Riverside County Health Coalition

April 20th, 2022

We will begin momentarily. Your audio is temporarily muted.

If you are not using your computer audio, make sure your audio/phone is linked to your participant ID.

TECH HOUSEKEEPING

All participants have been muted

Submit any questions through the Q&A box
staff will monitor throughout the meeting

Riverside University
HEALTH SYSTEM
Public Health

AGENDA

- **Introduction**
- **Guest speakers**
  - **Wendy Hetherington,** RUHS- Public Health
  - **Christi Ketchum**, Equity & Wellness Institute
  - **Shaheen Nasser**, CAIR-LA
  - **Jenna LeComte-Hinely**, Health Assessment and Research for Communities (HARC)
  - **Courtney Oei**, Public Health Alliance of Southern California
- **Partner Updates**
- **Closeout**

Riverside University
HEALTH SYSTEM
Public Health

INTRODUCTORY POLL

Who is here?

Why are we here?

- Expand partnerships
- Share resources
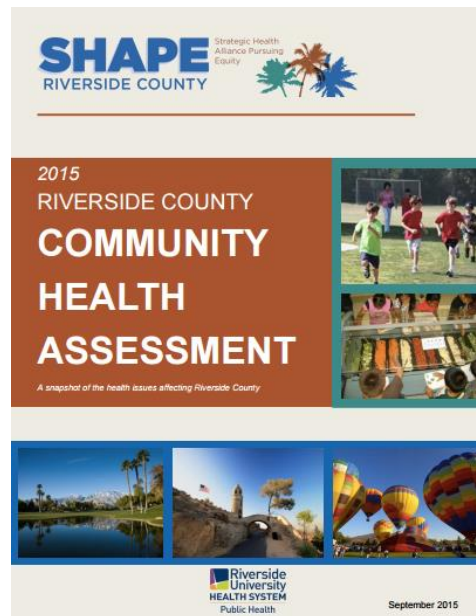- Highlight innovative practices
- Community empowerment

Wendy Hetherington, MPH
Epidemiology & Program Evaluation, Branch Chief
Riverside University Health System - Public Health

CHA and CHIP

Community Health Assessment

Community Health Improvement Plan

Christi H. Ketchum,
Equity and Wellness Institute
Lead facilitator &
Organizational Development
Specialist

Shaheen Nassar, CAIR-LA
Program Coordinator
Community Organizer
RivCo Community Partner

Riverside County Community Research on Racism and COVID Impact Project

Final Report by Equity and Wellness Institute (EqWI)

Meet the Facilitator's

Christi H. Ketchum
Equity and Wellness Institute
Lead facilitator &
Organizational Development
Specialist

Shaheen Nassar
CAIR-LA
Community Organizer
RivCo Community Partner

Why This Project

On August 4, 2020, Riverside County supervisors declared racism a public health crisis.

Disparities from the Covid-19 pandemic further illuminated the impact of race on health outcomes.

- In 2021, the Equity and Wellness Institute was contracted to assist Riverside County in the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

- With a focus on both racism and COVID-19, we facilitated data collection with 6 community-based organizations: **CAIR-LA, California Family Life Center, DAP Health, El Sol, Riverside County Youth Commission and Sigma Xi.**

CBO Partners

Process

The result from this project is a synthesis of data collected by the community-based organizations.

- Each of the 6 organizations were tasked with collecting data from at least 30 respondents.

- In addition, the Equity and Wellness Institute conducted a focus group with organizations who were invited, but unable to participate, in the project. This focus group led to a powerful dialogue about the racial underpinnings of the COVID-19 pandemic with leadership in four CBOs.

- In total, we ended the data collection stage with over 250 contributors.

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Core Themes

Four themes emerged from our analysis of all the data collected during the project:

- Cultural awareness
- Health disparities
- Structural racism and/or social inequality
- Systemic barriers

Cultural Awareness

Cultural Awareness: (i.e., lack of diverse service providers and multilingual resources)
Being conscious of organizational culture and its implications for policy, practice, teaching, research, and community engagement (National Center for Cultural Competence)

- **Communicate clearly:** Know you client's preferred method of communicating and/or language and respond accordingly.
- **Be Mindful and curious**: Look out for non-verbal cues and do not make assumptions. Instead, openly ask about traditions and customs that may be relevant to the service.
- **Acknowledge your biases:** Everyone has unconscious biases and prejudices. To minimize harm, it is important to be conscious of how you perceive race, gender, sexuality and other social categories.

CBO Reference: *"Additional translational services are needed in hospitals in Arabic, Hindi, Urdu, Pashto and Farsi"* (CAIR-LA, Community Survey).

Health Disparities

Health Disparities: (i.e., mention of long term effects on mental, physical and psychological health)

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (Center for Disease Control)

In the United States, racial and ethnic minority groups experience higher rate of illness and death:

- Black women are three times more likely to die from a pregnancy-related cause than White women (CDC, 2021).
- Ten percent of Hispanics reported having fair or poor health compared with 8.3 percent of non-Hispanic whites (CDC, 2020).
- American Indian and Alaska Native youth and adults have the highest rates of cigarette smoking among all racial and ethnic groups in the United States (CDC, 2020).

CBO Reference: *"Growing up the health resources provided for my community and myself were very limited in amount and quality, specially for the undocumented community"* (El Sol, Interview)
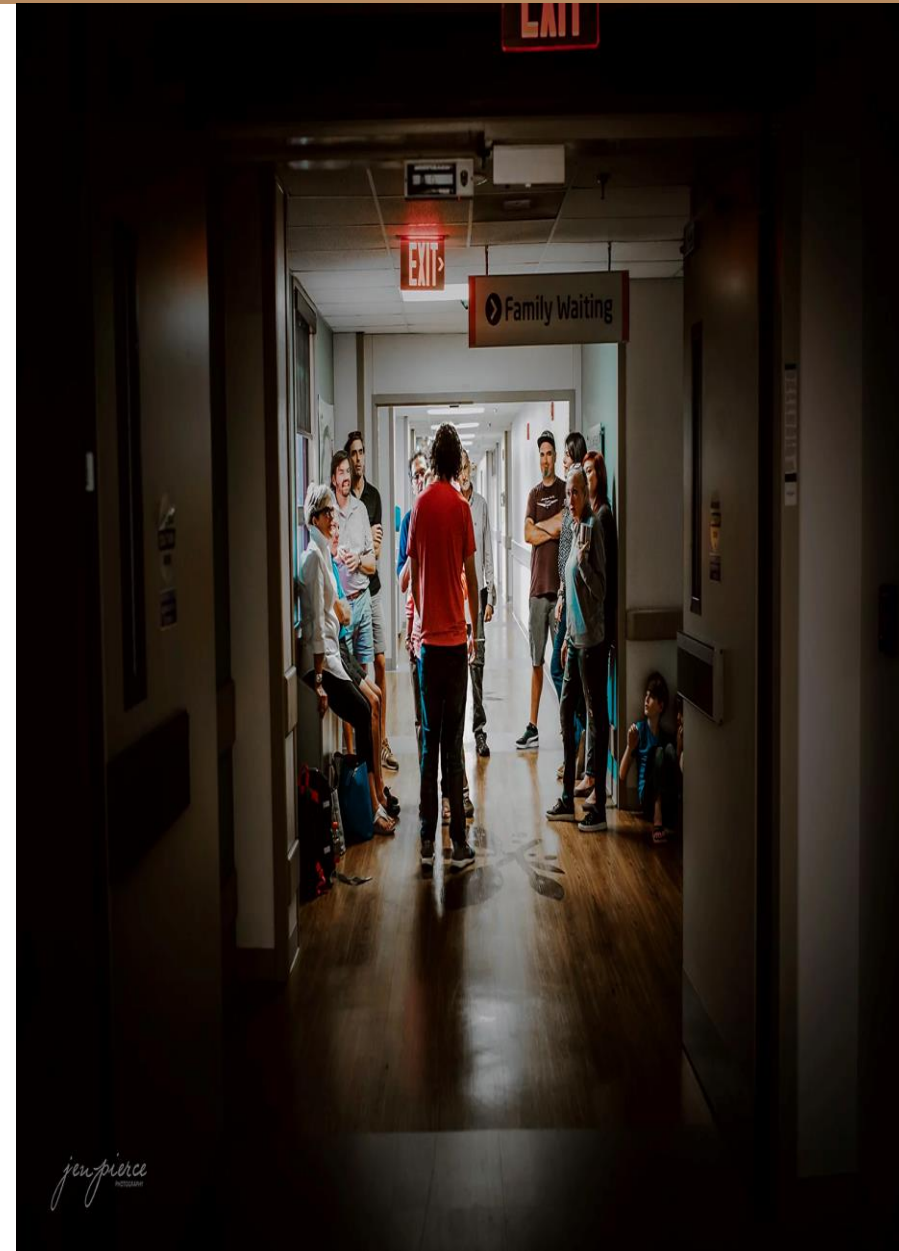
Structural Racism and/or Social Inequality

Structural Racism and/or Social Inequality: (i.e., perceived and realized discrimination based on social status)

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various ways to perpetuate racial group inequity.

- It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time.

- It is not something that a few people or institutions choose to practice. It is a feature of our social, economic and political systems.

CBO Reference: *"I have been chased through Ward 2 of Riverside as a child, I have been jumped by grown men and women as a child [while] walking home from school, I have lost family and friends due to racism in Riverside. Also, I have been limited opportunities due to the color of my skin. I also no longer feel too welcomed in the areas that I grew up in due to racial gentrification"* (Sigma Xi, Interview).

Social Inequality: characterized by the existence of unequal opportunities and rewards for different social positions or statuses within a group or society. It contains structured and recurrent patterns of unequal distributions of goods, wealth, opportunities, rewards, and punishments ([Ashley, 2020]())

Social inequality demonstrates how power is distributed to stratify people based on race, gender, class, religion and other social categories.

CBO Reference (a): *"I think Riverside County does a poor job at protecting us from racism because they can do whatever they want. Because mostly White people work for Riverside, they don't care about people getting COVID"* (CA Family Life Center, Stakeholder Survey).

CBO Reference (b): Many American Muslims and other vulnerable communities do not have access to proper nutrition or educational services relating to nutrition (CAIR-LA, Survey)

Systemic Barriers

Systemic barriers: (i.e., challenges arising from organizational structures preventing access to resources)

Policies, practices or procedures that result in some people receiving unequal access or being excluded (The Accessibility for Manitobans Act).

