.

GUIDE 02

Taking Action on Climate Change for Health

Health and Equity Co-Benefits of Addressing Climate Change



DEFINITIONS

Health Co-benefits
The health benefits that result from strategies that are intended to address a non-health issue.

Mitigation
As related to climate change: reducing greenhouse gas emissions.

Climate change mitigation and readiness measures are being implemented in land use, transportation, water, energy, waste, agriculture, and more. Many climate action strategies also have significant beneficial effects on public health and equity, known as **co-benefits**, making climate change action a "win-win." Some health co-benefits of strategies to reduce greenhouse gas emissions from transportation include: decreases in obesity, cardiovascular disease, respiratory illness, osteoporosis, and



community health inequities resulting from climate change. These benefits can be longer term and realized locally at the neighborhood level. Public health professionals can help to address these reasons, by the co-benefits of strategies to reduce greenhouse gas emissions from transportation include: decreases in obesity, cardiovascular disease, respiratory illness, osteoporosis, and

GUIDE 05

Taking Action on Climate Change for Health

Getting Involved in Climate Change Action Planning



Public health employees have an important role to play in shaping policies and plans designed to address climate change. As experts on the health of our communities and on the needs of vulnerable communities, public health staff can ensure that these needs are addressed while we prepare to adapt to a changing climate. Policy work can include collaborating with local or regional planning agencies, writing letters or providing testimony to advocate for healthy policies, or participating on boards or commissions that address climate change issues.

Opportunities abound for raising health equity concerns in planning processes to address climate change. California's Senate Bill 375 requires each region to develop a Sustainable Communities Strategy (SCS) – an integrated transportation and land-use strategy to accommodate future population growth and reduce greenhouse gas emissions from cars and light trucks. The participation of public health staff in this recent, regional process helped create a more equitable and health-focused plan for the Bay Area.

There are also opportunities to get involved at the local level as municipalities use the SCS guidance to plan for their future housing and land use development via agencies that are accountable to local boards of supervisors, such as:

- City and county transportation commissions
- County congestion management agencies (CMAs)
- Transit agencies
- Sales tax authorities

Cities across California are also adopting voluntary plans to reduce their greenhouse gas (GHG) emissions. These include amendments to General Plans, comprehensive sustainability plans, and Climate Action Plans, among others.

In all these planning efforts, public health can educate planners, engineers, and policy-makers about the links between active transportation, housing, and health outcomes and ensure that the needs of the most vulnerable and least resourced communities are addressed. BARHII created a set of downloadable resources that can assist public health staff to participate in planning efforts: (1) *The Healthy Planning Guide* and (2) *Partners in Public Health*.¹⁶

Spotlight on Alameda County

The Adapting to Rising Tides (ART) project is a collaborative planning project evaluating how Bay Area communities can improve their resilience to sea level rise and storm events. The project was initiated in 2010 by the San Francisco Bay Conservation and Development Commission (BCDC) with NOAA Coastal Services Center. This cross-jurisdictional project is focused on a Bay Area sub-region, which includes a portion of the Alameda County shoreline from Emeryville to Union City. Alameda County Public Health Department was invited to participate from the inception. Public Health staff attended planning meetings / strategy sessions and helped to ensure a public health equity focus was included. Public Health staff provided consultation to BCDC staff in scoping of the project to ensure hazardous materials, community land use, and vulnerable population issues were included and edited community land use and equity reports. In addition, Public Health staff facilitated linkages to County and community-based organization staff and provided data.

GUIDE 03

Taking Action on Climate Change for Health

Climate Change and Health Equity



DEFINITIONS

Health Inequities
The unfair and avoidable differences in health status seen within and between populations and places.

Built Environment
Environments in which people live, work, and play.

Climate Change Will Not Affect All Communities in the Same Way

Whether through sea level rise, droughts, or heat waves, the populations most vulnerable to climate-related health impacts are the same communities that experience **health inequities**, the unjust and avoidable disparities in health outcomes. These include the elderly, children, communities of color, and those unable to afford food, quality shelter, fuels for cooking and transportation, or lacking alternatives to contaminated drinking water.

Mitigation Strategies Can Support Health Equity Efforts

Reducing greenhouse gas (GHG) emissions is essential to reduce the severity of climate change. Actions to mitigate further climate change can also reduce health inequities. More than 60% of adults do not achieve the amount of regular physical activity. The highest rates of physical inactivity are among California's low-income households and communities of color. These communities have the least access to safe places to exercise and play. Rates of chronic diseases such as diabetes and heart disease are also highest in these communities.

Climate change mitigation law, **Senate Bill 375**, requires regional housing, and other land use planning to lower greenhouse gas emissions. Regional agencies are planning for **built environments** that are safe and walkable with jobs, affordable housing, schools, and basic services close to one another and easily accessible by public transportation. These actions will help residents to drive less. Placing jobs, enriched public schools, and good services, such as grocery stores, with housing that is close to public transit will help all income groups provides increased opportunities for physical activity and help decrease health inequities.



