Meeting Notes

4/20/2022

Present: Salomeh Wagaw, Mary Obideyi and 150 other attendees.
Next meeting: April 20, 2022, 10:00 am – 12:00pm

Welcoming Remarks and Introductions

- The welcome and introduction remarks were given by Mary Obideyi. She highlighted the use of a Zoom webinar meeting format, and the inclusion of closed captioning for both English and Spanish. Mary introduced the topic of the agenda as data to action. The speakers were introduced: Wendy Hetherington from RUHS- Public Health, Christi Ketchum from Equity & Wellness Institute, Shaheen Nassar from CAIR-LA, Jenna LeComte-Hinely from Health Assessment and Research for Communities (HARC), Courtney Oei from Public Health Alliance of Southern California.

- A poll was conducted by Mary, which asked for sectors represented by the participants of the meeting. The result showed a majority representing healthcare and public health sector. Others included community member, government, healthcare, public health, housing planning, community-based organizations, social services, mental health, and other.

- Mary encouraged organizations to send in their logos, if any are interested in becoming partners to Riverside County Health Coalition.

- Purpose of the Coalition and the new Health Equity program was briefly mentioned. The Health Equity email (RivCoHealthEquity@ruhealth.org) was shared in the chat.

- Mary Obideyi welcomed everyone and gave an introduction of the speakers.

Riverside County, Community Health Assessment & Community Health Improvement Plan (CHA/CHIP):

Wendy Hetherington, RUHS-Public Health, Branch Chief.

- Mary introduced Wendy and shared her biography.

- Wendy spoke about Public Health's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

- In 2015, Public Health conducted its first countywide CHA and used community surveys, population health data, as well as community forms to inform what the health priorities for the county should be.

- The County took those health priorities and developed the Community Health Improvement Plan (CHIP). CHIP is a strategic plan for the community on how Public Health can address these health priorities. Public Health planned on updating the CHA, but all plans for 2020 got delayed (due to COVID-19 pandemic).

  As a result, the County's different approach to CHA is:

  1) Contracted with Health Assessment and Research Communities (HARC) to do a countywide survey to identify health priorities for the County and community.

2) The County contracted with Equity and Wellness Institute who did community-based participatory research (CBPR) through partnership with community-based organizations to directly engage community to find out what their health priorities were. The County will have speakers on that.

3) Public Health will use the Healthy Places Index to help inform the CHA and what areas of the county have been historically under resourced and could help drive action forward to improve health equity for all.

- Wendy concluded and expected no questions, but offered to take questions if needed, and thanked the audience.

Equity and Wellness Institute & CAIR-LA Community-Based Participatory Research (CBPR) Trainings:

Christi Ketchum, Organizational Development Facilitator, Shaheen Nassar , Program Coordinator

- Mary introduced the speaker. Christi spearheads the project and Shaheen works for the CAIR-LA.
- 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).
- The project facilitated data collection with six (6) community-based organizations: CAIR-LA, California Family Life Center, DAP Health, El Sol, Riverside County Youth Commission and Sigma Xi.
- The process involved a synthesis of data collected by the community-based organizations.
- Four themes emerged from the analysis of all the data collected during the project: cultural awareness, health disparities, structural racism and/or social inequality, and systemic barriers.
- Cultural awareness. There was lack of diverse service providers and multilingual resources. Additional translational services are needed in hospitals in Arabic, Hindi, Urdu, Pashto and Farsi.
- Health disparities. Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.
- Structural racism and/or social inequality. A system in which public policies, institutional practices, cultural representations, and other norms work in various ways to perpetuate racial group inequity.
- Systemic barriers. Challenges arising from organizational structures preventing access to resources.
- Recommendations. 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. Recommendations include diversity at workplace, multilingual resources, services to address unique economic needs, and community led initiatives & constituent partnership.
- The importance of community based participatory research was reflected through the results of this project.

Questions/Answers:

- Abigail- Will we be receiving a copy of the presentation slides as well as this recording? Also, would it be possible to gain access to a contact list of the organizations represented here today? Yes.
- Tamika- If we are able to address need and provide additional supports (e.g., transportation, peer support, etc.) for people with disabilities in underserved populations, does this Coalition have a way to share that information with all of your partners, so that they are aware? And partner on upcoming initiatives? Mary will contact Tamika and follow-up on her questions.
- Arnold- During your work did you receive requests for helping to achieve becoming independently wealthy? And using that wealth to give back to the community? The focus of the project was on health inequities and the data collection really did not get into it.