- Poverty and racism are intrinsically connected.
- The structural forms of racism and their relationship to health inequities remain under-studied.
- Addressing patients' needs require coordination across behavioral, medical, and social service providers. This is most effective when it includes social needs and is built on trusting relationships between patients and staff.
- For vulnerable and marginalized populations, evidence-based care coordination can only address some needs, and benefits are often undermined by deeply entrenched structural deficits.

CBO Reference: The barriers most discussed by participants were access to school/education and accessibility to other major resources like food, shelter, and healthcare. Socioeconomic status and race were cited as reasons for those barriers (Riverside County Youth Commission, Virtual Discussion).

Recommendations

Themes relating to deficiencies in diversity, equity and inclusion were reflected throughout the data. A key finding from this project was the need for **culturally responsive care**. A culturally informed approach will address the social determinants of health in Riverside County.
This approach will require a shift in values, beliefs and practices.

To practice culturally responsive care one must:
1) Acknowledge and understand the challenges of cultural difference.
2) Commit to implementing culturally informed practices.

Recommendations are based on a culturally informed framework.

Staff Reflecting Riverside County's Diverse Population

Diversity in the workplace requires a top down approach. Leadership should receive training and coaching to learn how to support the organization's vision. Hiring practices are essential to advancing these efforts.

Example:
The University of California, Berkeley developed a tool kit to support the recruitment and hiring of people from diverse groups.The tool kit includes strategies for improving current processes, such as developing a diversity hiring committee, highlighting commitment to diversity in the job description, and including diversity-related questions in the interview process:
https://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf

CBO Reference: "Creating a diverse workforce population as well as town halls, events on Black health, job fairs, and community events for Black cultural development. Also, placing more Black people in high ranked positions" (Sigma Xi, Policy Recommendations).

Multilingual Resources

Information and materials in multiple languages addresses some of the barriers to access. A multilingual resource center or digital library is an effective strategy for sharing information to people in their preferred language.

Example:

U.S Immigration and Citizenship Services has a Multilingual Resource Center as well as a list of resources translated into several languages: U.S Immigration and Citizenship Services Multilingual Resource Center

The webpage also provides a link to their accommodations web page which contains information for people who identify as physically impaired.

CBO Reference: *"Greater access to interpretation services, including languages spoken with the Arab, Middle Eastern, Muslim, and South Asian communities"* (CAIR-LA, Policy Recommendations)

Services to Address Unique Economic Needs

People who are economically disadvantaged often miss vital appointments because they cannot afford transportation. Free transportation services for those in need will reduce patient no-shows and improve public health.

Example:
Recognizing that transportation to and from appointments is a hurdle for medical care, the National Alliance for Mental Illness provides non-emergency medical transportation (NEMT) for people with mental conditions. NEMT plays an important role in helping people with mental illness improve and maintain a healthy life. They provide transportation to and from all types of medical appointments: Medicaid: Non-Emergency Medical Transportation | NAMI: National Alliance on Mental Illness

CBO Reference: *"A lot of jobs have been lost and so we've seen multi-generational families living together, which means grandma now is taking care of the grandkids and may not always have the ability to seek health services because she can't take all the kids with her. The health care system should be set up to provide child care, for example, and ensure that there's transportation available so that grandmother can take care of her health"* (Molina HealthCare, Equity and Wellness Institute Focus Group).

Community Led Initiatives & Constituent Partnership

Local advocates serve as a bridge between government officials and the community. Aligning with grass-roots initiatives is beneficial for developing community-informed treatments and maintaining a culture of health in Riverside County.

Example (a): Community led initiative
The Federal Emergency Management Agency (FEMA) utilizes a "whole community philosophical approach". This viewpoint asserts that community members and government officials can work together to create a safe, resilient community. Every year, FEMA has National Preparedness Month where they share agency updates and collaborative opportunities with non-governmental support systems such as faith-based leaders and community-based organizations: Prepare to Protect: Resources for Faith-Based and Community Leaders to Access FEMA Recovery and Mitigation Programs | FEMA.gov

CBO Reference (a): *"Provide funding for programs, fund health advocates and public health officials who are people of color and people with disabilities which are often not hired to lead these programs. Provide opportunities to educate the community about the importance of preventive health care services such as nutrition and exercise, basic financial literacy and overall importance of physical, emotional, and spiritual health"* (El Sol, Policy Recommendation).

Community Led Initiatives & Constituent Partnership (Cont.)

Local advocates serve as a bridge between government officials and the community. Aligning with grass-roots initiatives is beneficial for developing community-informed treatments and maintaining a culture of health in Riverside County.

Example (b): Constituent partnership within organization
The Department of Interior is in collaboration with the National Native American Boarding School Healing Coalition (NABS). This initiative helps Native American communities traumatized by government-run boarding schools intended to destroy indigenous culture: Interior Department Announces Collaborative Effort to Support Federal Indian Boarding School Initiative | US Department of the Interior

CBO Reference (b): *"Students would like to have an educational discussion about the effects of racism on mental health, the implications of microaggressions, as well as the consequences of racist remarks and the steps needed to correct their actions. Additionally, students wish that the district administration and its faculty take racist concerns seriously instead of sweeping negative experiences under the rug"* (Riverside County Youth Commission, Policy Recommendation).

Concluding Remarks

The importance of community-based participatory research was reflected through the results of this project. By utilizing a CBPR approach to partner with community-based organizations, we discovered new ways to build community capacity, improve health outcomes, and enact social change in Riverside County. These findings highlight the importance of community input and suggest a foundation for further authentic engagement with Riverside County's diverse cultural communities.

Participant Feedback

"I definitely **loved** the community based approach to achieving research and political action. I felt it was a **beautiful synergy** between social justice, grassroots organizing and academic research. I also **loved** that vulnerable communities were prioritized, for a **change**."

"**Amazing**! I **love** being part of the issue that impacts my daily life as well as my **community** and possibly **creating** the first steps of **change**. Thank you!"

"What I most enjoyed about the project is that it challenged me to engage my youth on a more **personal** level and helped me **understand** what impact COVID had on their lives."

Equity and Wellness Institute

Thank You

We honor your commitment to creating a more socially conscious and equitable world.
We look forward to the possibility of future collaborations.

Speaker Q & A

Jenna LeComte-Hinely, PhD
Chief Executive Officer
Health Assessment and Research for Communities (HARC)

Riverside County COVID-19 Needs Assessment

JENNA LECOMTE-HINELY, PHD

CHIEF EXECUTIVE OFFICER

HARC
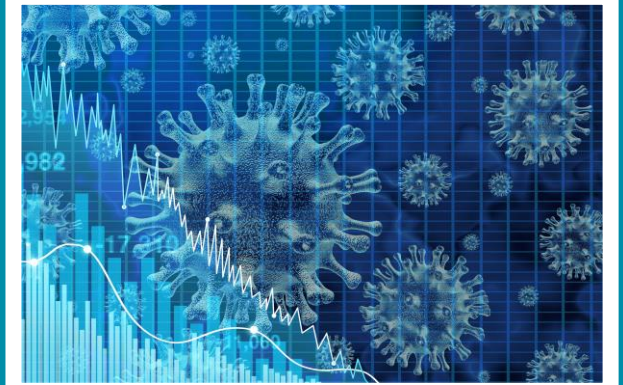
Today's Presentation

- Presentation of the highlights of a study on COVID-19 in Riverside County

- Then, we want to hear from you:
  - What alternative ways should we report out the data to better reach the community?
  - What deeper dives/comparisons/special reports would you be interested in?

About This Study

- COVID-19 needs assessment; random sample of Riverside County adults.

- Conducted by RUHS – Public Health and HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research organization based in Palm Desert.

- Funded by Epidemiology and Laboratory Capacity Enhancing Detection funds from the Centers for Disease Control.

- Report (available for free on HARC's website) is about 100 pages; today we'll hit the highlights.

Methods

- Survey developed by HARC and RUHS – Public Health.

- Conducted a pilot survey to test which methods would generate the best response rate: mailing a paper survey versus mailing a letter inviting people to take it online, with three conditions:

  - $2 pre-incentive

  - $25 Visa card post-incentive

  - Both $2 pre-incentive and $25 Visa card post-incentive

- Ultimately the method selected was paper surveys with both pre- and post-incentives in English and Spanish.
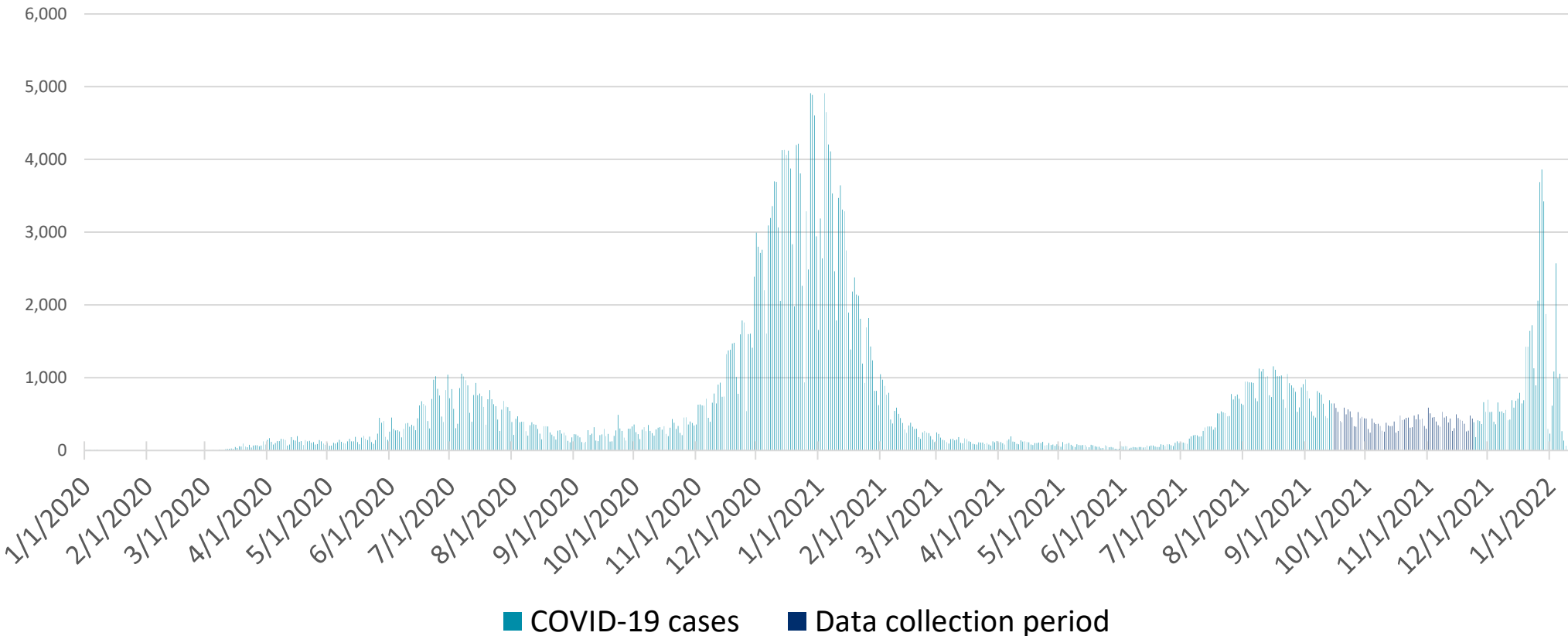
Methods

- Collected data for two months, from mid-September 2021 to mid-November 2021.