Figure 1. Areas projected to be inundated by 100 Year Flood, 55 inch Sea Level Rise¹⁷

ART Partnership

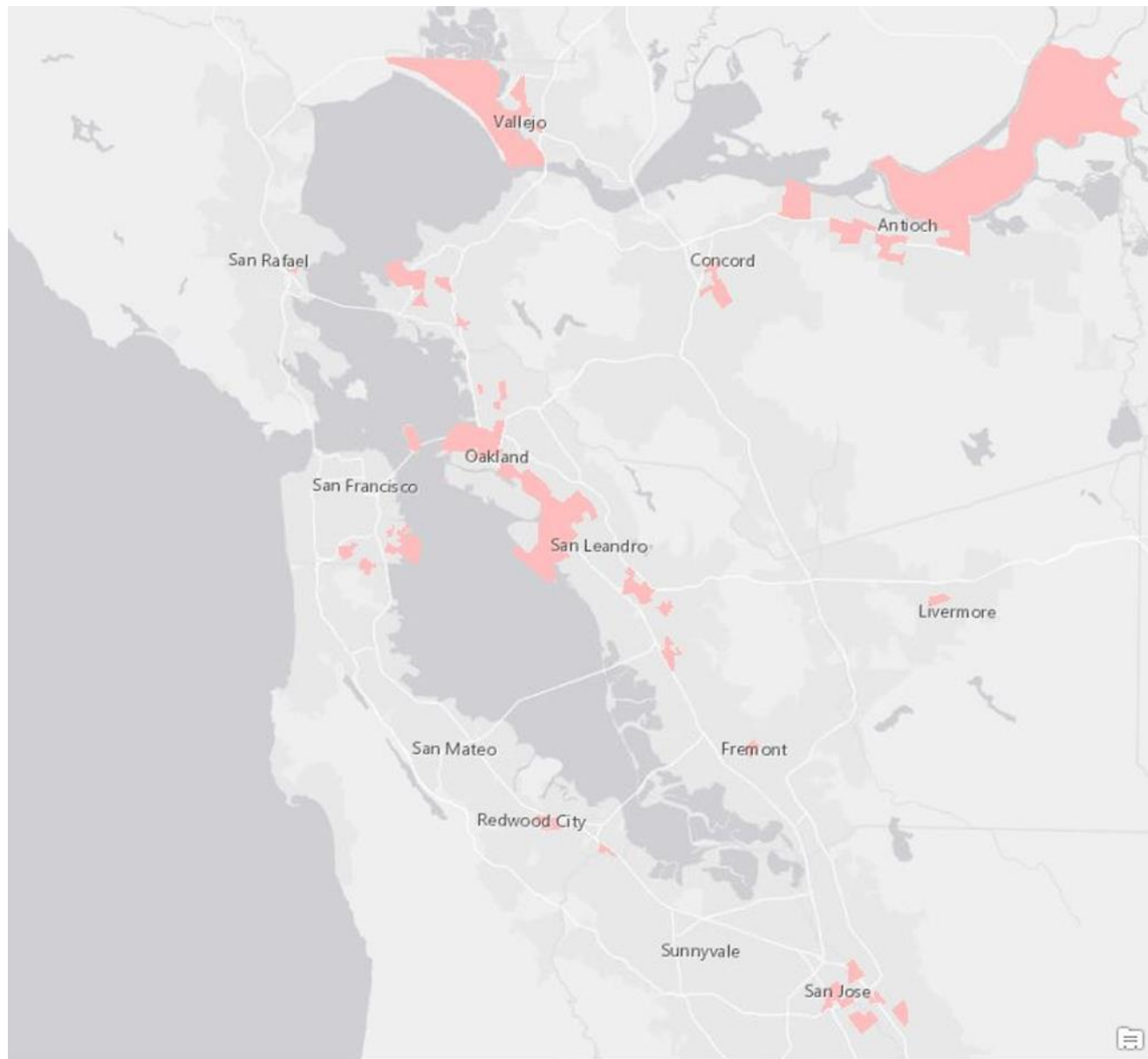
Co-Benefits of Climate Change Eff_{orts}

Reduce vehicle miles traveled	→	<ul style="list-style-type: none">• Increase physical activity• Reduce chronic disease• Improve mental health
Reduce emissions through land use changes	→	<ul style="list-style-type: none">• Increase local access to essential services• Enhance safety
Reduce residential building energy use	→	<ul style="list-style-type: none">• Reduce household energy costs• Promote healthy homes• Create local green jobs
Urban greening	→	<ul style="list-style-type: none">• Reduce temperature and urban heat island health effects• Reduce air pollution and noise
More sustainable local food systems	→	<ul style="list-style-type: none">• Increase access to healthy, fresh foods• Reduce cardiovascular disease• Increase local social cohesion• Increase resilience

