



Monterey County: A Health in All Policies Story



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Objectives...

2

- Share the Monterey County Story
- Give you a glimpse of HiAP in Action in MC
- Highlight some HiAP Activities
- Answer your questions

Why HiAP?

3

- Monterey County Strategic Plan
- How can we best support your health and wellbeing?
- Community Response:
 - Housing
 - Jobs/Economy
 - Parks & Open Space
 - Community Safety

MCHD Strategic Plan: Voices



“People don’t feel safe; there is poor lighting, poor or no side-walks; bushes are overgrown causing fire hazard; gangs. Dangerous for kids to walk to school, especially with no crossing guards, and most parents working so can’t walk with kids.” - South County Resident

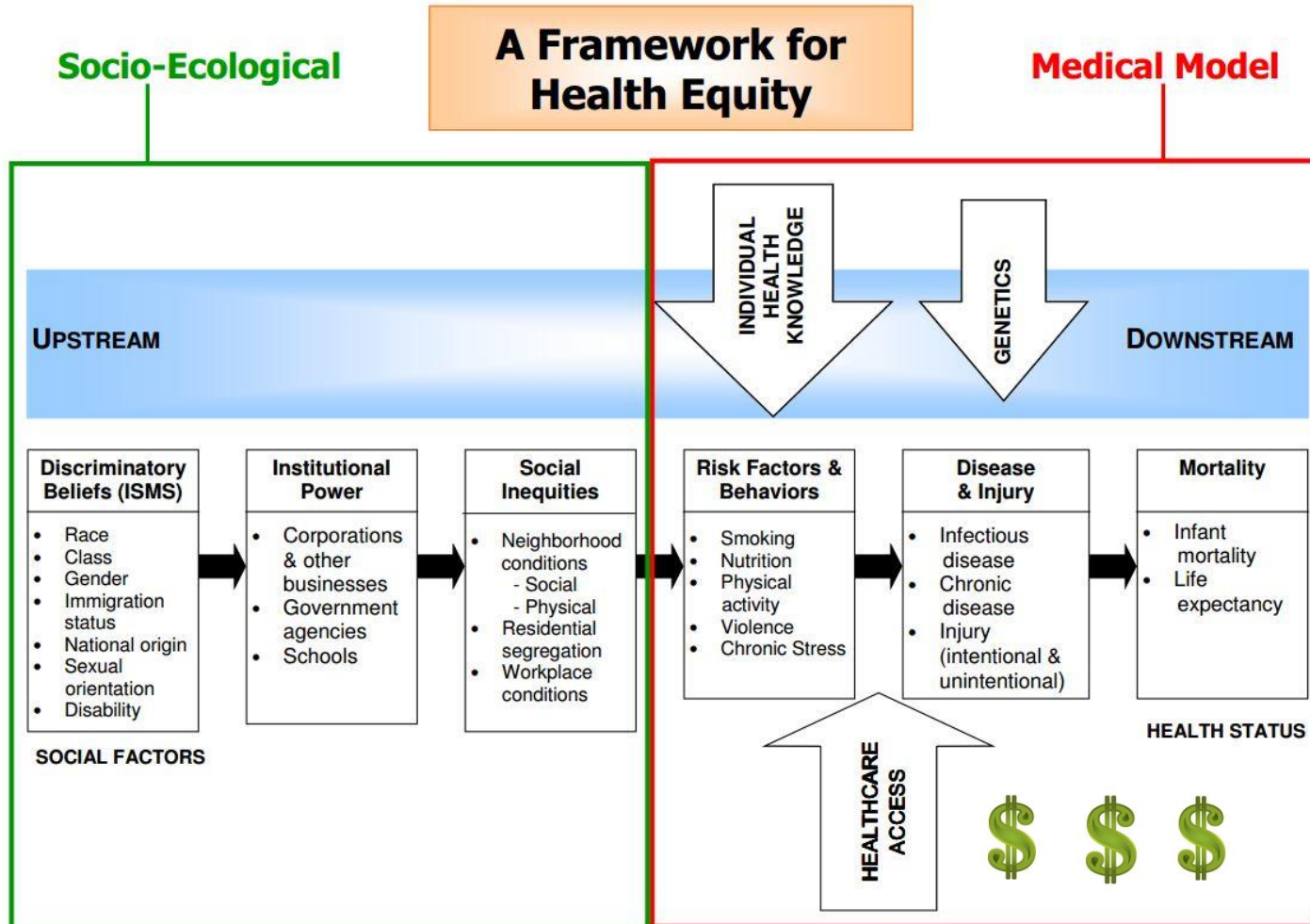
What kind of Health is this?