- Final sample size: 9,231 participants (response rate of 21.5%).

- Data was then weighted to ensure true representativeness of Riverside County.

Data Collection Time Period

COVID-19 cases ■ Data collection period

Demographics

- Ethnicity: 46% Hispanic/Latino
- Race:
  - 61% White/Caucasian
  - 7% Black/African American
  - 8% Asian
  - 2% American Indian/Alaska Native
  - 1% Native Hawaiian/Pacific Islander
  - 9% Multiracial
  - 12% Another race

- Age: Ranged from 18 to 98, median age was 47
- Gender identity:
  - 48.8% male
  - 50.6% female
  - 0.2% transgender
  - 0.4% do not identify as female, male, or transgender
- Note: 1.0% identify with a gender that does not match their birth gender.

Demographics

- Median household income: $72,000

- Poverty: 14% live below the poverty level

- Sexual orientation:
  - 86% Heterosexual
  - 6% Homosexual
  - 3% Bisexual
  - 1% Questioning
  - 5% Other

- Political Affiliation:
  - 35% Democrat
  - 17% Republican
  - 15% Independent
  - 9% Not sure
  - 19% Choose not to respond
  - 5% Other

COVID-19 is Highly Politicized

COVID-19 Impact on Personal Life

	Not at all	Very little	Somewhat	To a great extent
Work/school participation	25.4%	10.5%	21.1%	43.0%
Economic situation	27.0%	19.5%	29.2%	24.3%
Physical health	35.1%	24.4%	26.4%	14.2%
Mental health	24.0%	19.7%	33.0%	23.2%
Social life relationships	11.4%	13.3%	35.8%	39.5%
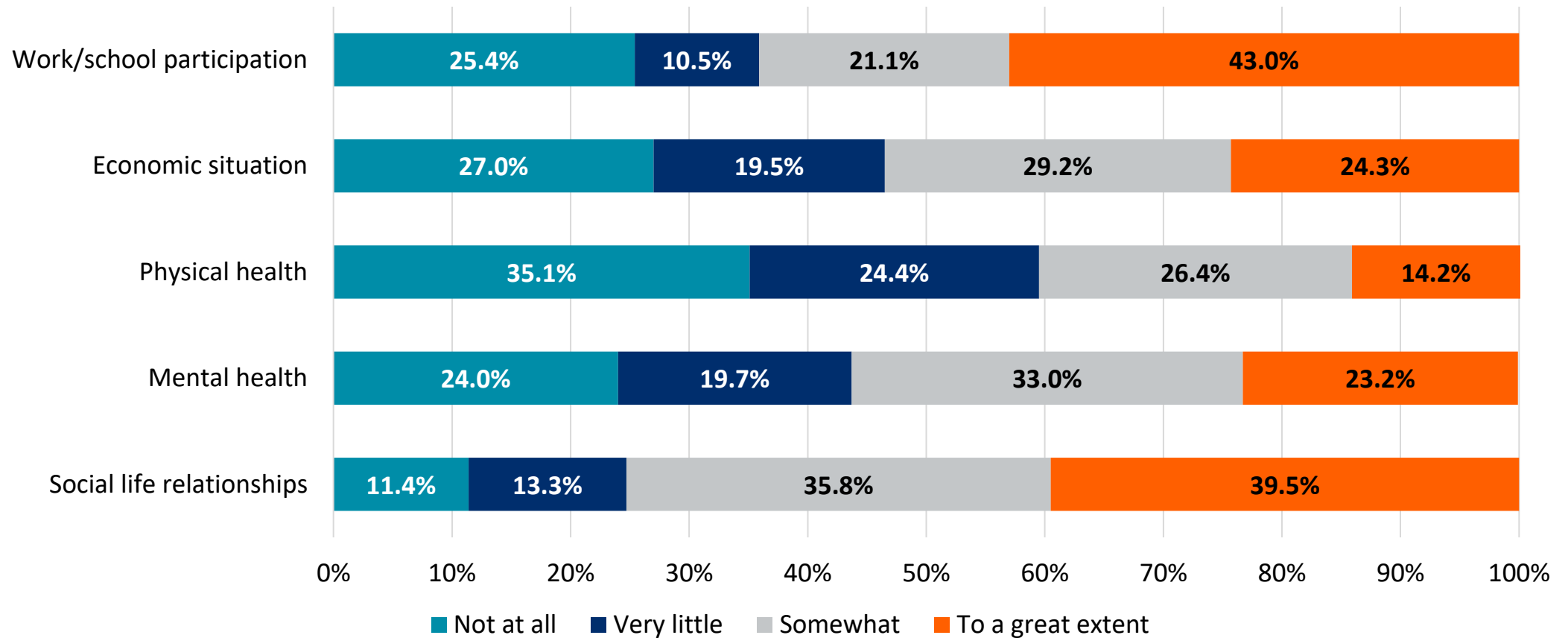
Top Negative COVID-19 Experiences

Experience	Percentage
Worry about friends and family	61.1%
Fear of getting sick	50.4%
Anxiety	49.8%
Boredom	44.8%
Frustration	43.0%
Decreased exercise	42.9%
Increased eating	28.7%
Depression	27.7%
Loneliness	24.1%
Trouble sleeping	23.3%
Conflict in the home	17.2%
Confusion	15.5%
Decreased sexual activity	12.9%
Loss of hope	11.1%
Increased alcohol or other substance use	10.3%
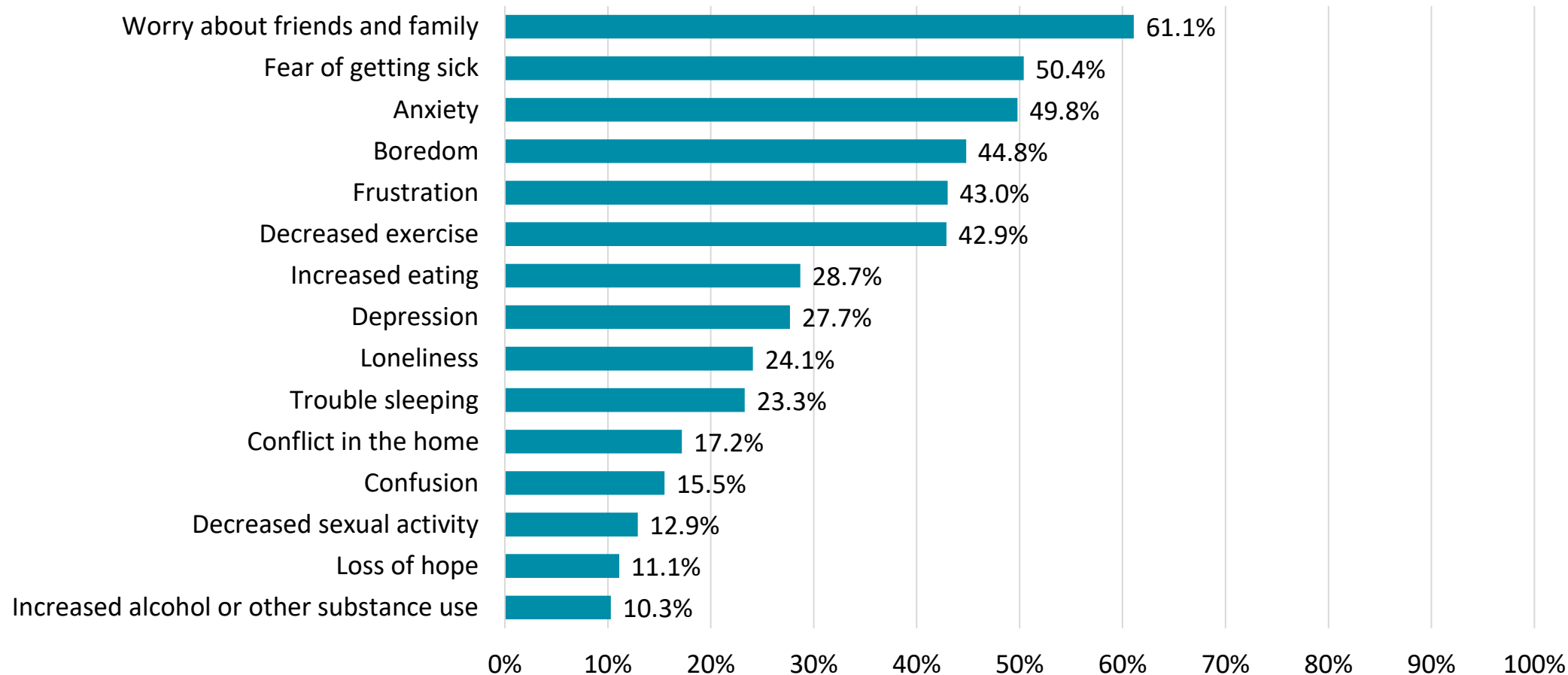
Delays/Absence of Healthcare

