**Using the Healthy Places Index as part of California’s Health Equity Metric:**

**Talking Points for Local Health Departments & Communities**

The [Public Health Alliance of Southern California](https://phasocal.org/) (Alliance) has developed these talking points in response to the State of California’s new [health equity metric](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CaliforniaHealthEquityMetric.aspx) that will be used as part of the State’s [Blueprint for a Safer Economy](https://covid19.ca.gov/safer-economy/). The State has created a metric that utilizes the Alliance’s [California Healthy Places Index](https://healthyplacesindex.org/) (HPI) to compare the overall test positivity rate in a county’s census tracts with the least opportunities for health compared to the threshold rate of the State’s Blueprint tiers. To our knowledge, this makes California one of the few states in the country to incorporate equity into the COVID-19 reopening and recovery process. More information about the State’s guidance on the health equity metric is available [here](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CaliforniaHealthEquityMetric.aspx). You can also learn the latest about the HPI on our [website](http://healthyplacesindex.org/), [platform map](https://map.healthyplacesindex.org/) and [COVID-19 resource map](https://covid19.healthyplacesindex.org/).

**How To Use This Document**

Public health department staff and community partners are important voices in this conversation and can share with their community members and multi-sector partners why the HPI is such a valuable tool for keeping equity at the forefront. **Strong** [**messages**](http://www.bmsg.org/wp-content/uploads/2020/05/bmsg_message_development_worksheet.pdf) **include:** 1) values, 2) solutions, 3) a brief description of the problem. Whether you are talking to reporters, testifying to the Board of Supervisors, or creating a report, you will want to tailor your talking points by including a few key points from the background materials included in this document. As public health practitioners, we often spend more time talking about the problem. While it’s important to include a few key aspects, aim to focus your talking points on the solution and your values. A reminder—values are not a restatement of the problem or data, but are why we get up each day and do this work, like interconnectedness, justice, and dignity. If possible, try to have a specific solution that names the policymaker(s) and timeline.

**Overarching message**

* **Problem:** COVID-19 exacerbates barriers to health that many communities are already facing. People need access to safe, stable housing, jobs with a living wage and workplace protections, and a clean and healthy environment to be healthy, especially if we are to overcome the impacts of COVID-19 in California.
* **Values:** When we create a COVID-19 recovery plan for California that includes everyone and puts equity at the forefront, we can keep all members of our community safe and healthy.
* **Solution:** Californians have a shared goal of ensuring that people are healthy and economically stable during COVID-19 and beyond. That is why a commitment to equity is more important than ever to California’s collective, safe recovery. The HPI helps us translate the value of equity into concrete actions and makes the complex interplay of social factors that shape our lives—like housing, jobs, and the environment—easier to understand and take action to address. The HPI can be used as a tool for better understanding the impact of inequitable community conditions on COVID-19 and other health outcomes and positively support a community’s response to addressing the disproportionate impacts of the pandemic. The HPI can support keeping equity at the forefront as we work together to achieve a more just, equitable California.

**Background HPI Information That Can Be Tailored for Talking Points**

**Background on the Impact of “Place” on Health (The Problem)**

* Every Californian should have the opportunity to live a full, healthy life. However, in the US, and here in California, not everyone has the same opportunities to be healthy.
* Research consistently tells us that where we live actually plays a bigger role in determining our health outcomes than our genetics. What surrounds us, shapes us. This includes factors like our access to safe, affordable housing, open park and green space, a clean environment, and a livable wage job, which actually determines close to 50% of our health outcomes.
* In California, like the rest of our country, we have had centuries of policies and practices that have created barriers to stability and health. From Jim Crow, to redlining, to recent predatory lending during the foreclosure crisis, Black, Latinx, Indigenous and other communities of color were pushed into under-resourced, highly segregated neighborhoods, and locked out of wealth building opportunities that were afforded to many White Americans. The effects of these policies are still felt today, as many of the same communities still disproportionately face worse economic, environmental, and health outcomes, including during COVID-19. As a consequence, communities of color and low-income communities are often the most vulnerable to the negative health impacts of public health and climate emergencies, like COVID-19.