5



Social Determinants of Health

6



The Community was Saying....

Together in Health Monterey County

Juntos en Salud Condado de Monterey

Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are best.

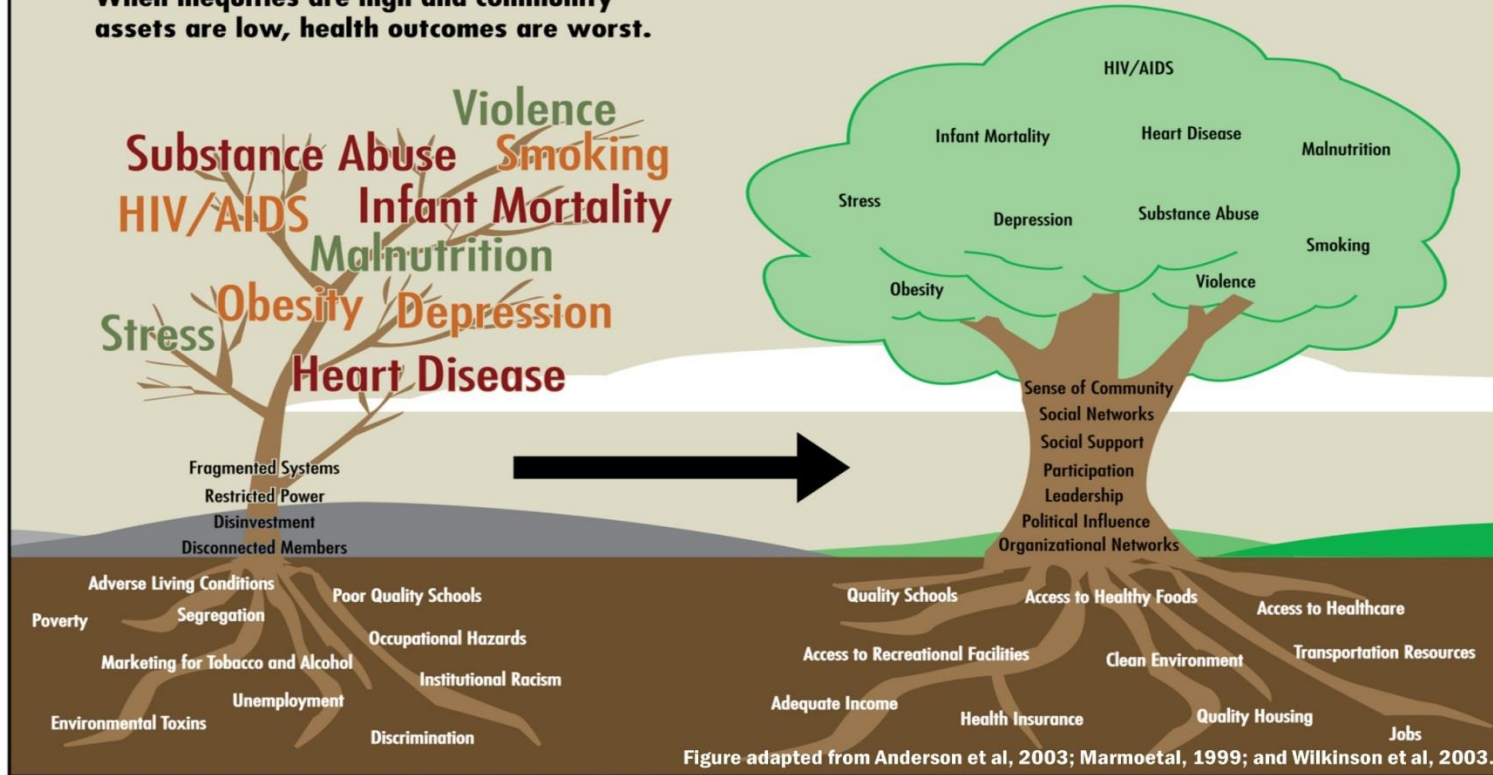


Figure adapted from Anderson et al, 2003; Marmoeetal, 1999; and Wilkinson et al, 2003.

