Riverside University HEALTH SYSTEM
Public Health

# Community Health Improvement Plan

## 2025 - 2030

# TABLE OF CONTENTS


Executive Summary ..... 2

Acknowledgements ..... 3

Welcome Message ..... 6

Introduction

- Riverside County Profile ..... 7
- What is the Riverside County Community Health Improvement Plan? ..... 8
- Building Towards a Healthier Riverside County ..... 9

Background

- Health Coalition History ..... 10
- Planning and Timing ..... 11
- Riverside County Community Health Improvement Plan Timeline ..... 12
- Mapp 2.0 Assessments ..... 13

Priority Selection ..... 14

Monitoring Progress ..... 16

Summary of Priorities ..... 17

**Priority Area 1: Mental and Behavioral Health**

- Objective 1A: Increase outreach for mental health support by 15%. ..... 20
- Objective 1B: Improve language accessibility and increase resource access for disenfranchised community members by 10%. ..... 22

**Priority Area 2: Housing**

- Objective 2A: Increase access to affordable housing units across Riverside County by 5%. ..... 26
- Objective 2B: Increase access to shelter beds and transitional housing units across Riverside County by 5% ..... 28

**Priority Area 3: Access to Equitable and Just Care and Resources**

- Objective 3A: Increase clients' access and understanding of resource navigation, support / advocacy, and health education by 10%. ..... 33
- Objective 3B: Increase awareness of Riverside County services by growing social media platform followers by 15%. ..... 36

Glossary ..... 39

Citations ..... 41

# EXECUTIVE SUMMARY



The Riverside County Community Health Improvement Plan (RC-CHIP) is a long-term, strategic initiative aimed at improving public health through community input and collaboration. It is guided by the findings from multiple community health assessments, local evaluations of public health needs. The RC-CHIP outlines the community's health goals, addresses key challenges, builds on existing strengths, and identifies opportunities to enhance health outcomes, focusing on reducing health inequities.

Between 2021 and 2023, Health Assessment and Research for Communities (HARC) in consultation with Riverside University Health System- Public Health, collected local-level, primary data and created two Community Health Assessments. These assessments unearthed the community's experience and perceptions about what are the most pressing health needs.

Drawing on input and recommendations from community-based organizations and stakeholders from the Riverside County Health Coalition, and data from the two HARC assessments, three key priority areas were selected for inclusion in the RC-CHIP. The three key priority areas identified are Mental and Behavioral Health, Housing, and Access to Equitable and Just Care and Resources.

The RC-CHIP is a roadmap for health organizations, government, education, human services, and community partners to align priorities, coordinate efforts, and allocate resources effectively. The 2025-2030 RC-CHIP was created through a collaborative process led by Riverside University Health System-Public Health, in partnership with a variety of local agencies and community stakeholders. This effort involved multiple in-person and virtual meetings to develop shared goals, objectives, strategies, measures, and outcomes, while fostering accountability and collective support.

Public planning for the 2025-2030 RC-CHIP began in January 2024, with implementation scheduled to run from July 2025 through June 2030. The RC-CHIP is continuously updated.

The RC-CHIP strives to create a meaningful and enduring impact, enhancing the health and well-being of all community members. By prioritizing prevention, early intervention, and collaboration, it envisions a future where preventable illnesses are diminished, mental health resources are easily accessible, and equitable healthcare is a reality for everyone.

# ACKNOWLEDGEMENTS



Heartfelt gratitude is expressed to all those who participated in the process of completing the 2025-2030 Riverside County Community Health Improvement Plan (RC-CHIP). The dedication, effort, and valuable contributions have been instrumental in its success. The time, energy, and expertise of all contributors to the RC-CHIP are deeply appreciated.

## ORGANIZATIONS THAT CONTRIBUTED TO THE RC-CHIP

### Mental Health Action Group

- California Farmworker Foundation (CFF)
- Casa Blanca Home of Neighborly Service
- Desert Healthcare District
- Desert Insight
- Neighborhood Healthcare (NHcare)
- Reach Out
- Riverside University Health System - Behavioral Health
- Asian Pacific Islander Del American Native Hawaiian Alliance (APIDANH)
- TrueCare

### Housing Action Group

- California Farmworker Foundation
- Center On Deafness Inland Empire (CODIE)
- Healthy Valley Foundation
- Inland Empire Harm Reduction (IEHR)
- Lift to Rise
- Parkview Legacy Foundation
- Riverside County Housing and Workforce Solutions (HWS)
    - Workforce Development Department (WD)
- Riverside University Health System – Public Health
    - Tobacco Control Project
- Transgender Health and Wellness Center
- University of California, Riverside:
    - School of Public Policy
- World Be Well

### Access to Care Action Group

- Alzheimer's Association
- Inland Empire Community Health Initiative (IE-CHI)
- Inland Empire Harm Reduction (IEHR)
- Inland Empire Health Plan (IEHP)
- Love Riverside
- March Air Force Base
- Parkview Legacy Foundation

# ACKNOWLEDGEMENTS




- Reach Out
- Riverside County Office of Education – Early Care and Education
- Riverside University Health System – Public Health:
    - Injury Prevention
    - Family Planning
    - Health Communications
    - Epidemiology and Program Evaluation
    - Health Equity
    - Tobacco Control Project
- South Coast Air Quality and Management Board (AQMD)
- Southern California Adaptive Sports
- Transgender Health and Wellness Center
- TruEvolution
- Veterans Affairs (including Homeless Outreach)
- Western Riverside Council of Government (WRCOG) – Clean Cities

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- Mary Obideyi, Health Equity Program, RUHS-PH, Mental and Behavioral Health Workgroup
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- Wendy Hetherington, RUHS-PH


Riverside County Board of Supervisor member Yxstian Gutierrez at Coalition with Public Health staff

# WELCOME MESSAGE

## Welcome to the Riverside County
# Community Health Improvement Plan



Riverside University Health System- Public Health is pleased to introduce the Riverside County Community Health Improvement Plan (RC-CHIP), a strategic initiative dedicated to enhancing the health and well-being of our community. The RC-CHIP serves as a roadmap for addressing critical health challenges, fostering equity, and ensuring a healthier future for all.

This plan is grounded in the needs and priorities identified by the public. It reflects the voices, concerns, and aspirations of the community, ensuring that every step is rooted in what truly matters to you.

Achieving these goals is only possible through collaboration and partnership. The RC-CHIP is the product of a collective effort involving community members, health organizations, local governments, educational institutions, and other key stakeholders. Together, partners align resources, coordinate strategies, and make meaningful health improvements.

RC-CHIP participants are committed to action and accountability, focusing on tangible improvements in areas that matter most. Whether addressing access to care, mental health, chronic disease, or social determinants of health, the RC-CHIP is a testament to shared dedication in building a healthier, more equitable community.

The communities' voice and involvement are essential to the success of this plan. Sharing insights, participating in initiatives, or supporting programs that advance shared goals fortify the work of the RC-CHIP.

Working hand-in-hand, the community will create a healthier tomorrow for all. Welcome aboard!

# INTRODUCTION



## Riverside County Profile

Riverside County is one of California's fastest- growing and most diverse regions in the state (UWPHI, n.d.). Located in the Inland Empire, Southern California, the county is home to approximately 2.5 million residents; the fourth most populous county in California (US Census, 2024). Its geographic expanse includes bustling suburban cities, picturesque mountains, and expansive desert landscapes.

The median age of Riverside County residents is 36.6 years (Data USA, 2022). The county boasts a richly diverse demographic, with Hispanic or Latino residents making up 51.9% of the population. White (non-Hispanic) residents account for 31.0%, while Asian, and Black or African American communities represent 8.1% and 7.6%, respectively (U.S. Census, n.d.). Other races and multiracial individuals comprise the remainder, reflecting the area's cultural vibrancy. Additionally, nearly 22% of residents are foreign-born, contributing to the county's multicultural character (US Census, n.d.).

Economically, Riverside County is a hub for various industries, including healthcare, logistics, education, agriculture, and tourism (UWPHI, n.d.). The median household income in 2023 was $89,672 (US Census, n.d.), indicative of a growing middle-class population. The region is also a major logistics center, leveraging its proximity to Los Angeles and its expansive highway network (RCEDA, 2023). Agriculture remains vital, especially in the Coachella Valley, which is known for its dates, citrus, and other produce (CVEP, 2023).

