



HEALTH in ALL POLICIES

SUBCOMMITTEE EVALUATION REPORT

VOLUME 1 of 2

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EQUITY | PUBLIC HEALTH | SUSTAINABILITY

ACKNOWLEDGMENTS

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I. EXECUTIVE SUMMARY

Our homes, schools, offices, neighborhoods, parks, and other settings affect our daily lives, our choices and ultimately our health and well-being. Because environments matter for health and well-being, then our society, and the government agencies that serve it, should consider health and community well-being outcomes in the decisions that shape those environments. That is why the City of Santa Cruz is pursuing a framework that considers community well-being in its decision making. This framework is called Health in All Policies.

Health in All Policies, or HiAP, is a cross-government approach to problem-solving and focuses on three pillars of health, equity and sustainability. Today's issues are complex and finding solutions requires a multi-sector upstream approach¹. Narrowly focused decision making is no longer sufficient if we want to see our communities thrive. HiAP recognizes that it takes cross sector collaboration and identification of root causes to support community wellbeing. While the City is already engaged in many processes that operationalized the HiAP pillars, the broad intent of this effort is to shift the culture of how we do things and institutionalize the consideration of these three pillars in all functional areas of city operations.

Through the City of Santa Cruz's process to explore the adoption of the Health in All Policies framework (described below), the working HiAP Subcommittee determined a set of six policy and process recommendations. This report outlines all of the considerations and research that led to the set of recommendations. A summary of the recommendations are provided here and a more detailed description including justification is provided in the "Recommendations" section. Extensive background information, resources and data analyzed to support this evaluation are contained in a series of appendices contained separately, in Volume 2 of this Evaluation Report.

The following items are the Subcommittee's HiAP recommendations; the Subcommittee recommends that staff develop an Implementation Work Plan to be brought to City Council for approval in January, 2020.

POLICY

1. Adoption of HiAP Ordinance
2. Annual Budget of \$25,000

PROCESS

1. Monitoring, tracking and evaluation of HiAP effort
2. Staff, commissioners, and leadership trainings
3. Analysis Language in Agenda Reports on how HiAP pillars were considered
4. Stakeholder/partner convenings to discuss and plan for operationalizing HiAP and opportunity for cross sector collaboration

¹ Upstream refers to the macro factors that comprise social-structural influences on health and well-being and systems, government policies, and the social, physical, economic and environmental factors that determine community well-being.

This report details the processes and outreach utilized to come to these recommendations and provides examples from other jurisdictions and best practices to build into future HiAP efforts.

II. BACKGROUND ON CITY PROCESS

A. RESOLUTIONS

On October 23, 2018, a resolution was passed by the Santa Cruz City Council to form an ad hoc subcommittee of up to three Council members appointed by the Mayor to research the HiAP framework, returning to the City Council in December 2019 with considerations and recommendations for future work and implementation in the City of Santa Cruz. On March 26, 2019, the City Council approved the Health in All Policies Subcommittee Work Plan that outlined a nine-month process for research, exploration and development of recommendations to operationalize the HiAP framework.

B. WORK PLAN

A work plan was developed and laid out specific goals, objectives and a timeline for the evaluation, outreach and development of recommendations. The overarching goal articulated in the work plan was for the subcommittee to develop a collaborative and coordinated policy and process for internal and external reflection on equity, public health and sustainability and their use as factors in decision making that will ultimately result in improved community well-being.

WORK PLAN OBJECTIVES:

1. Recognize the existing ways we are already working with these three pillars of community well-being.
2. Gain the support and active participation of the community in advancing equitable community well-being.
3. Define what success looks like and the metrics necessary to track progress toward success.
4. Ensure the ad hoc subcommittee process and recommendations add value to the organization and department directors while respecting demands on human and fiscal resources.

WORK PLAN TIMELINE:

- Monthly subcommittee meetings (March – December, 2019)
- Quarterly updates to City Council and one study session (March – December, 2019)
- Develop Public engagement strategy (June-August 2019)
- Engage third party experts and consultants (April, 2019)
- Information gathering / consultation with other jurisdictions (April – July, 2019)

- Prepare and adopt Report with recommendations for HiAP Policy and Implementation Plan² (August – November, 2019)
- Plan and conduct staff training (December 2019 – June 2020; subcommittee concludes)
- Monitor, track and report outcomes (January 2020 – January 2021)
- Obtain funding for future Community Health Plan and Community Well Being dashboard (January 2021+)

The City Council adopted the work plan agreeing that the recommended policy and implementation plan would be adopted by the end of 2019 and staff training and monitoring would commence at the start of 2020.

III. DEFINING HEALTH IN ALL POLICIES

A. WHAT IS HIAP?

HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.³ HiAP is based on 3 pillars: **equity**, **public health**, and **sustainability** (defined below). The goal of HiAP is to ensure that all decision-makers are informed about the health, equity, and sustainability impacts of various policy options during the policy development process. HiAP acknowledges that the importance of the social determinants of health and well-being – the conditions in the environment in which people are born, live, work, play, and age – have a profound effect on how healthy we will be over the course of our lives.⁴ It acknowledges that the potential for better health outcomes or community well-being requires much more than health agencies' focus and government (cities, counties) and its partners to be involved. HiAP engages governmental partners and stakeholders to work together to improve health outcomes through decisions that local government make about issues such as food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development, can and should be directed toward improving. HiAP is endorsed by the World Health Organization and notably, in 2019, was been adopted by the State of California under Governor Gavin Newsom.⁵

² The Implementation Workplan will be developed after adoption of recommendations to be brought back to City Council in January 2020.

³ Rudolph L., Caplan J., Ben-Moshe K., Dillon L. (2013). Health in All Policies: A Guide for State and Local Governments. Public Health Institute & American Public Health Association.

⁴ ChangeLab Solutions (2015). Model Health in All Policies Ordinance. Retrieved from changelabsolutions.org

⁵ World Health Organization. Health in All Policies: Framework for Country Action. Retrieved from <https://www.who.int/healthpromotion/frameworkforcountryaction/en/>

B. THE THREE PILLARS OF HIAP

EQUITY: Equity is just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.⁶ There is a distinction worth describing between equity and equality. Equality is about providing the same to all regardless of need or circumstance, but this only works if everyone is starting from the same place. Equity is about fairness, making sure people have access to the same opportunities. Inequities are unfair, avoidable, and unjust differences that are created when systemic barriers prevent individuals and communities from reaching their full potential.

PUBLIC HEALTH: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is also a fundamental component of quality of life. A healthy population is a critical building block for a sustainable and thriving economy.

SUSTAINABILITY: Creating and maintaining conditions so that humans can fulfill social, economic, and other requirements of the present without compromising the ability of future generations to meet their own needs⁷. This can be thought of in terms of environmental, economic, and social impacts, and encompasses the concept of stewardship and the responsible management of resources.

The degree to which the three HiAP pillars are addressed in the community is collectively described throughout this report as the degree of “community well-being.” We often use this term to refer to the three pillars and the ultimate goal of the HiAP efforts.

C. FIVE KEY ELEMENTS OF HIAP⁸

The Public Health Institute (PHI) provides technical support for HiAP initiatives at both the state and local level. In achieving their goal to ensure that all decision-makers are informed about the health consequences of various policy options during the policy development process, PHI developed *Health in All Policies – A Guide for State and Local Governments* (2013) which articulates the following five key elements of HiAP:

1. Promotes health, equity, and sustainability. Incorporates these into policies, programs, processes and government decision making. Equity is essential for positive health outcomes.
2. Supports inter-sectoral collaboration. Breaks down silos, builds new and lasting partnerships, and increases government efficiency.
3. Benefits multiple partners. Co-benefits and ‘win-wins’ reduce redundancies and make effective use of scarce resources.
4. Engages stakeholders. This will ensure that work is responsive to community needs and creates impactful change.
5. Creates structural or procedural change. Puts in place tools that institutionalize upstream processes to address health, equity and sustainability.

⁶ Policy link: Definition of Equity. Retrieved from <https://www.policylink.org/>

⁷ United Nations World Commission on Environment and Development. (1987). *Our common future*. Oxford: Oxford University Press.

⁸ Rudolph et al. (2013). *Health in All Policies: A Guide for State and Local Governments*. Public Health Institute & American Public Health Association.

D. OPERATIONALIZING HIAP

The *Health in All Policies – A Guide for State and Local Governments* specifies three approaches possible for operationalizing HiAP in local governments.

OPPORTUNISTIC APPROACH: Focuses on identifying issues, policies, or relationships that can potentially provide *early* success for all partners.

ISSUE APPROACH: Starts with identifying policies that have a major impact on specific public health priorities, such as violence prevention, hunger alleviation, or reduction of poverty.

SECTOR APPROACH: Focuses on one specific policy area that has a large health impact, such as transportation or agriculture.

