

Case Study: Richmond Community Wellness Element

Why Richmond Planned for Environmental Justice

Located in the East Bay Area, Richmond is an ethnically and linguistically diverse city that became the first city in the state to develop a *Community Health and Wellness Element (CHWE)* as part of its General Plan. The plan includes integrated policies that promote public health in other elements, noted by cross-references at the end of each policy.

The city's industrial corridor includes pollution sources from large oil refineries, diesel truck traffic, and railways. Residents who live in close proximity to these emissions and contaminated sites experience higher rates of respiratory diseases, reduced lung growth, and heart disease as well as negative health impacts due to excessive noise, compared to neighboring cities.

At the plan's inception, the community's main concerns were: 1) affordable housing, 2) predatory lending and the foreclosure crisis, 3) air quality impacts from a proposed new oil refinery project, 4) poor air quality from freeways adjacent to residential neighborhoods, 5) a high unemployment rate, and 6) a large number of vacant lots.

Community Engagement Process

Initially, the City's engagement strategy consisted mostly of traditional methods such as mailers and newsletters that announced meetings to the public. After experiencing low meeting attendance,



the City reworked its engagement strategy by reaching out to community groups already actively working on the issues that the plan addressed and attending numerous community events. Building Healthy Communities, a California Endowment initiative, became a key partner that provided funding to support the process, while making space for the participation of the Richmond Equitable Development Initiative (REDI) coalition in the community engagement process.

Development of the CHWE was guided by a council-appointed, 37-member General Plan advisory committee, a dedicated technical advisory group, and a consultant team that facilitated community meetings in neighborhoods throughout Richmond. The General Plan advisory committee included members of community-based organizations that were engaged in the process. The plan was developed over seven years.

Outcome

The final draft General Plan included 15 elements and was adopted by the Council on April 24, 2012. It included the CHWE, and related health policies woven into almost every other element. The adoption of both a stand-alone CHWE and integrated policies throughout the General Plan demonstrated interconnections between EJ topics and calls for interagency coordination.

Another outcome of the process was a Health in All Policies (HiAP) strategy that could address health inequities resulting from the built



environment. The HiAP strategy uses several indicators to measure progress toward achieving the plan’s vision, including:

- The percentage of children not diagnosed with asthma.
- The percentage of residents who rate air quality in Richmond as excellent or good.
- The percentage of residents who rate preservation of natural areas as excellent or good.

The plan demonstrated the city’s ability to play an active role in promoting public health by ensuring quality housing as well as equitable access to healthy jobs, parks, and food. The plan’s policies address topics that range from healthy food stores and urban gardens to air-quality monitoring and living-wage jobs.

Key Lessons

The following achievements and challenges can be taken from the Richmond’s General Plan update planning process:

- The creation and adoption of the CHWE demonstrated the City’s ground-breaking role in contributing to sustainability and public health.
- The plan continues to be supported by the community during implementation, which is partly a result of the effective community engagement strategy.
- The CHWE provides a useful example for how social equity language can be incorporated into a General Plan.
- The REDI coalition acted as a bridge between different stakeholders in the community, which helped people see their shared interests.
- A significant amount of outside funding supported creation of the plan.

Case Study Summary: Richmond

Location	San Francisco Bay Area
Community Type	Urban
Population Size	103,701
Geographic Area	52.51 sq. mi.
EJ Issue(s) Addressed	Air quality specifically, and public health broadly
Community Engagement Process	Advisory Committee
Community-Based Organization Actively Engaged	Richmond Equitable Development Initiative (REDI)
Outcome	Health and Wellness Element; integrated policies within a General Plan
Adopted	April 2012



Community members canvassing for healthy policies (APEN).