Health Assessment and Research for Communities (HARC) Riverside County COVID-19 Needs Assessment

Jenna LeComte-Hinely, Chief Executive Officer

- Mary read the description of HARC and the speaker bio. for Dr. Jenna LeComte- Hinely. Jenna is the CEO at HARC and a member of the Center for Health Disparities at UC Riverside and leads the project.

- The COVID-19 Needs Assessment is a study that HARC did in partnership with Riverside County Public Health. They created a large report based on the study.

- HARC and Public Health aim to convey research back to the community in more accessible and digestible ways (i.e. infographics), and community feedback will inform that decision.

- There is a need to look at health disparities, whether it is by race, ethnicities, gender, age, geography, and community feedback will inform HARC on the relevant data the community wants.

- The study was done with random samples in Riverside County, in partnership with Public Health. It was funded by Epidemiology and Laboratory Capacity Enhancing Detection funds from the Centers for Disease Control. The report is available for free on HARC's website. The presentation touched on the highlights of the project.

- HARC conducted a pilot survey to test which methods would generate the best response rate, and ultimately the method selected was paper surveys with both pre- and post-incentives in English and Spanish.

- The project collected data for two months, from mid-September 2021 to mid-November 2021.

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

- Data was then weighted to ensure true representativeness of Riverside County. This allowed the sample size to be representative even for minority populations like Native Americans.

- HARC hired local artists from communities of color that created the works of art to illustrate the findings of the report. Consuela is an artist whose work was featured in the presentation (and in the report).

- HARC's demographics closely matched with Riverside County, with about half Hispanic/Latino, and racially, age, and gender identity diverse. Note: 1.0% identify with a gender that does not match their birth gender.

- Median household income is $72,000, while 14% live below the poverty level. The income and poverty data matched the county very closely.

- Riverside County has a very large LGBTQ population, and that was reflected as well.

- Political affiliation was the only political question asked on the survey. However, COVID has become inextricably tied to politics. It was a health survey asking a health status. Instead, offended participants submitted inflammatory responses. It's concerning and possibly something that the coalition can do a deeper dive to see how attitudes and behaviors are based on political affiliation.

- The survey asked a question about how COVID had impacted their personal life. Work and school participation and social life relationships had the highest amount of people say this had a huge impact on their lives. COVID had least impact on physical health.

- It asked people about some of their top negative COVID experiences. The majority cited 'worry about friends and family'. Then fear of getting sick, anxiety, boredom, frustration – experiences related to mental health, which has implications for the CHA and the CHIP.

- It asked whether people delayed healthcare that they needed – medical care, mental care, and dental care during the pandemic because of COVID. Also asked, did you completely not get the care you needed because of COVID. Quite a few people did delay their healthcare. A follow-up study would be insightful. For example: Does that mean that cancer went undiagnosed? And if so, could the cancer have been caught in the early stages, but somebody didn't get their regular screenings.

- It asked people whether they were vaccinated or not. Fortunately, 83% were fully vaccinated. 10% were not vaccinated and had no plans to get vaccinated. The 10% is the piece that this group ought to focus on – how to overcome those barriers and how to get everyone vaccinated.

- It asked the 10% of people who said I'm not vaccinated, and I don't plan on it, what were their top reasons. Note: Almost 1/3 of these people said they didn't get vaccinated because they don't trust the government, reflecting the highly politicized climate. Approaches to getting this population to get vaccinated are very complex and very complicated.

- It asked how much people agreed or disagreed with these statements: a) People of color are facing more of the financial/economic impact of COVID-19 than whites. b) People of color are facing more of the health impact of COVID-19 than whites. Most people agreed or strongly agreed with this, which is what the data has borne out. For example, the Pacific Islander community with a higher mortality rate. This disparity requires a different approach and interventions.

- It asked where people get their COVID information. Most are getting it from the news, the internet or television.

- It asked who they trust to give COVID information. Thankfully, medical and health experts are high on the list , but there was a large amount of people that didn't trust anyone. They've been overwhelmed by the amount of information and misinformation and its lead them to not trust anybody.

- Next Steps: Get community feedback; find out the best modalities/platforms to share this content with the community (infographics, comics, podcasts, PSA); Mine the data to identify relevant disparities to inform interventions; and identify the comparisons that would be useful.