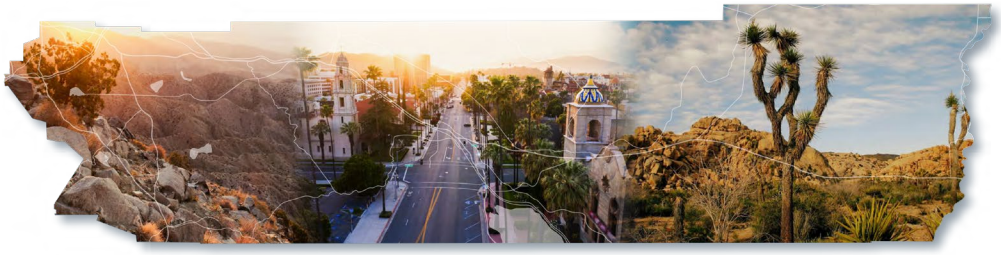
Education is a priority, with institutions like the University of California, Riverside, the Riverside Community College District, and California Baptist University providing higher education opportunities. Public school systems are robust, and the high school graduation rate is 87.2% (RCOE, 2023).

Housing in Riverside County reflects its suburban appeal, with a median home value of $465,000 and a homeownership rate of 63.5% (Data USA, 2022). The area continues to attract families seeking affordable housing relative to the coastal regions of California.

Riverside County also offers a mix of urban amenities and natural attractions. Iconic destinations like Joshua Tree National Park, the Temecula Valley Wine Country, and the Coachella Valley draw tourists year-round. Events such as the Coachella and Stagecoach music festivals add to the county's appeal as a cultural and recreational hotspot (CVEP, 2023).

The county's transportation infrastructure supports its growth, with major highways like Interstates 10 and 15 facilitating connectivity (Riverside Transit Agency, 2023). Public transit is provided by the Riverside Transit Agency and Sun Line, while Palm Springs International Airport and nearby Ontario International Airport (San Bernardino County) serve as key air travel hubs (SCAG, 2023).

With its dynamic population, economic opportunities, and scenic beauty, Riverside County is a thriving region that reflects both the challenges and opportunities of modern California (RCEDA, 2023).



# INTRODUCTION



## What is the Riverside County Community Health Improvement Plan?

The Riverside County Community Health Improvement Plan (RC-CHIP) is a long-term, strategic effort to enhance public health, built on community input and collaboration. It unites diverse organizations, community-based partners, and residents under shared priorities and goals to create a healthier Riverside County for everyone.

The RC-CHIP is informed by the findings of multiple community health assessments that were conducted between 2021 and 2023. It establishes the community's health vision, addresses identified weaknesses and challenges, leverages existing strengths, and maximizes opportunities to improve health outcomes, particularly for populations experiencing health inequities.

The RC-CHIP is a guiding document for the entire community. By bringing together community organizations, stakeholders, and public health experts, the RC-CHIP ensures that the collective efforts are aligned, resources are wisely allocated, and progress is measured through shared metrics. This plan addresses key issues identified in community health assessments, focusing on health equity and the unique needs of Riverside County's diverse communities.

RUHS-PH provides technical assistance and backbone support for RC-CHIP strategies, while community-based organizations (CBOs) and partners are at the forefront of implementation. This model ensures that strategies are responsive to local needs and that solutions are rooted in the community. Priority areas in the RC-CHIP—Mental and Behavioral Health, Housing, and Access to Equitable and Just Care and Resources—were identified through extensive collaboration and input from residents, health professionals, and community partners.

By leveraging existing partnerships and engaging non-traditional collaborators, the RC-CHIP serves as both a roadmap and a catalyst for collective action. It aims to drive systemic changes that reduce health disparities, promote equity, and achieve measurable health improvements for all. Over the next five years, workgroups led by diverse stakeholders will continue to implement and evaluate progress, ensuring that the RC-CHIP evolves to meet emerging challenges, and remains a living document for positive change in Riverside County.


Riverside County Public Health Executive Team. 2024

# INTRODUCTION



## Building Towards a Healthier Riverside County

The vision of RC-CHIP is to have a community where everyone enjoys optimal health and well-being. Guided by this goal, the RC-CHIP sets a clear path to address the challenges that stand in the way of a healthier, more equitable future. The aim is to create a thriving community where health is a shared priority, and every individual can live a healthy life.

The RC-CHIP identifies **key health priorities** that require our collective attention, including:

- Enhancing access to **mental health services** and reducing the stigma surrounding mental health and substance use disorders.
- Increasing access to affordable **housing**, shelter beds, and transitional housing units across Riverside County
- Improving **access to care**, ensuring that all community members can obtain the medical, dental, and preventive services they need.

To address these priorities, the RC-CHIP outlines a series of **core strategies**, including:

- Advocating for **policy changes** that support healthier environments and expand access to essential services.
- Promoting **health education** to empower individuals with the knowledge and tools to make healthier choices.
- Enhancing **healthcare services and infrastructure**, ensuring high-quality, culturally competent care is accessible to all.

Central to this effort is community involvement. The success of the RC-CHIP depends on the active participation of Riverside County residents, local organizations, healthcare providers, schools, and government agencies. Solutions to the County's unique needs can be manifested by working together and building strong partnerships.

A deep commitment to equity underpins every aspect of the RC-CHIP. Participants are dedicated to addressing health disparities and ensuring that resources and opportunities are distributed fairly. This includes prioritizing underserved populations and tackling the social determinants of health that perpetuate inequities.

Over time, the RC-CHIP will deliver a lasting impact, improving the health and quality of life for all community members. By focusing on prevention, early intervention, and collaboration, those working on the RC-CHIP priorities envision a future where preventable diseases are reduced, mental health support is readily available, and everyone has equal access to care.

The community is invited to be part of this transformative journey. Whether through sharing thoughts, or supporting local initiatives, the public's engagement is vital to achieving shared goals.

# BACKGROUND



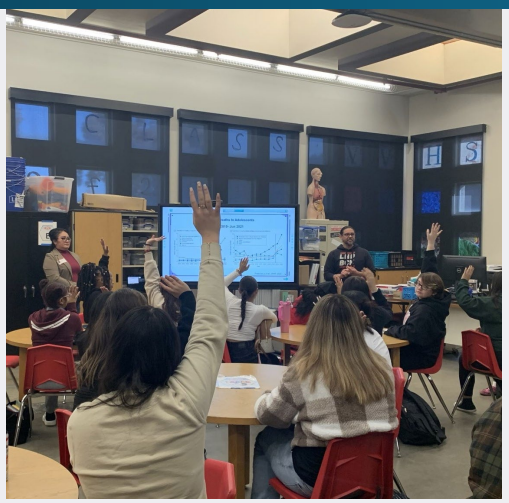
## Health Coalition History

Riverside University Health System- Public Health (RUHS-PH) mobilized collective impact efforts to improve community health by creating the Riverside County Health Coalition in 2009, followed by the Healthy Riverside County Initiative in 2012. These community partnerships created the foundation for a broader community health improvement initiative known as the Strategic Health Alliance Pursuing Equity (SHAPE) Riverside County (RUHS-PH, 2016).

The SHAPE initiative focused on improving the health and well-being of Riverside County residents by addressing health disparities and promoting equity. It's a collaborative effort spearheaded by RUHS-PH involving a wide range of community partners, including healthcare providers, academic institutions, community organizations, and government agencies. It aims to create a healthier, more equitable Riverside County through data-driven strategies and community engagement. The SHAPE Riverside County fosters action by connecting local resources—like clinics or nonprofits—with the people who need them most and encourages innovative partnerships, such as with schools or businesses, to tackle issues creatively.

SHAPE Riverside County used the community health assessments that were conducted between 2021 and 2023 to identify key health needs and ultimately inform the Riverside County Health Improvement Plan (RC-CHIP). The RC-CHIP sets out specific objectives and activities and outlines how partners will work together to achieve them. The RC-CHIP is at the core of the focus of the SHAPE Riverside County initiative. This community-wide plan aligns public and private resources to improve health for all in Riverside County. It is a long-term, data-driven systematic plan created to address issues identified by the community through multiple assessments. The purpose of the RC-CHIP is to describe how partners and the community will work together to create a healthier Riverside County.