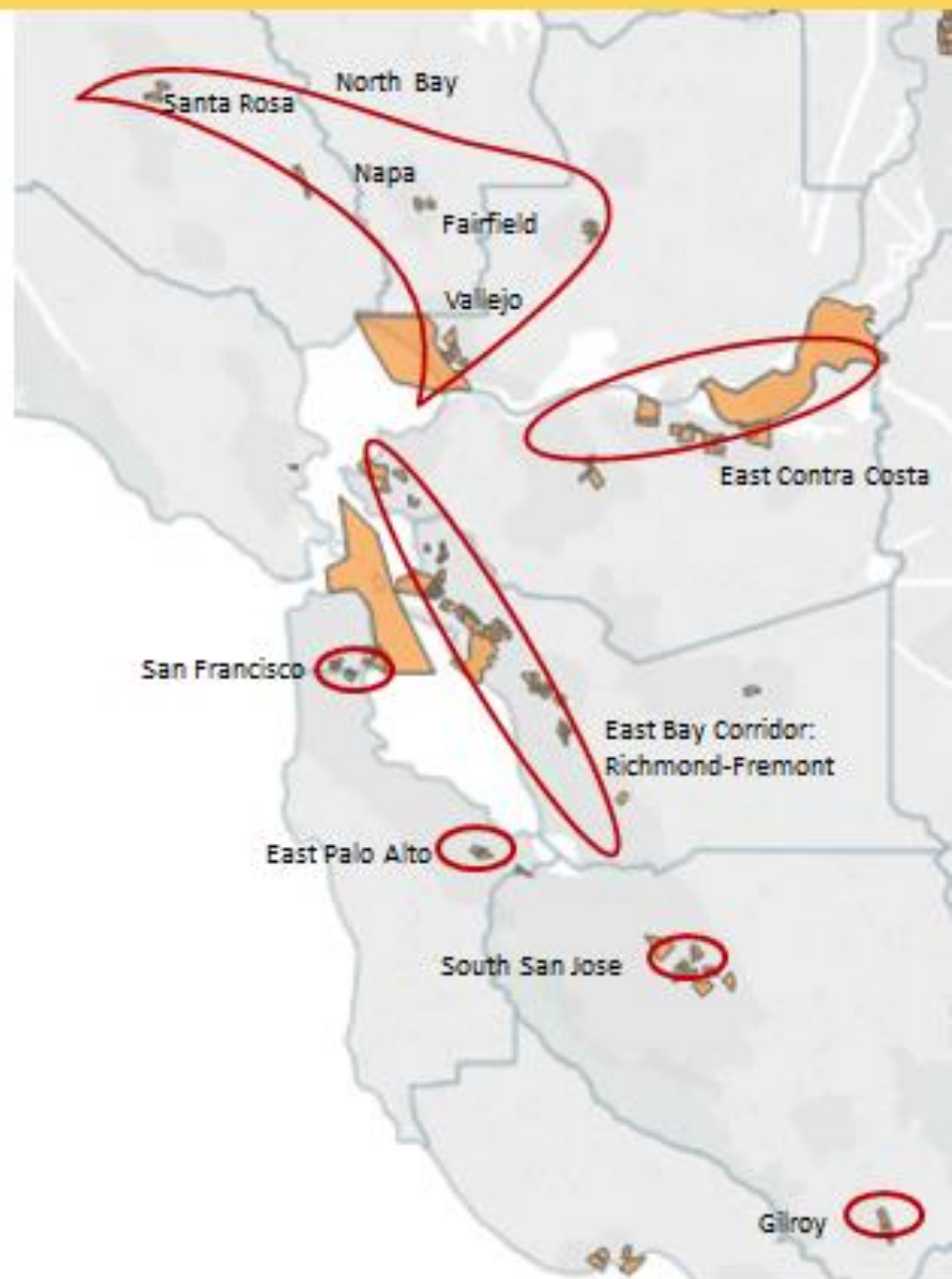
A Deeper Look At Opportunity Zones



Bay Area Opportunity Zones By census tract



Bay Area Opportunity Zones



Displacement in the Bay Area

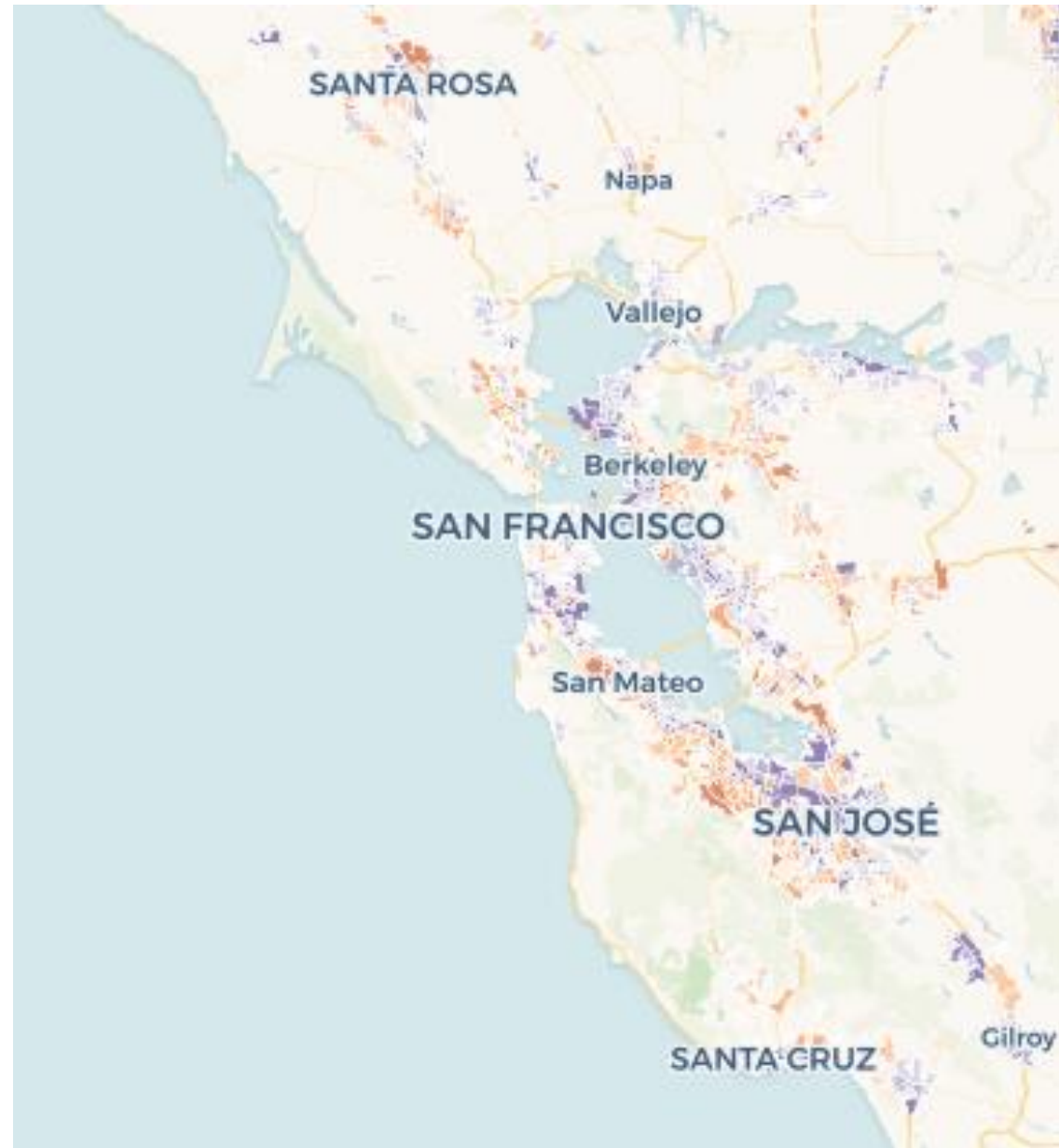
Displacement Typologies

Lower income (LI) tracts

- 1. Not losing LI households
- 2. At risk of gentrification and displacement
- 3. Ongoing Gentrification/Displacement

