Clackamas County

Tech Memo 1: Health Equity Framework

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Table of Contents

Introduction **1**

Understanding the relationship between health, equity, and active transportation 1

Walk Bike Clackamas Plan Objectives 3

Why focus on health and equity in the Walk Bike Clackamas Plan? 3

Health Equity Framework **5**

Systems 5

Examples of inequity in the system: 6

Environment 6

Examples of inequity in the environment: 7

Individual 7

Examples of inequity experienced by an individual: 7

Guiding Principles of Active Transportation Equity **8**

Applying the health equity framework in active transportation planning 8

Table of Figures

Page

Figure 1 Health Equity Framework 5
Figure 2 Guiding Principles and Applications 8
Figure 3 Active Transportation Opportunities to Advance Equity 9

INTRODUCTION

Understanding the relationship between health, equity, and active transportation

The Walk Bike Clackamas Plan will be grounded in a health equity framework to guide the study processes and recommendations, and future active transportation investments in the county. To understand the relationship between health and transportation, it is important to consider the social determinants of health, equity, and active transportation, and how they each influence health outcomes and disparities. These concepts are defined below, along with a description of how they interact with each other.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1]

SDOH can be grouped into five domains:

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context

These domains play a major role in the health and well-being of individuals, as well as the health equity of a population. As such, planning processes should consider social and physical environments and conditions so that the actions and investments needed to improve health do not rest solely with the individual.

Equity

Equity is the reduction or elimination of disparities by spreading resources to overcome the unique barriers different groups face. Equity is both an approach and an outcome. Applying an equity approach means fixing the context and conditions that support access, health and wellbeing.[2]

Health equity is:

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[1] U.S. Department of Health and Human Services. *Social Determinants of Health*. Retrieved from: https://health.gov/healthypeople/priority-areas/social-determinants-health

[2] Public Health Department, Clackamas County. *Blueprint for a Healthy Clackamas County 2020-2023*. Retrieved from: https://dochub.clackamas.us/documents/drupal/a6f39b3f-5727-4533-a572-d8d8588e2e7d

- Providing fair access to opportunities and resources for an individual to achieve physical and social health and well-being, and
- Reducing barriers to access because of circumstances that are out of an individual's control, such as race, ethnicity, social background.[3]

Social equity refers to equity among different groups of people that impact their barriers to access resources in society, and *spatial equity* views equity in terms of spatial distribution effects.[4] Social and spatial equity both impact health outcomes in that different groups of people may be socially disadvantaged in accessing opportunities and institutions for health because of income, race, gender, age and/or abilities. Similarly, different groups of people may be spatially separated from opportunities and institutions for health because of historically inequitable development of land use, governance, and transportation policies. In this memo and throughout this project, these vulnerable groups of people are referred to as *communities of interest*.

Active Transportation

Active transportation -- walking, biking, rolling, and access to transit -- is a vital component to advance healthy equity and environmental justice. Supportive infrastructure, amenities, and sociocultural norms can make it easier for people to use active transportation to access health opportunities and institutions (e.g., clinics, pharmacies, parks, and grocery stores) without relying on a motorized vehicle, and empower them to make it easy to make healthy choices. Investing in active transportation infrastructure and programs in areas with the greatest need can help reduce disparities in physical activity, related health indicators, and air and noise pollution.

Social, Environmental, and Mobility Justice

Social justice generally refers to the difference in access to opportunities, wealth, and privileges as experienced by different populations that result in inequity. Inequity has systemic roots in institutions, policies, and governance of processes and practices. These disparities impact all SDOH domains. Within the domain of neighborhood and built environment, one disparity is that communities of interest are disproportionately exposed to worse air and noise pollution, and as a result have poorer physical and mental health. *Environmental justice* is the fair treatment of all groups when considering laws and policies that can support a healthy and livable environment, and eliminate unjust burdens.[5] Policies that actively pursue environmental justice are needed to address this burden of

[3] Definition adapted from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Health Equity. Retrieved from https://www.cdc.gov/chronicdisease/healthequity/index.htm And ETR. Health Equity Framework. Retrieved from https://www.etr.org/default/assets/File/hef/ETR%20Health%20Equity%20Framework.pdf

[4] Lee, Richard J., Ipek N. Sener, and S. Nathan Jones. "Understanding the role of equity in active transportation planning in the United States." *Transport reviews* 37, no. 2 (2017): 211-226.

[5] Mohai, Paul, David Pellow, and J. Timmons Roberts. "Environmental justice." *Annual review of environment and resources* 34 (2009): 405-430.

environmental and institutional racism.[6] Communities of interest also have tend to have less access to quality public infrastructure, such as sidewalks and public green space, further reducing their exposure to healthy natural amenities. This is the result of spatial segregation and racial practices such as freeway construction, exclusionary zoning, and redlining.