Mayor Michael Vargas of the City of Perris speaking about the city's community and health initiatives during the Riverside County Health Coalition Meeting. January 2025



RUHS-Public Health Black Infant Health team held the first day of the annual Inland Empire Perinatal Equity Provider Summit in Rancho Cucamonga, in partnership with San Bernardino County. April 2024

RUHS-Public Health Injury Prevention Services, Overdose Awareness and Prevention Program Partnered with RUHS Medical Center Pharmacy staff to provide overdose prevention training at schools in Moreno Valley. January 2024

# BACKGROUND



## Planning and Timing

RUHS-PH began planning for the 2025-2030 RC-CHIP, in collaboration with the Riverside County Health Coalition (RCHC) and its key stakeholders. The table and the diagram below show the RC-CHIP's timeline for laying the foundation of this plan. During the process, the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework was utilized, which fosters a community-wide vision for health by involving organizations across sectors, assessing community needs and strengths, and directing resources toward addressing the root causes of health inequities. RUHS-PH engaged various community partners and organizations in the development of the 2025-2030 RC-CHIP.

| | |
|---|---|
| January 17, 2024 | Riverside County Health Coalition (RCHC) Quarterly Meeting<br>• Discussed the history of the Community Health Assessment (CHA) and Riverside County Community Health Improvement Plan (RC-CHIP)<br>• Explored ways to steer future workgroups (based on the health topics that coalition members wanted to see addressed). |
| April 17, 2024 | RCHC Quarterly Meeting<br>• Presented the topics for the Action Groups and how the and RC-CHIP will be integrated into the Riverside County Health Coalition.<br>• Presented preliminary results from the Public Health Community Health Assessment (CHA) along with results from two previous community health assessments. |
| July 17, 2024 | RCHC Quarterly Meeting<br>• Created Action Groups based on the health topics chosen (housing and mental health / suicide prevention- later changed to mental health / behavioral health). |
| September 24, 2024 | First Mental and Behavioral Health Action Group Meeting |
| September 26, 2024 | First Housing Action Group Meeting |
| October 16, 2024 | RCHC Quarterly Meeting<br>• Introduced action groups (including the new Access to Just Care and Equitable Resources Action Group) |
| October 29, 2024 | RC-CHIP Kickoff Meeting for all three Action Groups |
| November 19, 2024 | RC-CHIP Follow-Up Meeting for all three Action Groups |
| January 22, 2025 | RCHC Quarterly Meeting<br>• Presented updates on the RC-CHIP and the Action Groups. |
| March 2025 | Completion of the Riverside County 2025-2030 RC-CHIP |

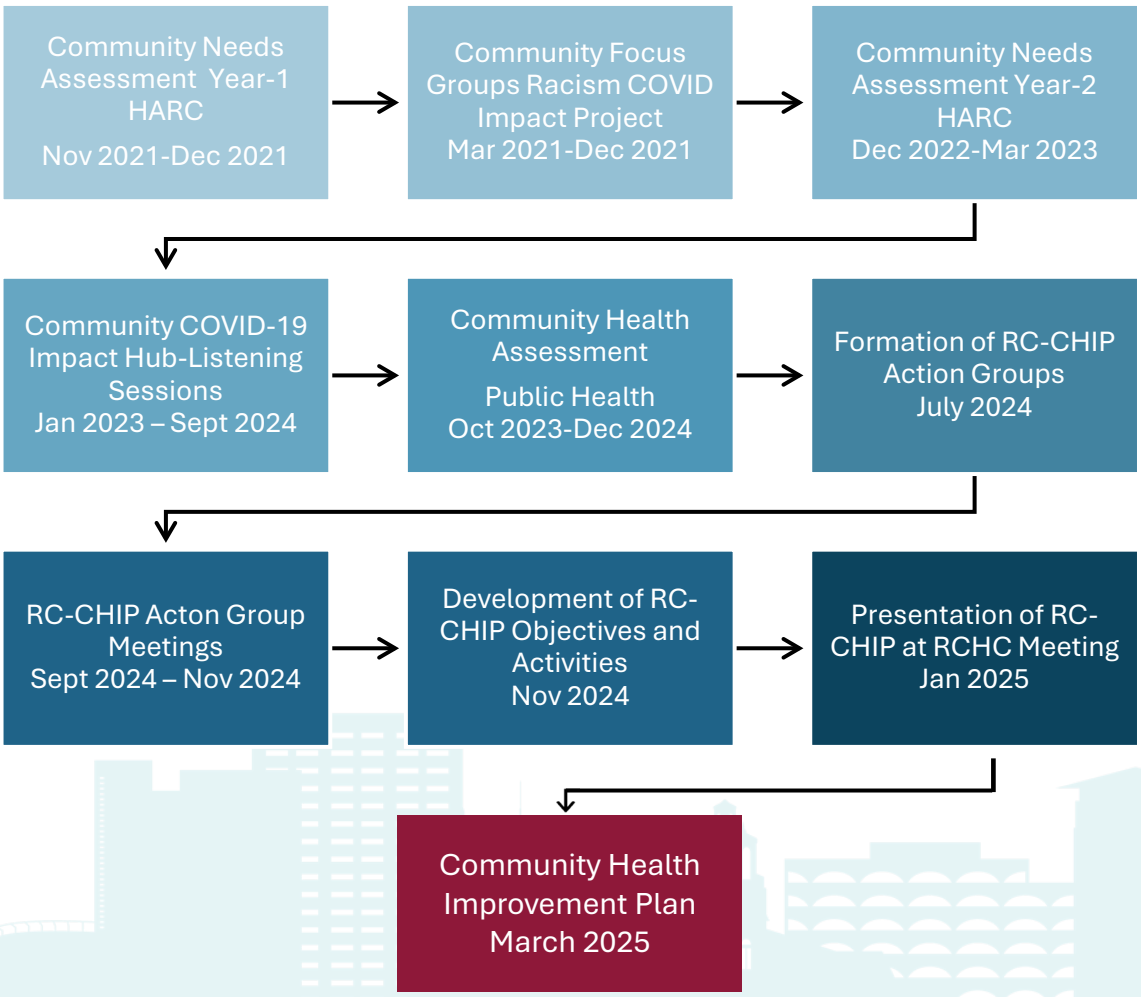
# BACKGROUND



## Riverside County Community Health Improvement Timeline

The RC-CHIP serves as a collaborative framework for Riverside County Public Health Department, stakeholders, and community members to improve population health by setting priorities, directing resources, and implementing programs and policies. It is a community-driven initiative that reflects the collective efforts of multiple stakeholders and partnerships and is tailored to the specific needs of the community.

To develop the RC-CHIP, data collection and community engagement efforts were undertaken. Two community needs assessments were conducted through surveys, providing primary data, while a comprehensive community health assessment integrated both primary and secondary data was completed. Focus groups were completed and examined the impact of racism during the COVID-19 pandemic. Community COVID-19 Impact Hub-Listening Sessions were done and provided insights into the mental health challenges and behavioral health trends that emerged during and after the pandemic. By April 2024, findings from the 2025 Public Health Community Health Assessment, which was under construction, were shared with the coalition. RC-CHIP action groups were then established and met regularly to develop objectives and activities. These priorities, objectives, and action items were then presented to the full health coalition, culminating in the creation of the final Community Health Improvement Plan.



# BACKGROUND



## The MAPP 2.0 Assessments

The Public Health Community Health Assessment (CHA) emphasizes the importance of continuous evaluation and community feedback. RUHS-PH and its partners developed the CHA through the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework using an iterative lens, allowing for the adaptation, refinement, and a continuous improvement process of strategies based on real-world experiences. The goal of the MAPP process is to promote health equity by identifying urgent health issues within a community and strategically aligning resources. MAPP 2.0 fosters a community-wide vision for health by involving organizations across sectors, assessing community needs and strengths, and directing resources toward addressing the root causes of health inequities.

There are three phases in the MAPP 2.0 framework. The first phase, which built the community health improvement foundation, was implemented in the CHA process. We used this step to identify our interest-holders and build a shared understanding of our vision for the CHA. Phase two tells the community story, which we followed by engaging with the community to help us in developing the CHA. This involved identifying health priorities and inequities within the community, including their root causes, through various assessments. The third phase focuses on strengthening community engagement by prioritizing issues for the RC-CHIP and implementing continuous quality improvement strategies to ensure their successful execution. Below is the MAPP 2.0 process that RUHS-PH developed and applied to better illustrate the collective impact approach:

# PRIORITY SELECTION



The Riverside County Health Coalition carefully analyzed a range of data and resources to develop a well-informed set of criteria for prioritizing key issues. This selection process was guided by a thorough assessment of existing community needs, ensuring that the chosen priorities align with the most pressing health and wellness concerns within the region.

The indicators were selected using four primary data sources, which included a comprehensive view of the region's mental health and behavioral health needs:

- *Community COVID-19 Impact Hub Data and Story Map – Listening Sessions:* This resource provided valuable insights into the mental health challenges and behavioral health trends emerging during and after the COVID-19 pandemic.
- *Riverside County Community Research on Racism and COVID Impact project:* This project, completed in 2021, is a synthesis of data collected by community-based organizations through focus groups.
- *Riverside County Public Health Community Health Needs Assessment:* Conducted by RUHS-PH in 2021, in partnership with Health Assessment and Research for Communities (HARC), this assessment identified critical health disparities and opportunities for improvement across Riverside County.
- *Riverside County Public Health Community Health Needs Assessment:* Conducted by RUHS-PH in 2023, in partnership with Health Assessment and Research for Communities (HARC), this assessment identified critical health disparities and opportunities for improvement across Riverside County.

