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RUHS Health Equity Team RCHC 011724

[Captioner standing by]

(Music Playing)

>> All right. It is a lovely day just like that song. Good morning everyone. It is good to see lovely faces in the building. Our virtual folks, welcome, welcome, welcome. Happy New Year everyone. This is our first hybrid meeting of 2024. Let's give a round of applause. We made it y'all. Yes.

It 2024 and it is definitely a new year with new possibilities and opportunities. I think this is the year we will take it and make it thrive. I'm excited for what we have today. It will be great. Thank you so, so much for coming to our meetings and joining us today.

For folks who do not know me, I'm Mary, program coordinator with the RUHS public health in the Health Equity Program. I'm one of the lead facilitators for the health coalition. I have an amazing co-lead here, Daisy, who will introduce herself as well.

>> Hi, good morning. I want to echo what Mary said. I'm Daisy Ramirez Bell, program coordinator with the RUHS public health, health equity community outreach program. Primarily in district four area, I'm happy to have you here, both in person and virtually.

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>> All right. Thank you so much Daisy for that.

Also too, our Health Equity Program warmly welcomes everyone here in this meeting virtually and in person. We want to give a huge shout-out and thank you Scott for ensuring our meeting runs smoothly for everyone. We want to thank the city of Moreno Valley and the conference center, our recreation site coordinator is not here, he's on vacation, woo woo, and also want to lastly but not least like to thank our native and indigenous people of Riverside County whose land we're meeting on.

We're going to go over today's agenda and I'll pass it to Daisy who will go over our housekeeping and acknowledge the land we're on. Okay.

All righty, here. So as always, as you know, each meeting we have something that is jam-packed, but I'm excited because again we have a lot of great speakers. Our meeting today is community engagement for action, breaking down barriers and fostering genuine connections. During the past year in the meetings, a lot of you suggested that we need more community engagement, more activities within the coalition meeting. We need to create work groups, right, within the coalition.

Of course, our team listened, y'all. We're making sure not to just talk the talk, but walk the walk. We're here to make that happen during the meeting.

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We're going to have a few remarks by the Riverside County fifth district supervisor. Following that, we have Wendy from RUHS epidemiology and program evaluation give a history of the community health assessment and community health improvement plan and the role within the coalition. After that it's a presentation on the progress of the COVID impact -- (recording in progress).

Have a breakout for a 10-minute break and one thing I love and I'm excited we get to do this, we will have you go into breakout discussions, in person and virtually. We will talk about what are things we need to work on, health priorities in the next five years the coalition should focus on. Please bring your thinking caps on, bring your mouths, all that good stuff. Be ready to discuss. We need good engagement so we know how to move forward when it comes to bridging the gap of health disparities in Riverside County. After the discussion, we will have a debrief and go over and take the after-meeting survey. We have good stuff, we're doing re-branding. We are going to talk about logos, y'all. Exciting, and then give updates and wrap the meeting. Sounds simple, right? Easy. All meeting materials are available to you right now. Each table now should have a QR code. You will have the PowerPoint with you here, the breakout session questions, even the flyers, agendas, bios. We

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made sure to have all of the material for you y'all. In the chat box for the virtual folks, you have access to that information too. We understand sometimes the PowerPoint is not super clear. That is why we make it available for you so it is easy to follow along. I will now give it to my colleague, Daisy.

>> Thank you Mary. We're going to go over some housekeeping.

Give us a moment.

Thank you.

We want to let you know for the folks here in person the restrooms are down the double doors to the right. We have a lactation room. If you need assistance finding that room, raise your hand and one of our colleagues will be happy to lead you to the lactation room. There is ASL as well as Spanish interpreting. I will make an announcement in Spanish.

(Speaking Spanish)

Thank you.

Additionally if you need closed captioning in person, please raise your hand. We're happy to provide an iPad that will have the captioning for you.

We would like to acknowledge the land that we're on. The Health Equity Program commits to practicing cultural humility and reciprocity respecting and supporting the sovereign -- (land acknowledgment.)

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We hope to build an ongoing relationship with indigenous peoples in Riverside County as we learn from their vast experiences. We recognize that there have been past injustices and we move to aim towards reconciliation with good intention and respect. We challenge you to join us in this work. If you're unaware of the land that you're on, we encourage you to visit the website native-land-CA and learn about the indigenous peoples in your area, their history and ongoing resilience. Online should receive the link. You can click and see where the land that you are currently on.

As Mary mentioned, we're excited to have a special guest speaker today to kick start our meeting.

The first meeting of the year. Dr. Yxstian Gutierrez is Riverside County's 5th -- make Riverside County such a special place to live. Yxstian has served as County Supervisor since 2022 and seven years as local mayor.

He served as a professor at National University and is a current professor with California State University San Bernardino.

He previously served on Moreno Valley City Council, owned and operated the Berry Bean Cafe, and worked as a reading instructor at Moreno Valley College. Help me welcome Supervisor Gutierrez.

>> Thank you so much Daisy for that warm introduction.

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As you can see, I've had a lot of different hats in my life, but, you know, I'm truly excited to be here today. Not only just happy because of the nonprofits, because of the faith-based organizations, and because of the community partners here today, but I'm honored. I'm honored to be with all of you today. I'm truly, you know, when my field representative told me about this event, I said I have to be there. I have to be there. Let's make the time so that way I'm there because I'm reminded, reminded when I grew up, we came from a family where, you know, I didn't grow up on a silver spoon. We lived in a one bedroom apartment in San Fernando. My mom and dad worked two jobs, commuting out of town for several hours every day for work.