In this early evaluation phase of the project, the City has taken an “all of the above” approach to assessing partnerships, issues, sectors and mechanisms in evaluating appropriate policy and process at the City. Once recommendations have been adopted by City Council, it is possible that the City takes an issue or sector-based approach in operationalizing HiAP. Throughout this report, we provide numerous examples of how other jurisdictions have operationalized HiAP across all approaches.

IV. ANALYSIS

A. NEXUS WITH OTHER CITY PROCESSES

The HiAP Planning team utilized several methods to identify how and where the City currently utilizes the three pillars (Equity, Health, Sustainability) of HiAP. These included:

1. Scan of existing policies
 - General Plan
 - Administrative Procedural Orders
 - City Council Policies
2. Scan of existing programs through review of departmental websites
3. Projects from the City’s 6 Month Work Plan
4. Employee Survey
5. Community Listening Sessions and
6. Community Survey

The processes aligned with HiAP are included in the Gap Analysis tables that are presented in Appendices B through G.

CITY OF SANTA CRUZ 2030 GENERAL PLAN

While it is apparent that all three HiAP pillars permeate the entire General Plan, Appendix A contains a detailed outline of how equity, public health and sustainability are embedded within

the Santa Cruz 2030 General Plan, for reference. But, because the General Plan 2030 is the City's overarching policy document, it is useful to identify how its *Guiding Principles* are already very much aligned with the HiAP pillars; after each principle the pillar(s) that each address is/are in parentheses.

NATURAL RESOURCES: We will highlight and protect our unique setting, our natural and established open space, and the sustainable use of our precious natural resources. (Sustainability | Public Health)

NEIGHBORHOOD INTEGRITY AND HOUSING: We will maintain the identity and vitality of our neighborhoods, actively pursuing affordable housing for a diversity of households and promoting compatible livability and high quality design in new buildings, major additions, and redevelopment. (Equity | Sustainability)

MOBILITY: We will provide an accessible, comprehensive, and effective transportation system that integrates automobile use with sustainable and innovative transportation options—including enhanced public transit, bicycle, and pedestrian networks throughout the community. (Sustainability)

PROSPERITY FOR ALL: We will ensure a sustainable economy for the community, actively encouraging the development of employment opportunities for residents of all levels and ages, and actively protecting from elimination our current and potential sources of sustainable employment. (Equity | Sustainability)

A BALANCED COMMUNITY: We will maintain the community's longstanding commitment to shared social and environmental responsibility, fostering a balance between employment, housing affordable to persons of all income levels, transportation, and natural resources. (Equity | Sustainability | Public Health)

B. GAP ANALYSIS

The Planning Committee conducted a gap analysis of existing policies, programs, and projects (or collectively called hereafter as “efforts”) as they relate to the three HiAP pillars using several data collection methods outlined in section “*Nexus with other Processes*”. After collecting data via these various methods the following process was followed to complete the gap analysis:

1. We identified existing internal and collaborative efforts occurring at or with the City that operationalize the HiAP pillars;
2. We organized these efforts into tabular format according to the source of data⁹; and
3. We identified which functional areas of the City's operations each HiAP-aligned effort addressed.

By scanning the tabular matrices prepared for each data collection method, we conducted a “gap analysis,” efficiently identifying to what degree each HiAP-aligned effort addresses the

⁹ All data sources *except* the community feedback from surveys and listening sessions were in the gap analysis. The community feedback, in most cases, did not align with the city functional areas we were assessing. However, a qualitative description of the community feedback is included in this section.

functional areas of City operations. Those functional areas that rarely address a pillar are areas of opportunity to improve alignment with HiAP. The governmental functional areas are as defined in *Health in All Policies – A Guide for State and Local Governments*:

- Data
- Direct Service Provision and Maintenance
- Outreach, Education and Information
- Employer
- Funding
- Guidance and Best Practices
- Permitting and Licensing
- Purchasing, Procurement and Contracts
- Policy and Regulation
- Research and Evaluation
- Legislation and Ordinances
- Taxes, Rates and Fees
- Training and Technical Assistance

It is important to recognize that different policy, programming and project development mechanisms (i.e., the data collection methods used here) are not necessarily designed to address all of the city's functional areas of operation. Yet the gap analysis exercise allows us to daylight where those gaps occur and offers opportunities for future policy, process and training development to incorporate HiAP into nontraditional functional areas. **In sum, across all the data collection methods (or policy, programming and project development mechanisms) we see patterns of where gaps in the use of the HiAP pillars across functional areas exist, namely in: data acquisition and use, permitting and licensing, legislation and ordinances, taxes, rates and fees, and, to a lesser degree, the City acting as an employer, procurement and training and technical assistance.** We offer examples of how those functional areas could be better addressed via HiAP in each of the policy, programming and project development mechanism gap analysis summaries below.

CITY OF SANTA CRUZ 2030 GENERAL PLAN

Appendix B lists the policies from the 2030 General Plan that relate the most to the themes of the three pillars of HiAP based on the *Goals* and *Guiding Principles* to which they are connected. We then indicated to which functional areas of City operations each policy (and actions) applied.

For ease of reading this report, the tabular gap analysis matrix has been included in Appendix B and gap analysis findings with respect to the General Plan are summarized herein. Because General Plan policies and actions are high level, they do not currently address many aspects of how the City functions. For example, data acquisition and use, the City acting as an employer, permitting and licensing, procurement, and training and technical assistance were lightly

addressed if at all. This sheds light on aspects to include in the next General Plan development process particularly in the context of the HiAP framework and its three pillars. For example, the General Plan could explicitly call out policies and actions that aim to result in the City as a more equitable employer or consideration of equity in permitting and licensing. Similarly, the General Plan policies and actions could call for training and technical assistance as it relates to sustainability.

CITY 6-MONTH WORK PLAN: JULY-DECEMBER 2019

The City's 6-Month Work Plan was also reviewed for its use of the 3 pillars of HiAP across functional areas of City operations, as detailed in Appendix C. To summarize, the 6-month workplan does not achieve consistency in addressing the pillars across all city functions nor does it intend to do so. When assessing which functional areas the workplan addresses, the findings are very similar to the General Plan in that data acquisition and use, outreach and education, the City acting as an employer, permitting and licensing, policy and regulation, and training and technical assistance were lightly addressed if at all.

However, the matrix reveals that this diverse array of policies, programs and projects comprising the workplan connect directly to the HiAP pillars. For example, efforts addressing homelessness, housing, City Finance and Budgeting, Social Services, Parks and Recreation directly address equity. Whereas the Environmental Programs, Land Use, Transportation and Water efforts address sustainability. Public health is addressed in efforts on Homelessness, Housing, Water, City Finance and Budgeting, Social Services and Emergency Preparedness. **The Strategic Planning and Workplan Update offers a prime opportunity to institutionalize the three pillars as priorities in project, plan and program development and decision-making.**

SANTA CRUZ HIAP EMPLOYEE SURVEY – FREE RESPONSE

Santa Cruz City Employees were asked to give an example of how their work aligns with the three pillars regardless of having an official HiAP framework implemented in the City. The matrix contained in Appendix D uses the examples given by the employees who chose to respond and categorizes them into the *city function* categories. An 'x' connects one example to a *city function*. The examples are split into three sections based on the three pillars. A summary of observations follows:

EQUITY:

1. Despite mandatory cultural awareness training, some employees conflate treating people the same with equity indicating further training is needed in this area.
2. There is a vast array of outreach efforts being conducted that aim to address equity.
3. Equity is often mentioned and a focus in grant proposals.
4. Preference or consideration is given to historically under-represented groups in leasing city-owned spaces, through procurement practices, building permit application processing, and in human resources activities (e.g., recruitment, etc).
5. There is opportunity around affordable housing efforts.

PUBLIC HEALTH:

1. Provision of clean water, climate resilience for public safety, active transportation, policing, quality of life efforts, safe buildings, and clean beaches and parks as well as mindfulness around sanitation and self-care all are examples of how the City contributes to improved public health outcomes.
2. Use of a Trauma Informed Care lens for office procedures and delivery of customer service offers an opportunity to share how this lens is operationalized for broader application.

SUSTAINABILITY:

1. Energy projects, electronic plan reviews, active transportation, purchasing and procurement, construction projects, ensuring good water quality, green building standards, green business program, facility planning, maintenance of public land and fiscal sustainability were all cited as being conducted to bring about enhanced environmental protection, emissions reduction and climate resiliency.

In terms of how the employee free responses align with the City's functional areas, few areas were not addressed. We found that data, permitting and licensing and training and technical assistance, and taxes and fees were rarely cited by employees, offering opportunities for future focus with respect to the three HiAP pillars. The examples of potential future ways to implement HiAP in these rarely addressed functional areas were articulated in the General Plan gap analysis summary above. We also found that overwhelmingly, the employee examples shared addressed guidance and best practices followed by direct service provision and maintenance, both positive HiAP implementation mechanisms.