COVID-19 Vaccination
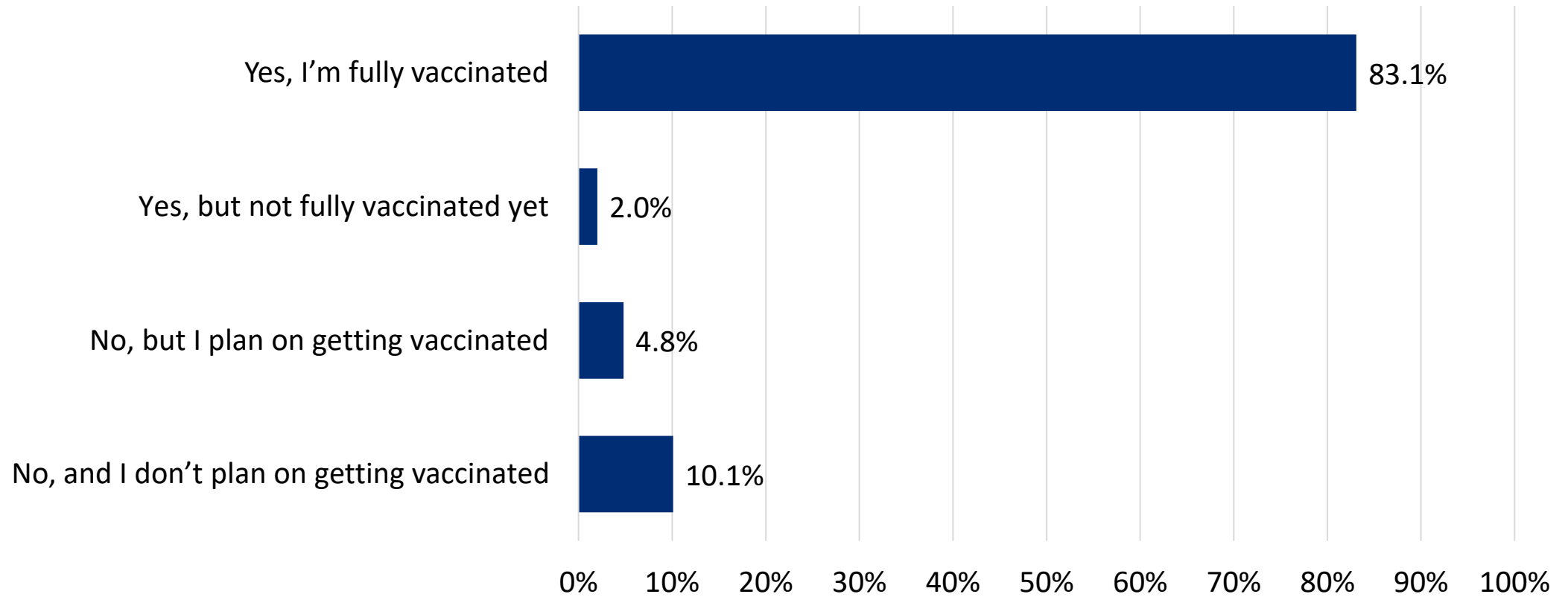
Top Reasons for Not Getting Vaccinated
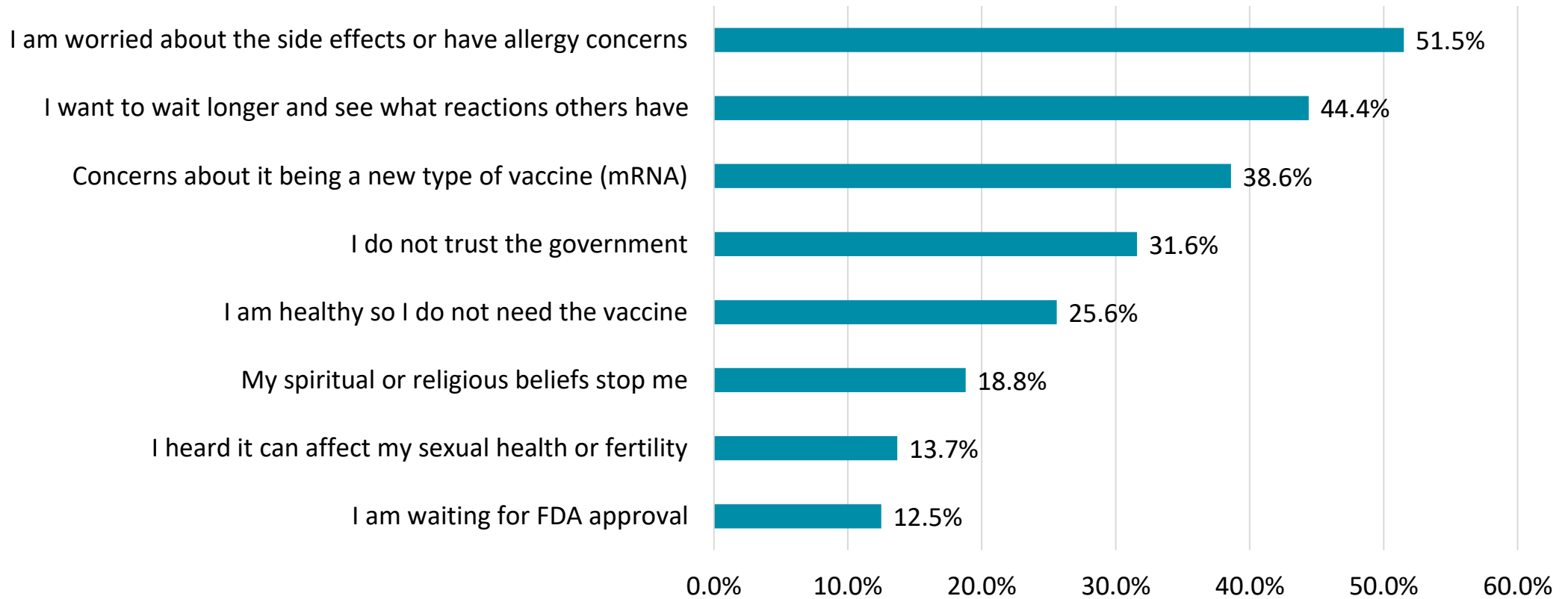
Reasons for Not Getting Vaccinated