These data sources provided a foundation for understanding the community's needs, facilitating the development of targeted objectives and activities.

Staff facilitated in-person and virtual discussion (via break-out sessions) and established the top health priority areas the action groups should work on. A Thematic Analysis was used to compile qualitative data from the discussion.

The top priority areas identified by coalition members were:

- Housing
- Health Disparities / Health Equity and Justice
- Systemic Racism
- Underserved Populations
- Mental Health/Suicide Prevention
- Poverty
- Special Education

# PRIORITY SELECTION



A discussion on the most pressing health needs for the county residents began in January 2024 during the Riverside County Health Coalition (RCHC) meeting. However, the priority areas for the RC-CHIP were chosen by the RC-CHIP Action Groups during the July 2024 RCHC Quarterly Meeting. During the meeting, RCHC members were assigned to a breakout session to identify the most pressing health priority areas impacting our neighborhoods in Riverside County.

## IDENTIFYING RC-CHIP ACTION GROUPS

Following the identification of key data-driven indicators from the Community Health Assessment, the Action Groups collaborated on priority areas during the Community Health Improvement Plan Kickoff Meetings, held on October 29th and November 19th, 2024.

Three (3) Action Groups were created, based on the priority areas chosen (Mental & Behavioral Health, Housing, Access to Equitable and Just Care and Resources) to brainstorm and prioritize objectives and strategies for the Community Health Improvement Plan.

Each of the Action Groups developed objectives and activities for their priority area during these sessions, ensuring alignment with both community needs and coalition priorities.

RC-CHIP action groups are comprised of community-based organizations, community residents, and community partners of the Riverside County Health Coalition. Members were invited to join the Action Groups (Mental & Behavioral Health, Housing, and Access to Equitable and Just Care and Resources) based on their interests, expertise, and knowledge of the three priority areas chosen.

## CLARIFYING GOALS AND OBJECTIVES

The goals and objectives for the Riverside County Community Health Improvement Plan were determined through collaborative input from stakeholders attending the RC-CHIP Action Group meetings. During these meetings, Action Group members reviewed, identified, and prioritized health priorities from the 2021 Riverside County Public Health Needs Assessment Survey and the Community COVID-19 survey data. The RC-CHIP Action Group meetings involved developing, evaluating, and refining the objectives and activities for the health priority areas chosen to determine the most effective strategies for implementation. Stakeholders shared insights from their own community work, emphasizing how these goals and objectives could enhance the health of Riverside County residents.


Barry Knight, Equity Access and Opportunity (EAO) Officer for the County Executive Office, presenting on Diversity, Equity, Inclusion, and Accessibility (DEIA) during the Riverside County Health Coalition Quarterly Meeting. October 2023.

# MONITORING PROGRESS



## What Part of The RC-CHIP Will Be Monitored and Revised?

The RC-CHIP is a living document, so it is regularly updated. Data is collected during check-ins with community partners, and progress is tracked to adopt any necessary changes. The plan is reviewed annually and updated based on new information and community needs.

## Who Should Be Involved In The Monitor And Revision Process?

Stakeholders, including community-based organizations, community residents involved in the action groups, Riverside University Health System- Public Health staff, and other community partners, should all be involved in the monitoring and revision process to ensure that the RC-CHIP stays relevant and effective.

## What Does The RC-CHIP Monitor and Revision Process Look Like?

The RC-CHIP monitoring and revision process involves the following steps:

1. Collect Data: Regularly gather health data to track progress.
2. Check-Ins: Meet with partners to review the work they are conducting in the community.
3. Review Progress: Evaluate if strategies are working using data and feedback.
4. Get Community Feedback: Ask the community if their needs are being met.
5. Annual Review: Review the plan each year to see what needs to change.
6. Make Changes: Update the plan based on data and feedback.
7. Work Together: Involve all key groups in the revision process.

These steps help keep the RC-CHIP relevant and focused on the community's evolving health needs.

Nancy Renfro, a Research Specialist for RUHS-Public Health, presenting on the objectives and activities of the Riverside County Community Health Improvement Plan (RC-CHIP) to coalition members. January 2025.

Inland Empire Mental Health hosted their Annual Inland Empire Maternal Mental Health Collaborative Summit, joined by clinical therapists, social workers and other treatment staff. May 2023.

# SUMMARY OF PRIORITIES



## Priority Area 1: Mental and Behavioral Health

**Goal 1:** Improve the mental health landscape in our community through increased awareness, access, and integrated care solutions. Identify service gaps and advocate for evidence-based practices that support individuals facing mental health challenges.

***Objective 1A:*** Increase outreach for mental health support by 15%.

Activity 1A.1: By 2029, provide culturally competent mental health training for mental health staff.

Activity 1A.2: By 2029, boost collaborative outreach between partners.

Policy: California Reducing Disparities Project (CRDP) funded by the Mental Health Services Act (MHSA / Proposition 63)

***Objective 1B:*** Improve language accessibility and increase resource access for disenfranchised community members by 10%.

Activity 1B.1: By 2027, conduct outreach to community partners specializing in ADA needs to fortify partnerships.

Activity 1B.2: By 2029, disseminate resource tools to partners who do not currently have ADA resources.

# SUMMARY OF PRIORITIES



## Priority Area 2: Housing

**Goal 2:** Increase the availability and accessibility of affordable, equitable, and climate-resilient housing, transitional housing units, and shelter beds in Riverside County by prioritizing vulnerable populations and integrating housing with healthcare and support services for holistic community well-being.

***Objective 2A:*** Increase access to affordable housing units across Riverside County by 5%.

Activity 2A.1: By 2027, establish on-going partnerships with affordable housing organizations (e.g., HWS, Lift to Rise, and Coachella Valley Housing Coalition).

Activity 2A.2: By 2029, further implement any related agency strategic action plans that deal with enhancing access to affordable housing, including smoke-free multi-unit housing and climate-resilient design.

***Objective 2B:*** Increase access to shelter beds and transitional housing units across Riverside County by 5%.

Activity 2B.1: By 2028, participate in advocacy groups such as the National Alliance to End Homelessness (NAEH) and Bring California Home.

Activity 2B.2: By 2029, help influence policy measures associated with increasing access to transitional housing and shelter beds; and potentially integrate healthcare, mental health, or other services.

# SUMMARY OF PRIORITIES



## Priority Area 3: Access to Equitable and Just Care and Resources

**Goal 3:** Eliminate barriers to healthcare access and ensure that all community members can obtain necessary services and resources, including immunizations.

***Objective 3A:*** Increase clients' access and understanding of resource navigation, support / advocacy, and health education by 10%

Activity 3A.1: By 2027, utilize Community Health Workers (CHWs) to ensure underserved community needs are more effectively addressed and equitable across various demographics.

***Objective 3B:*** Increase awareness of Riverside County services by growing social media platform followers by 15%.

Activity 3B.1: By 2027, create educational campaigns to inform communities of available resources.

Activity 3B.2: By 2028, host at least two partnered events, such as community fair that highlights available resources.

# MENTAL AND BEHAVIORAL HEALTH



## WHY IS THIS A PRIORITY ISSUE?

Mental and behavioral health are critical priority issues in Riverside County, driven by the significant challenges identified through recent assessments and community feedback. The COVID-19 Pandemic exacerbated these challenges, increasing stress, anxiety, and behavioral health issues for residents across the community.

## KEY FINDINGS

The 2023 Riverside County Community Health Needs Assessment, and the 2024 launch of the Community COVID-19 Impact Hub, revealed that mental health is the most pressing health concern, with 41.7% of participants highlighting it as a top issue. Riverside County faces a shortage of mental health professionals, with 34.1% of survey respondents identifying this as a major barrier to care. Delays in accessing healthcare services, reported by 30.3% of participants, further complicate the ability of residents to receive timely and adequate mental health support *(Escobar et al., 2024; Riverside County Public Health, 2021).*

**Goal 1:** Improve the mental health landscape in our community through increased awareness, access, and integrated care solutions. Identify service gaps and advocate for evidence-based practices that support individuals facing mental health challenges.

### ***Objective 1A:*** Increase outreach for mental health support by 15%.

***Why is this important?***

Increasing outreach for mental health support is vital to improving mental and behavioral health because it raises awareness, reduces stigma, and connects individuals to critical resources they might not otherwise access. Many people, particularly in underserved or marginalized communities, are unaware of available mental health services or hesitant to seek help due to stigma or misconceptions. Proactive outreach ensures that these individuals are informed and encouraged to prioritize their mental well-being.

**Objective 1A | Improvement Strategies or Activities**

- By 2029, provide culturally competent mental health training for mental health staff.
- By 2029, boost collaborative outreach between partners.