Brought to you by the Monterey County Health Department



Planning, Evaluation, and Policy Unit



HiAP is Born!

8

The Strategic Planning Committee's recommendations to the BOS:

1. Adopt three strategic initiatives:

- Empower the community to improve health through programs, policies, and activities
- Enhance community health and safety by emphasizing prevention
- Ensure access to culturally and linguistically appropriate, customer friendly services

2. Promote and practice “Health in All Policies” with traditional and non-traditional community partners

Achieving Health Equity through Health in All Policies

Find it here:
www.mtyhd.org



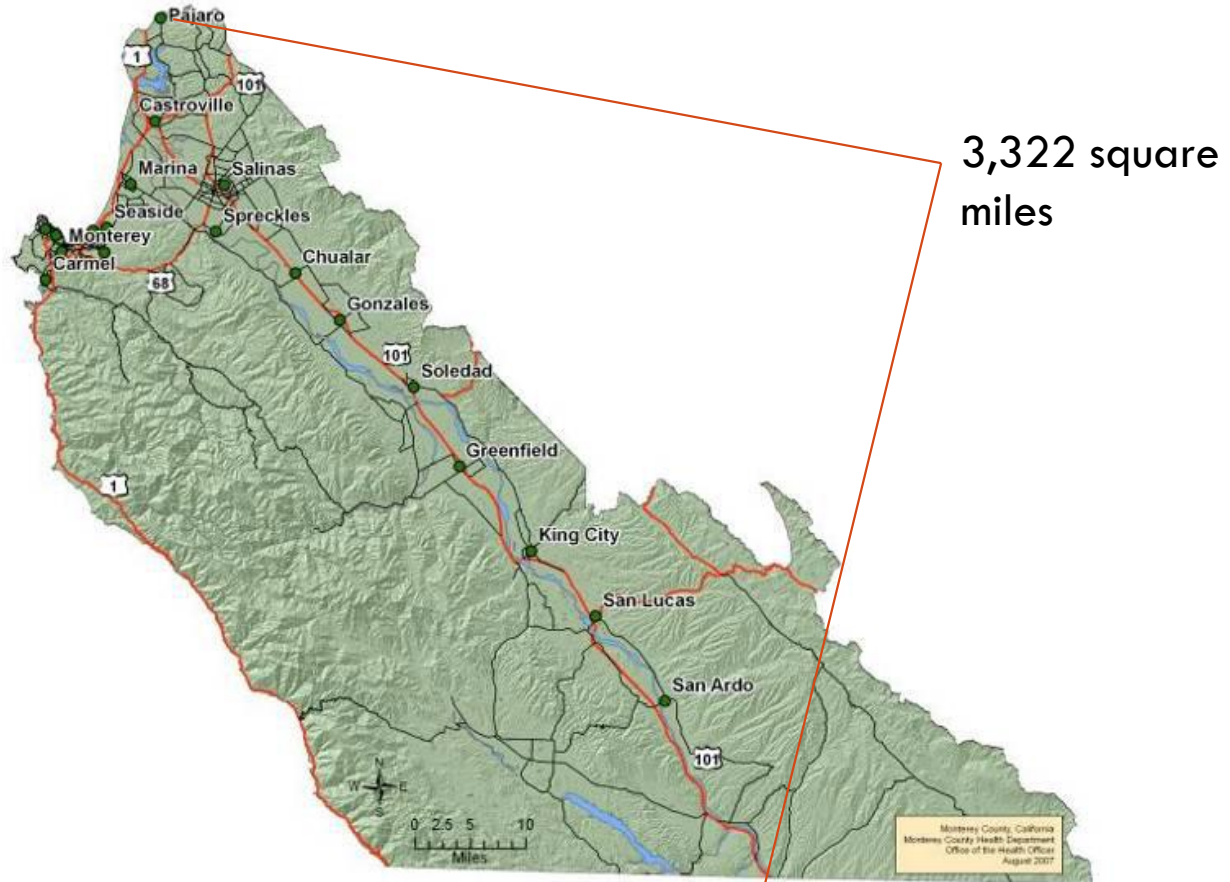
Strategic Plan 2011-2015

Monterey County
Health Department



Where do we Start?