Disproportionate Impact of COVID-19 on Communities of Color
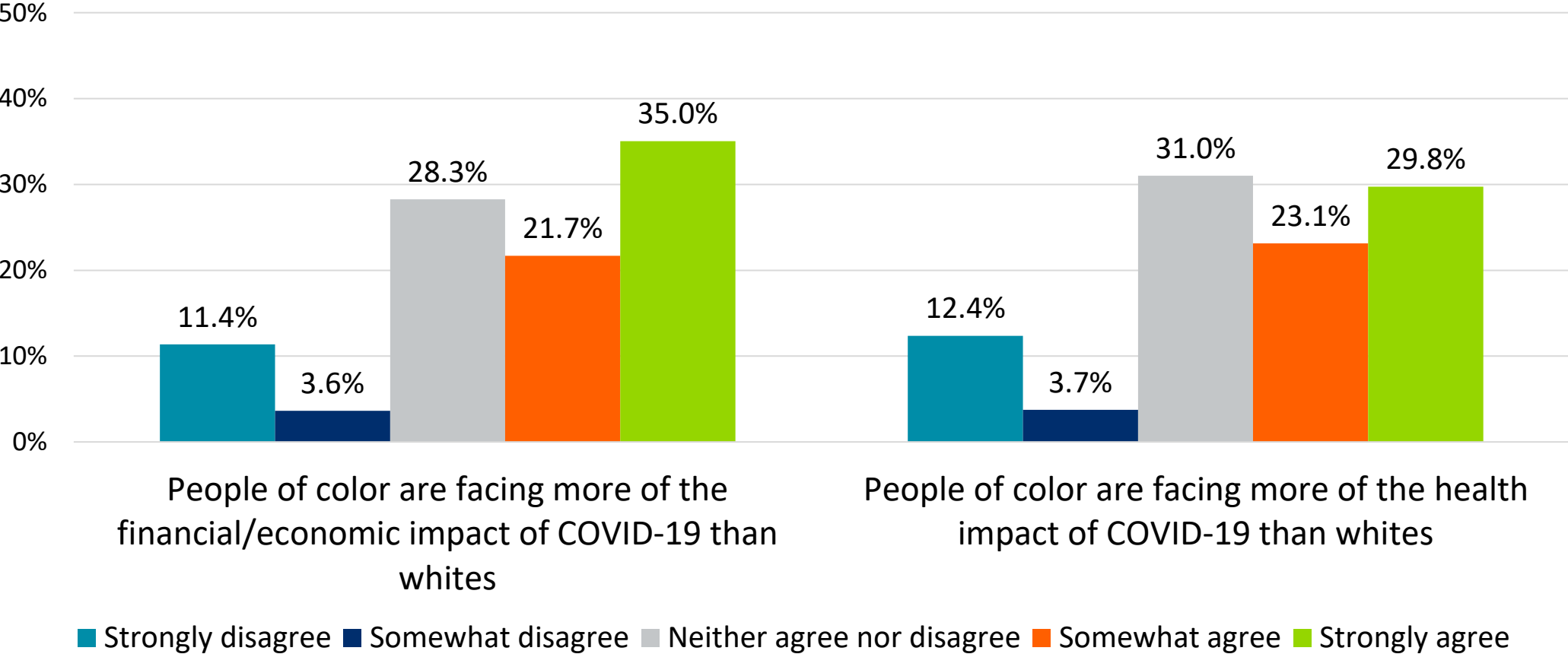
Where People Get COVID-19 Information
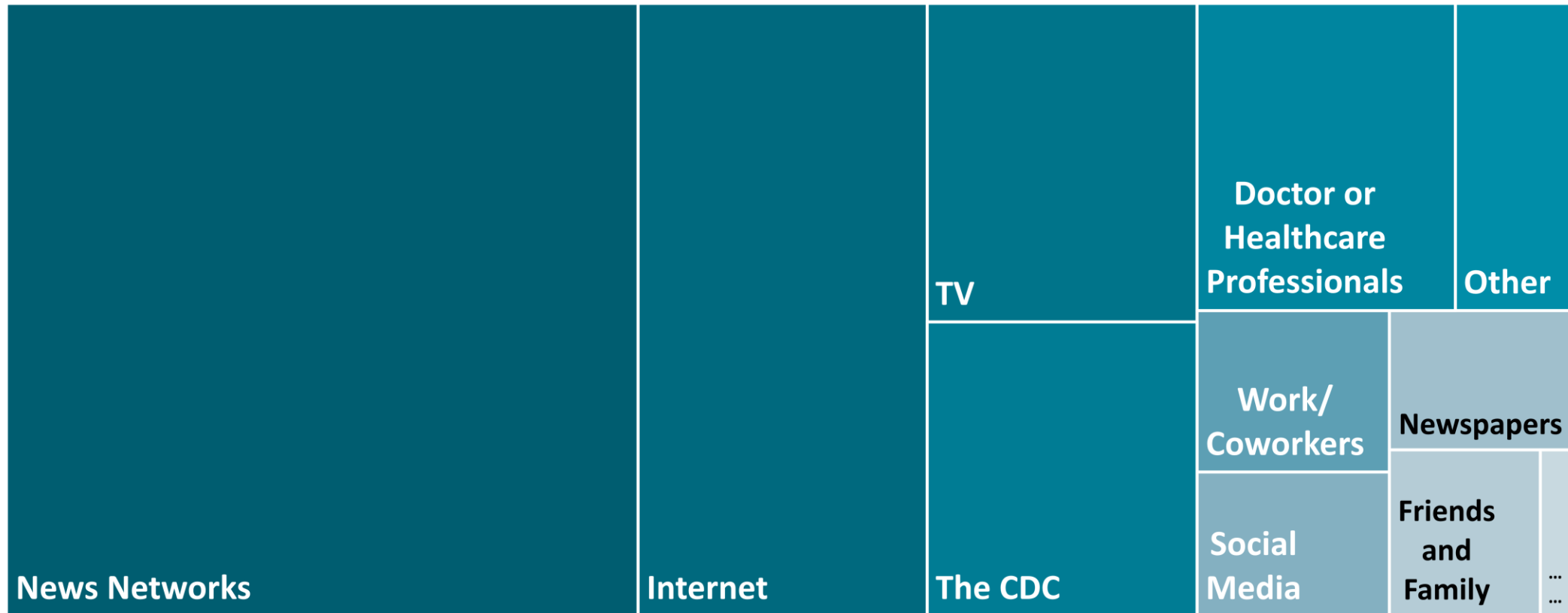
Who They Trust to Give COVID-19 Info
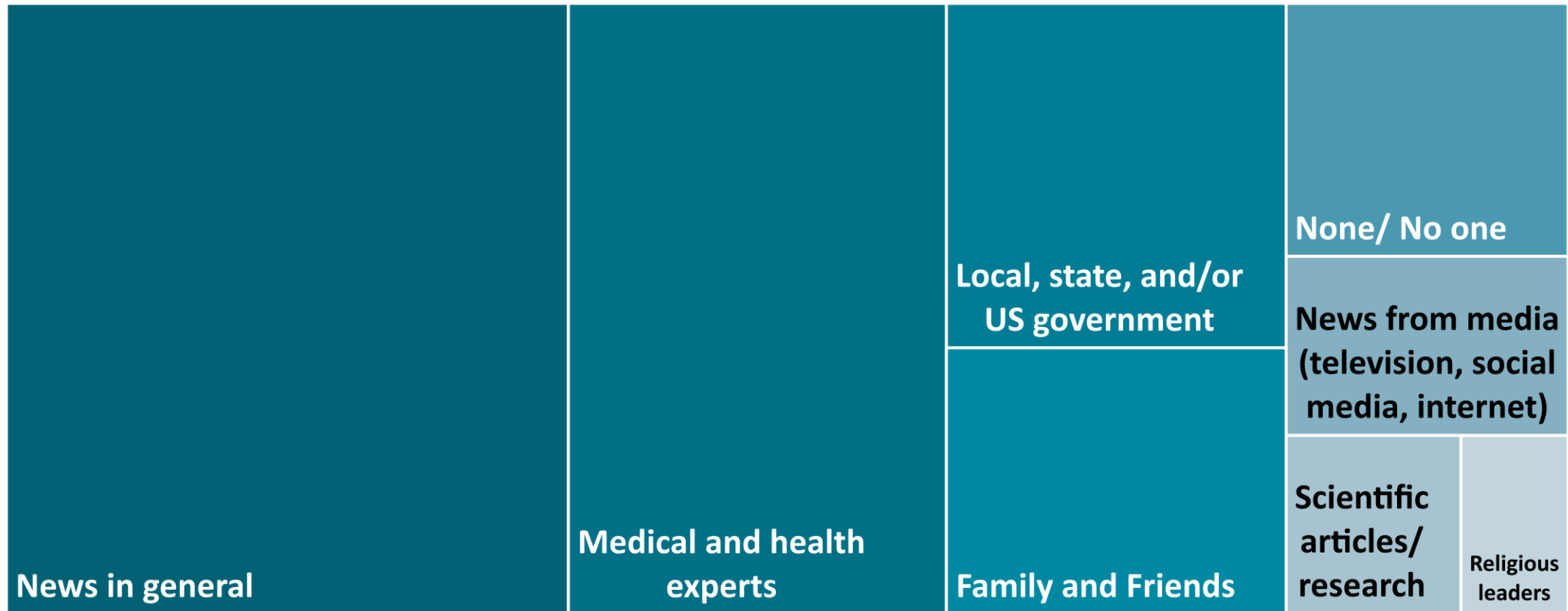
Next Steps

- Report is available for free on our website: https://harcdata.org/wp-content/uploads/2022/03/RUHS-PH-COVID-19-CHNA-Report.pdf
- We want to create shorter/more accessible versions that we can use to share the results back to the community. We want your input on what the best format would be! Some examples...
  - Infographic version
  - Comic book version
  - Podcast version
  - Other???

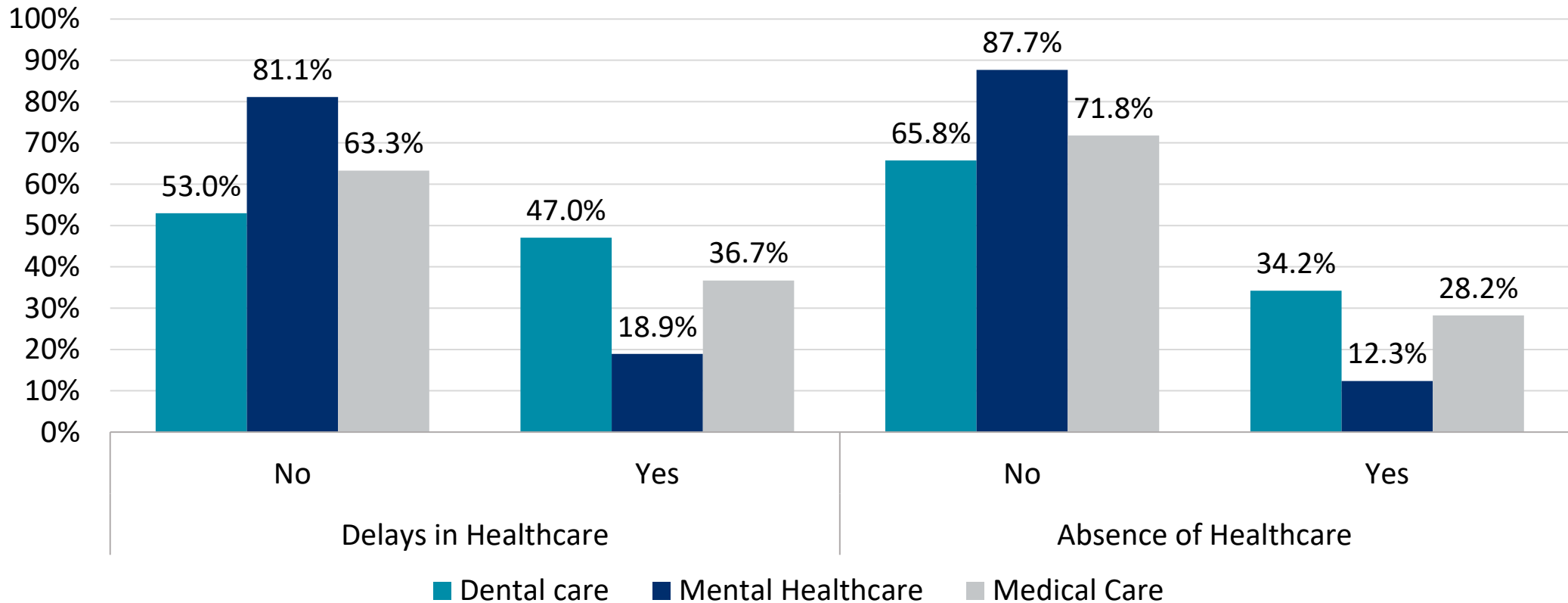- We also want to create deeper dives/comparison reports that we can use to examine health disparities. We want your input on what the most useful reports would be! Some examples...
  - Geographic comparisons
  - Racial/ethnic comparisons
  - Political affiliation comparisons
  - Age comparisons
  - Gender comparisons
  - Other???

Contact HARC

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@HARCdata

@HARCdata

Speaker Q & A

5 Minute Break

Courtney Oei

Data Analyst

Public Health Alliance of Southern California

Our Mission

Mobilize the transformative power of local public health for enduring health equity

10 Local Health

- Imperial
- Long Beach
- Los Angeles
- Orange County
- Pasadena

- Riverside
- Santa Barbara
- San Bernardino
- San Diego
- Ventura

WHY THE HEALTHY PLACES INDEX?

- Life expectancy and well-being are heavily tied to the community conditions in which we live

- Social conditions vary drastically by neighborhood

- To create lasting systems change, both race and place must be recognized and understood

WHY THE HEALTHY PLACES INDEX? *(cont.)*

- For these reasons, the HPI was launched in 2018 and is now in its third evolution

- The tool works to advance health equity through open and accessible data to implement actionable solutions

WHAT IS THE HEALTHY PLACES INDEX?