Mobility justice considers the socioeconomic, cultural, and discriminatory barriers to access experienced by different communities in public spaces[7]. Advancing mobility justice in transportation planning means not only providing accessible and safe transportation infrastructure, but also improving policies and promoting projects that reduce disparities for communities of interest.

Walk Bike Clackamas Plan Objectives

The goal of the Walk Bike Clackamas Plan is to create a comprehensive, long-term vision to improve opportunities for people walking and biking in Clackamas County.

The Walk Bike Clackamas Plan will:

- Establish infrastructure priorities, e.g., where to build new bike lanes and sidewalks.
- Identify programs that increase safety and convenience of walking and biking, like Safe Routes to School.
- Update active transportation polices and adopt performance measures to track progress during implementation of the plan.
- Serve as the pedestrian and bicycle transportation elements of the Transportation System Plan (TSP) when adopted into the County Comprehensive Plan.

Why focus on health and equity in the Walk Bike Clackamas Plan?

The Walk Bike Clackamas Plan focuses on health and equity because in Clackamas County, a resident's race, income, and zip code can be a better predictor of health than their genetic code.[8] The fact that where people live and how they travel can better or worsen their health outcomes, confirms the importance of an equity lens to better meet the health needs of Clackamas County residents, particularly vulnerable groups. There are opportunities to address systemic inequities that have persisted in Clackamas County. Historically, restrictive racial real estate covenants in Lake Oswego, Milwaukie, Gladstone, Wilsonville, and Estacada have redlined people of color out of specific areas. The 2012 Clackamas County Zoning Ordinance continues to restrict what type of housing can be built in areas designated as

[6] Public Health Department, Clackamas County. Blueprint for a Healthy Clackamas County 2020-2023. Retrieved from: https://dochub.clackamas.us/documents/drupal/a6f39b3f-5727-4533-a572-d8d8588e2e7d

[7] Untokening. Untokening 1.0 – Principles of Mobility Justice. Retrieved from: http://www.untokening.org/updates/2017/11/11/untokening-10-principles-of-mobility-justice

[8] CC Transportation Equity Index - Review and Methodology.docx

Urban Low Density, multi-family dwellings are prohibited in low density areas.[9] This separation disconnects communities of interest from urban areas, creating long distances that can be perceived to be uncomfortable for walking or biking.

This focus on equity echoes the priorities in other Clackamas County documents. The Blueprint for a Healthy Clackamas County specifically identifies the need to develop strategies to support non-car travel, and includes the goal of "creating and promoting opportunities to participate in physical activity to lower the risk and complications of chronic disease. These opportunities exist at work, play, school, home in neighborhoods and when in transit".[10] The county's Capital Improvement Program for Fiscal Years 2021-2025 and the 2021 Intelligent Transportation Systems (ITS) Comprehensive Plan both integrate an equity lens to acknowledge that transportation and planning policies impact the built environment, and the built environment impacts health outcomes. Noting that many communities of interest are transit-dependent, this framework describes how Clackamas County will apply a health equity lens to active transportation planning, and also affirm the County's commitment to transparency and accountability in transportation planning and decision-making.