10



Building Healthy Communities

11

- The California Endowment
 - ▣ 14 Cities in CA
 - ▣ East Salinas
 - ▣ Yay for HiAP!
 - ▣ Partnership
 - ▣ Richmond, CA



Building Healthy, Wealthy, Wiser Communities—Kick-Off Event

12

An executive forum for policy & community leaders

Building Healthy, Wealthy, Wiser Communities

Because all of us are in the business of building healthy communities



Friday, March 1, 2013

8:30 am-1:30pm

National Steinbeck Center
Salinas, California



Richard Jackson, MD, MPH

A leading voice for better urban design for the sake of good health, Dr. Richard Jackson is chair of Environmental Health Sciences at UCLA's School of Public Health. A pediatrician, he's done extensive work in the environment's impact on health, particularly relating to children, and served in many leadership positions, including as California State Health Officer and at the CDC's National Center for Environmental Health.

Dr. Jackson is host-narrator of PBS' 4-hour series, *Designing Healthy Communities*, and co-author of the companion book of the same name.

Partners for this event



What is the “Built Environment”

13



<https://www.youtube.com/watch?v=Bf92btm1hHQ>

The Road to Health Equity in Our Community: Social Determinants of Health in Monterey County

Monterey County Health Department
Planning, Evaluation, and Policy Unit

March 2013



Community Health Indicators:

Summary measures that capture information on different health attributes that affect a community.

Health Disparity:

Certain populations, most notably minority groups, experience a disproportionate burden of preventable diseases.

Social Determinants of Health:

The social, economic, and environmental factors that contribute to the overall health of a community.

Is Good Health Shared Equally?

No. The distribution of health and disease is not random.

People of color at higher risk for poor health outcomes:

- Approximately 36% of the US population and 70% of Monterey County residents are members of a racial or ethnic minority.

Health disparities cost the U.S. an estimated \$1.24 trillion from 2003 to 2006.

Health disparities are preventable.

Improving social and environmental determinants of health, through multiple approaches can create sustained health improvement for all of our communities.

Monterey County's ranking in health outcome areas compared to other counties worsens as we move upstream to the social determinants of health – the factors that will determine health outcomes and disparities down the road.

Monterey County Health Rankings Among California Counties

(56 total counties ranked; a ranking of 1 indicates the best and 56 the worst)

How did the decisions in the past shape our health outcomes now?

Health Outcomes: mortality (premature death) and morbidity (health status, poor health days, poor mental health days, low birth weight) **15**

Was the healthy choice the easy choice today?

Health Factors: health behaviors (smoking, obesity, inactivity, excessive drinking, car crashes, STI, teen birth rate) and clinical care (uninsured, physicians, preventable hospitalizations, diabetes and mammography screenings) **28**

How are future health outcomes being shaped?

Social & Economic Factors: high school graduation, some college, unemployment, children in poverty, inadequate social support, children in single parent households, violent crime rates **38**

Source: County Health Rankings 2012, University of Wisconsin Population Health Institute, 2012.

Rankings are based on composite data that is available in 2012. Source data is from the most recent available year to 2012.

How can we begin to describe the social determinants of health across Monterey County?

Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.

Margaret Whitehead
World Health Organization

The Census grouping of agriculture, forestry, fishing and hunting and mining is the second largest industry in Monterey County.

(US Census Bureau, ACS, 2007-2011)

In 2009, there were 0.57 fast food restaurants for every 1,000 residents of Monterey County.

(Source: USDA Food Environment Atlas)

Poverty, low levels of education, linguistic isolation, and other social determinants are associated with poor health outcomes. The social determinants differ between areas.