CITY COUNCIL POLICY MANUAL

The City Council Policy Manual was reviewed for its use of the 3 pillars of HiAP across functional areas of City operations, as detailed in Appendix E. To summarize 27 of the 122 (22%) City Council policies addressed equity, sustainability and public health. And consistent with findings from the General Plan and Employee Survey Free Responses, several functional areas were rarely if ever addressed by City Council policies including data, education and outreach, the City acting as an employer, permitting and licensing, policy and regulation, research and evaluation, legislation and ordinances, and training and technical assistance. Again, these areas offer opportunities to gain consistency in use of the HiAP lens across city functions via City Council policies, as appropriate.

ADMINISTRATIVE PROCEDURE ORDERS (APO)

The City's APOs were reviewed for their use of the 3 pillars of HiAP across functional areas of City operations, as detailed in Appendix F. To summarize 39 of the 129 (30%) APOs addressed equity, sustainability and public health. Unlike other policies, the City acting as an employer, research and evaluation, training and technical assistance and policy and regulation are well addressed. However, gaps exist in how we address data, direct service provision and maintenance, funding taxes, rates and fees, legislation and ordinances, purchasing and procurement, permitting and licensing. Sample language or guidance around how to address the HiAP pillars in obtaining or

provision of funding, permitting and licensing, and taxes and fees related to these programs could be developed.

CITY DEPARTMENT SPECIFIC PROGRAMS

City operated programs were identified by a scan of each department’s website and noted for their implementation of HiAP. 34 City programs spanning nearly every department address one or more pillars of HiAP. We then reviewed each program to identify the use of the 3 pillars of HiAP across functional areas of City operations, as detailed in Appendix G. It is important to acknowledge, however, that these programs are all public facing and thus many of the City’s functional areas that relate to internal processes will be not be addressed. Consequently, we exclude those from mention herein. To summarize, the following functional areas were rarely if ever addressed: data acquisition and use, funding, permitting and licensing, and taxes and fees.

There is an opportunity through HiAP to address data acquisition and use through a future endeavor in developing a public facing community well-being metrics dashboard where the City can share its progress on programs as they relate to HiAP and empower residents to act. This future endeavor was identified to be completed in the year 2021 via grant funding as identified in the HiAP evaluation timeline. As noted in the APO gap analysis, sample language or guidance around how to address the HiAP pillars in obtaining or provision of funding, permitting and licensing, and taxes and fees related to these programs could be developed.



While the data comprising the gap analysis are not necessarily comprehensive – for example, we did not assess every ordinance or finance policy – it represents a snapshot of major policy and processes aligning with HiAP across the City’s functional areas. Future work could consider revising and expanding the scope of the gap analysis, conducting an equity screening and/or a power analysis¹⁰. Yet as articulated at the start of this section, there were clear functional areas through which HiAP could be integrated through the various policy, program and project levers the City has available.

C. EMPLOYEE SURVEY SUMMARY

As a part of the City’s evaluation and gap analysis, the HiAP subcommittee developed an employee survey that was administered to City employees during the months of July and August, 2019. The purpose of this survey was to understand where City staff use the three pillars of HiAP and where there are opportunities and challenges. The survey instrument is contained in Appendix H contains questions aimed at assessing demographics, HiAP awareness, organizational culture, and utilization of the HiAP principles. A variety of question types were utilized including open ended questions that encouraged free responses. One hundred twenty-

¹⁰ The City has compiled example methodologies for these exercises from racial justice organizations and other jurisdictions.

seven City employees completed the survey (19% response rate for those with email) representing every department with nearly equal supervisor and non-supervisor responses¹¹. The majority of those responding (45%) have worked for the City for 6 years or more, followed by 42% of respondents working for the City between 1 and 5 years and 13% of respondents who have worked for the City for less than one year.

The data from this survey are presented in both the gap analysis matrix in Appendix D and as a qualitative summary below. The Employee Survey itself and the statistical analysis tables and graphs by question are provided in Appendices H and I, respectively. Observations from these responses include the following:

1. The majority of those responding in both supervisor and non-supervisor roles feel the City and their individual department are placing the right amount of focus on equity, health and sustainability, although there are exceptions across a few departments where the majority of respondents indicated there is not enough focus.
2. Respondents in both supervisor and non-supervisor roles agree that the City has expectations (policies and/or guidelines) for how we work with the community and that the City provides services in ways that are culturally responsive. Supervisors neither agreed nor disagreed that the City shares information in ways that are culturally responsive yet the majority of non-supervisors agreed with that statement.
3. A weak majority of responding groups agreed that the City is making progress in improving access to services for marginalized communities and providing interpretation and translation services for people with language barriers. However, there are exceptions to the latter statement in that a majority of respondents in a few departments indicated they disagreed with it.
4. In response to the statement that the City partners with other institutions and community organizations to advance racial equity, a weak majority of supervisors agreed but non-supervisor respondents were equally split between agreeing and neither agreeing nor disagreeing.
5. The following table summarizes respondents' opinions on the whether each HiAP pillar is part of their job and guides all they do:

	I am a supervisor, and/or manager, and/or director	I am not a supervisor, manager, or director
No answered	13.56% (8)	25% (17)
EQUITY	66.1% (39)	36.76% (25)
PUBLIC HEALTH	52.54% (31)	50% (34)
SUSTAINABILITY	59.32% (35)	42.65% (29)
Total	59	68

6. More than half of the supervisors indicated that they were working on projects related to public health and sustainability whereas the majority of non-supervisors did not respond to this question.

¹¹ The Supervisor category actually includes supervisors, managers and executives (directors).

7. Few respondents indicated that they provided data to track each pillar, referenced each pillar in grant proposals or agenda reports, procurement, construction or new plan development.
8. Supervisors tended to reference the pillars in policy development yet most non-supervisors did not respond to this question.
9. Sustainability is the pillar most commonly referenced by supervisors in budget conversations yet the vast majority of non-supervisors did not respond to the question.
10. Supervisors tended to feel that City leadership prioritized all three pillars in order from sustainability (51%), public health (44%) and equity (41%) in work plans and meetings whereas the majority of non-supervisors did not respond to the question.
11. When asked if they had been trained in each pillar while working for the City, a strong majority of both supervisors and non-supervisors did not respond to the question and for those who did, public health was the pillar most commonly cited in which respondents were trained.
12. It was apparent by some of the free responses by employees that, despite provision of definitions for each of the three pillars at the start of the survey and in the email invitation to take the survey, there was a general lack of understanding of the three pillars, particularly equity. One staff member who concurred commented:
"I think these are important things to consider whenever we do work at the City, but I think we need a better shared understanding of what these pillars mean to each department."
13. Employees seemed to have an interest in increasing their understanding of the three pillars so that they may increase integration of the pillars in their work.

Open-ended questions were posed asking City employees how they use the equity, health and sustainability lens in their work and free responses were encouraged. Some City employees were able to provide clear examples of their use of the three HiAP pillars in their work. Examples are provided below and a full set of employee responses is contained in the Gap Analysis table contained in Appendix D.

USE OF EQUITY LENS:

"Considering demographic, socioeconomic, and historical context when planning grant proposals to make sure that disadvantaged communities fully share in the benefits of projects in our community."

USE OF PUBLIC HEALTH LENS:

"Planning for infrastructure projects that improve safety, increase walking and biking, and provide meaningful opportunities for physical activity."

USE SUSTAINABILITY LENS:

"When drafting new plans or considering new policies, we are always asking how these choices will affect the physical environment for the next several decades."

D. COMMUNITY SURVEY SUMMARY

The HiAP subcommittee also developed and administered a community survey. The community survey was available on the city website from August 5, 2019 to September 27, 2019 and distributed through various community groups, social media, flyers and announced at community meetings. Surveys were available in English and Spanish. A total of 82 surveys were completed¹². The purpose of this survey was similar to the employee survey: to understand the use of the three pillars in the community and identify challenges and opportunities. The survey and the statistical analysis tables and graphs by question are provided in Appendix J and K, respectively. Observations from these responses and statistical analysis include the following:

1. The majority (53%) of those responding rated the overall quality of life in Santa Cruz as good or excellent where 42% responded as fair or poor.
2. The majority (63%) of those responding rated the Santa Cruz as a place to live as good or excellent where 34% responded as fair or poor. When asked about their neighborhood, respondents were more optimistic with 75% rating their neighborhood as an excellent or good place to live.
3. As a place to raise children, work and retire, 40% of respondents indicated Santa Cruz was excellent or good with 45% indicating Santa Cruz was a fair or poor place to raise children and 57% indicating Santa Cruz was a fair or poor place to work or retire. An overwhelming majority (75%) indicated there were fair to poor employment opportunities.
4. About half of the respondents indicated they felt excellent to good sense of safety with the other half indicating they felt fair to poor sense of safety. But when asked how safe respondents felt during the day, 70% indicated very safe in the neighborhood and 42% very safe in the downtown area. Half respondents felt very safe walking along and crossing streets in their neighborhood but when asked how safe they felt walking along and crossing major streets, only 23% felt very safe.
5. Only 33% of respondents indicate used public transportation instead of driving fairly regularly. A greater number of respondents (48%) indicated they carpooled regularly vs. driving alone. Of the three questions, the greatest majority (67%) indicated they walked or biked regularly vs. driving.
6. A little more than half (57%) of respondents indicated an excellent to good sense of community with 42% indicating fair to poor sense of community.
7. 62% of respondents indicated there were excellent to good health and wellness opportunities, 58% indicated there were excellent to good opportunities for education and enrichment and 83% indicated there were excellent to good opportunities for

¹² Unfortunately after successfully testing and launching the community survey, a technical glitch in the City's website service prevented the survey instrument from submitting in a timely fashion. Despite efforts to remedy this glitch and notifications on the survey site for patience in submitting, this glitch likely caused confusion and contributed to the low response rate for the community survey. 82 surveys were in English and no Spanish surveys were completed.

volunteering. 71% indicated that local government has an impact on health and well-being in the next 6 months where equal numbers of respondents felt that impact would be positive or negative. When asked what kind of impact a range of city services would have on their lives, most respondents indicated positive impact across nearly all services (except traffic safety and blight abatement).