And when we moved to Moreno Valley, we still struggled. I'm reminded of the organizations though that were there for us.

The churches, the community partners, the County, the nonprofits that really held and created events for the community where when I was a child I didn't know those events were for people for low income.

You see? So that is why I really believe that what you're doing here today is very, very impactful. You're changing lives. And you're thinking of new ways, right, innovative ways because we're not LA County where they've been establishing a lot of programs for many, many years.

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So, you're really thinking of innovative ways, especially for 2024, to truly be more impactful and engage those vulnerable populations.

Like our at-risk youth, foster children, special needs children, seniors, those are very important groups we all have to be mindful of.

So today, in your journey towards improving the health and well-being of those who live, work, play, grow old in this Riverside County, just know that collaboration, collaboration working together is the key.

We're here today under the leadership of public health to create a partnership between County government, between the nonprofits, faith-based organizations, and community partners. As you can see these last ten years have been very difficult. We face the need for emergent disease preparedness, injury prevention, improving behavioral and health and even suicide prevention. We have to address all of those major issues as you continue these discussions today with various age groups, please. And also discuss transportation problems these groups may face.

Especially in our undeserved communities.

We also face issues with environmental health, air quality, accessible medical care and justice are not just topics, by the way. They affect our community every day. We need to focus on maternal health, fighting poverty,

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ensuring good education. All these topics are topics you will probably discuss today. But my advice today for you is to really focus on one major one for 2024. My biggest advice I leave you here today is to be open, to be open to conversation, to dialogue. Each of you adds value today. I want you to know that. You all provide a unique perspective. If you come with that framework, I think that collaboration will be very, very successful for all of us here today.

Let's keep our minds open, our attitudes collaborative, and our hearts committed to the cause. Thank you for your dedication, thank you for your passion, and thank you for your willingness to be part of the journey. Thank you. I'm County Supervisor Gutierrez. Thank you.

(Applause)

>> Another round of applause for Supervisor Gutierrez. The fact he can come to the meeting, he's a busy man, it means a lot and sets the tone to move forward when it comes to our community engagement. It takes many different parts and people to come together and make change in our County. Thank you Supervisor Gutierrez. We appreciate your time.

All right. So as always, we like to go over the coalition. What is our Riverside County health coalition for folks who do not know.

Just to give our mission, our mission is to promote, improve, and sustain

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social and physical environments for health and wellness in Riverside County.

Our coalition is a space that we gather partners who are interested and committed to improving the health and well-being of our community. All of you here today, there is a reason. You have intentions in your organization and personal lives. You want to be part of this place of coming together to say let's make sure. Let's make sure our residents actually thrive. We thank you again.

We just want to let you know we meet quarterly to share knowledge, (indiscernible) innovative practices and work together to identify and support prevention efforts. A little bit more of why we're here. Our biggest thing is to expand partnerships. Hence why you all are here. Share resources, highlight innovative practice and the biggest thing is community empowerment. We're going to talk about power sharing and building where we can't do these things just by one group, one entity, one person. We have to share the load and highlight organizations to take the light if they're experts in their community. That is why the coalition exists, to work together and make sure we do that.

Please, I encourage everyone to let people know about our coalition meeting and I object variety them to our added contact list. Right here as I said, we meet quarterly, our next meeting is April 17th and July, and October. This is again, something that we want to bring more folks together and make change

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together. Please, share it out, let people know, we want more community folks, more leaders, organizations to be in the rooms with us. Again, this is not something that we can do by ourselves. Again, we want to say thank you and welcome you and we can't wait to work on the activities we're going to set out today starting with breakout discussions.

I'll give it to Daisy to go over the icebreaker and know who is in the room with us today.

>> Thank you. For the folks online, there should be a poll that will pop up so you can let us know which sector you represent.

Technical difficulties.

I know we've done an interactive activity before. Please raise your hand and identify once the sector, the best represents you. It can be multiple is called upon. Who is here that are members of the community/students.

Community-based organizations, faith-based organizations. Welcome.

Education academia.

Yay.

Government, whether it be local, federal.

Oh, we have several.

Healthcare/public health.

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Welcome.

(Applause)

Housing/planning.

Where is Miguel?

(Laughter)

Law enforcement/first responders.

Native/tribal community.

Social services/mental health. Welcome. Any other, and feel free to raise your hand and share which sector you represent.

All right.

Thank you so much.

We have several logos of our partners. If you would like to be added to the deck of slides that we have, please share your logo to our Health Equity RivCo website. We will have the website listed towards the end of our presentations. Now we will move to our first presentation.

With us today is Wendy Hetherington to provide an important overview of the history of the community health assessment and the community health improvement plan within Riverside County Health Coalition.

As we move along the second half of the meeting, you will see how these

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important plans tie into the breakout sessions we will be doing.

Wendy is responsible for leading the epidemiology program evaluation branch including the Health Equity Program and the Riverside overdose data to action program. She manages a team of epidemiologists and research specialists who -- guide program and policy development and a team of program coordinators and health education assistance who use this data to collaborate with community partners to advance health.