# MENTAL AND BEHAVIORAL HEALTH



### *Policy Recommendation*

*Policy: California Reducing Disparities Project (CRDP) funded by the Mental Health Services Act (MHSA/Proposition 63).*

The California Reducing Disparities Project (CRDP) is an initiative funded by the Mental Health Services Act (MHSA/Proposition 63) to address mental health disparities among underserved and historically marginalized communities. Focused on five target populations—African American, Asian and Pacific Islander, Latino, Native American, and LGBTQ+ communities—the CRDP supports community-driven approaches to improve mental health outcomes. Through grants and partnerships, it promotes culturally and linguistically appropriate services, capacity-building, and system-level changes. By empowering local organizations, the CRDP aims to create equitable and inclusive mental health systems across California *(California Reducing Disparities Project, n.d.)*

Action group has identified several key areas for policy modification to address disparities in healthcare access and delivery, particularly in rural and underserved areas. Addressing these regulatory issues will help improve access to culturally competent care and address mental health challenges across all underserved populations.

- Shortage of culturally competent health professionals, which creates a barrier to effective care in communities that struggle to attract and retain qualified staff who understand the unique cultural and health needs of diverse populations.
- State and local regulations affect the implementation of CRDP-funded programs, which can lead to delays and inefficiencies that hinder timely access to services.
- Inequitable distribution of funding, which exacerbates disparities in access to care and resources.
- CRDP's narrow focus on specific populations may unintentionally overlook other underserved groups facing mental health disparities.

### Objective 1A | Assets or Resources

Assets and Resources include: the sharing of mobile applications that help youth with positive mental health affirmations and mood tracking; offer training and certifications for leadership skills; host tabling and resource events at schools with informational material; provide training on mental health first aid; monthly trainings on suicide prevention, and resilience; and educational materials in various languages.

### Objective 1A | Process to Track Status

Monthly to bimonthly meetings will be held with partnering agencies to gauge progress on the number of training sessions held, the number of individuals trained, any certifications administered, and feedback on trainings as well as any issues that arose. The meetings will also facilitate networking among partner agencies and strengthen the relationships that have been established.

# MENTAL AND BEHAVIORAL HEALTH



**Strategies:**

- Provide culturally competent mental health training for mental health staff.
- Boost collaborative outreach between partners.
- Fortify existing connections between partners and create new linkages to pool mental health resources for community outreach and dissemination of materials.

**Measures:**

- **Post-Training Surveys:** Administer surveys to participants following cultural competency training to gather feedback on the training's effectiveness and identify areas for improvement.

**Outcomes:**

- **Enhanced Cultural Competency:** Increase the number of diverse, trained mental health staff possessing an understanding of cultural competencies and historical inequities, enabling them to serve multicultural communities more effectively.
- **Strengthened Collaborative Partnerships:** Increase the number of collaborative partnerships to efficiently address mental health issues through effective outreach and resource sharing.

## ***Objective 1B:*** Improve language accessibility and increase resource access for disenfranchised community members by 10%.

***Why is this important?***

Language barriers often prevent individuals from accessing timely care, leading to unmet needs and worsening mental health conditions. Providing multilingual resources and culturally competent care bridges this gap, empowering individuals to seek support without fear of misunderstanding or stigma *(Flores, 2006).*

Expanding access to resources for disenfranchised populations also addresses systemic inequities that contribute to disparities in mental and behavioral health outcomes. Marginalized communities often face higher rates of stress, trauma, and discrimination, yet lack the support systems to address these challenges. By removing barriers and creating inclusive pathways to care, we can promote better mental health, reduce health disparities, and foster stronger, more resilient communities (Williams & Mohammed, 2009)

# MENTAL AND BEHAVIORAL HEALTH



## Objective 1B | Improvement Strategy(ies) or Activity(ies)

Improve language accessibility and increase resource access for disenfranchised community members by 10%.

- By 2027, conduct outreach to community partners specializing in ADA needs to fortify partnerships.
- By 2029, disseminate resource tools to partners who do not currently have ADA resources.

## Objective 1B | Assets or Resources

Asset and resource information was gathered through the monthly action team workgroup meetings. Resources are considered services that stakeholders have shared as work has already been done within Riverside County. At these meetings, some resources were shared, including the sharing of mobile applications that help youth with positive mental health affirmations and mood tracking; offering trainings and certifications for leadership skills; hosting tabling and resource events at schools with informational material; and providing trainings on mental health first aid. Public Health also shared monthly trainings on suicide prevention, and resilience as a form of resource for the community. Some partners mentioned that their material was also provided to the community in various languages apart from English to create additional outreach for those resources.

## Objective 1B | Process to Track Status

Regular meetings will be held with partners who specialize in ADA needs and with current partners who have established working connections with ADA-focused agencies. An intended number of introductions with ADA agencies can be set as a benchmark, and progress can be documented via monthly to quarterly reports. The number of ADA partners will be recorded along with the approximate number of resources, resource type, regions of dissemination, and community feedback.

## Strategies:

- Conduct outreach to community partners specializing in Americans with Disabilities Act (ADA) needs to fortify partnerships.
- Disseminate resource tools to partners who do not currently have ADA resources.
- Through outreach, produce a list of partners lacking ADA resources for tool allocation.
- Develop a schedule for distributing ADA resources.
- Use qualified translators to review that materials are culturally sound and appropriately translated.

# MENTAL AND BEHAVIORAL HEALTH



**Measures:**

- **Resource Inventory:** Catalog the number and languages of available resources to ensure comprehensive representation for all community members.
- **Resource Distribution Tracking:** Monitor the distribution of resources to identify gaps and assess the need for additional materials.

**Outcomes:**

- **Enhanced Partnerships:** Establish and strengthen collaborations with agencies specializing in ADA (Americans with Disabilities Act) compliance to improve accessibility and inclusivity.
- **Increased Resource Availability:** Expand the provision of ADA-compliant resources to partners lacking necessary tools, ensuring equitable access for all community members.

*Responsible Organizations and Target Date:*

| **Objective 1A: Increase outreach for Mental Health Support by 15%** | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 1A.1 Provide culturally competent mental health training for mental health staff. | Casa Blanca Home of Neighborly Services<br>Starting Over Inc.<br>Transgender Health & Wellness Center<br>Planned Parenthood of the Pacific Southwest<br>Building Resilient Communities | Not Started:<br>Assessing whether there are any culturally competent mental health trainings that are being provided to mental health staff currently. | Dec 2029 |
| 1A.2 Boost Collaborative outreach between partners | Casa Blanca Home of Neighborly Services<br>Riverside Community Hospital<br>Parkview Legacy Foundation<br>Planned Parenthood of the Pacific Southwest<br>Starting Over Inc.<br>Transgender Health & Wellness Center | In Progress:<br>Partners are participating in health fairs and community education to foster outreach in the community. | Dec 2029 |

# MENTAL AND BEHAVIORAL HEALTH



*Responsible Organizations and Target Date:*

| Objective 1B: Improve language accessibility and increase resource access for disenfranchised community members by 10% | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 1B.1 Conduct outreach to community partners specializing in ADA needs to fortify partnerships | Riverside Community Hospital<br>Southern California Adaptive Sports<br>Transgender Health & Wellness Center<br>Planned Parenthood of the Pacific Southwest<br>Building Resilient Communities | Not Started:<br>Assessing which community partners are specializing in ADA needs. | Dec 2027 |
| 1B.2 Disseminate resource tools to partners who do not currently have ADA resources | Riverside University Health System-Behavioral Health<br>Southern California Adaptive Sports<br>Transgender Health & Wellness Center<br>Building Resilient Communities<br>Parkview Legacy Foundation | Not Started: | Dec 2029 |

## *Policy Recommendation*

| Priority Name | Strategy # | Strategy | Policy Recommendation | Alleviate causes of health inequities? (Y/N) |
|---|---|---|---|---|
| Mental & Beh Health | 1A.2 | Boost collaborative outreach between partners | California Reducing Disparities Project (CRDP) FUNDED BY THE Mental Health Services Act (MHSA/Prop 63) | Yes |

PRIORITY AREA 2

# HOUSING



## WHY IS THIS A PRIORITY ISSUE?

Riverside County faces a significant housing affordability crisis, with rising rents and home prices outpacing income growth. Affordable housing is critical for vulnerable groups, including seniors, low-income families, and individuals with disabilities. Expanding access ensures that these populations have safe, stable, and dignified living conditions. Affordable housing initiatives help address systemic inequalities by ensuring marginalized communities have access to safe and affordable homes. This fosters inclusivity and strengthens social cohesion across the county.