8. An overwhelming majority of respondents (90%) indicated that there were excellent or good opportunities for recreation and fitness and excellent to good quality of the overall natural environment and air quality.
9. A majority of respondents indicated fair to poor accessibility to affordable housing (89%), quality mental health care (71%), affordable quality child care (52%) and quality healthcare (70%).
10. 77% of respondents indicated there are excellent to good opportunities to participate in community matters.
11. 58% of respondents for excellent to good openness and acceptance of the community toward people of diverse backgrounds whereas 49% did not.
12. Respondents rated the overall built environment in Santa Cruz to be fair or poor (58%) and good or excellent (51%)
13. Respondents indicated they felt the overall economic health of Santa Cruz was fair to poor (73%).
14. A majority of respondents agreed that when people first move to the City, they are generally welcomed into the community and that diversity is an asset to the City.
15. When asked in the last year, how often, if at all, did you worry about you, someone in your family or any other person experiencing unfair treatment because of the following factors¹³:

<i>Factor</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Most of time</i>
Race	31%	15%	29%	24%
Ethnicity	31%	17%	29%	23%
Color	31%	17%	29%	23%
Gender Identification	36%	23%	28%	13%
Sexual Identification	39%	27%	23%	10%
Religious Affiliation	47%	22%	23%	8%
Financial Circumstances	24%	13%	27%	36%
Shelter Status	35%	6%	18%	41%
Immigration Status	32%	15%	26%	27%
Other difference	44%	10%	31%	15%

¹³ Sums of percentages across factors may not equal 100% due to a few “I don’t know” responses.

16. When asked about the overall performance by the City in various other functions, the following table summarizes responses¹⁴:

<i>Function</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Operates in an open and accountable way	39%	19%	25%	10%
Job at welcoming citizen involvement	24%	29%	29%	10%
Treating all residents fairly	32%	25%	19%	13%

Appendix K includes the demographics of respondents and cross tabulations of all question responses by Latinx affiliation or not. 13% of respondents identified as Latinx.

A summary of some of the open-ended response are provided here. The x# designation to the right of each phrase indicates how often that response was made by respondents. We included responses that appeared three times or more in the summary below:

WHEN YOU ENVISION SUCCESSFUL COMMUNITY WELL-BEING, IN ONE WORD, WHAT DOES THE COMMUNITY LOOK LIKE?

- Safe x7
- Diverse x5
- Affordable x3
- Connection x3
- Equitable x3
- Healthy x3

WHAT IS ONE THING THAT IS WORKING IN CONTRIBUTING TO WELL-BEING IN OUR CITY?

- Natural Beauty x6
- 418 Project x5
- Bicycling x5
 - School bike programs
 - Bike access
 - Safer bike lanes and walkways
 - Rail trail
- Environment x4
- High level of collaboration and citizen involvement x3

¹⁴ Sums of percentages across functions may not equal 100% due to a few “I don’t know” responses.

WHAT IS ONE THING THAT IS CURRENTLY MISSING THAT DOESN'T ALLOW US TO REACH THIS VISION OF COMMUNITY WELL-BEING?

- Affordable housing x19
- Homelessness x6
- Drug abuse x3
- Compassion for the less fortunate x3

WHAT'S POSSIBLE? WHAT IS ONE ACTION THE CITY CAN TAKE TO REALIZE THIS VISION?

- Rent control x13
- Affordable housing x8
- Homelessness x6
- Drug Abuse x4

E. COMMUNITY LISTENING TOUR SUMMARY

The community listening tour took place between the months of July and September 2019. The Mayor conducted a total of 11 listening tour sessions with a diverse group of community stakeholder groups representing dozens of organizations and individuals. The list of participating agencies is included in Appendix L.

The purpose of the tour was as follows:

- Create a vision for a health, sustainable, and equitable community;
- Identify specific issues that are important to the community and cut across multiple sectors;
- Assess and prioritize data about existing health concerns and health inequities; and
- Collect input on the kinds of action steps that cities should take to improve the health of their community.

The listening tour sessions ranged from 20 minutes to an hour. The format included information about HiAP provided by the Mayor and an opportunity for participants to respond to a set of four questions. A summary of the questions and responses are provided below. Complete listening tour session notes are provided in Appendix M.

After the listening tour sessions, the responses to each of the four questions posed by the Mayor were compiled and compared to identify the most common themes within and across the sessions. The response themes that were repeated in at least five different Listening Tour Sessions were included as a “Common Responses across Majority of Sessions.” The response themes that were repeated at least four times from any one or more of the Listening Tour Sessions were included as “Top Responses from Each Session.”

QUESTION: WHEN YOU ENVISION SUCCESSFUL COMMUNITY WELL-BEING, IN ONE WORD, WHAT DOES THE COMMUNITY LOOK LIKE?

COMMON RESPONSES ACROSS MAJORITY OF SESSIONS: Happy, Healthy, Safe, Vibrant, and Collective Community

TOP RESPONSES FROM EACH SESSION:

- Happy
- Healthy / Access to Healthcare
- Safe
- Vibrant
- Solidarity / Collective Community
- Resilient
- Engaged / Contributing
- Access to Affordable Housing / Housed
- Equity

Opportunities for dialogue among fellow community members and also with elected officials can foster an engaged community. Recreational outlets such as biking and access to music and art can better the community's psychological well-being as well as keeping people happy and healthy. An overall theme of resilience in the face of both climate change and social inequities leads to an engaged and sustainable community.

QUESTION: WHAT IS WORKING? WHAT IS CONTRIBUTING TO THE WELLBEING OF OUR CITY?

COMMON RESPONSES ACROSS MAJORITY OF SESSIONS: JUMP Bikes and Innovative Vision

TOP RESPONSES FROM EACH SESSION:

- City-wide JUMP bikes
- Installation of the green bike lanes downtown
- Innovative Vision
- Engaged Community

The sense of innovation and open-mindedness within our community fosters engagement between folks from different sectors and leads to a community-wide understanding of well-being across the three HiAP pillars.

QUESTION: WHAT IS ONE THING THAT IS CURRENTLY MISSING THAT DOESN'T ALLOW US TO REACH THIS VISION OF COMMUNITY WELL-BEING?

COMMON RESPONSE ACROSS MAJORITY OF SESSIONS: Affordable Housing and Mental Health / Addiction Support

TOP RESPONSES FROM EACH SESSION:

- Affordable Housing
- Mental Health / Addiction Support
- Homelessness Resources/Solutions
- Compost Collection

Affordable housing and childcare along with the lack of living wages hinder the vision of community well-being. A perceived lack of downtown business support and enforcement lead to confusion within the business sphere. Mental illness support systems and community support for immigrant populations are mentioned sectors that need help in regards to reaching this vision of community well-being. The lack of awareness of the severity of climate change and how the actions of the community are exacerbating the effects felt also lead to the deficiency in community well-being.

QUESTION: WHAT'S POSSIBLE? WHAT IS ONE ACTION THE CITY CAN TAKE TO REALIZE OUR VISION?

COMMON RESPONSE ACROSS MAJORITY OF SESSIONS: Affordable Housing and Community Outreach/Participation

TOP RESPONSES FROM EACH SESSION:

- Affordable Housing
- Community Outreach/Participation
- Homeless Services
- Increase presence of Community Volunteer Police

With regard to what is possible for the City to realize this vision of well-being, affordable housing is the most popular response. Increasing mental health outreach, increasing diversity awareness, and providing facilities for childcare would also add to the well-being of our community. Program facilitation, public education and working alongside academic partners could be great methods to educate the public about the need for sustainable lifestyles within our community. Continuing to expand the conversation surrounding health in our community to schools would enable children to be exposed to this topic at a young age and also engage the parents in order to broaden the scope of our community's needs.