Help me welcome Wendy.

(Applause)

>> This is more of a story time rather than a presentation. I'm here today to describe the history of the coalition and then the history of the CHA and CHIP. The coalition started in 2009 as a result to a grant application to the CDC in which public health was applying for funding for healthy eating and active living type of activities. One of the requirements for that grant was to have a functioning coalition multi sectoral of community-based organizations behavioral health, education, law enforcement, other sectors, as well as, you know, the public health department.

So we formed this coalition. Unfortunately we did not receive that funding, but we were able to work with our partners, particularly Kaiser Permanente and

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Cecilia, I don't know if she's in attendance. We were able to get seed funding from Kaiser to start the meeting in terms of setting up our strategic plan for the coalition, our mission, meeting spaces, food, and we started in 2009 meeting quarterly, the same quarterly schedule we are now, January, April, July and October. We had formed two different work groups surrounding access to food and healthy cities. Those work groups achieved many things for several years. Then the public health department decided to seek public health accreditation board accreditation which implies a set of standards and activities to demonstrate to our community to the elected officials, to funders that Riverside County public health is a well-functioning organization.

Several activities within accreditation include the community health assessment, which takes population health data, hospitalizations, births, deaths and other topics as well as community surveys to survey the community on health conditions within the County.

And taking all that data and presenting it into a document called the community health assessment. Now the last time we did this, we started the work in 2014.

You know, we published the community health assessment in 2015. We were due to have an update in 2020, but something happened. The COVID-19

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pandemic, which made the work on the CHA go sideways for a little bit. But we're back on track now. The purpose of the CHA, we take the population health data, the health condition data I mentioned earlier, we take the community needs assessment surveys that we partner with HARK to carry out. We did listening sessions through other partnerships, and later you will hear about a team that did the work on the COVID-19 impact. And we'll take all that data and present the CHA. This is the health status of the County.

As a sneak peek the April coalition meeting, we will have our team that is working on the CHA present some of the results in that CHA. It feeds into our community health improvement plan. The community health improvement plan is priority setting for what our, the for the next five years, what as a group, as a community do we want to focus and put our resources into achieving. Later today, we're starting that process of the CHIP. There will be a series of questions we will break out into teams and ask you because you all live here, you all work here, and you all know, you know what are the top priority of your staff, your people, your community, and what is important to you. So this is the very first step in carrying out our community health improvement plan priority setting. I'm thanking you all for participating and your voices matter. What you say matters, and we're looking forward to garnering all your opinions. Thank

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you.

(Applause)

>> Thank you so much Wendy. We appreciate that. We're excited.

Again, y'all, we're doing this part of really that engagement of working together, setting priorities and hopefully working towards that. We will create the work groups as well too. Thank you Wendy for giving the overview about the CHA and the CHIP. All right y'all. Going to the next part. Right here we're going to have two speakers within our public health department to give a progress presentation on our community COVID-19 impact hub. I have the pleasure of introducing my colleagues here.

First is Sandra. She's an epidemiologist with experience working in clinical, local government and nonprofit settings. Sandra is a graduate from the university of Illinois at the Chicago school of public health and joined us in 2022. Her research interests include health equity, social drivers of health disparities, chronic disease management, immigrant and refugee health, social determinants of health, mental health, and trauma informed data collection methods. Sandra is passionate about working with communities and helping people use health data for policy and advocacy work. Our other speaker is a passionate public health professional driving change in health and racial equity and justice with a

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proven record of -- leading diverse teams. She is shaping the Health Equity Program. Chinyelu blends academic excellence with practical applications to innovate solutions for complex hub health challenges. Together she says -- inclusivity is prioritized. Join me in welcoming them.

(Applause)

>> Hello everyone. As Mary already mentioned, my name is Chinyelu. This is Sandra, my colleague. We will be presenting on the community COVID-19 impact hub, otherwise, known as the hub.

This is a project that Riverside County department of public health really worked on to really put into action community engagement for action.

So I want to give a quick background as some or many of you may know, the COVID-19 pandemic has worsened existing health disparities and inequities in communities throughout the world, but more specifically here in Riverside County.

Riverside County department of public health working with the community members has established a community COVID-19 impact hub.

The hub shares health and social data using real stories to help understand and address the ongoing impact of COVID-19 on people's lives and beyond.

I will go over our process. As mentioned before, the hub is really a way to

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share community stories in an accessible way. The hub is an application or app that was created by engaging the community to contextualize the data with lived experience stories.

Listening sessions were held focusing on trauma informed discussions.

And community priority areas were identified through thematic analysis.

The hub was developed through ArcGIS experience builder. And the thematic analysis findings guided the data indicators that were displayed on the hub. The hub visualizes -- I want to emphasize the fact that during this project, we really focused on community engagement. I will walk you through the way we did community engagement. First and foremost, we developed a community engagement plan and ensured that we had an equitable approach. Then we consulted with the equity and justice taskforce serving as an advisory group for us to shape our listening sessions and data approach. Then we involved diverse community partners and the listening sessions where they share their lived experience during COVID-19 and how it impacted them. Then we categorized the input from listening sessions into different social determinants of health and priority areas.

Then we built the story map. Highlighting narratives from people's impacted from COVID-19.

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Concurrently we built the experience builder which is visual data to accompany the story maps. Now we're presenting the community COVID-19 hub to you, the community, for feedback, and to ensure that we're developing a hub for the community by the community.

