

# Community **HEALTH**

## *Improvement Plan*

Riverside County

2016-2021





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# Executive Summary

Strong partnerships and a common goal of improving the health for all Riverside County, led to the formation of the Riverside County Health Coalition in 2009 and the Healthy Riverside County Initiative in 2012. This created a foundation for a broader community health improvement movement known as SHAPE Riverside County. The Strategic Health Alliance Pursuing Equity (SHAPE) was formed in January 2015 to address health and social issues that impact the daily lives of Riverside County residents. Building on the strength of existing relationships, the SHAPE movement aims to leverage local resources and work with new and non-traditional partners. Together, this community partnership works to identify key health priorities and address them in innovative ways by aligning public and private interests.

The Community Health Improvement Plan (CHIP) is the foundation of SHAPE Riverside County. It is a long-term, systematic plan created to address issues identified in the Community Health Assessment (CHA) and the Local Public Health System Assessment (LPHSA), which reflects responses from more than 4,000 residents, health professionals, and community partners.

**Purpose:** The purpose of the CHIP is to describe how partners and community will work together to create a healthier and more equitable Riverside County. The CHIP development workshop was held in July 2015. Among the 150 attendees were local health department staff, community partners, stakeholders, and community residents. Participants reviewed national and state data from County Health Rankings and local data from the SHAPE Community Survey. Development of the CHIP continued with the collection and categorization of responses.

**Priority Areas:** Four main themes manifested from participant discussions and the following priorities were created:

- Creating Healthy Communities
- Promoting Healthy Behaviors
- Connecting and Investing in People
- Improving Access to Care

**Workgroups:** Workgroups consisting of stakeholders, community members, and partners were created for each priority area, and worked over the following year to set goals, identify objectives and strategies, and develop programs and policies. In July 2016, these workgroups outlined strategies they currently implement to address health, and potential strategies to address gaps in services, policies, and coordination. In October 2016, workgroups met to finalize 5-year targets for population measures by reviewing County Health Rankings, Healthy People 2020, California Health Interview Survey, California Department of Public Health, and Centers for Disease Control and Prevention measures.

**Timeline:** Over the next 5 years, priority area workgroups will continue the work of implementing and evaluating the CHIP.

**Collaboration:** Through collaboration, the CHIP serves as a catalyst to further engage, network, and share resources among local partners. By deepening our public-private partnerships, we can continue our efforts towards a healthier and more equitable Riverside County.

# CHIP Overview

## Priority Area 1: Creating Healthy Communities

### **Goal 1: Create safe physical and social environments that promote health**

- Objective 1A: Increase and maintain safe communities and sustainable active transportation options
- Objective 1B: Support efforts that improve air, water and soil quality
- Objective 1C: Increase access to and consumption of affordable healthy foods and beverages
- Objective 1D: Improve neighborhood planning efforts that promote health

## Priority Area 2: Promoting Healthy Behaviors

### **Goal 2: Ensure healthy and active living by addressing preventable and treatable health conditions such as obesity, chronic disease and mental health**

- Objective 2A: Reduce adult and childhood obesity
- Objective 2B: Increase appropriate health screenings, vaccinations and mental health services
- Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drugs

## Priority Area 3: Connecting and Investing in People

### **Goal 3: Achieve health equity, eliminate disparities, and improve the health of Riverside County residents by connecting and investing in people**

- Objective 3A: Support school districts to improve graduation rate
- Objective 3B: Provide internships, career-track entry level jobs, and vocational training for youth and adults to encourage them to find careers that pay a wage that allows for self-sufficiency, and/or pursue higher education
- Objective 3C: Increase opportunities for volunteerism and mentorship programs for older adults
- Objective 3D: Increase access and utilization to digital connectivity

## Priority Area 4: Improving Access to Care

### **Goal 4: Ensure healthy and active living by improving and increasing access to care**

- Objective 4A: Increase the number of and access to primary and specialty care providers and services
- Objective 4B: Increase the number of and access to behavioral health providers and services
- Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care
- Objective 4D: Improve access to timely and understandable health information

# Acknowledgements & Partners

## Riverside County Community Health Steering Committee

The Riverside County Community Health Steering Committee provided guidance and leadership throughout the planning process. Membership consists of representatives from the following organizations:

- California Baptist University
- The California Endowment
- Claremont Graduate University
- Coachella Valley Association of Governments
- Community Action Partnership
- Community Connect
- Desert Healthcare District
- First 5 Riverside
- Health Assessment and Research for Communities (HARC)
- Hospital Association of Southern California
- Inland Empire Health Plan
- Kaiser Permanente
- Loma Linda University School of Public Health
- Molina Healthcare
- Riverside Community Health Foundation
- Riverside County Department of Public Social Services
- Riverside County Economic Development Agency
- Riverside County Executive Office
- Riverside County Medical Association
- Riverside County Office on Aging
- Riverside County Office of Education
- Riverside County Probation Department
- Riverside County Sheriff's Department
- Riverside - San Bernardino County Indian Health, Inc.
- Riverside University Health System - Behavioral Health
- Riverside University Health System - Medical Center
- University of California Riverside - Center for Sustainable Suburban Development
- Western Riverside Council of Governments

# Background

## OVERVIEW

Riverside County is the fourth largest county in California spanning 7,200 square miles with 28 cities and numerous unincorporated areas. The County is the same size as the State of New Jersey and sits between Los Angeles and San Diego counties. Within the last decade, the County has experienced a 44% population increase and is the tenth most populous county in the nation. Home to nearly 2.3 million people, Riverside County is racially and ethnically diverse, with more than 55% identifying as non-white.

In general, Riverside County's health fares rather poorly compared to other counties in California. The County Health Rankings puts Riverside County in 29th place out of 57 counties in the State for health outcomes and 39th for health factors.<sup>1</sup> However, an assessment of the county's health shows that health disparities exist between different populations in the county. A key emphasis of the CHIP and the SHAPE Riverside County is that the health of all people, families, and communities is equally important.

The cornerstone of the SHAPE movement is a commitment to advancing health equity through the distribution of opportunities and resources so that all residents have the chance to reach their optimal health. This is as simple as ensuring that health information is distributed in multiple languages and can be as complex as building restaurants, roads, parks, and sidewalks in low-income neighborhoods. Our health is largely determined by our surrounding social and physical environment and while our neighborhoods will never be identical, providing access to basic health resources is vital.

## SHAPE FORMATION

The Riverside County Public Health system has been mobilizing collective impact efforts to improve community health by creating the Riverside County Health Coalition in 2009 followed by the Healthy Riverside County Initiative in 2012. These community partnerships created the foundation for a broader community health improvement movement known as SHAPE Riverside County. The Strategic Health Alliance Pursuing Equity (SHAPE) was formed in January 2015 to address health and social issues that impact the daily lives of Riverside County residents. Building on the strength of existing relationships, the SHAPE movement aims to leverage local resources and work with new and non-traditional partners. Together, this community partnership works to identify and address key health priorities in innovative ways by aligning public and private interests.

At the end of 2013, the Riverside University Health System—Public Health (RUHS-PH) created the Riverside Community Health Steering Committee to assess the county's health and create a plan for a healthier Riverside County. The Steering Committee was composed of representatives from 28 partner organizations including health care providers, academic institutions, community-based organizations, and other government programs.

# Background

## THE PLAN

The Community Health Improvement Plan (CHIP) is the foundation of SHAPE Riverside County, a community-wide initiative that aligns public and private resources to improve health for all in Riverside County. It is a long-term, systematic plan created to address issues identified in the Community Health Assessment (CHA). The purpose of the CHIP is to describe how partners and the community will work together to create a healthier Riverside County.

The CHIP development workshop was held on July 22, 2015 in Moreno Valley. Among the 150 attendees were community partners, stakeholders, community residents and local health department staff. Participants reviewed national and state data from County Health Rankings and local data from the SHAPE Community Survey. Development of the CHIP continued with the collection and categorization of responses. Four main themes manifested from participant discussion and the following priorities were created: **Creating Healthy Communities**, **Promoting Healthy Behaviors**, **Connecting and Investing in People**, and **Improving Access to Care**. Health issues or community initiatives not identified in this plan do not negate the importance of other issues. Instead, this plan is intended to be a stepping stone, addressing primary health concerns with the greatest opportunity for health improvements through collective efforts.