  Questions/Answers

- I would be interested in long term illnesses related to Covid. Shor.
- Can you address how the language barriers were conquered by interpretation services? Resources like which organization would provide this service, esp. translated to AAPI languages including Chinese? El Sol provides resources in multiple languages. Many other organizations do have resources.
- I would love you to dive deeper into people with disabilities in all populations and the impacts of COVID-19 and vaccine hesitancy with our families. Systemically, the unique healthcare needs and perspectives of those not connected with a public service program with a disability have been very different than those connected to a program like Regional Center or other service. There is little data specifically for the population I serve of people with intellectual and developmental disabilities. I would love to connect more on this topic as the need is great, and our population is larger than thought, especially, for Riverside County. Tamika. Little data on disability is because of disagreement on the understanding.

Break time- 5 minutes.

Public Health Alliance of Southern California Healthy Places Index (HPI)

Courtney Oei, Data Analyst.

- Mary introduced the speaker.
- Courtney began the presentation with an introduction to the Public Health Alliance of Southern California.
- Why the Healthy Places Index? Life expectancy and well-being are heavily tied to the community condition, social conditions. To create lasting systems changes, both race and place must be recognized and understood.
- What is the HPI? Provides data and policy recommendations to compare the health and well-being of communities at the neighborhood level. It quantifies the factors that shape health and turn data into actionable solutions.
- HPI 3.0 evaluates the relationship between 23 social drivers of health and life expectancy at birth. It produces a score of representing a ranking of conditions compared to other neighborhoods.

- Race & Place framing impacts health outcomes. It guides leaders to develop more equitable, community-forward solutions.
- 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 metric, food security, climate change etc.
- What can I do with the HPI? Explore community conditions in their neighborhood, including HPI score and HPI indicators, view hundreds of decision support layers, and create custom communities using the pool feature. Compare data across geographies and time periods. Receive tailored policy opportunities, and view historically redlined neighborhoods.
- Courtney described how users can use the HPI map features. 3.0 has added decision support layers. Users can rank by geography. Users can create custom geographies. Users can also find communities that meet certain conditions. Users can also identify small, dispersed racial/ethnic populations. Users can track improvements or declines in a community over time.

  Questions/Answers
- So this is available to everyone? Adrian. Yes, visit www.healthyplacesindex.org.
- Thank you for this great presentation! This is what I mentioned before about the comparison before and after COVID. It will be very helpful if we can request the resources map (esp. clinics & mental health resources) incorporated to the AAPI population map. I would like to have access to this free HPI service. Shirley Feng. The tool is available for free. You can also upload your data to the map. Email AskHPI@ThePublicHealthAlliance.org.
- Arnold. This is more of an off-line question for Courtney. Has there been any discussion about using transportation analysis zone geographies used in transportation models? I am not sure if the TAZ's necessarily nest 100% with census block or census tract geographies. Please contact HPI for more info.
- Mauricio, Blue Cross- Great info and thank you!

Mary asked participants to share their thoughts by taking the survey using the QR code provided or the link in the Chat Box. Spanish version was available.

Community updates from our partners:

Alejandro Barajas, Anthem Blue Cross - provides a youth mental health first aide training, 4 dates in May providing ACES training.

Adrian/ Neighborhood Healthcare – opened a center in Riverside and will have first health fair, April 30th. The healthcare partnered with Feeding Riverside, which will be giving away hundred meals. It will have a blood drive and offer pace center.

Abigail/ AA Mental Health Resource Center – It offers vaccine clinic with stakeholder feedback survey that will allow them to better provide mental health services in Riverside County. The center requests for AAPI community to participate in the survey to gain more data to make the AAPI folks more visible in the community. It also provides "Metamorphosis" presentation and shared resources with MALO.

Michael/ SoCal Adaptive Sports – It provides adaptive sports 5+ days/wk, and shared that AB2373 Bill to establish adaptive sports hubs in Imperial and Riverside County.

Kimberly/Program Coordinator, Riverside Resilience Initiative, RUHS – The program will offer training to empower communities to be more adverse resilient and be a catalyst of change to build resilience in Riverside County, after a COVID pause.

Wrap Up:

Mary Obideyi- Program Coordinator II

Participants were encouraged to take the survey by scanning the QR code or using the link.

Mary thanked all the participants and speakers. Anyone can contact the project for questions or add a contact by emailing Rivcohealthequity@ruhealth.org.

Next meeting is scheduled for July 20, 2022. Emails for invites will go out to participants.

Meeting adjourned at 11:52 am.