So now I want to go over the listening sessions at a glance.

In doing this project, we did outreach to about 45 community-based organizations.

This included CBOs, faith-based organizations, and different organizations within the community.

We completed about 17 listening sessions. In doing this, we wanted to ensure we had representation throughout Riverside County and we had representation that included racial and ethnic groups, geographic representation, ability status, sexual and gender minorities. We had language diversity. We reached out and had listening sessions with the spiritual and faith community, youth, young adults, elderly and immigrants. Even as I stand here before you all today, I see some of the organizations, some representatives here in the audience. And probably you're in the virtual space, but I can't see you, of course. We also want to note the fact that these listening sessions comprised of populations that had intersectionality. Meaning, I'll give an example.

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Farmworkers, for example. They comprise of immigrant groups, language diversity, and they also allowed us to have geographic representation being that many are in the desert region.

Oh, JK, hold on. There we go. Okay. When doing the listening sessions, we wanted to make sure we had an equitable approach. We provided different inclusive accommodations. We conducted both in person and virtual listening sessions.

And we also had ASL interpreters, we had Spanish language translation, and we went in person and virtual as I mentioned before.

In doing these listening sessions, they were guided by four main prompts. These prompts are inquiring about how COVID-19 pandemic impacted our communities, and so the first question reads the following: How did the global pandemic impact you and/or your community? We also asked, what challenges has your community faced as a result of the COVID-19 pandemic.

Then we asked, what are the things that helped people in your community do well despite challenges? This went into the resiliency factor. Last but not least, we asked what types of resources do you think would be most beneficial for you or members of your community to help address some of the problems with issue in the set areas that came up in the discussion. All participants

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discussed via chat, they discussed verbally and doing these discussions, we also did it trauma informed as mentioned before. We had community agreements to make sure that it was a safe and brave space for all participants. We were able to garner a lot of feedback from community members which informed this project.

Now I will hand it off to my colleague Sandra.

>> I'll share about the data elements and the creation of the story map itself as well as the COVID-19 market hub. As Chi mentioned, we talked to a lot of different organizations, different listening sessions that happened throughout the County. We gathered all of the notes for all of the sessions. We did a thematic analysis to identify themes and topics from the listening sessions. And figured out which topics were most important to community members.

Next we composed a story map. This is really just a tool to highlight narratives, and bring common sentiments heard throughout the listening sessions using visual and media elements to bring the stories to life.

So, when we compiled all of the data, we wanted to highlight the top mentions as far as topics go in terms of how people felt impacted by COVID-19 or things that were important during the COVID-19 pandemic.

Mental health and behavioral health was the top discussed topic in the

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listening sessions. I would say about 90 to 99 percent of the listening sessions mentioned mental health at least once and composed a large part of the discussions. Use of technology, social media and education in terms of health education was discussed, which makes sense considering how everything changed into a virtual platform since the pandemic.

The thing that helped most with resiliency in terms of the pandemic was things like social supports, so having community and family members, any other kind of social support that was heavily discussed during the listening sessions as well.

So, now that we have, you know, the topics, we wanted to be able to provide data to see how communities are doing regarding these topics. We used the tool called the (indiscernible) experience builder which helped build a user friendly platform where you see data maps and stories about communities throughout the County. Data visualization tools were the most common topics identified will be displayed on the hub along with stories and narratives highlighting lived experiences from community members for those topics. We wanted to show data and create another dashboard, but we wanted to bring the data to life and see how people are actually impacted using stories, narratives, images and so on and so forth. We have a preview of what the hub looks like.

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There is a video that we recorded just a short clip walking you through the hub, how to access it as well as what to click around when it comes to data and mapping.

(Video).

>> You will be taken to the web page, the community COVID-19 impact hub. The hub is comprised of many elements including a story map with visuals and narratives from community members as well as -- (audio stopped).

We also have sections that address challenges, these are directly the questions that were asked during the listening sessions as well as resiliency factors and then resources that people wish they would have seen during the pandemic or that they found beneficial during the pandemic.

In addition, we have a section on moving forward and how the health equity team visualizes this work as we move forward towards building healthier communities.

The other component of the hub is the mapping and the data visual elements.

So we have a variety of indicators here related to COVID-19, and that was populations. The first map shows COVID-19 deaths in which the total COVID-19 mortality rate per 100,000 people are shown for each zip code in Riverside

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County.

As you navigate through the map, will you see that areas in dark blue represent areas where the total COVID-19 mortality rate was high.

Additionally, we have information on neighborhood conditions where areas in Riverside County looking at HPI scores in relation to COVID-19 mortality in this map here.

Places that had high mortality and had low HPI meaning they were neighborhoods with higher needs are shown in dark blue, and then areas that have low mortality and high HPI are shown in dark green. You can see some of the disparities in the map when it comes to neighborhood composition or condition. and the mortality rate for the regions. Along with that, we have people with disability and the rates of people with disability throughout the County over a five year period. We want to show this information to see where that population is most concentrated in Riverside County and how that relates to the total COVID-19 mortality in that region.

We have the same thing for obesity.

And then we also have similar information for race and ethnic demographic looking at different composition of various racial groups throughout the County.

As well as the rates of mortality where COVID-19 in those same regions in

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the County. And finally, we have adults with 65 and their total mortality rate throughout the County as well.