- HPI provides data and policy recommendations to:

  - Compare the health and well-being of communities at the neighborhood level

  - Quantify the factors that shape health

  - Turn data into actionable solutions

- The HPI has become a **go-to data tool** for hundreds of state and local government agencies, foundations, advocacy groups, hospitals and other organizations

WHAT IS THE HEALTHY PLACES INDEX? *(cont.)*

- HPI 3.0 evaluates the relationship between **23 social drivers of health** and **life expectancy at birth**

- Produces a score representing a "ranking" of conditions compared to other neighborhoods

- Measures organized by eight policy action areas:

  - Economic
  - Social
  - Education
  - Transportation

  - Neighborhood
  - Housing
  - Clean Environment
  - Healthcare Access

RACE & PLACE FRAMING

Applying a race and place frame to data:

- Provides sound, quality data for residents, advocates and leaders

- Helps communities better advocate for their unique needs

- Guides leaders to develop more equitable, community-forward solutions

- Allows leaders and community providers to scale resources appropriately for each region

COMMUNITY IMPACT

The HPI has been used to identify and respond to community needs in ways that keep growing and evolving, such as:

- COVID-19 Blueprint Health Equity Metric

- Affordable housing & rental assistance programs

- Food security & nutrition assistance

- Active transportation funding

- Climate-related investments

- And much, much more

COMMUNITY IMPACT *(cont.)*

Over a **billion dollars** has been directed toward community investments including **$272 million** of COVID-19 assistance to neighborhoods hit the hardest during the pandemic.

WHAT CAN I DO WITH THE HPI?

Community leaders, academics, advocates and residents can:

- Explore **community conditions** in their neighborhood, including HPI score and HPI indicators

- View hundreds of **decision support layers**

- Quickly identify high and low **ranked** geographies in an area of interest

- Create custom communities using the **pool** feature

WHAT CAN I DO WITH THE HPI? *(cont.)*

Community leaders, academics, advocates and residents can:

- **Compare data** across geographies and time periods

- Examine the link between race and place

- **Filter geographies by race**, ethnicity, and country of origin

- Receive tailored **policy opportunities**

- View **historically redlined** neighborhoods

HOW CAN I USE THE HPI MAP FEATURES?

Accessing information about your community

The HPI score, policy action areas with the HPI indicators, detailed race/ethnicity measures, including subpopulations and national origin data, and equity indicators can all be explored in the **Community Conditions** function

Example

Educating medical students on the social determinants of health and their impact on health among communities in California
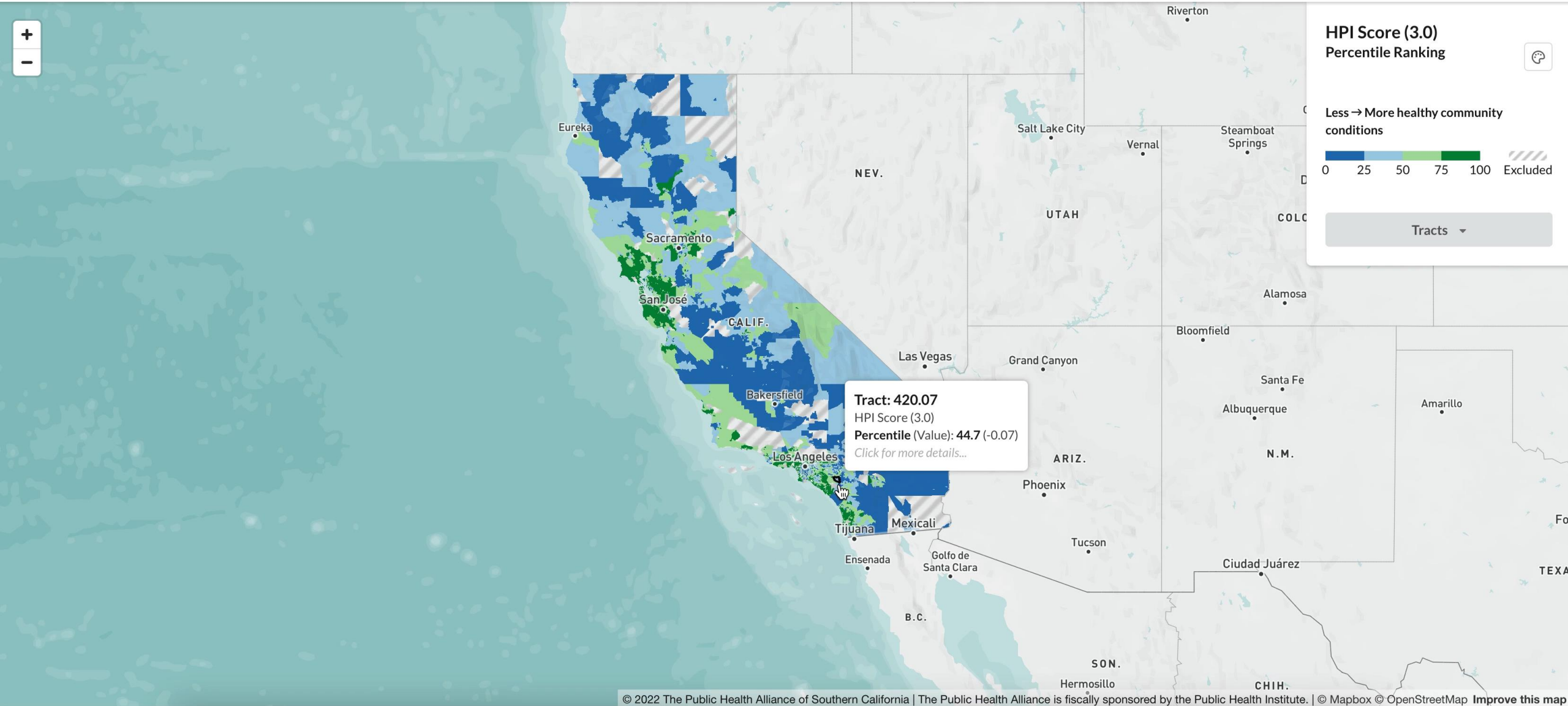
HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Added decision support layers

View over 375 **decision support layers**, covering multiple time periods and racially disaggregated where available

Example

Investigating the 3rd Grade Math Proficiency in your community

About   Download map   Share   Sign In

☰ Tools

🔍 Enter a location...

View Indicators   ✕

Learn more ›

Indicators with the 👥 icon may be mapped by stratification level (for example, by race/ethnicity).

Racial Equity Tip: This tool allows you to examine how community conditions are felt and experienced across racial/ethnic groups living in the same neighborhood.

Current indicator: HPI Score

Select year(s) of data

| 3.0 | ▾ |

Choose Indicator

🔍 Search Indicators...

HPI Indicators   ⌃

Economic   ⌄

Education   ⌄
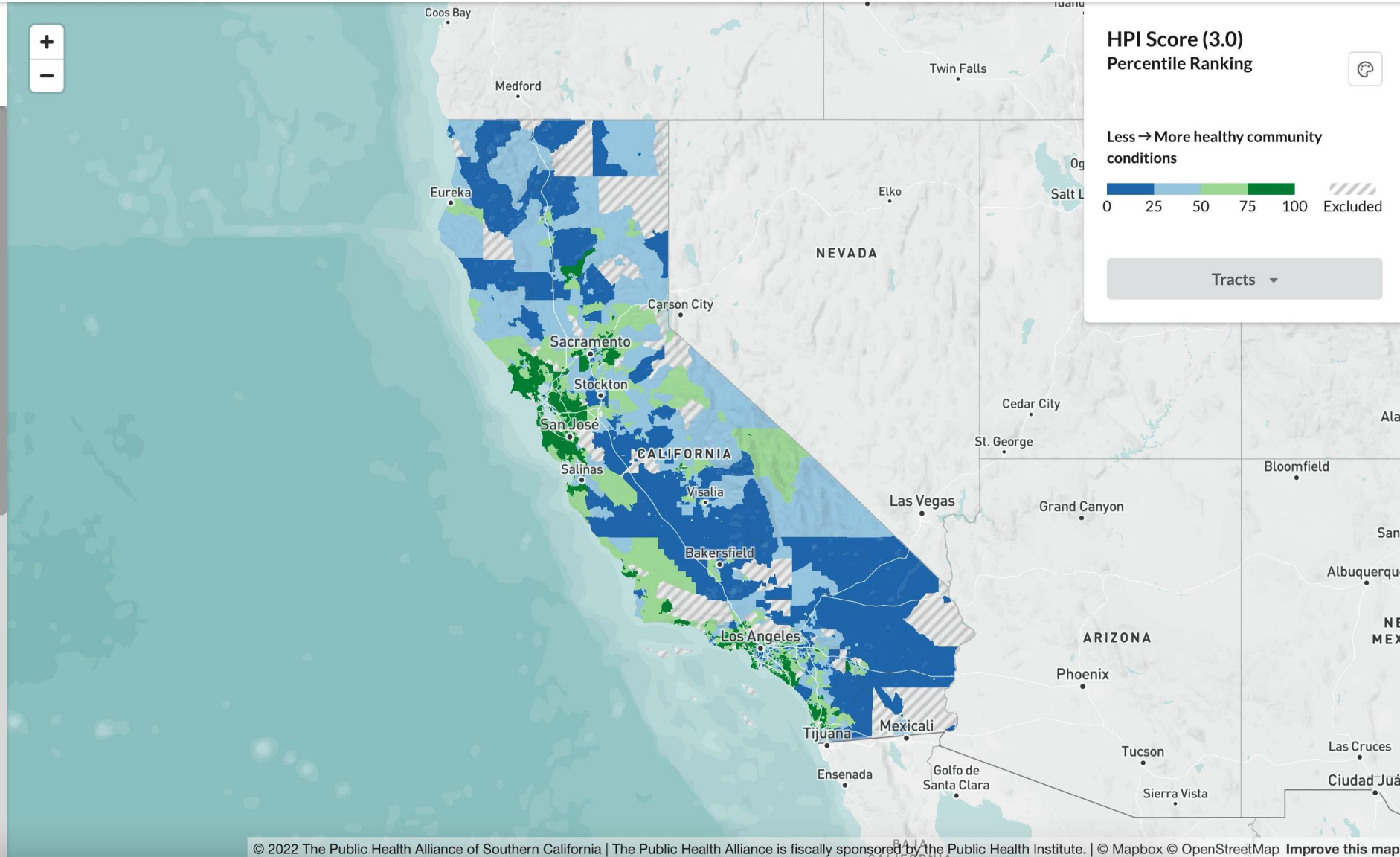
HPI Score (3.0)
Percentile Ranking   🎨

Less → More healthy community conditions

0   25   50   75   100   Excluded

Tracts ▾

HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Within-county HPI rank

Relative rank option in **Rank By Geography** function provides within-county HPI rankings

Example

You are a county health department that wants to see the breakdown of HPI scores amongst your county alone

☰ Tools   «

Q Enter a location...