Moderate to high income (MHI) tracts

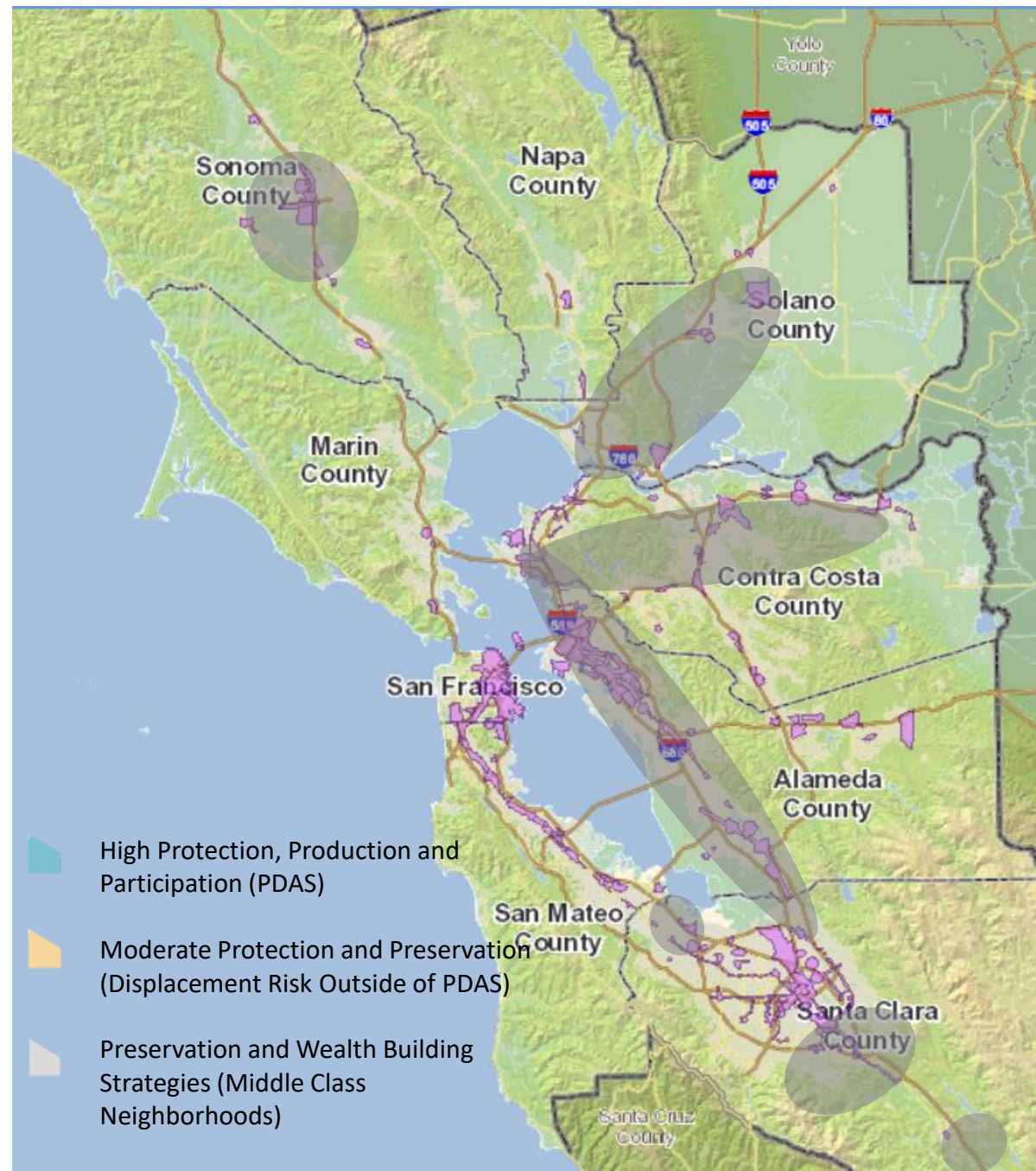
- 1. Advanced gentrification
- 2. Not losing LI households
- 3. At risk of exclusion
- 4. Ongoing Exclusion/Displacement
- 5. Advanced exclusion