And adults without health insurance. These are some of the beginning indicators that we have mapped out, and provided data for.

But in the future, we hope to add additional topics such as mental health along with some of the indicators that would measure mental health and poverty and housing and so on and so forth to display on this hub for people to be able to see what the community conditions are for that given topic. And see which regions in the County, um, are in dire need of resources for those conditions.

Finally, we do have information in the about section about all of the data sources that were used to create the maps. And if there are any questions regarding any of the data or how to use it, you're welcome to contact us at RivCoHealthEquity@RUHealth.org.

>> Just some key takeaways regarding the hub and building of the hub. We wanted to say just that engaging community is beneficial and feasible. We were able to do that. It took a long time and there was a lot of work, but the results speak for themselves and being able to create something with community members that is beneficial and impactful in terms of showing data and lived experience.

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Mental health was the most discussed topic among community members, social support is also important for maintaining resiliency, there was a lot of discussion about leveraging technology for health education and we learned many lessons throughout the process of engaging community members and building the hub which we hope to take with us as we move forward with this work.

>> As far as next steps, we will develop additional story maps and data topics focused on mental health, poverty and housing and, et cetera, as the different topics came up. We will continue to engage to gather input and community members on the data and visuals. And we will enhance the user interface on the hub and we will work to improve accessibility features. We hope to promote the hub monitor its usage and impact and lastly we will establish a feedback loop for continuous improvement.

We want to also conclude by acknowledging all of the players that helped make this possible as we continue this work. As mentioned before, we use the Equity and Justice Taskforce as an advisory group. We thank them. Especially the Riverside university health system behavioral health community cultural liaisons, that is a mouthful. They were integral in this project. They helped to connect us to a lot of the different population groups that we conducted the

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listening sessions. We also thank all of the community led organizations that really were part of this group, even the ones that we didn't eventually do listening sessions through we thank them because we have ongoing partnerships with them. And most importantly, last but not least, we thank you the community member because all of this is driven by you, and it is for you. So, with this presentation, we hope to get feedback. We want you all to reach out to us via e-mail and we will continue to reach out to different communities so we can continue to do health equity initiatives to build healthier, more just, and more equitable communities. Thank you.

(Applause)

>> All right. Another round of applause for them.

(Applause)

I'm so excited for this project. I worked with them with this. It's been happening for a year. To show the progress is exciting. We hope to launch in the next couple months where you can look through and read and see the data aspects. Because everybody's story really does matter. We will go into Q&A now. If anybody in the audience has any questions for our speakers and even for Wendy, let us know. In the back is a microphone. Virtual folks as well, if you have a question, put it in the chat box or raise your hand and we can

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unmute you so we can hear your question in the room. I want to open the floor to questions, comments, anything like that.

All right. We have one.

>> Y'all should have raised this up.

(Laughter)

>> There you go.

>> Yes, multitask. Trying to figure it out. Thank you all, Bruce Wheatley, Wheatley Institute. I want to thank the Supervisor Gutierrez for showing up. I think it is important when you have leadership to show up to bless us with their presence and knowledge which he has an abundance of. Thank him for that. And I appreciate the work you all have been doing. It is incredible. I feel like we've reached a profound time in human history since COVID has disrupted America. It leveled the playing field in the sense that we've all experienced the same major encounter. At one time in human history, we were all trapped in the same sprays, so the repercussions of COVID is what we're tasked with addressing here. I want to just pitch and approach that focuses on culture. We typically, you know, drive our initiatives based on, you know, initiatives that people come up with. We need this, that and the other. The supervisor himself named about ten different priorities. He said narrow it down.

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You know, there are some opportunities taking place in the County I want you all to be aware of. And the California jobs first initiative, they're doing community planning. So, you know, there is multiple people doing community planning when we should all be trying to intersect that knowledge so we can start to create change that is more rooted in culture.

I keep going back to culture because I want to point this out because we're talking about outreach and engagement. The promoteus program has been miraculous for the Hispanic community. It is top-top. With a fine initiative, fine speaking points, you can reach a million people tomorrow. Outreach and engagement, you got it. For the African American community who is distrusting of these systems, no outreach and engagement.

So, when I say culture, we have to understand that for African Americans who are distrusting, you have to have a different approach when engaging this community. Because the economic conditions are so challenging, you're not literally talking about an economic incentive, it is hard to get the attention of the most vulnerable working two jobs, caring for their children, so forth and so on.

So as we continue to move forward, I think it is going to be important that we link with other initiatives that are driving economic models, centered on jobs first to figure out how we can build capacity for ultimately our public health

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system which is a single focused system. Diagnose and treat.

So there is really no systematic approach to prevent and intervene early, which is where we come in as providers. That is our job to do the promotion/prevention work.

To intervene early to prevent folks from lapsing into the system by default.

It is a one-way opportunity as it exists today.

My expertise comes from doing community work for 35 years. I know I look -- during that time served as LA County's chair of their cultural competency committee, they're not getting it right. They're not getting it right.

Don't pad them with, it's not right.

But also in San Bernardino County, and so I do have some knowledge in this area that I would love to share, and just to make certain again we lean in with culture, getting it from a cultural perspective and meeting the barriers from a cultural perspective as we continue to engage communities. Thank you for your work and time. Thank you.