## KEY FINDINGS

The 2023 Riverside County Community Health Assessment (CHA) indicated that majority of Riverside County residents (86.1%) live in urban areas, a trend that plateaued in 2022-2023. Alternatively, rural living accounts for just 14% of the population, underscoring the need to address differing health outcomes and tailored interventions for urban and rural populations. Differences in homeownership were observed, with 69.7% of county residents owning their homes, and 30.3% renting (US Census Bureau, 2024b). Homeownership differed across racial/ethnic groups in the county, as well. Black/African American and American Indian/Alaskan Natives were more likely to rent their homes in comparison to Asians and Whites, who were more likely to own their homes (US Census Bureau, 2024b-f).

**Goal 2:** Increase the availability and accessibility of affordable, equitable, and climate-resilient housing, transitional housing units and shelter beds in Riverside County by prioritizing vulnerable populations and integrating housing with healthcare and support services for holistic community well-being.

### ***Objective 2A:*** Increase access to affordable housing units across Riverside County by 5%.

#### *Why is this important?*

Riverside County faces a growing housing affordability crisis, where rising rents and home prices outpace income growth, straining low- and moderate-income households. A modest 5% increase in affordable housing access could reduce homelessness, ease financial burdens, and promote stability for vulnerable populations such as seniors, low-income families, and individuals with disabilities. Safe, stable housing supports better health outcomes, fosters equity by addressing systemic barriers, and ensures families thrive within healthier, more cohesive neighborhoods (HCD, 2022).

Affordable housing also drives economic and environmental benefits. It reduces commute times, boosts local economies through construction jobs and increased consumer spending, and supports climate resilience by incorporating sustainable designs (HCD, 2022). Expanding access to affordable housing helps combat homelessness, aligns with California's housing goals, and positions Riverside County to secure additional state funding, creating a foundation for long-term regional stability and growth (HCD, 2022).

# HOUSING



### Strategies:

- **Partnership Development:** Establish connections with Housing and Workforce Solutions (HWS) and similar agencies to leverage expertise, funding, and resources.
- **Policy Alignment:** Advocate for and support strategic action plans from HWS and related agencies that emphasize affordable housing, smoke-free policies, and climate resilience.
- **Community Engagement:** Organize residents and stakeholders to provide input on housing priorities, ensuring strategies address diverse community needs.
- **Integrated Housing Solutions:** Develop partnerships with healthcare providers to integrate health and support services into housing projects.
- **Infrastructure and Design Improvements:** Prioritize climate-resilient designs and invest in rural infrastructure upgrades to increase housing supply.
- **Tracking and Data Systems:** Develop a centralized data platform to track affordable housing units, shelter beds, and related outcomes.

### Objective 2A | Improvement Strategies or Activities

Increase access to affordable housing units across Riverside County by 5%.

- By 2027, establish on-going partnerships with affordable housing organizations (e.g., HWS, Lift to Rise, and Coachella Valley Housing Coalition).
- By 2029, further implement any related agency strategic action plans that deal with enhancing access to affordable housing including smoke-free multi-unit housing and climate-resilient design.

### *Policy Recommendation*

Advocate for and support strategic action plans from Housing and Workforce Solutions (HWS) and related agencies that emphasize affordable housing, smoke-free policies, and climate resilience.

### Objective 2A | Assets or Resources

- Existing Plans
  - County of Riverside Department of Housing and Workforce Solutions and Continuum of Care Homeless Action Plan
- Coalitions and affordable housing non-profits
  - Inland SoCal Housing Collective
  - Lift to Rise

# HOUSING



### Objective 2A | Process to Track Status

Partner with County of Riverside Housing and Workforce Solutions and conduct regularly scheduled check-ins through meetings and email regarding housing availability, housing vouchers, community outreach, and educational materials administered. Obtain reporting from agencies that monitor the number of displaced or unhoused individuals as well as the number of vouchers and outreach conducted monthly.

**Measures:**

- **Number of referrals** made to housing services for individuals seeking affordable housing options.
- **Quantity of outreach activities** conducted to raise awareness about housing access and distribute educational materials on low-cost housing.
- **Number of housing outreach efforts** conducted in remote or underserved areas, targeting vulnerable populations in need of housing assistance.

**Outcomes:**

- **Enhanced community access** to affordable housing units, reducing barriers for low-income and vulnerable populations.
- **Increase in referrals** to Housing and Workforce Solutions, helping individuals access both housing and employment resources.

## ***Objective 2B:*** Increase access to shelter beds and transitional housing units across Riverside County by 5%.

***Why is this important?***

Riverside County is grappling with a growing homelessness crisis (County of Riverside, 2023), highlighting the urgent need for expanded shelter beds and transitional housing. A 5% increase in access to these resources could provide immediate relief to unsheltered individuals, particularly vulnerable populations such as those with mental health conditions, substance use disorders, domestic violence survivors, the deaf and hard of hearing homeless and veterans. Transitional housing offers a critical bridge to stability, equipping residents with tools to overcome barriers like job readiness, financial literacy, and healthcare access (Burt, 2010).

Expanding transitional housing also fosters service integration, providing essential support such as mental health counseling, substance use treatment, and job training within a cohesive framework (SAMHSA, 2023). This approach addresses systemic inequities by prioritizing marginalized populations disproportionately impacted by homelessness, including people of color, LGBTQ+ individuals, and those with disabilities (Urban Institute, n.d.). These efforts align with California's housing-first approach, positioning Riverside County to meet state goals and secure additional funding for long-term, sustainable solutions.

# HOUSING



### Objective 2B | Improvement Strategy(ies) or Activity(ies)

Increase access to shelter beds and transitional housing units across Riverside County by 5%.

- By 2028, participate in advocacy groups such as the National Alliance to End Homelessness and Bring California Home.
- By 2029, help influence policy measures associated with increasing access to transitional housing and shelter beds and potentially integrate healthcare, mental health, or other services.

***Policy Recommendation***

Support community-based organizations, housing advocates and government officials in the implementation of the policies pertaining to shelter beds and transitional housing units as outlined in the County of Riverside Continuum of Care (CoC) Homeless Action Plan.

This policy shall be implemented by the Riverside County Healthy Coalition Housing working group which includes the County of Riverside Department of Housing and Workforce Solutions and Continuum of Care, Parkview Legacy Foundation and the Center on Deafness Inland Empire.

### Objective 2B | Assets or Resources

- **Existing Plans**
  - County of Riverside Department of Housing and Workforce Solutions and Continuum of Care Homeless Action Plan
  - Riverside County 2021-2029 Housing Element

- **Coalitions and affordable housing non-profits**
  - Inland SoCal Housing Collective
  - Lift to Rise
  - Coachella Valley Housing Coalition
  - Vital Conditions Network

### Objective 2B | Process to Track Status

Meet with partnering transitional housing and shelter agencies to acquire knowledge of areas with affordable, equitable, and climate-resilient housing, transitional housing units, and shelter beds within the community. Conduct research in areas in critical need of climate-resilient and equitable housing and create maps of these regions to gain a boarder understanding of the targeted areas. Execute monthly reports on progress and an annual report on the number of individuals referred to affordable and equitable housing. Conduct analysis on the number of clients in need of housing and those successfully referred to housing options as part of a closed-loop referral.

# HOUSING



**Strategies:**

- **Advocacy and Partnerships:**
  - Actively participate in advocacy groups such as the National Alliance to End Homelessness and Bring California Home to promote housing-first strategies and secure additional resources.
  - Collaborate with local governments, nonprofits, and healthcare providers to integrate health and support services into transitional housing.
- **Policy Influence and Support:**
  - Work with policymakers to develop and adopt measures that expand transitional housing and shelter bed capacity, focusing on areas with the greatest need.
  - Advocate for funding allocations and regulatory adjustments to support integrated care models in housing.
- **Capacity Building:**
  - Partner with agencies to identify and repurpose underutilized properties into transitional housing and shelters.
  - Provide technical assistance and training to local organizations to increase their capacity for managing expanded services.
- **Community Engagement and Feedback:**
  - Organize focus groups with shelter residents, service providers, and community members to ensure housing solutions meet diverse needs
- **Outcome Tracking:**
  - Develop a system to monitor the increase in shelter beds and transitional housing units, as well as the integration of services like healthcare and mental health support.

**Measures:**

- **Number of referrals** made to transitional housing shelters for homeless individuals, transitional youth, formerly incarcerated persons, and former substance users.
- **Quantity of educational materials** distributed to target populations, providing information on transitional housing options and related resources.
- **Number of partnerships** established with agencies serving these demographics to enhance outreach, education, and referrals.