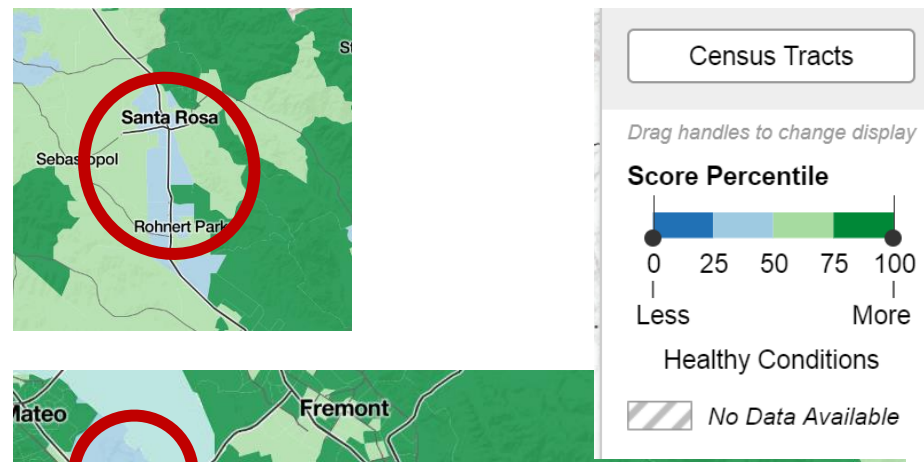
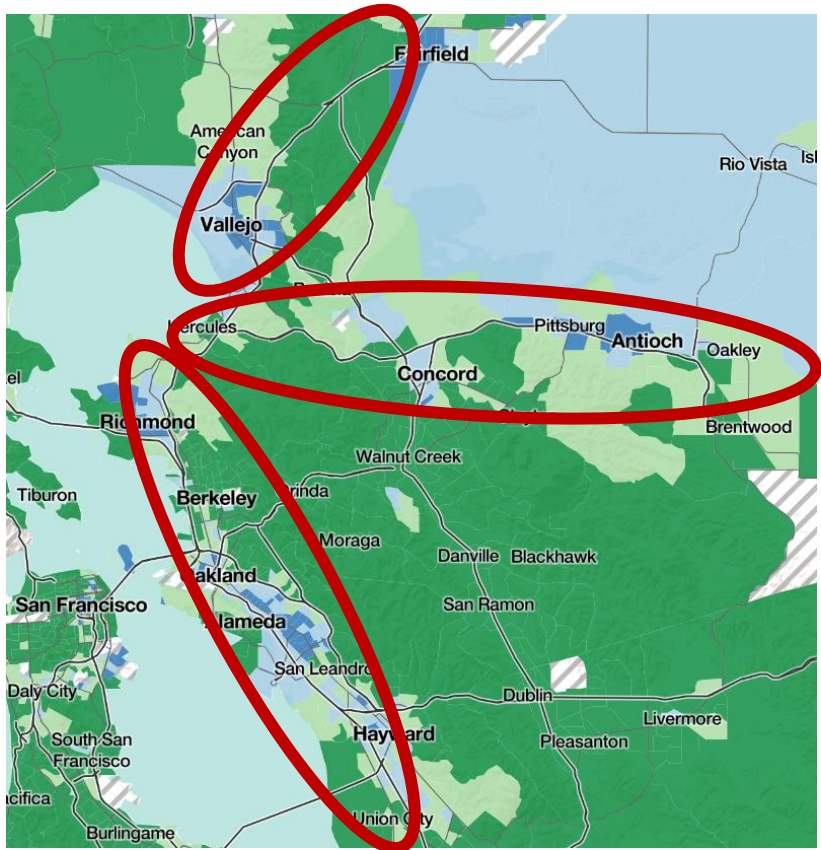
Source: Urban Displacement Project. <http://www.urbandisplacement.org/map/sf>

BAY AREA BELT FOR HOUSING PRESERVATION

- Addressing health disparities
 - Cities economically disconnected from urban core
 - Increasing poverty and racial segregation
 - Vulnerable to displacement in the next economic cycle
 - Low community capacity
- Addressing vulnerable communities needs:
 - Low-income neighborhoods along earthquake faults and in flooding areas
 - 70K units at risk for the next major earthquake
- Timely investments
 - Lower housing cost than core
 - Retaining skilled work force
 - Retrofit would be ¼ cost of reconstruction