| Social and Economic Factors Monterey County Cities and California: 2007-2011* | | | | | | |
|--|--------------------------------------|---|-----------------------|-------------------------|----------------------------------|--------------|
| City | Speaks English less than very well ‡ | High School Graduate or More Education† | Persons per Household | Median Household Income | Below 100% Federal Poverty Level | Unemployment |
| | % | % | Avg. | \$ | % | % |
| Soledad | 27.9 | 54.3 | 4.09 | 53,140 | 15.8 | 5.2 |
| Seaside | 26.1 | 72.7 | 3.13 | 58,403 | 14.1 | 6.9 |
| Salinas | 40.0 | 59.2 | 3.60 | 50,568 | 20.0 | 7.6 |
| Pacific Grove | 4.1 | 95.6 | 2.10 | 70,211 | 7.9 | 4.3 |
| Monterey | 11.4 | 93.2 | 2.06 | 62,720 | 9.5 | 3.7 |
| Marina | 18.7 | 79.5 | 2.80 | 51,817 | 16.1 | 5.2 |
| King City | 54.7 | 42.1 | 4.57 | 52,634 | 16.1 | 12.8 |
| Greenfield | 45.8* | 46.4 | 4.69 | 56,011 | 19.5 | 12.6* |
| Gonzales | 42.7 | 52.2 | 4.04 | 52,928 | 15.2 | 6.4 |
| Castroville | 54.6 | 33.0 | 4.19 | 46,795 | 14.7 | 14.3 |
| California | 19.7 | 80.8 | 2.91 | 61,632 | 14.4 | 6.5 |

Source: United States Census Bureau, American Community Survey, 2007-2011.

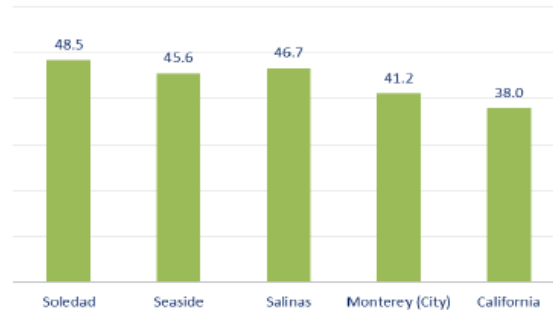
* Estimate for English language usage and unemployment in Greenfield are for 2006-2010

† Respondents self-assessment of their English Proficiency

‡ Among individuals 25 years old and above

Highlighting a Disparity: What factors contribute to childhood obesity in Monterey County?

Percent of Children Who are Overweight or Obese
Monterey County City and California: 2010



Source: Overweight and Obesity among Children in California Cities-2010, UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2012; A Patchwork of Progress, Changes in Overweight and Obesity Among California 5th, 7th, and 9th Graders, 2005-2010, UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2011. Note: Data available only for incorporated cities with populations >20,000 and more than 70% of enrolled students reporting Physical Fitness Test results.

Our First Attempt....