Given the number and diversity of communities in Riverside County, community input from public and private partners was integral in successfully addressing barriers to community-wide health and wellness. A follow-up CHIP meeting took place on July 20, 2016 to further construct the CHIP. With nearly 180 attendees, partners from a variety of sectors participated, including community health centers, local cities, schools, foundations, faith-based organizations, and other community-based organizations. At the CHIP meeting, partners shared information regarding strategies they currently implement to address health, and strategies they would like to see addressing gaps in services, policies, and coordination.

In order to engage in a more detail-oriented planning process, four workgroups comprised of private and public partners were created to address each priority area. Following the CHIP meeting, each workgroup met four times, in Western Riverside, Eastern Riverside, and twice via Web-Ex, to advance the CHIP process. Each workgroup was then tasked with addressing specific issues of prevention, wellness, and access to care to develop CHIP objectives, measures, and strategies. At each of these meetings, RUHS-PH staff and Workgroup co-chairs (community members and partners) facilitated the following discussion:

- Leading health issues in Riverside County
- Discussion about ensuring health equity dialogue in all priority areas
- Discussion of findings of health status and feedback from Community Health Assessment
- Prioritization of health issues
- Group discussion about current strategies being implemented to address priority areas
- Group discussion about gaps in strategies and how to address these gaps

By using the input from community partners and members, a set of goals, objectives, and strategies were finalized. RUHS-PH provided input into these overall methods and set targets for population measures for the next five years by reviewing County Health Rankings, Healthy People 2020, California Health Interview Survey, California Department of Public Health, and Centers for Disease Control and Prevention measures.

# Priority Area I:

## Creating Healthy Communities

**Goal I:** Create safe physical and social environments that promote health

### Objective IA

Increase and maintain safe communities & sustainable active transportation options

**Why is this important?** According to County Health Rankings, Riverside County ranks 56 out of 57 counties for Physical Environment.<sup>1</sup> Transportation aids in bridging the geographical divide between people, jobs, and services. Working towards healthy communities requires options for safe transportation and access. Not only does driving alone increase traffic congestion, pollution and consume more fuel, but it can also increase stress levels. An increase in public transportation, walking, and carpooling reduces commute costs, reduces air pollution, and improves overall health. In 2014, unintentional injuries were the 4th leading cause of death in the United States.<sup>2</sup> From 2004-2013, accidents were the 5th leading cause of death in Riverside County.<sup>3</sup>

Establishment of school safety programs and relationship building between communities and law enforcement will increase community safety and promote the utilization of parks and open spaces. Utilization of these spaces by the community will encourage engagement as well as physical activity.

### Objective IA | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County          |  |  |                                     |     |
|--|--|--|--|-------------------------------------|-----|
|  | Current Riverside County               | 2021 Target                            | CA                                     | US                                  |     |
| Violent Crime Rate (2014); CA DOJ                                    | 271.6 crimes per 100,000 population    | 258.0 crimes per 100,000 population    | 391.0 crimes per 100,000 population    | 365.5 crimes per 100,000 population | N/A |
| Age-Adjusted Death Rate due to Motor Vehicle Traffic (2012-14); CDPH | 10.0 deaths per 100,000 population     | 7.5 deaths per 100,000 population      | 7.9 deaths per 100,000 population      | 10.5 deaths per 100,000 population  | N/A |
| Bicycle-Involved Collision Rate (2013); CA State Highway Patrol      | 16.1 collisions per 100,000 population | 14.5 collisions per 100,000 population | 35.1 collisions per 100,000 population | N/A                                 | N/A |