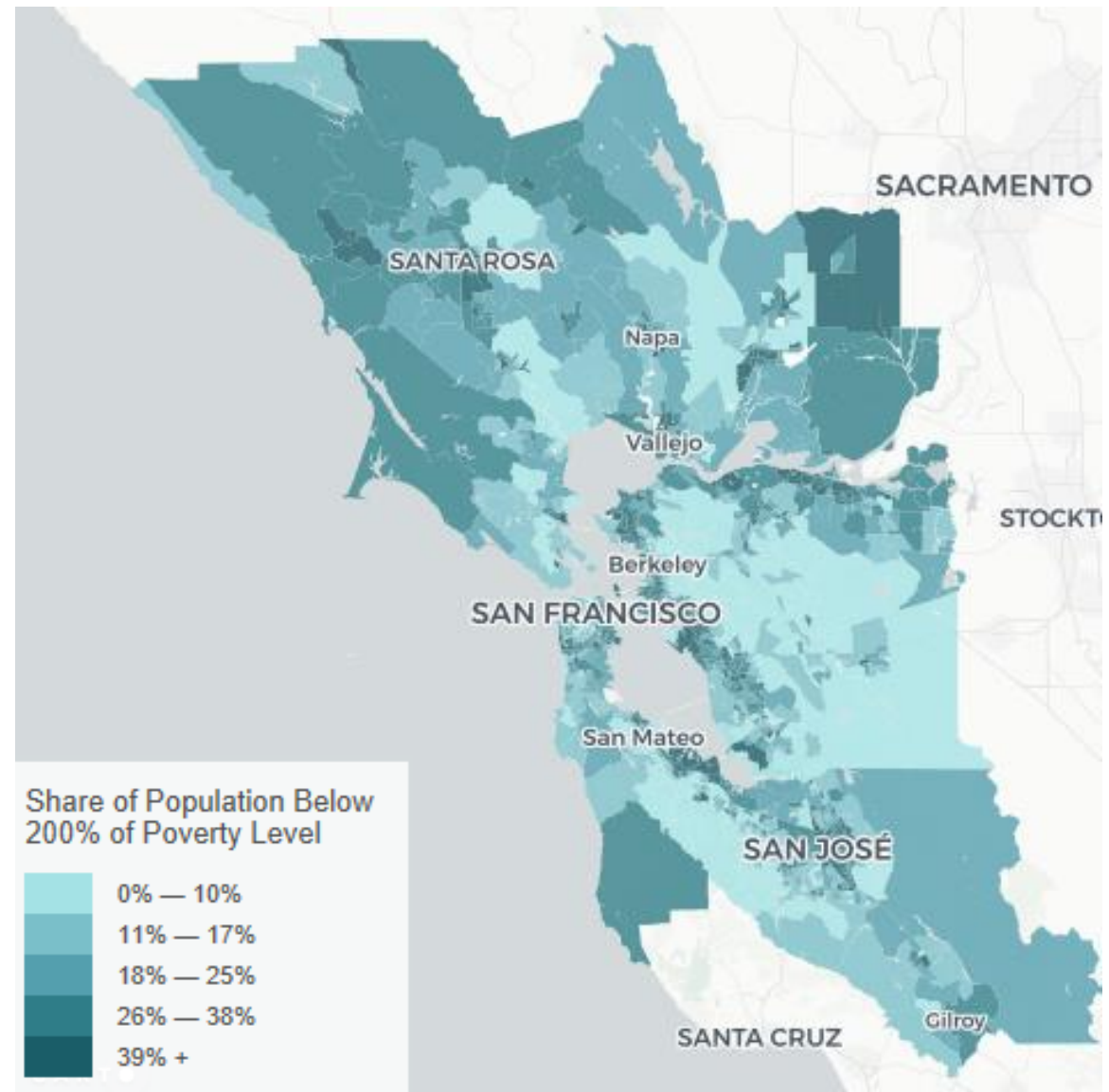


BAY AREA HEALTH INDEX BY NEIGHBORHOODS



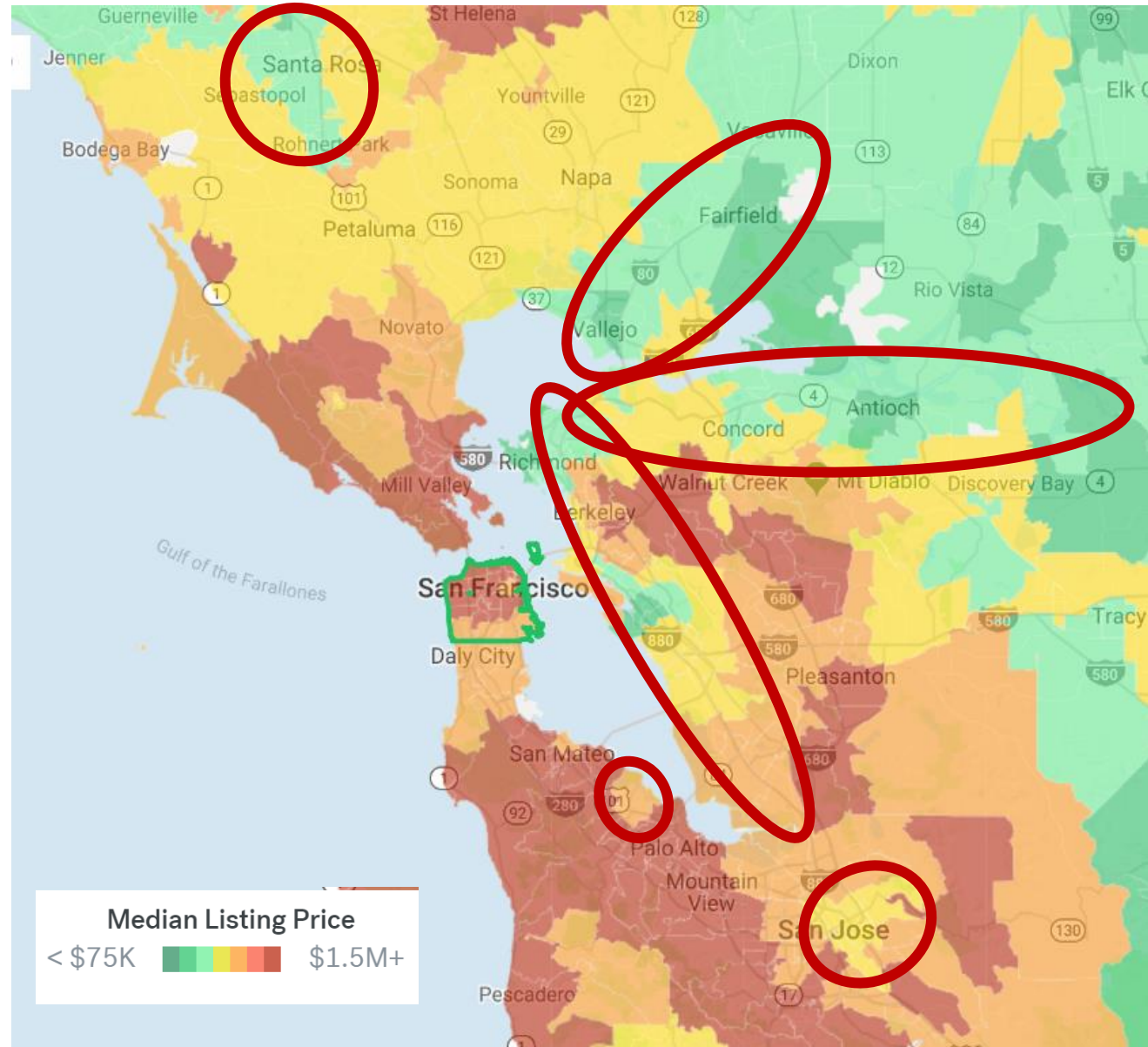
Source: The California Healthy Places Index (HPI)
Public Health Alliance of Southern California

Suburbanization of Poverty



Source: Vital Signs. <http://www.vitalsigns.mtc.ca.gov/poverty>

Housing Market Trends 2018 Trulia



Implementing a Health Equity Agenda Regionally



A Deeper Look At Opportunity Zones





Rapid Response Survey:

Health Impacts of Federal Immigration Policy

October, 2017



Who we Are



Two coalitions of local health departments responsible for 80% of the state's population



Methodology



Program Types

Clinical

- Clinics/FQHCs
- Pediatrics
- Medi-Cal

Public Health

- Mental Health
- Lead
- Drug and Alcohol
- Epidemiology
- Family Health/Maternal Health
- Immunizations
- Needle Exchange
- STD/HIV
- Rape Crises