>> Thank you. Your name again?

>> Bruce Wheatley, Wheatley Institute.

>> Thank you Bruce. Let's give a round of applause for Bruce. Thank you so, so much for that. Thank you for sharing that. You're right. We need to

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do more outreach especially in the African American community. Really, again, that collaboration piece is key. Thank you for highlighting that. I know because of time I'm not sure if any virtual folks, maybe Daisy --

>> There is one question.

I'm pulling it up now.

There will be opportunity for discussion, so if you have any other questions, the second part of this meeting will allow for you to express your priority so we can talk about and provide different resources that you would like to share. There is still an opportunity for sharing.

All right.

It doesn't look like it is pulling up. If there are questions, we have our chat moderators. If you can provide your information so we can then answer those questions and provide you the resources that you're looking for. Thank you.

>> All right. Thank you so much Daisy. And so right now we're going to go into a 10-minute break. Please everybody in person get up, mingle with people, network, get some coffee, all that good stuff. Virtual folks go on a break, call a loved one. We will get back in ten minutes and start our discussion after that.

(Break)

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(Music Playing)

>> Welcome back.

All right. I hope y'all had some time to grab some snacks in the back.

Grab some water. Take a restroom break.

We're going to gather again so we can go into the breakout session.

I see that the conversations are fruitful already. Woo!

All right.

I'm going to give you a few more seconds to come back.

All right. Thank you so much everyone. Thank you for sticking around for the second half of our meeting for today.

We are moving over to our community engagement for action discussion.

As you were coming in, on your name tag there should be a number.

These are for the folks in person. There should be a number.

That number corresponds to a table number, you see table number three, can you raise your hand table number three? I know you may not be part of table three. You will be moving to your respective table. We have table one, two, three, four up here and table five.

Each table is going to have a moderator as well as a scribe and a series of questions that will help guide us to determine your priorities will be asked. For

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our virtual folks, we will have a breakout discussion, four of them. You should be preassigned. Once we open the breakout sessions, you should automatically be able to go to that respective breakout session.

There you will have a moderator as well as a scribe that will help you navigate through the Jamboard platform where we will be able to gather your responses.

A total of five in-person tables, and four online Jamboard breakout sessions will occur in the span of about 30 minutes. Once we open the breakout session, you have 30 minutes. Again you will have facilitators and they're able to guide you with different instructions.

We will be coming back after for a 15 minute debrief and we're going to ask folks here in person and online to please share the different responses to the questions that were asked.

Already all right. If you have any questions, especially for our virtual folks, you can always come back to the main room and one of our facilitators will be able to guide you to the respective area. If you need ASL interpreting online or Spanish interpreting, please make it known in the chat.

All right. We look forward to the fruitful discussions as we come back for the debrief section. All right. For online, if you could open the breakout

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sessions. Okay. Thank you Mary. There is also a parking lot poster sheet in the back and those are for any ideas that may not fit within the different questions that are asked but you still want to share them out to the general group. If you have sticky notes you would like to add, you can add them to the parking lot. Virtual folks will also have a parking lot slide in your Jamboard where you can add those ideas that may not fit specifically to the questions.

I know there was a lot of talking, but you will have moderators that will be able to guide you through the process. Thank you so much everyone and let's open the breakout rooms.

Thank you.

See you back at 11:47. Thank you.

(Breakout room discussions).

>> Hello, everyone, online. If you haven't done so, please go ahead and join one of the breakout rooms. We will be there in just a moment.

>> Hello?

Hello?

>> Yes, hello.

>> Yes I'm not in a breakout room.

>> Yes, go ahead and feel free to enter any of the four rooms available.

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Thank you.

>> Thank you.

>> Mila, if you would like go ahead and enter any one of the breakout rooms that are available.

>> All right everyone.

Let's start wrapping up those conversations.

We're going to give you one minute. If we can start closing the breakout sessions virtually and pulling them back into the main room.

Okay. I think we're starting to pull back to the main room.

All right. I think everyone has been pulled back to the main room virtually. We can start wrapping up those conversations that we have here in person.

We're going to have an opportunity to start our debrief. We're going to be asking folks from different tables, two folks from different tables to please either raise your hand so we can have a brief 15 minute discussion. Let's see. 12 minute discussion. So we have time for announcements. 12 minute discussion. We might have to pause you in your thought, but we'll have an opportunity for y'all to share any important things you may not have been able to share through the survey, which we will be sharing as well. Mary has the mic if anyone wants to raise their hand to provide a brief summary of what was discussed.

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If you can introduce yourself briefly we do need -- oh, can you turn it on?

I think it is off.

>> Hello, hello. All right.

>> Perfect.

>> We're from table one. I think that a large theme that came out of the group was it is not a totality, but a last theme that came out was housing. Being a really large factor for folks not only in lack of representation in the meeting, but in lack of awareness of resources. We thought that a lot of folks cannot even begin to think about navigating resources and health disparities unless they know where they can rest their head every night. Achieving some sort of housing equity within five years while ambitious I think is also completely doable if we marshal resources. It sounds like, somebody tell me if I'm wrong, but that there was an interest in having a presence of local elected officials and not simply for like, you know, saying hello, but actually participating in the meetings for the full length of the meeting, actually working alongside folks because it is also good for them. People will tell other folks that, hey, they actually worked with us instead of showing up and saying hello. That was kinda two themes that came out of ours. We did not get to the third question. Sorry.