16

CALIFORNIA
HEALTH
IN ALL POLICIES
TASK FORCE

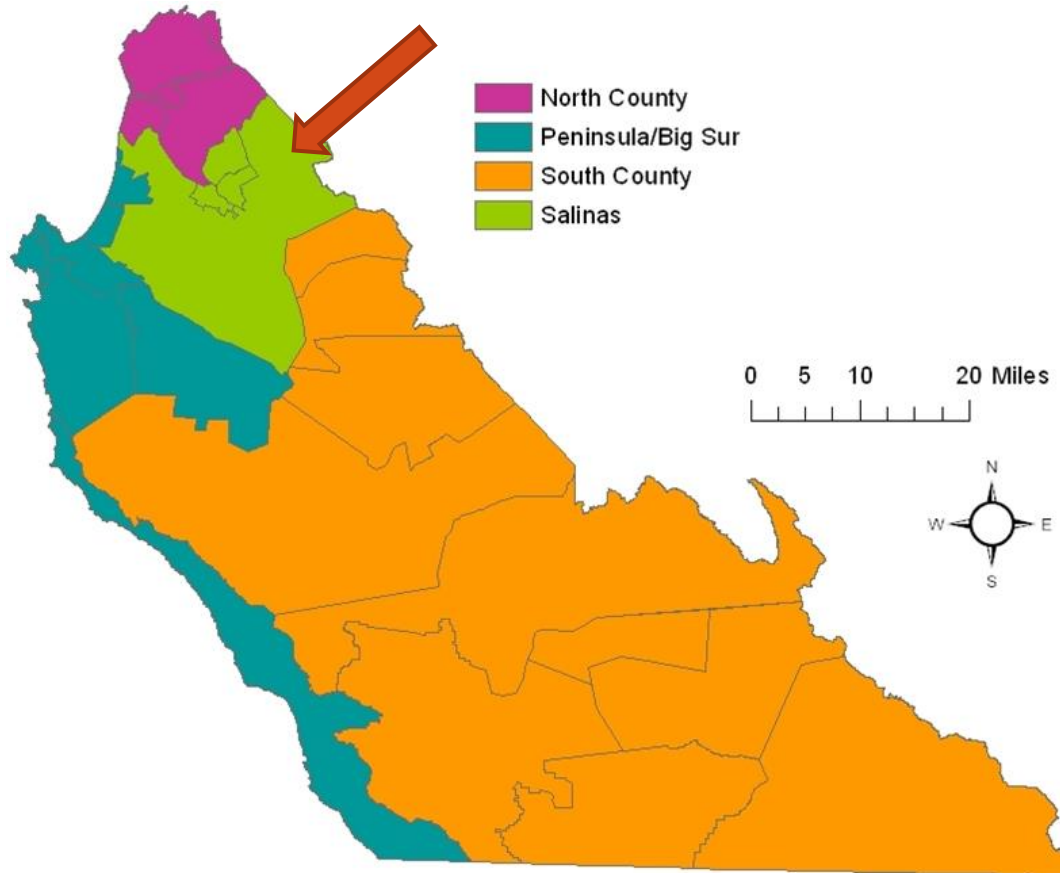


- The State of California and HiAP
 - ▣ Created in 2010
 - ▣ Comprised of 22 State Agencies

- Monterey County HiAP Advisory Council attempted
 - ▣ We failed....

Regionalization...

17



Convening Partners

18

- Housing
- City Government
- Planning (AMBAG, City Planners, TAMC)
- Education
- Public Health
- Business
- Health & Human Services Partners

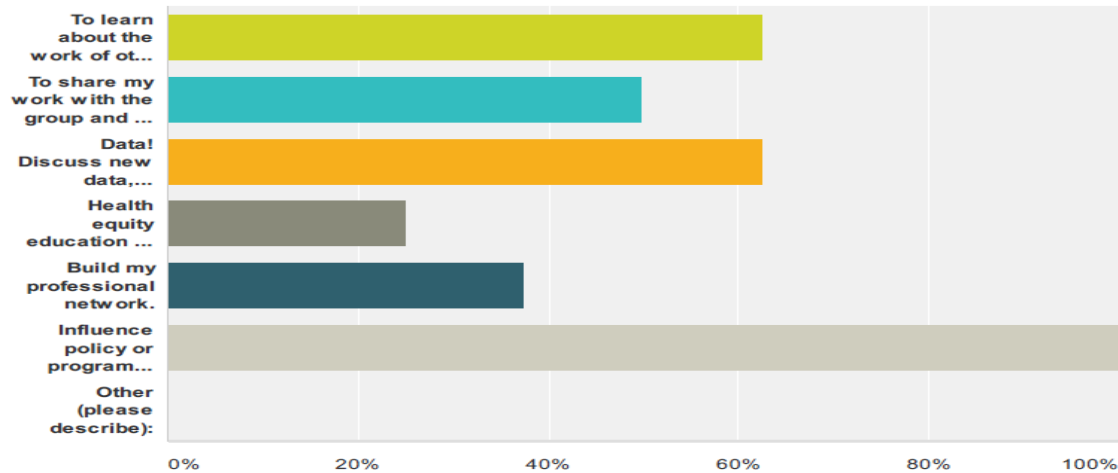
Why are you here?

19

Health in All Policies (HiAP) Advisory Committee

Q6 What are you most interested in gaining from this advisory committee (check all that apply)?

Answered: 8 Skipped: 1



| Answer Choices | Responses |
|---|-----------|
| To learn about the work of other HiAP members and understand connections and collaboration opportunities. | 62.50% 5 |
| To share my work with the group and get input and feedback from the group. | 50% 4 |
| Data! Discuss new data, exchange data, and brainstorm new health equity indicators. | 62.50% 5 |
| Health equity education - understand the concept and how it could connect to my work. | 25% 2 |
| Build my professional network. | 37.50% 3 |
| Influence policy or program changes in Salinas or Monterey County that could improve health equity. | 100% 8 |
| Other (please describe): | 0% 0 |
| Total Respondents: 8 | |

Education, Sharing, Relationship Building

20

- Focus on relationship building exercises
- Growing understanding of HiAP and Health Equity
- Internal and External Efforts Needed
- Internal: What are we doing for county partners?
 - Health Equity Scholars Academy
 - Health in All Policies County/City Workshops
 - HiAP integrated with County Training

5 Key Elements of Health in All Policies



1. **Promote health and equity**
2. **Support intersectoral collaboration**
3. **Benefit multiple partners**
4. **Engage stakeholders**
5. **Create structural or procedural change**

How do you identify issues?