# Priority Area I:

## Creating Healthy Communities

### Objective IA | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County      |                                    |                                    |                                    |   |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
|  | Current Riverside County           | 2021 Target                        | CA                                 | US                                 |   |
| Pedestrian Death Rate (2010-13); Fatality Analysis Reporting System                        | 1.6 deaths per 100,000 population  | 1.0 deaths per 100,000 population  | 1.7 deaths per 100,000 population  | N/A                                | N/A   |
| Age-Adjusted Death Rate due to Unintentional Injuries (2012-14); CDPH                      | 32.0 deaths per 100,000 population | 25.0 deaths per 100,000 population | 28.2 deaths per 100,000 population | 39.7 deaths per 100,000 population | N/A   |
| Children within 30 minutes walking distance to park, playground or open space (2014); CHIS | 82.6%                              | 90.0%                              | 90.1%                              | N/A                                | N/A   |
| Children and Teens Who Visited a Park, Playground, or Open Space in the Last Month         | 80.0%                              | 92.0%                              | 83.9%                              | N/A                                | N/A   |
| Workers Who Walk to Work (2010-14); ACS  | 1.5%                               | 2.8%                               | 2.7%                               | 2.8%                               | AA: 1.7%,<br>AI: 2.8%,<br>Asian: 2.0%,<br>Hispanic: 1.4%,<br>HWPI: 1.8%,<br>White: 1.4% |

### Objective IA | Strategies

#### *Increase and maintain safe communities & sustainable active transportation options*

- Implement transportation policies and practices at the local level that promote safe and convenient access to community destinations for people of all ages, whether walking, driving, bicycling, or taking public transportation.
- Increase crosswalks and safe routes throughout neighborhoods.
- Decrease the number of single driver commuters to work and increase the number of alternate transportation options for commute to work, such as active transportation (biking and walking), public transportation and carpool.

# Priority Area I:

## Creating Healthy Communities

### *Increase and maintain safe communities & sustainable active transportation options*

- Establish school safety programs, which utilize community members as volunteers.
- Support community efforts in advocating for community safety.
- Implement policies and programs that aim to reduce the number of deaths and severe injuries resulting from traffic collisions.
- Support relationship building between communities and law enforcement to support community safety.
- Coordinate with local law enforcement, county and community stakeholders to implement a comprehensive place-based violence reduction strategy.
- Support policies and programs that increase diversion from incarceration for low-level offenses among youth and adults, particularly those that result from substance abuse or mental health needs.
- Improve the delivery of services for youth and adults returning to the community from incarceration.
- Utilize parks and outdoor spaces to encourage community engagement and physical activities.
- Implement other strategies from the 2016-2040 Regional Transportation and Sustainable Communities Strategies and the Regional Active Transportation Plan.

# Priority Area I:

## Creating Healthy Communities

### Objective 1B

Support efforts that improve air, water and soil quality

**Why is this important?** Air quality is a vital part of healthy living. Reducing environmental asthma triggers caused by particulate matter, providing education on air quality and potential health effects from exposure to air pollutants, as well as recognizing carcinogens released into the air are key factors in optimizing air quality in Riverside County. Community design can also contribute to increasing or decreasing the risk of health problems caused by air pollution. Increasing education and awareness of communities on the need for better quality of air, water and soil will allow for better understanding of their implications on health outcomes. In an effort to reduce air, soil and water pollution, strong collaboration across sectors is necessary.

### Objective 1B | Support efforts that improve air, water and soil quality: 5 Year Improvement Targets

|   | Population Measure          |                             |                             |     | Disparity in Riverside County |
|---|-----------------------------|-----------------------------|-----------------------------|-----|-------------------------------|
|   | Current Riverside County    | 2021 Target                 | CA                          | US  |                               |
| Ozone Percentile (2014); CalEnviroScreen                      | 85 <sup>th</sup> percentile | 80 <sup>th</sup> percentile | 39 <sup>th</sup> percentile | N/A | N/A                           |
| PM 2.5 Pollution (2014); CalEnviroScreen                      | 40th Percentile             | 38th percentile             | 50th percentile             | N/A | N/A                           |
| Pollution Burden Percentile (2014);                           | 48th percentile             | 45th percentile             | 50th percentile             | N/A | N/A                           |
| Drinking Water Violations (2013-14); County Health Rankings   | 1.5%                        | 1.0%                        | 2.5%                        | N/A | N/A                           |
| Solo Drivers with a Commute Longer than 30 Minutes (2010-14); | 45.2%                       | 40.0%                       | 37.7%                       | N/A | N/A                           |