# HOUSING

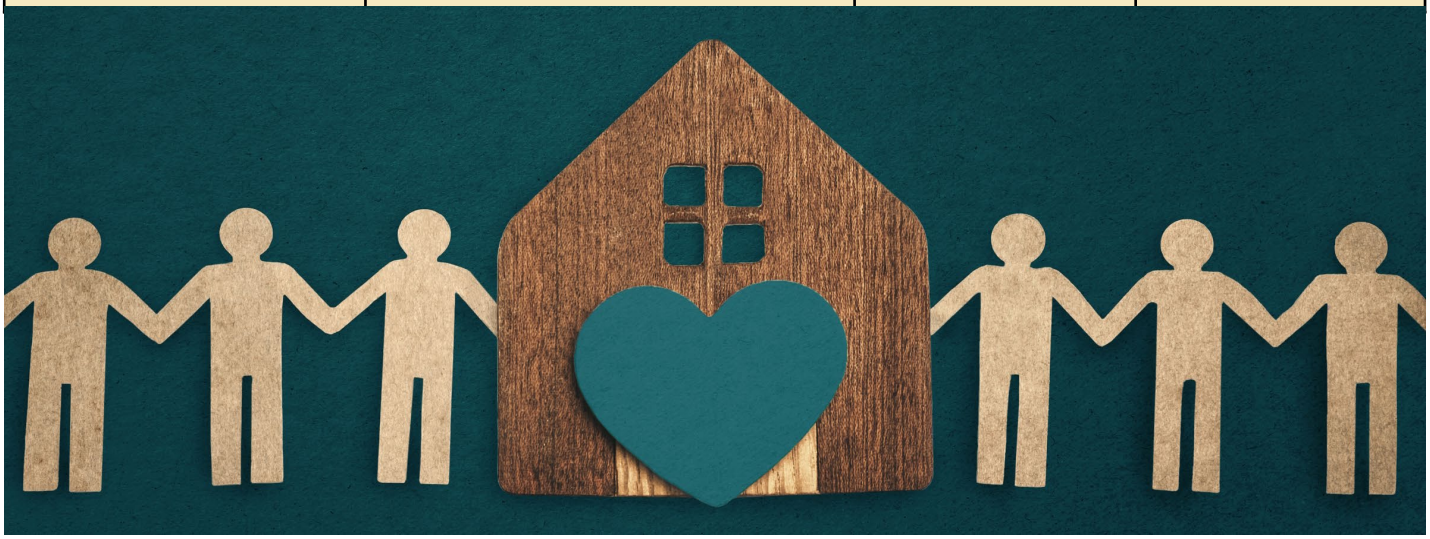


**Outcomes:**

- **Improved Access:** to transitional housing and shelter beds for homeless individuals, transitional youth, formerly incarcerated persons, and former substance users reintegrating into society.
- **Increase in Available Housing Options:** including affordable housing units, open shelter beds, and transitional housing facilities within the targeted regions.

*Responsible Organizations and Target Date:*

| Objective 2A: Increase access to affordable housing units across Riverside County by 5% | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 2A.1 Establish on-going partnerships with affordable housing organizations (e.g., HWS, Lift to Rise, and Coachella Valley Housing Coalition). | Parkview Legacy Foundation<br>Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Parkview Legacy Foundation<br>Riverside San Bernardino County Indian Health Inc. | In Progress:<br>Gathering preliminary information on agencies that are closely working with Housing & Workforce Solutions. | Dec 2027 |
| 2A.2 Further implement any related agency strategic action plans that deal with enhancing access to affordable housing, including smoke-free multi-unit housing and climate-resilient design. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Riverside San Bernardino County Indian Health Inc.<br>Parkview Legacy Foundation | Not Started:<br>Gathering preliminary data on agency strategic action plans on enhancing access to affordable housing. | Dec 2029 |



# HOUSING



*Responsible Organizations and Target Date:*

| Objective 2B: Increase access to shelter beds and transitional housing units across Riverside County by 5% | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 2B.1 Participate in advocacy groups such as the National Alliance to End Homelessness (NAEH) and Bring California Home. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Riverside San Bernardino County Indian Health Inc.<br>Parkview Legacy Foundation<br>Planned Parenthood of the Pacific Southwest | Not Started:<br>Gathering preliminary information on the NAEH and Bring California Home. | Dec 2028 |
| 2B.2 Help influence policy measures associated with increasing access to transitional housing and shelter beds; and potentially integrated healthcare, mental health, or other services. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Parkview Legacy Foundation<br>Planned Parenthood of the Pacific Southwest | Not Started:<br>Planning to hold a meeting with action group to discuss policy measures. | Dec 2029 |

***Policy Recommendation***

| Priority Name | Strategy # | Strategy | Policy Recommendation | Alleviate causes of health inequities? (Y/N) |
|---|---|---|---|---|
| Housing | 2B.2 | Influence policy measures associated with increasing access to transitional housing and shelter beds | Support community-based organizations, housing advocates and government officials in the implementation of the policies pertaining to shelter beds and transitional housing units as outlined in the County of Riverside Continuum of Care (CoC) Homeless Action Plan. | Yes |

PRIORITY AREA 3

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES

## WHY IS THIS A PRIORITY ISSUE?

Access to equitable and just care and resources directly affects individuals' ability to achieve good health outcomes (AHRQ, 2017). When people lack access to necessary health services, they face challenges in receiving timely preventative care, managing chronic conditions, and addressing other health concerns. Disparities in access to equitable and just care and resources can amplify health inequities and lead to poorer outcomes for Riverside County residents.

## KEY FINDINGS

The 2023 Riverside County Community Health Assessment data revealed significant disparities and challenges with healthcare accessibility across Riverside County. While 77.2% of residents report having a regular place for health advice, a considerable segment remains without consistent care, emphasizing the need for improved healthcare outreach (AskCHIS, n.d.). Asian residents face pronounced access issues, with 38.1% lacking a usual source of care. Telehealth visits are on the rise, with 43.1% of residents utilizing video or phone consultations (AskCHIS, n.d.). However, over half of Riverside County residents have not embraced these services (AskCHIS, n.d.), highlighting the potential to expand telehealth services to address barriers such as mobility and transportation in underserved areas.

Systemic issues within the healthcare system, such as long wait times and provider shortages, caused over half (52.4%) of delayed care in 2023, and disproportionately impacted American Indian/Alaskan Native groups (AskCHIS, n.d.). Financial challenges, including high costs and lack of insurance, accounted for 19.5% of delays, while 28.1% were due to personal reasons (AskCHIS, n.d.). Accessing specialty care also remains difficult, with about 25% of residents reporting challenges, particularly among Hispanic/Latino populations (22.1%) (AskCHIS, n.d.). These findings highlight the urgent need to address systemic, financial, and logistical barriers to ensure equitable healthcare access for all residents.

**Goal 3:** Eliminate barriers to healthcare access and ensure that all community members can obtain necessary services and resources, including immunizations.

## *Objective 3A:* Increase clients' access and understanding of resource navigation, support / advocacy, and health education by 10%

### *Why is this important?*

Increasing clients' access to and understanding of resource navigation, support/advocacy, and health education is essential for ensuring equitable and just care as it empowers individuals to overcome systemic barriers that often limit their access to necessary services (AHRQ, 2017). Many marginalized communities face challenges such as complex healthcare systems, language barriers, or a lack of knowledge about available resources, which can perpetuate disparities in care (AHRQ, 2017). By providing clear guidance, advocacy, and education, clients can make informed decisions, advocate for their needs, and access services that promote their well-being, fostering fairness and equity in healthcare and resource distribution.

PRIORITY AREA 3

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES

## Measures:

- **Identification of At-Risk Populations:** Utilize data analytics and community assessments to identify populations at risk of healthcare disparities, enabling targeted outreach programs to connect them with appropriate services.
- **Client Feedback Surveys:** Administer surveys to clients after interactions with Community Health Workers (CHWs) to assess whether their needs were understood and met, and to identify areas for improvement.
- **CHW Training Evaluation:** Distribute surveys to CHWs to evaluate the adequacy of their training and certification, identifying areas for improvement.
- **CHW Activity Tracking:** Utilize CHW dashboards to monitor encounters, referrals, and client demographics, facilitating data-driven decision-making.

## Outcomes:

- **Enhanced Service Delivery:** Increase the number of disadvantaged communities and regions served by CHWs, with clients referred to appropriate services or resources.
- **Improved Client Satisfaction:** Achieve higher satisfaction rates among clients, indicating that their needs are being effectively addressed.
- **Strengthened CHW Competency:** Ensure CHWs receive adequate training and certification, leading to improved service quality and client outcomes.


Public Health Administration Building
POD exercise
Nov 2024.

Menifee Union School District Fall Resource Fair
Bike Skills Workshop
November 2023.

PRIORITY AREA 3

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES

### Objective 3A | Improvement Strategy or Activity

Increase clients' access and understanding of resource navigation, support/advocacy, and health education by 10%

- By 2027, utilize Community Health Workers (CHWs) to ensure underserved community needs are more effectively addressed and equitable across various demographics.