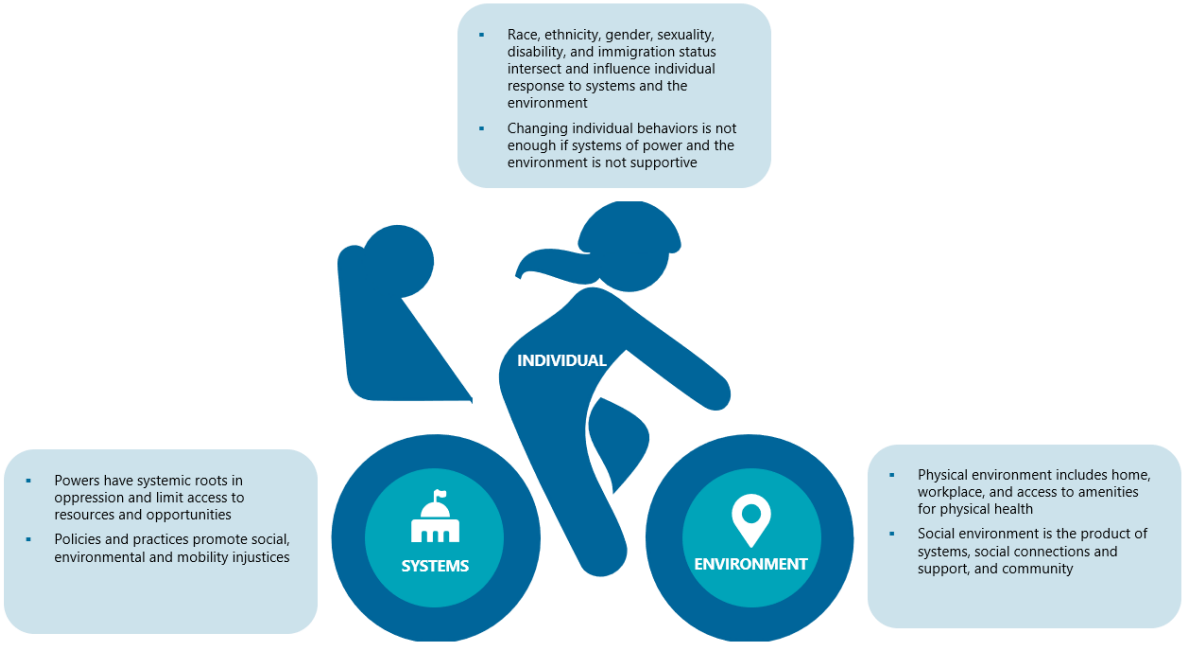
[9] Portland State University. Invisible Walls: Housing Discrimination in Clackamas County. Retrieved from: https://restrictedpdx.files.wordpress.com/2019/06/invisible-walls-report.pdf

[10] Public Health Department, Clackamas County. *Blueprint for a Healthy Clackamas County 2020-2023*. Retrieved from: https://dochub.clackamas.us/documents/drupal/a6f39b3f-5727-4533-a572-d8d8588e2e7d

HEALTH EQUITY FRAMEWORK

The following conceptual diagram explains how the Walk Bike Clackamas Plan will address health, equity, and active transportation. It is organized by three dimensions: systems, environment, and the individual. Social determinants of health, equity, and active transportation are related to each of these dimensions.

Figure 1 Health Equity Framework



Systems

Systems refer to the social, economic, and political structures and institutions with power and control that result in advantages and disadvantages between groups of people. These systems affect access to resources and opportunities that improve health such as health care, housing, education, and living-wage jobs. These systems are founded on traditional foundations that have different impacts on people with different race, ethnicity, gender, sexuality, disability, and immigration status than the majority population. Pursuing equity through a systems approach means reducing barriers to access resources and opportunities. This could be done by writing and enacting policies and plans that give different communities of interests fair access to resources and opportunities.

Examples of inequity in the system:

- In the United States, there is a history of racist housing and land use practices such as exclusionary zoning, racially restrictive covenants, redlining, and displacement of communities of interest. Racial segregation, inequities, and environmental racism stems from patriarchal and white-dominant leadership in planning history,[11] which dictated where investments were made in infrastructure including roads, transit, sidewalks, and parks. The legacy of those investments persists today in Clackamas County.[12]
- Communities of interest are more likely to have insufficient health coverage and are more prone to chronic conditions such as diabetes, cancer, and cardiovascular disease, and are less likely to receive care and treatment for these conditions.[13,14]

Environment

Inequities persist between groups of people because they are not able to access the same *social* and *physical* environments. Social and physical environments have a direct impact on both social and physical health, and improving equity means providing fair access to these environments. Like systems, the environment has different impacts on people depending on race, ethnicity, gender, sexuality, disability, and immigration status. Built environment policies should be updated to advance environmental, social, and mobility justice.

[11] City of Portland, Oregon. *Historical Context of Racist Planning: A history of how planning segregated Portland.* Bureau of Planning and Sustainability, 2019. https://www.portland.gov/sites/default/files/2019-12/portlandracistplanninghistoryreport.pdf

[12] Portland State University. Invisible Walls: Housing Discrimination in Clackamas County. Retrieved from: https://restrictedpdx.files.wordpress.com/2019/06/invisible-walls-report.pdf

[13] Office of Disease Prevention and Health Promotion. Access to Health Services. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health

[14] Riley, Wayne J. "Health disparities: gaps in access, quality and affordability of medical care." Transactions of the American Clinical and Climatological Association 123 (2012): 167.

Examples of inequity in the environment:

- Communities of interest disproportionately suffer from higher rates of pedestrian injuries and are significantly more likely to live in neighborhoods with inadequate or no sidewalks. This is applicable in rural communities where people who walk, roll, or bike have to use the shoulder of roads shared with motor vehicles.
- Communities of interest are disproportionately burdened by extreme weather conditions either as a result of historically exclusive zoning or limited access to resources. Their neighborhoods may have less tree shade and public green space to absorb heat and greenhouse gas emissions, or effectively handle storm swells and heavy rain.
- Inadequate access of facilities is not only an issue for physical activity, but for access key destinations such as grocery stores and medical services. Research suggests that equal distribution of facilities is not enough to close the gap if the neighborhood itself does not allow for physical activity.