**Objective IB | Support efforts that improve air, water and soil quality:  
5 Year Improvement Targets**

| Population Measure  | Disparity in Riverside County |             |      |      |  |
|---|-------------------------------|-------------|------|------|--|
|   | Current Riverside County      | 2021 Target | CA   | US   |  |
| Workers Commuting by Public Transportation (2010-14); ACS | 1.4%                          | 2.5%        | 5.2% | 5.1% | AA: 3.1%,<br>AI: 2.0%,<br>Asian: 1.2%,<br>Hispanic: 1.6%,<br>HWPI: .9%,<br>White: 1.0% |

**Objective IB | Strategies**

*Support efforts that improve air, water and soil quality*

- Target communities highly burdened by air pollution and toxic emissions in order to reduce pollution burden.
- Promote policies that reduce emissions of pollutants from stationary and mobile sources such as industrial facilities, cars, trucks, and trains.
- Encourage active monitoring and enforcement of air quality standards to protect the public’s health and bring industrial facilities into compliance with toxic emissions regulations.
- Improve Annual Ozone Air Quality and Annual Particle Pollution ratings.
- Support policies and programs that reduce the amount of carcinogens released into the air and the number of drinking water violations.
- Promote policies that encourage carpooling, using public transportation, telecommuting, walking and biking as a means of reducing air pollution and environmental impact.
- Support efforts to increase the amount of water supplied to communities.
- Increase education and awareness of communities on the need for better quality of air, water, and soil and their implications on health outcomes.
- Collaborate across sectors on policies and programs to reduce air, soil, and water pollution.

# Priority Area I:

## Creating Healthy Communities

### Objective 1C

Increase access to and consumption of affordable healthy foods and beverages

**Why is this important?** There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. By increasing farmers markets, community gardens, grocery store densities and hydration stations, we can reduce barriers to accessing healthy foods and beverages. Consumption of healthy foods can reduce obesity, which is a risk factors for chronic diseases such as diabetes and hypertension.

### Objective 1C | Increase access to and consumption of affordable healthy foods and beverages: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County            |   |       |                                   |  |
|--|--|---|-------|-----------------------------------|--|
|  | Current Riverside County                 | 2021 Target                             | CA    | US                                |  |
| Farmer's Market Density (2013); US Dept of Agriculture     | 0.01 markets per 1,000 population        | 0.03 markets per 1,000 population       | N/A   | 0.03 markets per 1,000 population | N/A  |
| Fast Food Density (2012); US Dept of Agriculture           | 0.61 restaurants per 1,000 population    | 0.55 restaurants per 1,000 population   | N/A   | N/A                               | N/A  |
| Adult Fast Food Consumption (2014); CHIS                   | 67.2%                                    | 65.0%                                   | 62.7% | N/A                               | *AA: 75.8%,<br>*Asian: 45.5%,<br>Hispanic: 77.5%,<br>*HWPI: 96.5%,<br>White: 56.6% |
| Adults who Drink Sugar-Sweetened Beverages (2013-14); CHIS | 19.9%                                    | 17.0%                                   | 17.4% | N/A                               | N/A  |
| Children and Teen Fruit Consumption (2014); CHIS           | 66.4%                                    | 70.0%                                   | 63.3% | N/A                               | *AA: 56.5%,<br>*Asian: 19.5%,<br>*Hispanic: 59.9%,<br>*White: 90.5%                |
| Grocery Store Density (2012); US Dept of Agriculture       | 0.15 grocery stores per 1,000 population | 0.2 grocery stores per 1,000 population | N/A   | N/A                               | N/A  |

\*values may be statistically unstable

# Priority Area I:

## Creating Healthy Communities

### Objective IC | Increase access to and consumption of affordable healthy foods and beverages: 5 Year Improvement Targets

|  | Population Measure                |                                   |                                    |                                    | Disparity in Riverside County |
|--|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-------------------------------|
|  | Current Riverside County          | 2021 Target                       | CA                                 | US                                 |                               |
| Liquor Store Density (2014); US Census                         | 6.3 stores per 100,000 population | 6.0 stores per 100,000 population | 10.0 stores per 100,000 population | 10.4 stores per 100,000 population | N/A                           |
| Food Insecurity Rate (2014); Feeding America                   | 11.6%                             | 10.0%                             | 13.9%                              | 15.4%                              | N/A                           |
| Child Food Insecurity Rate (2014); Feeding America             | 21.8%                             | 20.0%                             | 22.9%                              | 20.9%                              | N/A                           |
| Households with No Car and No Access to Grocery Stores (2010); | 1.0%                              | 0.8%                              | N/A                                | N/A                                | N/A                           |