Explore

⚕ Get Community Conditions   ⑦

Explore the California Health Places Index score to examine neighborhood measures linked to health outcomes, and view key indicators of diversity and equity.

⇄ Filter by Indicator   ⑦

Filter communities on the map by indicator.

☰ Filter by Race/Ethnicity   ⑦

Filter communities on the map by race/ethnicity.

⚖ Policy Opportunities   ⑦

Discover policy opportunities to improve community health outcomes.

View data

👓 View Indicators   ⑦

Take a deeper dive into the individual community conditions used to calculate a community's HPI score.

= Compare Data   ⑦

Compare two indicators in side-by-side maps.

⬆ Upload Data   ⑦

Add your own data to the map

HPI Score (3.0)
Percentile Ranking

🎨

Less → More healthy community conditions

0   25   50   75   100   Excluded

Tracts ▾

© 2022 The Public Health Alliance of Southern California | The Public Health Alliance is fiscally sponsored by the Public Health Institute. | © Mapbox © OpenStreetMap **Improve this map**

CALIFORNIA Healthy Places Index™   Public Health Alliance OF SOUTHERN CALIFORNIA

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HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Creating custom geographies

Geographies not represented in our built-in selection of geographies can be created using the **Pool Geographies** function.

Example

You have a grant application that covers 5 census tracts in which you would like to report aggregated data

≡ Tools   «

🔍 Enter a location...

Discover policy opportunities to improve community health
outcomes.

View data

📖 View Indicators   ?
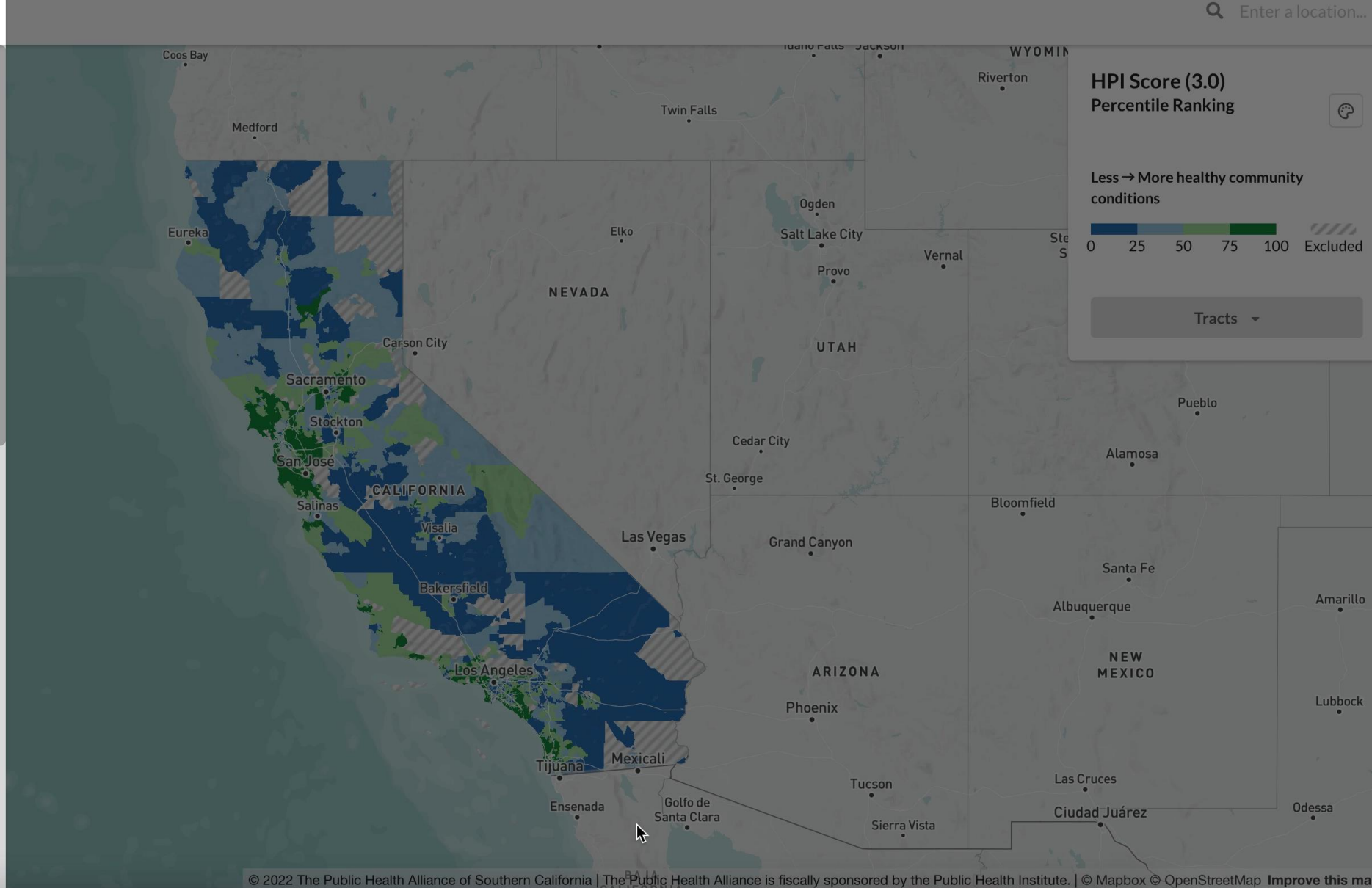
Take a deeper dive into the individual community conditions used
to calculate a community's HPI score.

= Compare Data   ?

Compare two indicators in side-by-side maps.

☁ Upload Data   ?

Add your own data to the map

Organize

⊹ Pool Geographies   ?

Join multiple areas into a single entity and see combined data.

↓≡ Rank Geographies   ?

Show all the areas within a larger area (for example tracts within a
county), ranked by indicator value.

Customize

🎨 Edit Display   ?
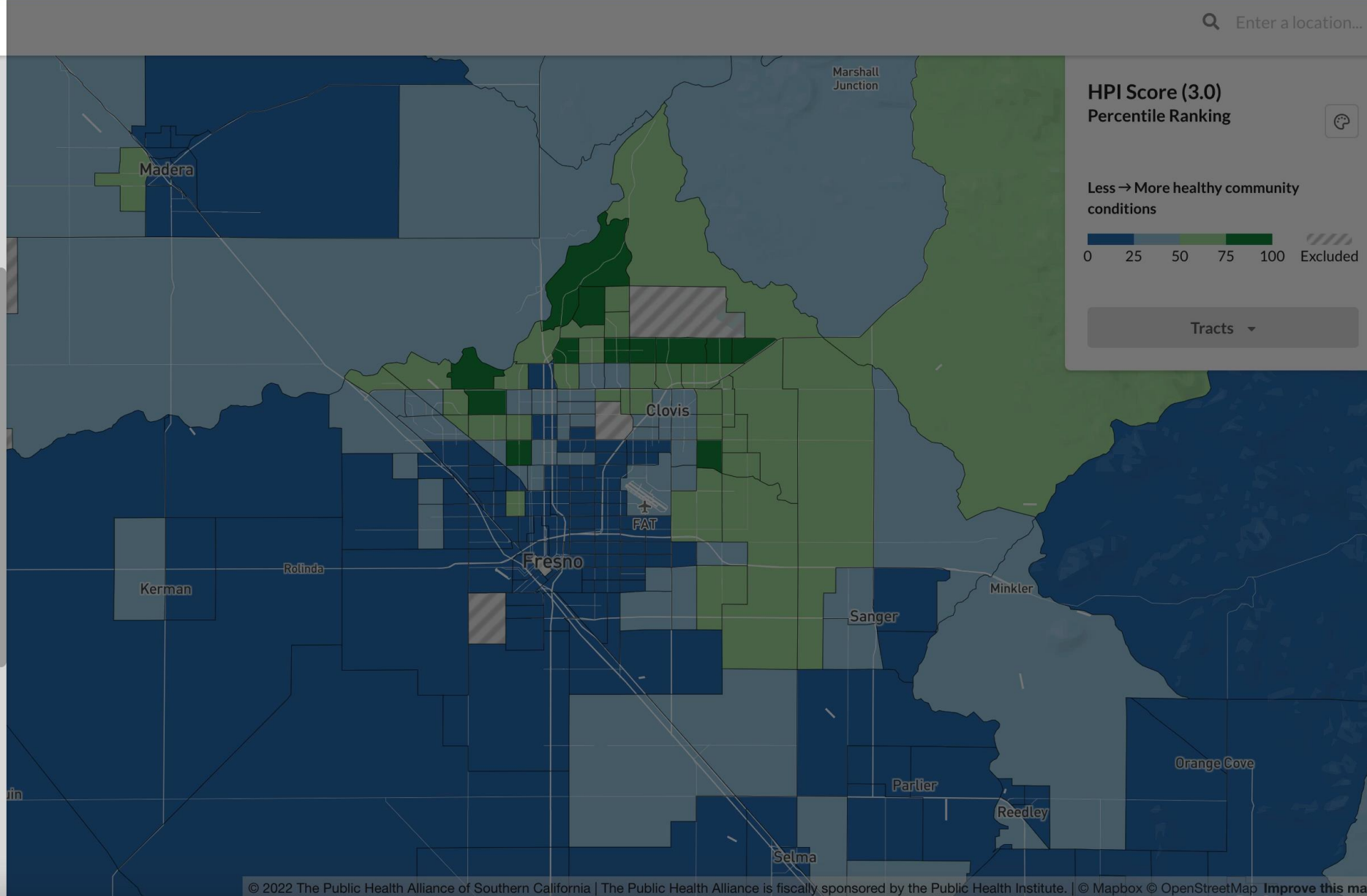
Map legend

HPI Score (3.0)
Percentile Ranking

Less → More healthy community
conditions

0   25   50   75   100   Excluded

Tracts ▾

HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Finding communities that meet certain conditions

Expanded **Filter by Indicator** function allows for identification of communities by multiple criteria, including HPI score and income

Example

Limiting geographic results to only populations that are below 50% Median Household income in San Diego

Healthy Places Index™ (HPI)

Public Health Alliance OF SOUTHERN CALIFORNIA

About | Download map | Share | Sign In

Tools «

Explore

Get Community Conditions ⑦

Explore the California Health Places Index score to examine neighborhood measures linked to health outcomes, and view key indicators of diversity and equity.