Individual

Inequities exist at the individual level when people, influenced by systems of power and their environments, respond differently to their surroundings. There are also factors out of an individual's control, such as their race, ethnicity, gender, sexuality, disability, and immigration status. Advancing equity at an individual level requires a social and physical environment that empowers the individual to gain a sense of control over their behaviors and make healthy choices.

Examples of inequity experienced by an individual:

- Communities of interest may be less likely to own a vehicle and more likely to be active transportation-dependent by necessity, or they may own vehicles but spend a greater proportion of their household income on vehicle ownership and maintenance than other populations. People who do not own a vehicle may spend a higher portion of their income on transportation.
- People who identify with multiple communities of interest may experience compounded effects of inequity. For example, a person of color who identifies as a woman may experience systemic racism *and* sexism. This is known as intersectionality.
- Different communities of interest have different perceptions of personal safety and respond differently to components of the built environment, including active transportation facilities.

GUIDING PRINCIPLES OF ACTIVE TRANSPORTATION EQUITY

Applying the health equity framework in active transportation planning

Based on this health equity framework and building on the objectives of the Walk Bike Clackamas Plan, the following principles will guide Clackamas County in the development, implementation, and evaluation of active transportation projects, policies, and programs:

Figure 2 Guiding Principles and Applications

Guiding Principles	How?
1. **Grow capacity:** Institutionalize understanding of health equity framework among project staff and WBAC members	▪ Introduce and discuss the model's applications with the WBAC ▪ Refer to this framework on a regular basis throughout the project
2. **Ensure accountability:** Strive to replace traditionally inequitable practices to ensure accountability in future planning projects	▪ Recruit a diverse pool of WBAC candidates (Task 2)
3. **Iterate with feedback:** Listen, include, and respond to voices of communities of interest in active transportation decision-making	▪ Locate engagement events where concentrations of communities of interest live ▪ Use engagement to inform project vision and goals (Task 4)
4. **Elevate and empower:** Conduct purposeful engagement that empowers individual lived experience and community knowledge	▪ Compensate community experts participating on the WBAC for their time
5. **Invest in people and places with the greatest need:** Intentionally allocate active transportation investments to minimize existing geographic disparities	▪ Use gaps and deficiencies analysis (Task 5) to inform recommended projects, programs, and prioritization methods (Task 6)

6. **Measure progress:** Use quantitative and qualitative performance indicators to monitor, evaluate after plan implementation, and also to respond to changing needs of communities of interest as needed.	▪ Develop metrics (Task 4) and performance measures that assess geographic, funding, or other disparities

Active transportation opportunities

Figure 2 illustrates the components of the health equity framework, and opportunities for active transportation planning to advance equity.

Figure 3 Active Transportation Opportunities to Advance Equity

Equity component	Active transportation opportunities
Systems	
Powers and institutions: ▪ Education ▪ Health care ▪ Corporations/business ▪ Recreation ▪ Government	▪ Create, update, and implement policies and programs to reflect the needs of different groups of people and practice principles of equity.
Environment	
Physical environment: ▪ Land use/zoning ▪ Transportation ▪ Housing ▪ Workplace ▪ Air quality ▪ Climate and environmental exposures ▪ Nature Social environment: ▪ Livability (physical and mental safety, belonging, lived experience of racism, classism, sexism) ▪ Affordability	▪ Design multi-modal networks that improve access to mixed land use and destinations ▪ Create active transportation facilities with different groups of people in mind ▪ Facilitate ease of travel to workplace for all workers ▪ Encourage and design active transportation to advance environmental justice and respond to climate change ▪ Design active transportation infrastructure for people of all backgrounds, ages, and abilities to improve safety ▪ Understand barriers to participation in active transportation (cost of shared mobility services, sense of safety, etc.)to reduce barrier to participate Include design elements that respond to safety risks expressed by people of color

Equity component	Active transportation opportunities
Individual	
▪ Health behaviors ▪ Physical activity ▪ Healthy eating and nutrition ▪ Social network ▪ Health management ▪ Infectious disease ▪ Chronic disease ▪ Personal safety and security ▪ Injury	▪ Design active transportation facilities that are accessible to people of all ages and abilities (e.g., 8-80) ▪ Educate and empower potential and current active transportation users ▪ Incentivize and promote active transportation through programming