22

- Complex problems don't have “magic-bullet” solutions
- Criteria is important in identifying issues:
 - Co-benefits & win-wins
 - Collaboration
 - Cost
 - Equity: will it reduce inequities?
 - Feasibility
 - Jurisdiction: who has authority?
 - Magnitude of health impact?
 - Political Will
 - Specificity: to allow for implementation
 - Systems Change: does it factor long-term health benefits?

Steps to identifying issues...



- 1. Review data on various social determinants**
- 2. Identification of domains through conversation, analysis and consensus**
- 3. Mapping out goals, outcomes, strategies**
- 4. Identify baseline data, map our evaluation of outcomes**

Land Use

- Urban design, siting and approval of development, amenities distribution across neighborhoods, toxic sites, buffer zones, etc.

Housing

- Affordability, overcrowding, tenants' rights, homeownership, development regulations, homelessness, special needs housing – seniors, disabled, large families, etc.

Economic Opportunity & Education

- Economic Development Element – workforce development, educational quality, local entrepreneurship, etc.

Healthy & Sustainable Food

- Food insecurity, local and sustainable agriculture, healthy food access, liquor stores, fast food, food purchasing, etc.

Active & Safe Transportation

- transit quality and access, transportation safety, bicycle and pedestrian programs and infrastructure

Parks & Community Facilities

- parks, recreation centers, child care, libraries, community centers, senior centers, schools, etc.

Sustainability & Environmental Health

- climate change, water use and water quality, indoor and outdoor air pollution, pesticides, industrial contamination, land conservation, etc.

Socio-Political/Civic Infrastructure

- Human relations, discrimination, civic engagement, access to social support and services, immigration, voting, school climate and discipline, etc.

Public Safety

- Safety prevention, alternatives to incarceration, policing practices, support for the re-entry population, etc.)

Surveyed Partners and Asked....

25

1. Is there an existing local group or collaborative already effectively working on TOPIC X issues (including your own organization)?
2. Would you or your organization be excited to work on TOPIC X issues?
3. Is there a timely need or opportunity around TOPIC X that would benefit from a transdisciplinary analysis and HiAP engagement?
4. What are the TOPIC X topics that you are excited to work on? What are they key opportunities? Please provide any links, contacts or other helpful information. (*open ended*)

ECON OPPORTUNITY & EDUCATION

Economic Development Element – workforce development, educational quality, local entrepreneurship, etc.

26

| | Yes | Maybe | No |
|---|-----|-------|----|
| Is there an existing local group or collaborative already effectively working on ECON and EDU issues (including your own organization)? | 5 | 1 | 1 |
| Would you or your organization be excited to work on ECON and EDU issues? | 5 | 2 | 0 |
| Is there a timely need or opportunity around ECON and EDU that would benefit from a transdisciplinary analysis and HiAP engagement? | 5 | 2 | 0 |

Results

| Topic Area | Excited | Timely | <i>Sum E+T</i> | Existing Group |
|----------------------|---------|--------|----------------|----------------|
| Econ and Edu | 6 | 6 | 12 | 4.5 |
| Parks | 5.5 | 6.5 | 12 | 0 |
| Housing | 4.5 | 5 | 9.5 | 6 |
| Civic Infrastructure | 4 | 5.5 | 9.5 | 3.5 |
| Public Safety | 2.5 | 4 | 6.5 | 4 |
| Land Use | 2 | 3.5 | 5.5 | 4.5 |
| Sustainability | 0 | 3.5 | 3.5 | 2 |
| Transportation | -0.5 | 3.5 | 3 | 3.5 |
| Healthy Food | 1 | 0.5 | 1.5 | 1 |

Activity / Discussion

28

Econ &
Edu

Parks

Housing

Socio-
Political

Other
topic?

□ Brainstorm:

- What specific issue or set of issues could HiAP work on?
- What are some possible actions/goals/wins?
- What does the health lens bring to the conversation?
- What data is needed to make the case?
- Who is missing from the conversation?