>> That is okay. Thank you. Table one just to reiterate, they mentioned

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housing, equity within housing as well as having elected officials in the meeting to engage in the conversations that we have. Thank you table one. Let's see.

>> Oh, oh, oh, wait, let me see, people on this side?

>> Table two.

All right.

>> Good afternoon everyone. My name is Melanie. I had the privilege of being at table two. For our first question, we identified a lot of different variations of what we thought personally were just disparities that we could either overcome together or kind of branch out on. The root of it was education.

So, going amongst all of our topics, it all came down to education and how we can educate and become informative and a guidance for our community in itself to go beyond the topics mentioned. It was mental health, maternal health, housing, suicide, tobacco, all of that has the root of education. Should we inform ourselves of education and become the informative individuals that we can, we can use that to branch out and bestow seeds within our community and provide it for others.

And then I think the other question -- I can't remember what it was. Oh, our next steps.

Alongside table one, we also included just having local government here

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whether it was city officials, County officials, state officials, having them inclusive within our discussion, really benefits within the community because it can be taken back and really put into power the play of what our community stands for.

And other community members also. So faith-based organizations, and counselors because they're the ones who come across our future generation and so it is really important to just have an inclusiveness of just really everyone in the community so we can be those vessels within them.

>> Thank you for sharing.

Yes.

(Applause)

Yes, thank you. We can clap at that.

So quick summary, mentioned education, also engaging elected firms, inviting counselors more within the school setting. Great. Thank you.

Any additional individuals, we're going to move into virtual? All right.

So Mary, can you guide us through that.

>> Yeah. Hold on real quick. We're having technical difficulties. We're trying to get that one together.

I think our moderators, if anything, if also too our moderators online want to say what was said, just two people if nobody wants to, you know, say

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anything. I see Mariana said Carla if Carla wants to say something and we can hear her through the breakout sessions virtually.

>> Carla, if you want to unmute, we should be able to project your voice.

>> Hi everyone for our group we talked about three main topics we would like the County to cover. For example, housing, education, with education we went very general because it covers a lot of aspects, for example, one of the main topics I was talking to them about is maternal health. Sometimes parents are involved in the parenting information, but we tend to forget about fathers.

Sometimes maternal health doesn't really involve fathers as it should. We tend to lose track of how to involve fathers in the process.

With education being so general, we can actually advocate for more programs that will help fathers be involved in the process, and be more of a support for mothers in general.

And, of course, mental health which has been very prevalent in the past years, we have been giving more attention to it thankfully. And people have been able to receive resources and assistance with that.

So we're very thankful for the County that they've been able to do that.

>> Thank you for sharing Carla. I think there are different commonalities. We hear education and housing. We want to have this breakout session

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because, you know, you asked, we listened. We wanted to get these priority areas so we could start building these work groups to address the specific health inequities being shared today and to inform those work groups to advance and create that action piece.

So as we're going to be gathering all of the information that you shared, compiling it so we can share it out to start building those work groups, but those work groups only work if you join us in this action piece.

All right. So the follow-up to that is once we gather all of the information, and create the work groups, we want to have this power sharing piece where it is led by community members, community partners in collaboration with public health as well as other County departments.

All right.

How does everybody feel?

Good?

(Applause)

Yes!

>> Clap for yourselves, yes!

>> Do you want to add to this? We're good? All right. Like I mentioned, the survey piece.

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I know there were several conversations and we want to make sure that we capture everything. So through our survey, there's a specific question where you can continue sharing what you were not able to share out today. We want to capture that piece. Please we're going to be sharing that QR code so you can continue that conversation online.

We can capture that. Before that, Mary?

>> Yes. Thank you so much again y'all. I'm glad we're able to come together and have that discussion, especially virtually. Thank you for everybody coming into the meeting for that discussion. I can't wait for us to look more into it. In the next meeting, we will continue that conversation and us actually doing more things about it. Moving on because I know we're wrapping up, we're trying to leave at 12:00 and be mindful of your time. We have here, we're working on the survey. As always, after the meeting we have a survey. However, in the survey, we have things we really, really, really need your input. As you see on the slide, there is a part of the new logo. Coalition is re-branding. Again, this is a piece of where we want more community involvement. We want that piece where it basically shared, power sharing. This here the coalition is re-branding the logo and we want your input. Our team has worked with some organizations to help us create different logos. However again this is where

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you're monumental. In the survey, there is a piece to rank your top one, two, and three. You're the ones to choose the logo for the coalition moving forward is going to be. Great right? As you see different logos, as always, we're Riverside County health coalition. You see the colors. A lot of the concepts convey equity, community, diversity, collaboration, biggest thing as always, my voice matters. Right. These are what the logos we want to make sure to convey as you see on the right. The tone and vibe of the logos are community first led as well as approachable, inviting. That is why you see the colors of boldness but softness. All that good stuff. In the survey, you will see that. You can scan the QR code. Actually you can start taking the survey now. We will give you time because it is important. You will scan the QR code. Virtual folks, you have the survey link in the chat box. We need your input too. You're part of the coalition.