**Background on The HPI as a Tool for Advancing Equity (Values)**

* The HPI was developed to explore and change those community conditions that impact life expectancy. The purpose of the HPI is to prioritize public and private investments, resources and programs to address structural inequities—inequities that require both short and long-term solutions. We know that many of the changes we want to see in COVID-19 outcomes for low-income communities and communities of color, as well as many other inequitable health outcomes, cannot be fixed solely in the short-term. We also know that investing in addressing these inequities in both the short and long-term is essential for California’s recovery and as we look to critical issues we must tackle in the future, such as wildfires.
* In the short term, we know that preventing infection will take a concerted, multi-sector effort focused on a multitude of strategies aimed at addressing the true root cause drivers of COVID-19 infections, including, but not limited to, ensuring safe working conditions and robust PPE distribution for essential workers, providing additional quarantine and isolation housing for both individuals and their families (when needed), expanding paid sick and family leave for those individuals who do become infected and their family members, and ensuring robust testing access for those most vulnerable to the impacts of COVID-19.
* In the long-term, lowering positivity rates and improving health outcomes for disproportionately impacted communities requires investments and strategies focused on structural inequities: expanding affordable, safe housing, robust investments in local health department infrastructure and climate resiliency, and expanded, safe employment opportunities.
* The HPI can be used as a tool for better understanding the impact of community conditions on COVID-19 and other health outcomes and positively supporting a community’s response to addressing the disproportionate impacts of COVID-19 on their communities.
* Californians have a shared goal of ensuring that people are healthy and economically stable during COVID-19 and beyond. That’s why a commitment to equity is more important than ever to California’s collective, safe recovery.

**Background on the Healthy Places Index (HPI) (The Solution)**

* The California Healthy Places Index (HPI) is a tool, developed by the Public Health Alliance of Southern California (Alliance), to assist you in identifying local socioeconomic and environmental factors that influence health outcomes and predict life expectancy. It offers detail on social, economic, and environmental conditions impacting communities across California and is currently being used in critical policy and planning decisions from the neighborhood to the state level, especially when decisionmakers are committed to keeping equity at the forefront and moving towards a healthier California for all.
* The HPI also allows you to compare community conditions across the state, with the goal of eliminating health inequities and improving health outcomes for all Californians.
* The HPI provides overall scores and more detailed data on specific policy action areas that research has definitively shown to shape health, like housing, transportation, education and more. We know these are the same factors that shape how COVID is impacting our communities. The [Healthy Places Index website](https://healthyplacesindex.org/) provides other resources to help understand the tool and the data included, including an interactive map, graphs, data tables, and policy guides with practical solutions for improving community conditions and health (see also the HPI [map introductory demo video](https://www.youtube.com/watch?v=LOCCFlh3UdM)).
* The purpose of the HPI is to prioritize public and private investments, resources and programs, as well as influence policy changes and decisions aimed at eliminating health inequities and improving health for all.

**Background on How Are “HPI” Scores Derived (The Solution)**

* In developing the HPI, a team of epidemiologists, policy analysts, community members, and other health and policy experts, examined an extensive amount of potential data sources. The team selected data sources for the Healthy Places Index that are:
	+ 1) Publicly available
	+ 2) Up –to-date at a neighborhood (census tract) level (based on available data)
	+ 3) Available statewide in California, covering 98.6% of the state’s population. This includes 91.8% of the State’s rural population as well, and 57 out of our 58 total counties.
	+ 4) Actionable by evidence-based policy and other actions, and
	+ 5) Demonstrably linked/correlated with life expectancy.
* The HPI combines 25 community characteristics into a single indexed HPI Score.  HPI scores for each census tract can be compared across the state to paint an overall picture of health and well-being in each neighborhood in California.
* In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas (Economic; Education; Housing; Health Care Access; Neighborhood; Clean Environment; Transportation; and Social factors).
* The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth. The statistics were designed to maximize the ability of the Healthy Places Index to identify communities with the most and least healthy conditions and quantify the factors that shape health.
* There are many neighborhood characteristics that are critical to health that were not included in HPI because they did not meet the criteria for inclusion. As an example, we know social cohesion, community power, inclusion/exclusion are fundamental to good health, but at this time there are not adequate quantitative data to measure these characteristics at the neighborhood level, although we know public health can play a role in working to gather qualitative data about these issues directly from community members. Where possible, we have included proxy measures (such as “voting” under the social policy action area), which may be correlated with a sense of community efficacy in making change.