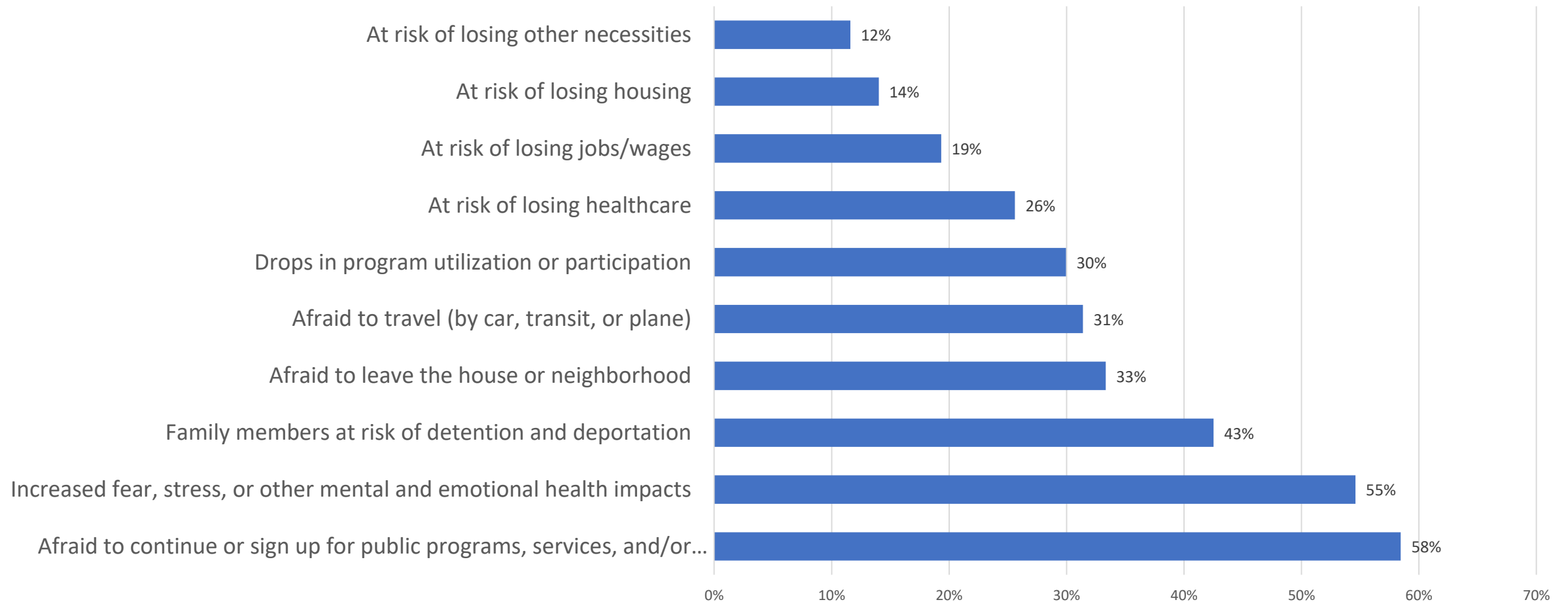
Social Services

- WIC
- CALWorks and Employment
- CALFresh
- CPS
- Homelessness

Community Partners

Results: Quantitative

“Have you witnessed or heard from clients that they have been impacted by the new immigration and refugee policy, enforcement and public discussion since November 2016 in the following ways:”



Results-Stories

*“A patient told me she was afraid of going back to county clinic. **Not only has she stopped seeing our clinic, her specialist, but also she is reluctant to take her daughter to the Pediatrics department for the same reason.** Her daughter who is only 3 has had a history of abnormal blood work, was set up to see a specialist for possible leukemia and is recently fainting.”*

*“I saw a patient recently at an evening clinic at a local school who was suffering from headaches.. As we explored sources of stress for her, she revealed that **neither she nor her husband are documented but their only child was born in this country and is, therefore, a citizen. Should they be deported, she has no idea how she will deal with finding care for her child who is 8 years old.**”*

*“One outreach client that was actively interested in engaging in Mental Health Services prior to the election, **who is now so afraid to leave their house that they have cut off all contact with government agencies for fear of being thought of as illegal(sic) because they are "brown," and are married to someone who is in fact illegal.**”*

*“I have an undocumented patient who has a diagnosis that's high risk to public health. He's a day laborer and, sometimes, due to fear he'll be caught and deported, he'll **forgo going to work. Lost wages renders him unable to support himself and his spouse. And, with the lack of basic need such as income to support their living, it has become a domino effect that, ultimately, impacts the public negatively.**”*

Data Into Action: Health Department Responses

Health Department/System Actions

- Welcoming communications to immigrant communities
- Sanctuary health systems
- Know your rights training or materials distribution
- Staff training/guidance on how to respond to ICE raids
- Hosting events for immigrant communities and/or county leadership
- Creating partnership with Immigration justice organizations
- Helping create and distribute guidance for health systems
- Data Analysis/Reports and Immigration and Health
- State Policy Action for Immigrant Defense

City/County Actions

- Defense Funds (CA, Alameda, SF, Santa Clara)
- Sanctuary Cities/Counties (San Jose, Oakland, SF, Hayward, Alameda County, Santa Cruz County, Fremont, San Pablo, Martinez, Richmond, El Cerrito, Albany, Berkeley, Emeryville, Alameda, Menlo Park, San Carlos, East Palo Alto)

BARHII outcomes responding to changes in immigration policy


Conducted rapid response survey and interviews on health impacts due to changes in federal policies.




Developed an Interrupting Hate and Bias Training for health services workforce.



BARHII members requested support on developing welcoming communications for immigrant clients (DACA, public charge). Partnered with Berkley Media Studies Group.