What are examples of HiAP Deliverables?

29

- A Comprehensive Health Strategy
- A set of recommendations that feed into specific processes
- Action Plans to address a specific problem
- A policy paper that provides options for policy makers
- Resolutions, Ordinances, Laws

Early Wins

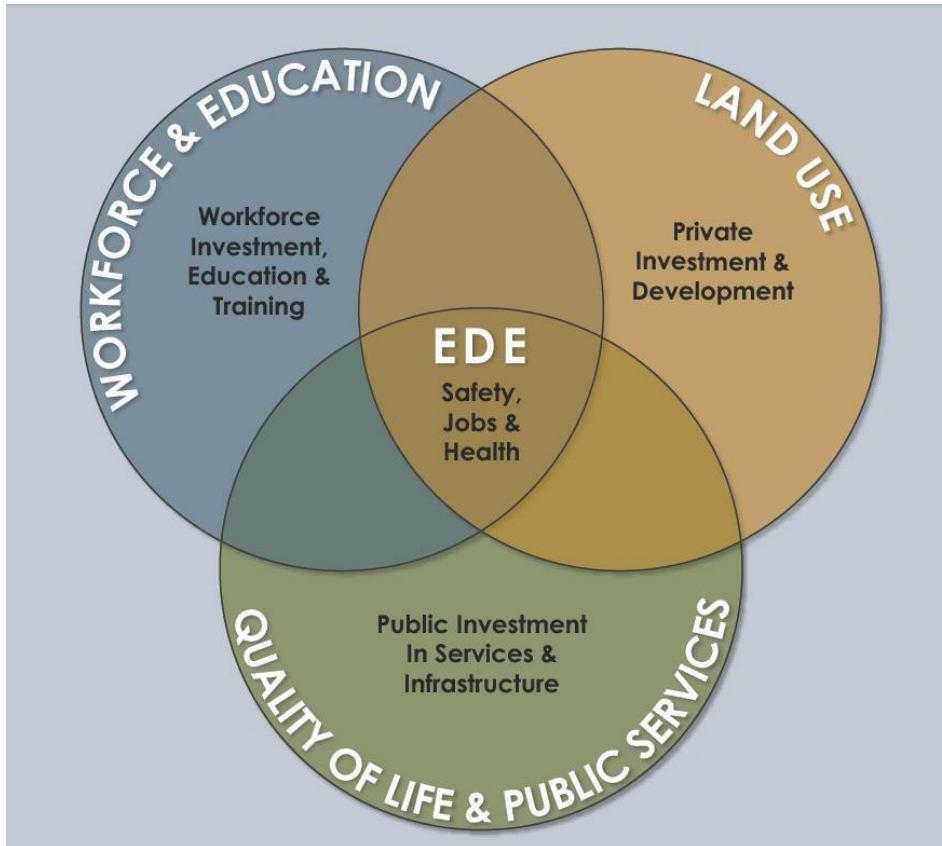
30

- Balancing big goals with early wins
 - Essential for building morale, developing relationships, creating momentum
 - Identification of Low-Hanging Fruit
 - Identify small steps that lead to longer term or bigger goals

Examples of early wins

31

□ Economic Development



The EDE deals in depth with how Salinas can realize the vision of an economy that is prosperous, healthy, and environmentally sustainable: a vision summarized in the phrase *Safety, Jobs and Health*.

Economic Development Element

32

- Integration of Living Wage
- Integration of incubator programs for new or aspiring entrepreneurs
- Integration of workforce development programs
- Integration of increased investment in parks and recreation to promote physical fitness

Other HiAP Efforts Underway

33

- Seaside/Marina HiAP in development
- South County (Gonzales, Soledad, Greenfield, King City): \$4.6 Million CTC Grant
- Each HiAP Regional effort looks and feels different

HiAP in Santa Cruz County!

34

- It can be done!
- Desire to improve the quality of life for our communities
- Work differently
- Consider health considerations or impacts in what we implement

Questions?

35

Resources:

Monterey County Health Department:

www.mtyhd.org/PEP

California Strategic Growth Council: HiAP

http://sgc.ca.gov/s_hiap.php

National Association of City and County Health
Officials:

<http://www.naccho.org/topics/environmental/HiAP/>