**Background Root Cause Data That Can Be Tailored for Talking Points**

**Data on Health Equity Matters**

**An Overview of COVID-19 Impacts**

* Nationally, COVID-19 has taken the lives of [1 out of every 2,000 Black Americans](https://phasocal.us11.list-manage.com/track/click?u=58923e4bddb8d987936e7aa75&id=b2b307e3a6&e=9849a12b91), a rate nearly 2.5 times higher than White Americans.
* [While Latinx people represent approximately 39% of all Californians, they represent 61% of the cases and over 48% of all the deaths](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx). This is nearly half of all COVID-19 related deaths in California. [Black Californians represent 6% of the State’s population, but close to 8% of all COVID-19 related deaths](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx).
* We also see inequitable outcomes for Latinx, Black and Native Hawaiian and other Pacific Islander (NHPI) Californians that are especially stark for [younger (Ages 18-34) Latinx, Black and NHPI Californians](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx).
* In our County [\*Insert your jurisdiction’s disparity data here\*]
* We know that a lot of that burden is driven by structural factors, like differences in who can safely “work from home,” who is an essential worker and given proper PPE (or personal protective equipment), and who has access to community-based resources or disproportionate exposure to health harming factors

**The Impact of Employment on COVID-19 Inequities**

* Keeping equity at the forefront means creating ways to reopen that also prioritize the health of our essential and frontline workers. In the midst of the pandemic, there are large differences in who can safely work from home.
	+ In California, [more than half](https://laborcenter.berkeley.edu/front-line-essential-jobs-in-california-a-profile-of-job-and-worker-characteristics/) of low-wage workers are employed in front-line essential jobs, compared to only 39% of middle and high-wage workers.
	+ [55% of Latinx workers and 48% of Black workers](https://laborcenter.berkeley.edu/front-line-essential-jobs-in-california-a-profile-of-job-and-worker-characteristics/) are employed in front-line essential jobs, compared to only 35% of White workers.
	+ In addition, [nearly half of immigrant workers are employed in front-line essential jobs](https://laborcenter.berkeley.edu/front-line-essential-jobs-in-california-a-profile-of-job-and-worker-characteristics/).
	+ As a result, low-wage workers and Black, Latinx and other workers of color are at greater risk of workplace exposure to COVID-19.
* The HPI can help us ensure the health of our frontline and essential workers by identifying those communities most in need of additional resources to ensure the short and long-term health of all of our essential workers and their families.

**The Impact of Housing on COVID-19 Inequities**

* In California, we have made decisions that have led to rising housing costs and too many of our neighbors struggling to pay their rent or mortgage even before COVID-19 hit. When people can’t access safe and stable housing, it drives inequitable COVID-19 outcomes.
	+ About 1 in 6 Californians, or 6.3 million people, [live in overcrowded houses or apartments that make it difficult to isolate from one another](https://calmatters.org/projects/california-coronavirus-overcrowded-housing-data-analysis/).
	+ About two-thirds of Californians in overcrowded homes are essential workers or live with at least one essential worker.
		- Of those, 75% live in poverty, 92% are people of color and 12% lack health insurance.
* We also know from national research that people are open and willing to have a conversation about how we ensure that all people have access to safe and affordable housing, and we have policies in the HPI that can help make this happen. By tying each indicator to policy examples, the HPI provides a roadmap for equity that can serve as a foundation for our COVID-19 recovery.