### Objective IC | Strategies

#### *Increase access to and consumption of affordable healthy foods and beverages*

- Increase the amount of healthy vending machines at county locations.
- Develop culturally competent healthy eating and cooking education material.
- Educate clinicians and other healthcare providers to identify clients experiencing barriers to accessing healthy foods.
- Promote healthy eating and nutrition education for community youth in schools.
- Develop and maintain community gardens near schools, businesses and community locations.
- Promote and educate communities on healthy eating options to increase community knowledge and participation in maintaining gardens.
- Increase farmer’s market and grocery store densities.
- Encourage partners to design programs that promote distribution of healthy foods and healthy eating.
- Increase the amount of water/hydration stations County wide.
- Implement programs that encourage and provide re-fillable bottles and clean drinking water at schools.
- Take inventory of clean water locations within schools.
- Implement Water for All, a program that partners with California Endowment to provide fillable bottles and clean drinking water at school sites.

# Priority Area I:

## Creating Healthy Communities

### Objective 1D

Improve neighborhood planning efforts that promote health

**Why is this important?** In addition to easier access to resources and services, community design affects a neighborhood’s safety. Neighborhood planning that safely accommodates walking and bicycling can reduce unintentional injuries and increase the number of people walking and bicycling, reducing risks for chronic disease. Increased access to convenience foods and sedentary lifestyles has led to increases in rates of obesity, diabetes, and other chronic diseases.

Safe and affordable housing is also an essential component of healthy communities. Severe housing problems includes overcrowding, high housing costs, lack of a kitchen or lack of plumbing facilities. The burden of affordable housing, unemployment and poverty are all factors that can lead to homelessness.

Incorporating health considerations into decision-making across sectors and policy areas is vital in improving the health of all people. Collaboration between public health practitioners and nontraditional partners who have influence over the social determinants of health can improve health outcomes and health equity.

### Objective 1D | Improve neighborhood planning efforts that promote health: 5 Year Improvement Targets

|   | Population Measure       |              |       |       | Disparity in Riverside County                         |
|---|--------------------------|--------------|-------|-------|---|
|   | Current Riverside County | 2021 Target  | CA    | US    |   |
| Renters Spending 30% or More of Household Income on Rent (2010-14); ACS | 61.2%                    | 58.0%        | 57.2% | 52.3% | N/A   |
| Severe Housing Problems (2008-12); County Health Rankings               | 28.4%                    | 25.0%        | 28.5% | N/A   | N/A   |
| Number of Unsheltered Homeless Persons (2016); DPSS                     | 1351 persons             | 1300 persons | N/A   | N/A   | AA: 12.0%, Asian: 1.0%, Hispanic: 28.0%, White: 61.0% |

# Priority Area I:

## Creating Healthy Communities

### Objective 1D | Strategies

*Improve neighborhood planning efforts that improve health*

- Increase the number of policies that address health in cities, communities, worksites and schools.
- Support integration of Health in All Policies into guiding policy frameworks.
- Create and implement a Health Element into General Plans.
- Increase physical activity opportunities for communities through active programs.
- Increase park safety by providing lights and implementing neighborhood watch programs to encourage community involvement.
- Implement a no-smoking policy at parks and open public spaces.
- Partner with programs to conduct a regional housing needs assessment and increase the availability of affordable housing.
- Encourage developers and planners to include and consider health outcomes in general plans.
- Expand efforts to increase access to permanent housing.
- Expand supportive services for homeless individuals and families to help maintain stability and self-sufficiency.
- Support policies that increase economic security for individuals and families by expanding opportunities for employment.
- Support plans and policies that expand the supply of affordable housing for low-income families and individuals.
- Identify funds for planning through SCAG/WRCOG/CVAG to incorporate sustainability and health element into plans.
- Increase access to and use of parks, open spaces and recreation facilities.
- Increase resources for affordable housing or access to housing for low-income individuals.
- Protect existing affordable housing that is at risk of conversion to unaffordable market-rate housing.