V. IMPLEMENTATION

As the subcommittee prepared recommendations for implementation of HiAP in the City to consider, we reflected on the following best practices to implementation as defined by the *HiAP Guide for State and Local Governments*:

1. Adopt a common agenda or set of priorities – Work with partners towards shared results.
2. Shared measurement systems - Use existing data sources vs. reinventing wheel.

3. Mutually reinforcing activities - Identify activities that cross two or more of the pillars from survey/other interviews or listening session.
4. Continuous Communication – Use existing communication methods, cross departmental communications distribution, and cohesive and clear communications protocols
5. Backbone Support Organizations – Draw upon organizations like the Santa Cruz County Health Services Agency, Business groups and non-profits as well as other organizations key to facilitating success.
6. Identify stakeholders’ preferred way to engage – Respect the preferences of supported and supporting organizations as together we pursue our mutual goal of increased community well-being.

A. GOALS GOING FORWARD

As we move from analysis toward implementation recommendations, it is important that we articulate overarching goals to guide the design of an implementation work plan. We suggest:

- Promote local government culture that prioritizes community well-being through equity, public health and sustainability of all Santa Cruzans across policy areas and economy.
- Integrate equity, public health and sustainability into local government agency practices.
- Provide a forum for agencies to identify shared goals and opportunities to enhance community well-being performance through collaboration.

B. IMPLEMENTATION OPTIONS

The Planning Team drew from a range of sources to identify implementation options to consider. Implementation options fall into two categories: policy and process. We identified what other jurisdictions who have already implemented HiAP are doing and consulted resources such as ChangeLab Solutions’ *From Start to Finish HiAP Guide* and the *HIAP GUIDE FOR STATE AND LOCAL GOVERNMENTS*. We also wove into our assessment of implementation options the five key strategies identified by ChangeLab Solutions that are necessary for implementing strong formalized HiAP policy into local government.

POLICY IMPLEMENTATION OPTIONS CONSIDERED

GENERAL PLAN ELEMENT OR POLICY

Implementing Health in All Policies into a local government’s general plan provides a broad policy framework that establishes goals, policies, and actions that help the government achieve their developed and informed vision of community well-being. The City of Gonzalez has developed a Health in All Policies element of their General Plan.

LOCAL ORDINANCE

An ordinance shows community and government commitment to an initiative because it is a binding legislative act. This offers a more permanent institutionalization of the HiAP framework in the City's structure and operations. Richmond's HiAP Ordinance reflects their focus on increasing health equity in the City with the purpose of achieving the highest level of health for all City residents as it is consistent with their 2030 General Plan. King County, Washington and Appleton, Wisconsin have also adopted HiAP by ordinance.

RESOLUTION

Resolutions set official government policy; issue commendations; direct internal government operations; establish a task force or committee; suggest actions; or accomplish short-term tasks. A resolution is usually easier to enact than an ordinance, but is more of an indication of government's intent on an issue rather than being a set commitment to policy. Dozens of cities and counties across the country have adopted resolutions in support of HiAP.

COMMISSIONS OR TASK FORCES

One of the central goals to Health in All Policies is to build on interagency relationships within the government. This can be done through Commissions or Task Forces. Making sure the local government successfully engages with the community is another central goal of HiAP. A Commission or Task Force provides a venue for community members, community-based organizations, anchor institutions, business, and more to engage with the City. The input received by the government from community engagement is necessary for identifying, prioritizing, and implementing future actions and changes to policies and practices that improve community well-being, such as informing the development of the initiative's strategic plan or report and encouraging innovative techniques for gathering community feedback. The government's engagement with the community supports their attempts to successfully envision a healthy, equitable and sustainable community.

Established by city charter or ordinance or resolution, a commission is defined as a group of persons directed to perform some duty usually to study or recommend action to the city council. The City currently has several Commissions that align with specific departmental or programmatic functions.

A Task Force is often a temporary body appointed by the city council to study or work on a particular subject or problem that ceases to exist once it has completed its charge. The City currently has several Task Forces aligned with programmatic or project specific efforts. According to the ChangeLabs, Task Force structures should involve head executives from each participating department or agency to ensure the incorporation of the HiAP initiative at the top-levels of government structure.

PROCESS IMPLEMENTATION OPTIONS CONSIDERED

INTEGRATE INTO CITY STRATEGIC PLAN / DEPARTMENTAL WORK PLANS

Strategic planning is the process by which leaders of an organization determines what it intends to be in the future and how it will get there. The City's Strategic Plan is in the process of being updated and this offers a prime opportunity for HiAP to be integrated into it. Moreover, as

departments prepare their work plans, identifying how the work plans align with HiAP is a low effort way to ensure alignment across organizational scales. ChangeLab Solutions recommends these components when developing strategic or departmental work plans:

- Identify specific issues that are important to the community and cut across multiple sectors;
- Assess and prioritize data about existing well-being concerns and inequities;
- Collect input on the kinds of action steps that government agencies should take to improve the well-being of their community;
- Create a vision for a healthy, sustainable, and equitable community;
- Include a summary of information collected during the envisioning process;
- Identify policies and actions that, when taken together, can improve well-being;
- Determine how you will track progress;
- If possible, include goals and objectives that are quantifiable so you can measure success

AGENDA REPORT SECTION / CHECKLIST / LANGUAGE ON 3 PILLARS

The City Council meeting agenda must state the meeting time and place and must contain a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. The general description is supplemented by agenda reports that contain a background, analysis and fiscal impact section. There are several options to integrating HiAP into the agenda report: (1) a new section, (2) an accompanying checklist of considerations, and (3) language addressing HiAP to be integrated into the analysis section of the report. In all cases, the aim would be to use HiAP framework tools or lens to analyze budgets, programs, projects and policies. For any agenda report modification or enhancement guidance should be prepared with examples to facilitate ease of implementation. The City of Gonzalez is in the process of modifying their agenda report to include addressing HiAP explicitly.

STAFF TRAINING ON ALL 3 PILLARS

In order to gain a common understanding of HiAP and its 3 pillars, it is possible to supplement existing voluntary training opportunities with new optional or mandatory trainings on the individual employee, departmental/divisional, or leadership body level. Moreover, ChangeLab Solutions recommends these strategies when implementing changes in training and staffing for local government officials and employees:

- Train staff and tailor trainings to the local context
- Encourage departments to hire staff with different kinds of expertise

ADDED STAFF CAPACITY

In order to complete the recommended implementation options, staff must be identified to develop and carry out the implementation work plan. There are a number of ways capacity has

been increased in other jurisdictions: (1) adding a new office of community-wellbeing with new full or part time staff, (2) allocating annual funding for materials and consultant work to shoulder most of the load in implementing the work plan with nominal internal staffing, and (3) creating a HiAP team that meets regularly or leverage existing teams (e.g., Sustainability, Flood Control, etc.) to integrate into their activities.

CONVENING

Drawing on best practices in implementing HiAP, local governments often convene HiAP actors and backbone support organizations to collaboratively identify priorities, plans and actions to pursue to improve community-wellbeing. Depending on staff capacity and leadership priorities, in the initial implementation of HiAP, local governments often select a manageable frequency to convene these groups (e.g. once or twice annually) and often around a specific topic (e.g., climate impacts on public health sector). It is crucially important to involve the public in the HiAP work. Local governments often conduct an annual or semi-annual public workshop or meeting to engage and sometimes to focus on a particular topic and other times to report on progress.

TRACK PROGRESS AND REPORT REGULARLY

Tracking progress allows for the evaluation of the effectiveness of a HiAP initiative. This gives government the ability to hold agencies accountable while also providing a way to communicate success. An important step is to establish monitoring metrics including identifying data sources and who tracks those metrics. A common way government records and communicates progress is by releasing reports on an annual or biennial basis with accompanying engagement of leadership bodies, HiAP actors and the public. These reports may include updates on the goals, policies, and actions established when developing the government's HiAP strategic plan.

ChangeLab Solutions recommends these strategies for effectively tracking progress with one additional bullet added by the Subcommittee:

- Measure success against the benchmarks and targets established in initial plan
- Include updates from each participating department or agency
- Use annual or biennial reports to build relationships
- Leverage existing data collection and reporting mechanisms in place to gain consistency across scales and reduce the time burden associated with this measure (e.g., Census, CORE, Community Assessment Project and others).

C. CRITERIA FOR ESTABLISHING IMPLEMENTATION PRIORITIES

The Subcommittee used the following criteria informally to discuss, prioritize and recommend the implementation options. Most of the criteria listed are from the *Health in All Policies – A Guide for State and Local Governments*, with some given additional criteria added upon the recommendation of the Subcommittee. These criteria guided the evaluation of effectiveness of the implementation options considered by the Subcommittee. The set of criterion supporting each implementation recommendation is included in the Recommendations.