Filter by Indicator ⑦

Filter communities on the map by indicator.

Filter by Race/Ethnicity ⑦

Filter communities on the map by race/ethnicity.

Policy Opportunities ⑦

Discover policy opportunities to improve community health outcomes.

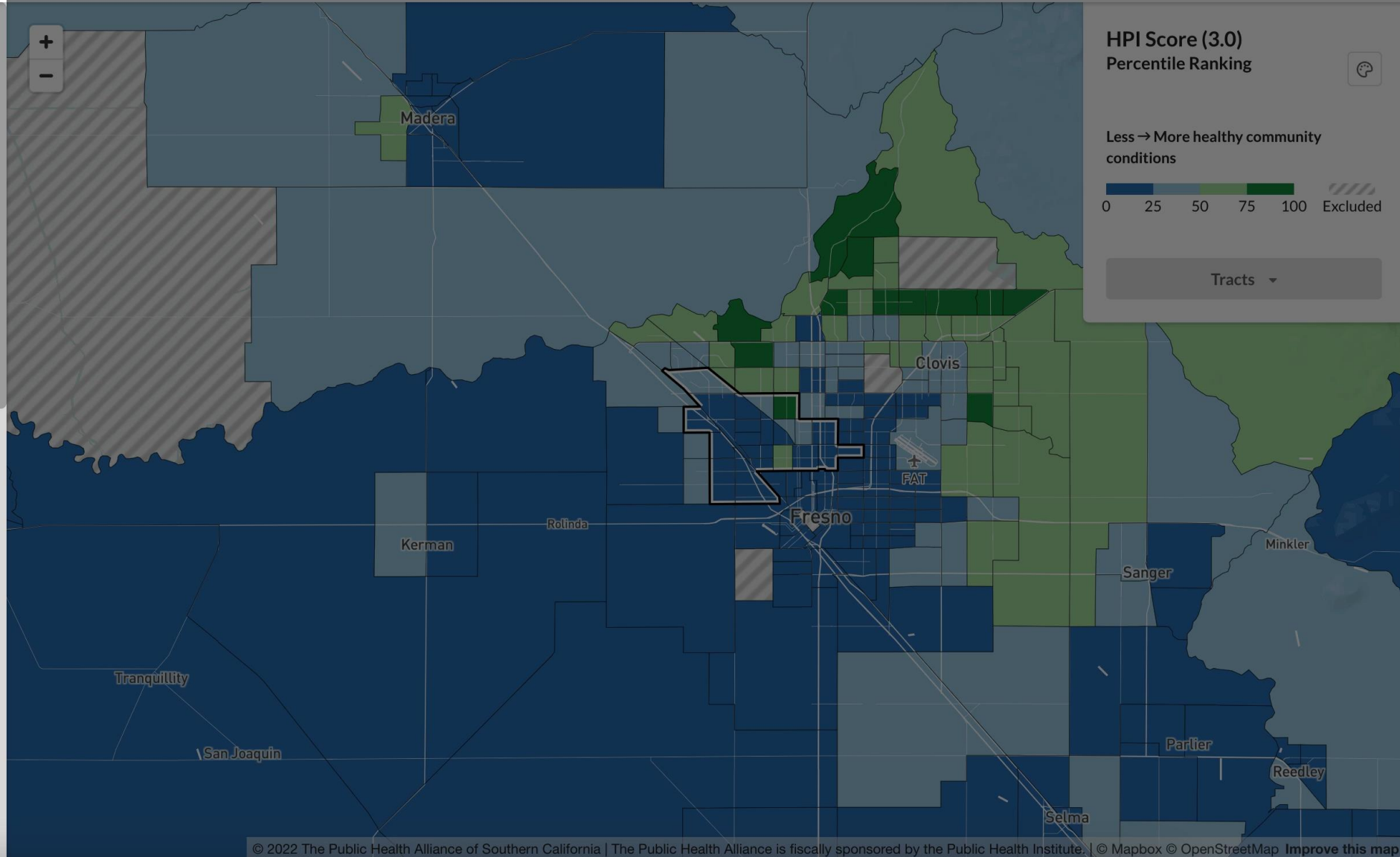### View data

View Indicators ⑦

Take a deeper dive into the individual community conditions used to calculate a community's HPI score.

Compare Data ⑦

Compare two indicators in side-by-side maps.

Upload Data ⑦

Add your own data to the map

HPI Score (3.0)
Percentile Ranking

Less → More healthy community conditions

0   25   50   75   100   Excluded

Tracts ▾

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CALIFORNIA **Healthy Places Index** PublicPublic Health Alliance OF SOUTHERN CALIFORNIA

HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Identifying small, dispersed racial/ethnic populations

Use **Filter by Race/Ethnicity** and select the population or subpopulation

Set specific population count or percent of population threshold

Example

A community-based organization who mainly serves Hmong-identifying people wants to evaluate the health of their target population

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🔍 Enter a location...

Explore

🔓 Get Community Conditions   �"?"

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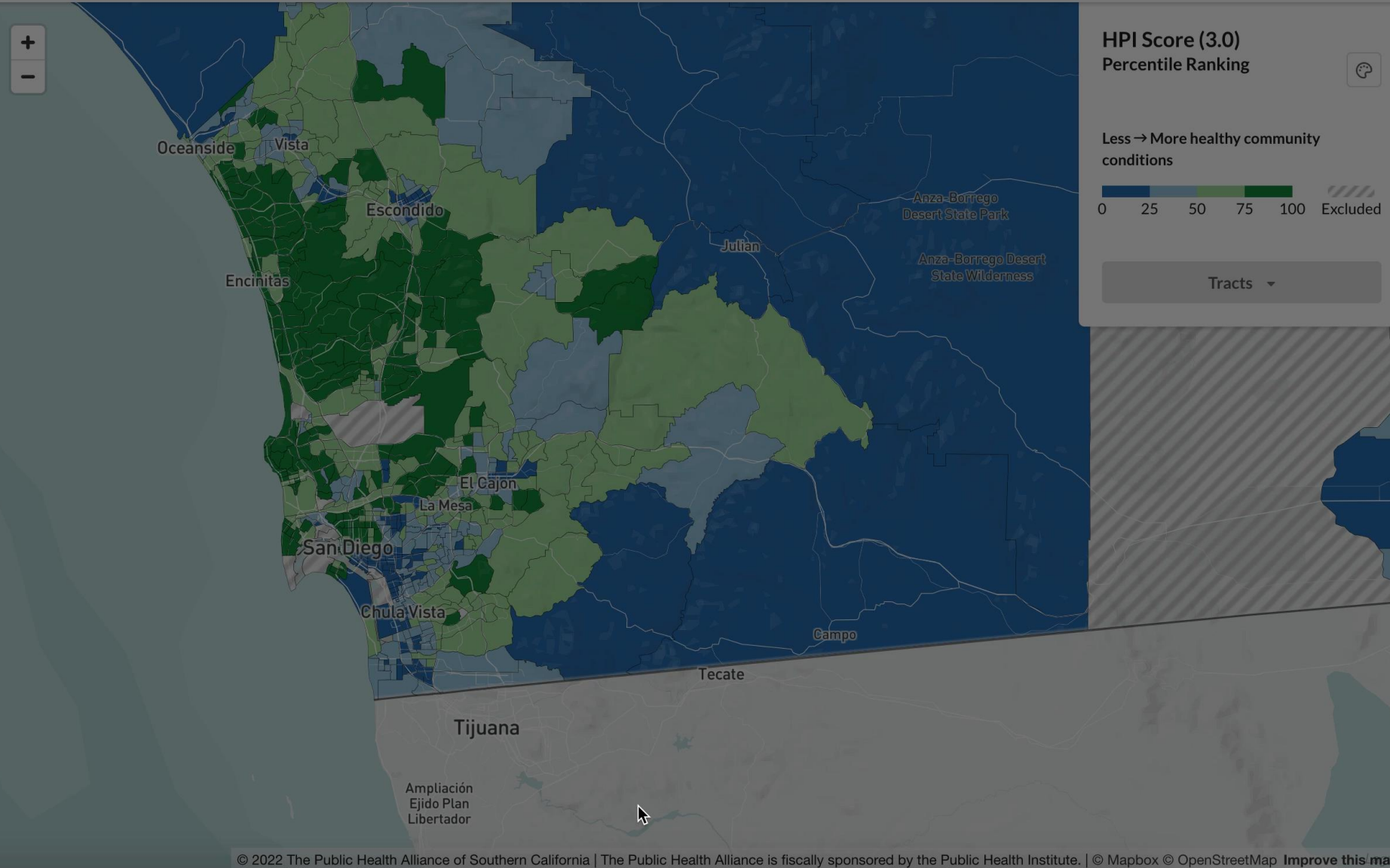
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+
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HPI Score (3.0)
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Tracts ▾

Oceanside   Vista
Escondido
Encinitas
Julian
Anza-Borrego Desert State Park
Anza-Borrego Desert State Wilderness
El Cajon
La Mesa
San Diego
Chula Vista
Campo
Tecate
Tijuana
Ampliación Ejido Plan Libertador

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HOW CAN I USE THE HPI MAP FEATURES? *(cont.)*

Tracking improvements or declines in a community over time

Two different years of data — from HPI 2.0 and HPI 3.0 — can be compared side-by-side using the **Compare Data** function

Example

Comparing how education (Bachelor's Degree or Higher) changed from HPI 2.0 (2011-2015) to HPI 3.0 (2015-2019)

WHERE TO GO FROM HERE?

- Visit our website at **healthyplacesindex.org**

- Request a consultation or custom training

- Sign up for our newsletter

- Explore the map yourself

- Share this information with your networks!

Q&A

THANK YOU!

HPI WEBSITE: www.healthyplacesindex.org

HPI 3.0 MAP: map.healthyplacesindex.org

For additional questions, please contact:
AskHPI@ThePublicHealthAlliance.org

Speaker Q & A

Share Your Thoughts

Kindly take our survey. Your feedback will help us advance health equity in Riverside County, together!

Thank You!

Partner Updates

Health Equity Program Update: WRAP UP

Riverside County Coalition Contact:

Riverside County, Health Equity Program
RUHS – Public Health, Epidemiology & Program Evaluation
RivCoHealthEquity@ruhealth.org

Next meeting:

Wednesday, July 20th, 2022