Right now, you can start working on it again like I said in the survey there's a question about the logo and you're going to rank your top one, top two, and top three choice. That is the biggest part. We're excited because hopefully in April we will unveil the logo you chose and loved and moving forward we will use that new logo. Another thing in the podcast episode. Is Greg here, he is part of our heal communications team. Just to give a synopsis, we have a

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podcast. Equitea. We want your input. You will see your survey questions there. I'm waiting for Greg to give more, but it is more about your rating as well as if you listen to the podcast, organizations that should be reached and featured into the episodes. We want more and more folks to listen but we understand the episodes are things that should resonate with you and things that relate to you that will make you listen. Just to bring again the voice piece. It is huge, it is important, that voice piece is super important to this hence why we're trying to ask questions in the survey about who should be featured into the podcast. Here, what I'll do is there is a video right now and I'll show you just a sneak peek on MLK day and more of us just high lying how important it is for our voices to be elevated in our community.

>> Hi, I'm Dorothy and on today's episode of Equitea, we honor Martin Luther king junior. Dr. Martin Luther king junior dedicated his life to achieving equality and justice for Americans of all colors. The staff would like to express their appreciation for Dr. Martin Luther King junior. One of my favorite quotes is when machines and computers profit motives and property rights, are considered more important than people, the giant triplets of racism, extreme materialism and militarism are incapable of being conquered.

>> To this day he represents a symbol of hope for the ongoing identifying

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for racial equality.

>> When I think of Dr. Martin Luther King junior I think about his I have a dream speech. It is a reminder of my goals and dreams. He's a symbolic figure for leadership, unity, peace, non violence and a man of God. That inspires me to change the world and anyone else where they're at.

>> Listen to the episodes. We try to highlight things happening in the community. If you want your organization to be featured, let us know. That is why the survey is there. Put a contact name, the approximate address who should come there. We have a mini studio. It's a whole thing. We're trying to elevate the voices in Riverside County. Take the survey so we can know how, what topics to highlight this year and everything. Thank you everybody.

Thank you.

(Applause)

And then, of course, let me have Greg, say, hey, Greg.

(Laughter)

All right.

>> Hello guys.

I had to make sure to brush up for you guys. Had to get ready. You all look amazing this morning. Definitely I just saw that was our latest episode we

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had. It was debuted on MLK day. That was a mini episode but we have more episodes for the new year, second season, season two. We appreciate everyone that is sharing, liking and following our posts. If you want to continue or haven't seen our stuff, feel free with your phone to scan the QR code and it will lead you to our socials. We encourage everyone to go on our link tree. We have surveys there. You can answer the questions and we can get an idea exactly like how we can keep doing the best we can with the podcast.

Speaking of the podcast, we have a small pop up podcast right at the entrance.

If you are interested, you want to be on an episode, we can make that happen. We had Supervisor Gutierrez earlier and we will have others.

Thank you everybody.

(Applause)

>> Thank you, thank you.

>> Thank you Greg. Yes, follow us. It is important. We can make sure to really again highlight all of the amazingness you're doing in Riverside County.

So just to wrap us up, again, you see this right here y'all. Take the survey.

(Laughter)

It is really important. Take the survey. Thank you Gustavo. Take the

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survey. This is just like we said the QR code, people in the link, in the virtual aspect, link is in the chat box as well too. So please, please, please take the survey. Thank you so much y'all. We appreciate this.

Updates as well, just moving forward, for our program updates, we didn't have time. If you have any resources, events coming up, you know you can send us an e-mail. This is our e-mail here.

Virtual folks, we have the e-mail in the chat box coming for you too. You have any resources, events, flyers, please send it. We have a newsletter biweekly. We make it a thing to highlight your resources and events, let us know and we will make sure on the next iteration of the newsletter that it is in there. So, good thing too. Riverside County, we have an opportunity, a grant opportunity coming out. Community-based organizations, faith based, all that good stuff, be on the lookout. If you want more information, please go to grants applicants at ISCUW.org. This is us partnering with United Way. I believe it is coming soon but the flyer was shared to a lot of people. It is actually in the QR code link tree. You can look at more information. If you want to get some money, y'all, we got it. You know? It coming out there. Please, please apply. Share with other folks out there who need this money, especially for grassroots partnerships. We want to make sure to give them that funding so they can

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continue the amazing work they're doing.

Again, follow us on social media. This is our QR code and you can see it on the QR code on your tables or in the link in the chat box as well.

And then our link tree.

As always, we highlight your resources. Send it to us. And y'all see it, y'all really see it. Do the survey please.

(Laughter)

All right y'all, we're going to wrap up the meeting. Again, thank you so much for coming in in person, virtually, y'all are absolutely monumental. We can't do this alone. This is why we're the Riverside County Health Coalition to do actual activities within the coalition to make sure we help and improve the health and wellness of the residents of Riverside County.

We're excited for this. We can't wait for the April meeting. Heads up, next meeting we're trying to go to the desert. We're trying to, again, we're doing a low key Riverside County tour. We're trying to go to the desert. We're trying to go to the desert and have meetings there. Again, we think it is important to have these meetings in different regions of the County so we have more representation, get more partnerships. Please, we will give more information. We want to do it in the Coachella Valley area. Share to folks in the desert. I

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know it's a drive if you're in the Riverside area, but we need it. You can join virtually. Have an amazing, blessed day. If no one told you, you're doing an amazing, fantastic job and we love you. Bye y'all. Thank you. Thank you.

(Applause)