1. Co-Benefits / Win-Wins: Does the proposed action solve multiple problems at once, provide benefits to multiple partners, or help government achieve multiple policy goals?
2. Collaboration among Local Governments and Stakeholders: Does the proposed action require or facilitate collaboration across agencies?
3. Community Impact: What is the likely impact of the proposed action on the community and what is the likely magnitude of that impact? Can the impact be quantified?
4. Cost: What will it cost to implement the proposed action? What are the government and private sector costs, the short- and long-term costs, and the direct and indirect costs?
5. Ease of Implementation: How much time, effort, and resources will need to be dedicated to the proposed action? Are there any barriers or hurdles that impede or inconvenience the implementation process of the proposed action? How many barriers or hurdles?
6. Effectiveness: Is there evidence that the proposed action is effective?
7. Employee Impact: What is the likely impact of the proposed s action on government staff and what is the likely magnitude of that impact? Can the impact be quantified?
8. Equity: Will the proposed action reduce inequities or change the distribution of burdens and benefits? What will be the impact of the proposed action on sub-groups of a population, on vulnerable or under-resourced groups and communities, and on specific geographic regions? Will it shift burdens or benefits from one generation to another?
9. Feasibility: Is it possible to implement this proposed action?
10. Jurisdiction: Who has the authority to take action—including regulation, guidance, funding, and convening? Does the proposed action require action only at the state level, or is there also a role for local (or federal) jurisdictions?
11. Magnitude of Equity / Public Health / Sustainability Impact: What is the likely impact of the proposed action on the three pillars of HiAP and what is the likely magnitude of that impact? Can the impact be quantified? What is the evidence for the effectiveness of the proposed action in addressing identified problems or improving outcomes? Who will be affected by the proposed action, and will different groups be affected differently?
12. Measurability: Does the proposed action have metrics that can be easily monitored or tracked? Are these metric's effective indicators of the action's impact on the three pillars of HiAP?
13. Political Will: Is the proposed action acceptable to or desired by the involved agencies, policy leaders, and the general public? Are there leaders who are prepared to champion the proposal? Are there powerful or influential people or groups who are likely to oppose the idea?
14. Specificity: Is the proposed action specific enough to allow implementation?
15. Staff Time: How much work-time will government staff need to dedicate to the action?
16. Time: How long will it take to implement the proposed action? What is the duration of the action's effectiveness?

17. Systems Change: Will the proposed action lead to the institutionalization of Health in All Policies efforts or embed health into decision-making?
18. Low hanging fruit vs big wins: Which recommended actions can be done right away vs. others that require longer development?

D. EXAMPLES FROM OTHER JURISDICTIONS

There are numerous examples of implementation actions taken by other jurisdictions. Every jurisdiction operationalizes HiAP differently, depending on priorities and resources. We offer several local and state examples and, to follow the convention used for the implementation option descriptions previously presented, categorize them into (policy) or (process).

CITY OF GONZALES:

HiAP was featured as a special initiative in the [2017 City of Gonzales Annual Report](#) (process); General Plan Element (policy); and staff report modification in process (process).

MONTEREY COUNTY HEALTH DEPARTMENT – PLANNING, EVALUATION, AND POLICY (PEP) UNIT:

Monterey County’s PEP Unit (process) addresses health equity and works collaboratively with departments and community stakeholders (including cities) to integrate HiAP in all sectors of the County.

In March 2013, the County created [The Road to Health Equity in Our Community: Social Determinants of Health in Monterey County](#) (process). This outline compares community health indicators and social determinants of health across their county and informs on how the HiAP framework in Monterey County works to address inequities and poor health.

CITY OF RICHMOND:

Richmond’s [HiAP Ordinance](#) (policy) reflects their focus on increasing health equity in the City with the purpose of achieving the highest level of health for all City residents as it is consistent with their 2030 General Plan.

Their [HiAP Strategy](#) (process) addresses public health, equity and sustainability in the City by creating the tools and metrics for the City’s implementation of HiAP through the collaboration of City departments, community based organizations and other government agencies.

Richmond has a [HiAP Toolkit](#) (process) that serves as a resource for learning more about the development of HiAP within the City of Richmond.

The triennial [Health in All Policies Report](#) (process) shows the progress of Richmond’s HiAP Strategy and Ordinance implementation based on indicators from six intervention areas: Governance and Leadership, Economic Development and Education, Full Service and Safe Communities, Residential and Built Environment, Environmental Health and Justice, and Quality and Accessible Health Care.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH:

San Francisco’s [Program on Health, Equity and Sustainability \(PHES\)](#) (process) uses data, evidence and collaboration efforts with City agency partners, community stakeholders and other

entities to inform healthy, sustainable and equitable planning and policy. This program utilizes high-impact data tools to inform their decision making as well as considering and incorporating community context and concerns.

CHICAGO, ILLINOIS:

The [Healthy Chicago 2.0](#) (policy) plan uses the HiAP framework to focus on ensuring a city with strong communities and collaborative stakeholders; where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being. The plan's development is guided by 4 principles: prioritizing health equity, being a collaborative effort, addressing the social determinants of health, and leveraging data and surveillance. A community assessment process helped outline the plan's 82 objectives and over 200 strategies to help reach 30 goals.

Chicago established a HiAP approach to ensure the consideration of health in all of their work and decision making. The resolution also established a HiAP Task Force with the purpose of developing recommendations on how the City departments, in collaboration with sister agencies, could do more to improve health. This [City of Chicago HiAP Task Force Report](#) (process) outlines 16 recommendations on how the City should apply HiAP to their work.

KING COUNTY, WASHINGTON:

The King County [Strategic Plan for Equity and Social Justice \(ESJ\)](#) (policy) was integrated into the County's work in order to ensure that people have full and equal access to opportunities, power and resources so that they may achieve their full potential. The [Equity and Social Justice Report \(2015\)](#) (process) helps guide their work by outlining current inequities and the process for finding potential solutions, next steps and actions and community partnerships. The [Determinants of Equity Report](#) (process) was created to identify equity and social justice indicators that could be tracked over time and to establish a community-scale equity baseline in King County. King County uses their [Equity Impact Review \(EIR\) Checklist](#) (process) to inform planning, decision-making and implementation of actions which affect equity.

VI. RECOMMENDATIONS

Based on the gap analysis, research regarding operationalizing HiAP, and stakeholder meetings with neighboring jurisdictions who have adopted HiAP, the HiAP subcommittee developed a set of recommendations, provided below. The Subcommittee recommends the proposed policy and process recommendations be implemented within one year of adopting an implementation work plan. The work plan will be adopted after the approval of the recommendation options and brought back to City Council for approval at the first meeting in January, 2020. A list of the criteria that will be met by each recommendation, from the "Criteria for establishing priorities" (from Section V. D. of this report) is provided.

POLICY

1. **Adoption of HiAP Ordinance:** meets Criteria: 3. Community Impact; 4. Cost (low cost); 6. Effectiveness; 11. Magnitude of Impact; 12. Measurability; 13. Political Will; 14. Specificity; 17. Systems Change

2. **Annual Budget of \$25,000** to fund consulting budget for grant writing, monitoring data, reporting to council; outreach: meets Criteria: 2. Collaboration with stakeholder; 4. Cost (fairly low cost); 5. Ease of Implementation; 6. Effectiveness; 7. Employee impact (eases employee burden); 9. Feasibility; 15. Staff time; 18. Low hanging fruit

PROCESS

1. **Evaluation of HiAP effort/Monitoring of metrics/Annual reporting:** meets Criteria: 1 Co-benefits/Win-Wins; 2. Collaboration with stakeholder; 3. Community Impact; 6. Effectiveness; 8. Equity; 9. Feasibility; 11. Magnitude; 12. Measurability; 14. Specificity; 17. Systems Change
2. **Staff, commissioners, and leadership trainings** to be conducted: meets Criteria: 1. Co-Benefits/Win-Wins; 6. Effectiveness; 7. Employee impact; 11. Magnitude; 12. Measurability; 13. Political Will; 14. Specificity; 17. Systems Change

The existing Santa Cruz City staff training offerings already include a number of topics and sessions that address HiAP. For example, all City employees are required to complete Harassment Prevention and Cultural Diversity training. Human Resources also has several libraries of trainings in addition to live trainers that might be considered when developing the HiAP Implementation Work Plan. We also strongly suggest staff preparing the implementation workplan reference some of the trainings and equity screenings that ChangeLabs, the City of Portland and King County have developed. Furthermore, City leadership might consider integrating required training into the City's Leadership certificate program.