BARHII members shared how they were preparing for changes to public charge rule. With BMSG support, staff developed model messages for LHD to adopt.



Key stakeholders in model policy development for SB54 – guidance on information sharing to keep public facilities safe

Data Into Action through 2018: Health Depts and Systems

- RFP developed for \$3.7 M in contracts to fill the gap in services (Alameda)
- \$3.5 M allocated for legal services and deportation defense (Santa Clara)
- Welcoming outreach and messaging (Napa)
- Funds for organizations for deportation defense and support (Solano)
- Dedicate Office of Diversity and Equity to leave overall efforts, communication, outreach (San Mateo)
- Training for staff on how to communicate about immigration, race, racism (Marin)
- Training for staff on how to provide resources/info to clients like KYR. Mental wellness and self-care support (Santa Clara)

Data Into Action: Next Phases



- Building Mental Health Capacity
- Interrupting Hate and Bias (Bystander Intervention, Workforce Bias Training)
- Public Statements and Advocacy (DACA and other policies)

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Institutionalizing Health Equity

- Training & Development
 - Health Equity 101
 - Adaptive Leadership Series
 - Anti Bias Series: Bystander Intervention, Bias in Workplace
- Policy Solutions
 - Integrating health equity into local legislative policy platforms
 - Providing data and information on health/health equity impacts
 - Serving as a resource, naming policies that can have broad scale health impacts

ALTHOUGH DEATH RATES IN CALIFORNIA HAVE DECLINED, DISPARITIES PERSIST WITH AFRICAN AMERICANS HAVING HIGHER DEATH RATES THAN THOSE OF OTHER RACIAL/ETHNIC GROUPS

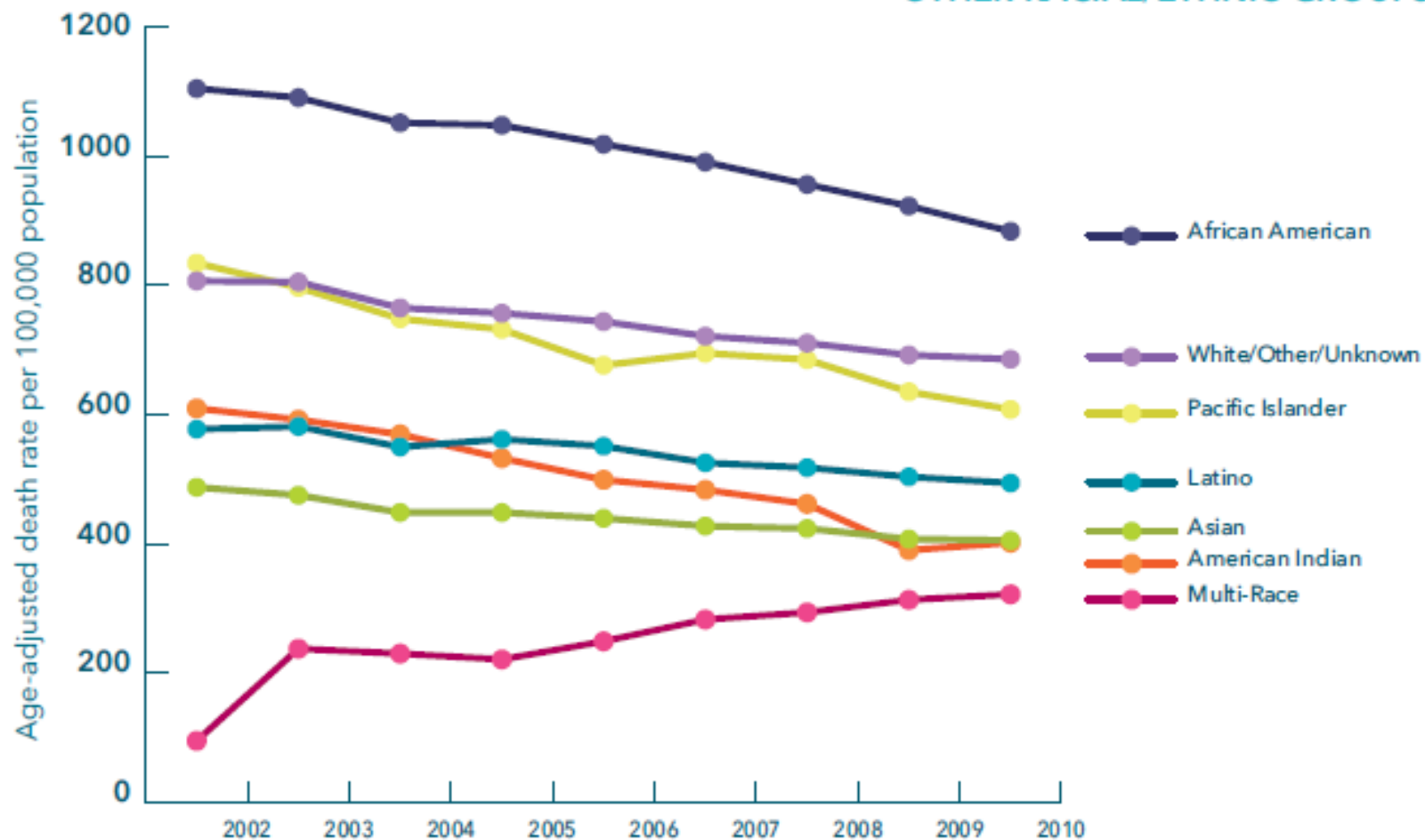


FIGURE 2: Death rates, by race/ethnicity, California, 2002 to 2010.

Source: California Department of Public Health, Death Records; and California Department of Finance, Race and Ethnic Population with Age and Sex Detail, 2000-2005. Sacramento, California, July 2007.

Note: Age-adjusted rates are calculated using year 2000 U.S. standard population.

Appreciations

For more information:

WWW.BARHII.ORG