### Objective 3A | Assets or Resources

- Contracting with agencies throughout the Inland Empire, data tracking in salesforce to understand which districts are underserved, collaboration meetings with other nonprofits through health education forums (Inland Empire Community Health Initiative).
- Using Assessments (i.e., Whole Person Health Score) to identify Social Determinants of Health (SDOHs). Once SDOHs are identified, CHWs can help clients/patients prioritize areas of need to be addressed (RUHS-Injury Prevention).
- List of Food Pantries serving Riverside County residents (Love Riverside).
- Establishing an advisory council to provide community perspectives and approvals on future projects and initiatives (Western Riverside Council of Government- Clean Cities).

### Objective 3A | Process to Track Status

Host regular meetings with CHWs to obtain progress updates on client's meetings, number of encounters, number of referrals, any challenges, successes, trainings, and number of certifications. Review the weekly dashboard pertaining to the number of housing referrals and encounters per region and by key demographics and discuss any client and CHW survey results. Produce quarterly progress reports.


### Strategy:

- Utilize CHWs to ensure underserved community needs are more effectively addressed and equitable across various demographics.

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES



## *Objective 3B*: Increase awareness of Riverside County services by growing social media platform followers by 15%.

### *Why is this important?*

Increasing awareness of Riverside County services by growing social media platform followers is crucial for promoting equitable and just care as it helps disseminate vital information to a broader and more diverse audience. Social media platforms are powerful tools for reaching underserved and marginalized communities who may not access traditional communication channels (O'Byrne, 2019). By expanding its online presence, the county can ensure that more residents are informed about available services, resources, and programs, empowering them to seek the support they need and fostering greater inclusivity and equity in accessing care.

### Objective 3B | Improvement Strategies or Activities

Increase awareness of Riverside County services by growing social media platforms followers by 15%.

- By 2027, create educational campaigns to inform communities of available resources.
- By 2028, host at least two partnered events such as a community fair that highlights available resources.

### Objective 3B | Assets or Resources

- Contracting with agencies throughout the IE, data tracking in salesforce to understand which districts are underserved, collaboration meetings with other nonprofits through health education forums (Inland Empire Community Health Initiative).
- Using Assessments (i.e., Whole Person Health Score) to identify Social Determinants of Health (SDOHs). Once SDOHs are identified, CHWs can help clients/patients prioritize areas of need to be addressed (RUHS-Injury Prevention).
- List of Food Pantries serving Riverside County residents (Love Riverside).
- Establishing an advisory council to provide community perspectives and approvals on future projects and initiatives (Western Riverside Council of Government Clean Cities).

### Objective 3B | Process to Track Status

Meet with partnering agencies to host regular check-ins to discuss current social media efforts, communication methods, and resources available to the community. Export social media data to conduct analysis and discuss progress on issues as well as educational materials shared, response to social media posts, and growth in followers. Use check-ins to plan partnered events and determine what agencies, and resources, should be showcased. Follow-up and debrief on community fair outcomes.

PRIORITY AREA 3

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES



**Strategies:**

- Create educational campaigns to inform communities of available resources.
- Host at least two partnered events such as a community fair that highlights available resources.

**Measures:**

- **Social Media Presence:** Create and regularly update social media profiles to reflect available community resources that benefit diverse populations.
- **Resource Awareness:** Share timely information on existing and upcoming resources across social media channels to raise awareness.
- **Social Media Analytics:** Use tools like Hootsuite to generate monthly reports on key performance metrics (e.g., posts, followers, reactions) to assess the effectiveness of outreach.
- **Agency Feedback Surveys:** Administer surveys to partnering agencies to evaluate whether social media campaigns have increased resource awareness or utilization.
- **Community Resource Fair Surveys:** Distribute surveys to partner agencies to assess engagement and participant experiences.
- **Resource Distribution Tracking:** Track the number of educational materials or pamphlets distributed and monitor the number of individuals who signed up for services or received referrals.

**Outcomes:**

- **Increased Social Media Engagement:** Increase the number of social media platform followers and interactions, indicating broader outreach and engagement.
- **Heightened Resource Awareness**: Increase the level of outreach and the number of individuals aware of available community resources, leading to better service utilization.

# ACCESS TO EQUITABLE AND JUST CARE AND RESOURCES



*Responsible Organizations and Target Date:*

| Objective 3A: Increase clients' access and understanding of resource navigation, support/advocacy, and health education by 10% | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 3A.1 Utilize Community Health Workers (CHWs) to ensure underserved community needs are more effectively addressed and equitable across various demographics. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Southern CA Adaptive Sports<br>Riverside San Bernardino County Indian Health, Inc.<br>Building Resilient Communities<br>Parkview Legacy Foundation | In Progress:<br>Identifying Community Health Workers (CHWs) who are currently engaged in providing services to the underserved population. | Dec 2027 |

| Objective 3B: Increase awareness of Riverside County services by growing social media platform followers by 15%. | | | |
|---|---|---|---|
| **Activity** | **Organization(s) Responsible** | **Progress Update** | **Target** |
| 3B.1 Create educational campaigns to inform communities of available resources. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Southern CA Adaptive Sports<br>Riverside San Bernardino County Indian Health, Inc.<br>Building Resilient Communities | In Progress:<br>Gathering available resources for communities. | Dec 2027 |
| 3B.2 Host at least two partnered events, such as a community fair that highlights available resources. | Casa Blanca Home of Neighborly Service<br>Starting Over Inc.<br>Southern CA Adaptive Sports<br>Riverside San Bernardino County Indian Health, Inc.<br>Building Resilient Communities<br>Parkview Legacy Foundation | Not Started:<br>Planning to hold a meeting with action group members to discuss partner events. | Dec 2028 |

# GLOSSARY



### Access to equitable and just care and resources:

Refers to the fair distribution of healthcare services, social support, and essential resources based on individual and community needs. It ensures that all people, regardless of socioeconomic status, race, ethnicity, or other factors, can obtain high-quality care, support services, and necessities such as food, housing, and education. This approach seeks to eliminate systemic barriers and disparities, promoting health equity and social justice.

### Community Health Assessment (CHA):

A systematic process that involves the collection and analysis of data to evaluate the health status and needs of a specific community. This process informs decision-making and prioritization of public health actions (CDC, n.d.).

### Community Health Improvement Plan (CHIP):

A long-term, strategic plan developed collaboratively by community stakeholders to address the health needs identified in the Community Health Assessment. It includes goals, strategies, and measurable objectives to improve community health outcomes (CDC, n.d.).

### Equity:

Refers to the fair and just distribution of resources, opportunities, and support based on individual, and community needs to ensure everyone can achieve their fullest potential. Unlike equality, which provides the same resources to all, equity recognizes and addresses historical and systemic barriers that disproportionately affect marginalized groups (Braveman, 2003).

### Health Disparity:

A difference in health outcomes closely linked to social, economic, or environmental disadvantages. These disparities often affect groups that have systematically experienced obstacles to health based on race, ethnicity, socioeconomic status, gender, or geographic location (HHS, n.d.).

### Housing:

Refers to the provision of shelter in the form of a dwelling or residence where individuals and families live. It encompasses the physical structure, affordability, safety, stability, and access to essential services such as water, electricity, and sanitation. Adequate housing is fundamental to health and well-being, influencing social, economic, and environmental outcomes (UN-Habitat, 2009).

### Local Public Health System:

A network of organizations, individuals, and resources that deliver public health services within a community. This system typically includes health departments, healthcare providers, community-based organizations, schools, and other entities working together to promote health and prevent disease (NACCHO, n.d.).

# GLOSSARY



## Mental / Behavioral health:

Refers to a person's emotional, psychological, and social well-being, influencing how they think, feel, and behave in daily life. It affects stress management, relationships, and decision-making. Behavioral health is a broader term that includes mental health but also encompasses behaviors that impact overall well-being, such as substance use, coping mechanisms, and lifestyle choices. Both are essential components of overall health, requiring access to care, support systems, and interventions when needed (WHO, 2004).

## Primary Data Collection:

The process of gathering new, firsthand data directly from sources such as surveys, interviews, focus groups, or observations. This type of data is collected specifically for a particular research or assessment purpose (CDC, 2024).

## Public Health:

The science and art of preventing disease, prolonging life, and promoting health through organized community efforts. Public health focuses on population-level health interventions, including education, policymaking, and disease prevention (Turnock, 2016).

## Secondary Data Collection:

The use of existing data that has been collected for another purpose. This includes analyzing data from sources like government reports, academic studies, health records, or statistical databases (CDC, 2024).

## Social Determinants of Health (SDOH):

The conditions in which people are born, grow, live, work, and age that influence their overall health and quality of life. These factors include income, education, employment, social support, access to healthcare, and the physical environment (WHO, n.d).

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