3. **Analysis of HiAP in Agenda Reports** – It is recommended that the agenda report for all items contain a paragraph in the analysis section that addresses how the agenda preparer considered the HiAP pillars. A guidance document will be prepared as part of the implementation workplan and will assist agenda prepares in this new requirement: meets Criteria: 1. Co-Benefits/Win-Wins; 4. Cost (low cost); 5. Ease of implementation; 9. Feasibility; 12. Measurability; 14. Specificity; 15. Staff time; 17. Systems Change; 18. Low hanging fruit
4. **Stakeholder/partner convenings** 1-2 times a year, with support from existing entities such as HIPC, County Health Services Agency, educators and environmental non-profits--to include City Commissioners who will discuss how HiAP has been operationalized in their Commissions and provide opportunity for cross sector collaboration and partnership on topic specific issues: meets Criteria: 1. Co-Benefits/Win-Wins; 2. Collaboration; 3. Community Impact; 4. Cost (low cost); 5. Ease of implementation; 8. Equity; 9. Feasibility; 12. Measurability; 13. Political Will; 14. Specificity; 15. Staff time; 18. Low hanging fruit

While these six recommendations were those the Subcommittee elected to advance to City Council, several others were considered yet not recommended. For example, the Subcommittee

debated the effectiveness and ability to conduct a commission¹⁵. It was ultimately concluded that in order to gain consistency in application across City commissions, that training of commissioners would achieve better effectiveness than a stand-alone commission. Moreover, there was concern over the City's ability to staff a commission without additional staffing resources. In terms of forming a Task Force, the subcommittee concluded this should be taken up as part of larger community effort across the county to integrate HiAP. The subcommittee emphasizes that these recommendations represent a modest set of actions that will institutionalize HiAP as a priority and can be built open over time.

VII. EVALUATION: MONITORING, TRACKING & REPORTING

A. DEVELOPING AN EVALUATION PLAN

Health in All Policies requires a broad approach to data and information gathering which includes the collection of qualitative and quantitative data. Essential to HiAP is gathering non health outcomes that measure changes in social determinants of health. HiAP offers an opportunity to collaborate around data collection and analysis, breaking down silos between and among government agencies and community-based organizations.

The Planning Team considered some key questions while designing the preliminary evaluation plan. These key questions are derived from *Health in All Policies – A Guide for State and Local Governments*. The responses are based on all of the information gathered through the analysis process, including feedback we received from the listening tour, community and staff surveys and the gap analysis. A summary of the questions and responses developed by the Planning Team and Subcommittee are provided below.

QUESTIONS OF PRIMARY INTEREST TO CITIES, THEIR PARTNERS, AND STAKEHOLDERS

- Have we impacted well-being outcomes in the community?
- Have we shifted our culture to a more cohesive, partnership-based culture?
- Have we changed the way we work with each other across jurisdictions and sectors?
- Have we impacted inequities?

IS NEIGHBORHOOD OR CENSUS TRACT-LEVEL DATA NECESSARY?

City level data would be needed; however, since there are few zip codes and census tracts in the City, it is likely better to have neighborhood area data to identify inequities in geographic areas. For example, data could be collected and analyzed by existing zones used by Parks or Police or Santa Cruz Neighbors, or a combination thereof. There are opportunities to utilize data collected by other organizations.

¹⁵ Some City Councilmembers and members of the public have suggested that "Sustainability and Biodiversity" and "Human Rights" Commissions should be established and the Subcommittee weighed these interests in their recommendations.

ARE THERE SUBPOPULATIONS WHERE INEQUITIES HAVE EXISTED IN THE PAST? ARE THERE NEW POPULATION GROUPS OR EXISTING GROUPS THAT HAVE NOT BEEN ACCOUNTED FOR? WHAT DATA ARE NECESSARY TO TEASE OUT THOSE INEQUITIES?

Subpopulations in the community that have experienced inequities include Latinx, African American, LGBTQ, Seniors, Youth, homeless, and those living with disability.

We would need disaggregated data to identify clearly existing disparities.

WHAT RELEVANT QUANTITATIVE AND QUALITATIVE DATA ARE AVAILABLE AND ACCESSIBLE? ARE RESOURCES AVAILABLE FOR PRIMARY DATA COLLECTION, SUCH AS SURVEYS, INTERVIEWS, OR FOCUS GROUPS?

Quantitative: A number of quantitative data sources exist in the community. These include the Santa Cruz County Community Assessment Project, Santa Cruz County Point in Time Homeless Census Count, the County Collective of Results and Evidence-based (CORE) Investments Conditions, Vision Santa Cruz Strategic Plan goals, and Santa Cruz County Data Share.

Qualitative: This data may be collected through partnership with community-based organizations and government departments that collect qualitative data.

IS THERE EVALUATION EXPERTISE ON YOUR TEAM, OR WILL OUTSIDE EXPERTISE BE REQUIRED?

There is some evaluation expertise at the City. Santa Cruz is fortunate to have one of the lead social research agencies in the country-Applied Survey Research (ASR). ASR is the lead agency on the community's Community Assessment Project and Point in Time Count.

WHAT RESOURCES ARE AVAILABLE TO YOU?

We have modest resources to work with local grant writers to help secure additional funding to put in place an effective evaluation plan and potentially a community well-being dashboard.

HOW WILL EVALUATION FINDINGS BE USED AND DISSEMINATED?

Evaluation will be used to determine effectiveness of HiAP framework.

Evaluation findings could be disseminated through Commission, City Council, community partners such as Health Services Agency and Health Improvement Partnership, and other Jurisdiction HiAP Efforts.

These guiding questions and their responses have supported the development of a preliminary HiAP evaluation plan. Further discussions with local evaluation partners and local entities collecting data is needed to complete the evaluation design and determine evaluation indicators. This effort shall be part of the implementation work plan.



PROCESS EVALUATION can also be used to explore the success of applying a sustainability, health or equity lens. Pertinent questions to ask are how the analysis worked, if health or equity analysis met the needs of all partners, and if it supported the creation of a collaborative climate. This could include reporting on ordinance and agenda report compliance, for example.

Several equity screening tools have been identified by the HiAP planning team and are included in Appendix M that could also be considered. They will be further explored during the development of the HiAP work plan and in the implementation phase.

B. IMPACT EVALUATION

Impact evaluation analyzes policy and organizational outcomes that may have transpired because of a HiAP approach or a specific policy. Impact evaluations may measure changes that are likely to lead to community well-being improvements and can identify at how well a health, sustainability or equity analysis worked.

As they review data collected through County efforts (CORE, Community Assessment Project), questions that staff implementing the HiAP workplan will consider to qualitatively **assess effectiveness and outcomes related to organizational and cultural change** during reporting include:

- Has participation led to increased trust among partner organizations and agencies?
- Has participation led to a perceived or measurable increase in collaboration across sectors?
- How do partner agencies see the relationship between health, equity, sustainability, and their own agency objectives?
- How have equity, public health and sustainability experts been consulted on decisions made by non-health partners?
- What steps have partner agencies taken to impart health, equity, and sustainability knowledge to their staff?

Questions that the staff implementing the HiAP workplan will consider to assess policy outcomes, including structural changes to decision making processes include:

- How have other agencies used a health or equity lens in their assessment of a particular project, program, or policy? What elements of this work have been collaborative across agencies?
- What progress has been made toward incorporating a health or equity lens into the decision-making process of sectors or partners outside the public health field, including agency partners, city councils, or legislatures?
- How have equity, health, and sustainability criteria been incorporated into funding or program evaluation criteria of partners outside public health?
- How have equity, health, and sustainability explicitly been incorporated into government guidance or policy documents?

- Have there been legislative actions to support use of a health and equity lens in decision-making?
- Have other organizations or groups developed new initiatives that build upon your Health in All Policies work?

C. OUTCOME EVALUATION

HiAP is a strategy for improving community well-being and therefore it is recommended that HiAP efforts use outcome evaluation to measure changes in community well-being status that relate to policy changes and improve initiatives. Community well-being status is difficult to measure and can take a long time to change. It is therefore important to identify intermediate outcomes that can help show progress. Measuring progress in social determinants of health and well-being can strengthen collaboration by demonstrating improvements that are important to partners inside and outside the public health sector. Proxy measures may also be used to indicate change.

The following questions will be considered by the staff implementing the HiAP workplan to evaluate changes in the social determinants of health and well-being:

- Have policy changes led to healthier, more equitable and sustainable communities?
- Has there been an increase in access to safe, sustainable, and affordable transportation options? Nutritious food and safe water? Affordable, high quality, socially integrated, and location-efficient housing?
- Is there greater access to affordable and safe opportunities for physical activity, and is there an increase in individuals using those opportunities?
- Are there more opportunities for a living wage and safe, secure, well-paying and healthy jobs?
- Have there been reductions in violence and crime rates?
- Have educational outcomes improved?
- How has equity been impacted by policy changes?
- Have inequities between sub-population groups widened or narrowed?
- Have we addressed a structural issue that particularly impacts disadvantaged populations?
- Are we reducing our environmental footprint and building climate resilience particularly in areas where under-represented groups reside?

Santa Cruz County is quite advanced in collecting community level outcome evaluation data. Several efforts underway including the Santa Cruz County Community Assessment Project (CAP) and the [County](#) Collective of Results and Evidence-based (CORE) Investments Conditions offer outcome evaluation that measure social determinants of health and well-being indicators.

Below is a sample of the eight county CORE conditions and CAP goals that fall under the CORE conditions. These CORE conditions will be the overarching outcome measures that the City of Santa Cruz will use for evaluation of its progress. Specific indicators will be determined during the development of the implementation work plan, CAP goals are included to provide examples of indicators. This will be further developed during the implementation phase. Santa Cruz City has already engaged with CAP lead agency Applied Survey Research (ASR) to explore oversampling of Santa Cruz City residents and aggregation of data by specific city zip codes for future CAP surveys and reporting. In the past ASR has already oversampled residents and we will review those data to understand whether that information is useful to this effort.

1. CORE CONDITION – HEALTH AND WELLNESS

Optimal physical, mental, social-emotional, behavioral, and spiritual health across the life span.

- a. **CAP HEALTH AND HEALTH CARE GOAL 1:** By the year 2020¹⁶, all Santa Cruz County residents will have a regular source of primary care and integrated behavioral health services with a focus on:
 - i. Decreasing disparities
 - ii. Decreasing reliance on Emergency Rooms as a regular source of health care
 - iii. Increasing access to mental health and substance use disorder treatment.
- b. **CAP HEALTH AND HEALTH CARE GOAL 2:** By the year 2020, obesity in Santa Cruz County will be reduced by 10%.
- c. **CAP SOCIAL AND COMMUNITY CONTEXT GOAL 3:** By the year 2020, more Santa Cruz County residents will feel empowered to experience and pursue long-term quality of life.

2. CORE CONDITION – LIFELONG LEARNING & EDUCATION

High-quality education and learning opportunities from birth through the end of life.

- a. **CAP EDUCATION GOAL 1:** By the year 2020, all students will be fully connected and engaged with their school community, and will see their school as a welcoming, essential, and safe place.
- b. **CAP EDUCATION GOAL 2:** By the year 2020, all students will have broader access to courses and enrichment activities, including visual and performing arts, career technical education and digital technology.
- c. **CAP EDUCATION GOAL 3:** By the year 2020, all students will be provided sufficient behavior, health, and counseling services to succeed in their chosen educational and career pathways.

¹⁶ The CAP goals are in the process of being revised for the next target time horizon and may include the United Nation's Sustainable Development Goals which further expand upon on the three pillars. The next CAP survey will be conducted in year 2021.

3. CORE CONDITION – ECONOMIC SECURITY & MOBILITY

Stable employment, livable wages, food security, ability to afford basic needs, wealth accumulation, and prosperity.

- a. CAP ECONOMIC STABILITY GOAL 1: By the year 2020, reduce the winter unemployment rate by one-half percent, creating 725 new winter jobs in Santa Cruz County.

4. CORE CONDITION – THRIVING FAMILIES

Safe, nurturing relationships and environments that promote optimal health and well-being of all family members across generations.

- a. CAP SOCIAL AND COMMUNITY CONTEXT GOAL 1: By the year 2020, more Santa Cruz County residents will build meaningful social bridges across differences in age, race, ethnicity, class, and culture.
- b. CAP SOCIAL AND COMMUNITY CONTEXT GOAL 3: By the year 2020, more Santa Cruz County residents will feel empowered to experience and pursue long-term quality of life.

5. CORE CONDITION – SOCIAL, CULTURAL & CIVIC CONNECTIONS

A sense of belonging, diverse and inclusive neighborhoods and institutions, vibrant arts and cultural life, and the power of civic engagement.

- a. CAP SOCIAL AND COMMUNITY CONTEXT GOAL 1: By the year 2020, more Santa Cruz County residents will build meaningful social bridges across differences in age, race, ethnicity, class, and culture.

6. CORE CONDITION – HEALTHY ENVIRONMENTS (NATURAL & BUILT)

A clean and safe natural environment and a built environment that supports health and well-being.

- a. CAP NATURAL ENVIRONMENT GOAL 1: By the year 2020, residential per capita water use will be sustained at or under 2013 baseline levels through 2020.
- b. CAP NATURAL ENVIRONMENT GOAL 2: By the year 2020, 5% of homes in Santa Cruz County will have a solar electric or hot water system.
- c. CAP NATURAL ENVIRONMENT GOAL 3: By the year 2020, stewardship actions for our waters will be increased by 10%.
- d. CAP NATURAL ENVIRONMENT GOAL 4: By the year 2020, 50 miles of urban bike and multi-use trails will be constructed within Santa Cruz County to decrease traffic, increase active transportation, and connect urban areas to open spaces.

7. CORE CONDITION – A SAFE AND JUST COMMUNITY

Fair, humane approaches to ensuring personal, public, and workplace safety that foster trust, respect, and dignity.

- a. **CAP SOCIAL & COMMUNITY CONTEXT GOAL 2:** By the year 2020, schools and communities will be safe, supportive, and engaging places for children, youth, and families.
- b. **CAP NEIGHBORHOOD AND BUILT ENVIRONMENT PUBLIC SAFETY GOAL 1:** By the year 2020, the juvenile crime rate will be reduced by 10% through the use of culturally responsive evidence-based strategies that promote positive interaction and reduce conflict with public safety officials.
- c. **CAP NEIGHBORHOOD AND BUILT ENVIRONMENT PUBLIC SAFETY GOAL 2:** By the year 2020, there will be a 20% reduction in youth reporting gang involvement, resulting in a 10% reduction of gang related criminal activity.
- d. **CAP NEIGHBORHOOD AND BUILT ENVIRONMENT PUBLIC SAFETY GOAL 3:** By the year 2020, there will be a 10% decrease in arrests or citations of individuals with chronic SUD/COD through the increase of on-demand treatment for adults with such disorders.
- e. **CAP NEIGHBORHOOD AND BUILT ENVIRONMENT PUBLIC SAFETY GOAL 4:** By the year 2020, the violent crime rate of 18 to 25 year olds will be reduced by 10% through the use of targeted gang involvement intervention strategies, including restorative practices, street outreach, and alternatives to adult gang involvement.

8. CORE CONDITION – STABLE, AFFORDABLE HOUSING & SHELTER

An adequate supply of housing and shelter that is safe, healthy, affordable, and accessible.

- a. **CAP ECONOMIC STABILITY GOAL 2:** By the year 2020, increase the housing stock by 1,000 units in Santa Cruz County¹⁷.

Moreover, with respect to sustainability, the City reports annually to City Council (as well as a number of other state, national and global reporting platforms) on its Climate Action Plan and Climate Adaptation Plan goals. This will continue to be in place as part of reporting and evaluation of process, impact and outcomes. When these, and other relevant plans, are revised, it is recommended that they are developed in alignment in terms of using the HiAP pillars as cross-cutting concepts and how they are evaluated and reported.

D. TRACKING RESPONSIBILITY AND REPORTING

The two overarching principles guiding this evaluation include recognizing that staff capacity and funding for HiAP implementation is very limited. Because the Subcommittee recommends that the metrics utilized to assess the outcomes resulting from recommended HiAP actions implemented be aligned with existing processes like CORE and CAP, the effort required to collect and analyze data is minimized. The City's Sustainability and Climate Action Manager was the staff lead on the HiAP evaluation process, will likely prepare, in collaboration with our consultant, the HiAP implementation workplan, already reports to CAP on one of the environmental goals, and is best positioned to take on overall tracking responsibility and reporting (supported by our

¹⁷ The Subcommittee wanted to flag that as the CAP goals are revised this goal should be amended to reference *affordable* housing.

consultant). It must be recognized that both implementation of the HiAP workplan and tracking and reporting will represent a moderate sized and ongoing project, taking away capacity to put toward other climate action efforts. And as such, if this recommendation is accepted, it should be accompanied by a modest budget (also as recommended) to engage a consultant to assist with these ongoing efforts to minimize the impact to the Climate Action Program's workplan. This aspect is discussed further in the Recommendations section.

VIII. CLOSING

The 6-month evaluation process enabled City staff and leadership to (1) greatly expand their knowledge of HiAP, its three pillars and best practices, (2) better understand how the City is using these three pillars and how the community perceives City efforts, and (3) evaluate how policy and process implementation options might further understanding and co-create collaborative space to reach improved well-being outcomes. The recommendations brought forth represent modest but achievable actions that have the potential to ignite future transformative change. We acknowledge that there were and will continue to be limitations to the resources we can allocate to this work. However, Planning Team staff and City leadership are invested in an enduring, reflective, iterative and evidence-based commitment to the HiAP framework. We trust that the recommendations, if adopted and implemented, will chart a new course for the City, and serve as one mechanism to build public trust, cooperation and progress in this exceptional community.