### Priority Area I | Creating Healthy Communities | Partners

- American Diabetes Association
- Borrego Health
- City of Corona
- City of Moreno Valley
- City of Perris
- City of Riverside
- Community Action Partnership of Riverside County
- CSU Fullerton
- Riverside County Environmental Health
- First 5 Riverside
- Healthy Jurupa Valley
- Hospital Association of Southern California
- IEHP
- Jamboree Housing Corporation
- Planned Parenthood of the Pacific Southwest
- Reach Out
- Riverside County Behavioral Health
- Riverside County Child Care Consortium
- Riverside County Parks
- Riverside Food Systems Alliance
- Southern California Association of Governments (SCAG)
- Special Service for Groups
- Western Riverside Council of Governments (WRCOG)

## Priority Area 2:

### Promoting Healthy Behavior

**Goal 2:** Ensure healthy and active living by addressing preventable and treatable health conditions such as obesity, chronic disease and mental health

#### Objective 2A

Reduce adult and childhood obesity

**Why is this important?** Maintaining a healthy weight is important for children and adolescents. Obese and overweight children and adolescents are at risk for multiple health problems during their youth and as adults. Losing weight and maintaining a healthy weight can help prevent and control disease such as heart disease, type 2 diabetes, cancer, hypertension, stroke, and respiratory disease. Inactivity during childhood and adolescence can increase the likelihood of being inactive as an adult. Adults who are inactive are at a greater risk of dying of heart disease and developing diabetes, colon cancer, and high blood pressure. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served communities often have limited access to stores that sell healthy food, especially high-quality fruits and vegetables.

#### Objective 2A | Reduce Adult and Childhood Obesity: 5 Year Improvement Targets

| Population Measure  | Disparity in Riverside County |             |       |       |   |
|---|-------------------------------|-------------|-------|-------|---|
|   | Current Riverside County      | 2021 Target | CA    | US    |   |
| Adults who are obese (2014); CHIS   | 29.1%                         | 28.1%       | 27.0% | 29.6% | *AA: 26.5%,<br>*Asian: 1.1%,<br>Hispanic: 39.0%,<br>*HWPI: 3.5%,<br>White: 25.4%              |
| 5th grade students who are at a healthy weight or underweight (2014-2015); CA Dept of Education | 58.9%                         | 60.0%       | 59.7% | N/A   | AI: 59.0%,<br>AA: 61.7%,<br>Asian: 70.5%,<br>Hispanic: 53.7%,<br>HWPI: 43.2%,<br>White: 69.2% |

\*values may be statistically unstable

## Priority Area 2:

### Promoting Healthy Behavior

#### Objective 2A | Reduce Adult and Childhood Obesity: 5 Year Improvement Targets

| Population Measure  | Disparity in Riverside County |             |       |       |   |
|---|-------------------------------|-------------|-------|-------|---|
|   | Current Riverside County      | 2021 Target | CA    | US    |   |
| 7th grade students who are physically fit (2014-2015); CA Dept of Education | 61.6%                         | 62.0%       | 65.4% | N/A   | AA: 59.9%,<br>AI: 55.3%,<br>Asian: 78%,<br>Hispanic: 57.5%,<br>HWPI: 59.2%,<br>White: 69.3% |
| Teens who engage in regular physical activity (2013-2014); CHIS             | 50.1%                         | 52.0%       | 69.6% | N/A   | *AA: 41.4%,<br>*Asian: 50%,<br>Hispanic: 50.6%,<br>*White: 62.6%                            |
| Adults 20+ who are Sedentary (2013); CDC                                    | 20.0%                         | 19.0%       | 17.4% |       | N/A   |
| Child Food Insecurity Rate (2014); Feeding America                          | 21.8%                         | 20.0%       | 22.9% | 20.9% | N/A   |
| Food Insecurity Rate (2014); Feeding America                                | 11.6%                         | 10.0%       | 13.9% | 15.4% | N/A   |
| Adult fast food consumption (2014); CHIS                                    | 67.2%                         | 65.0%       | 62.7% | N/A   | *AA: 75.8%,<br>*Asian: 45.5%,<br>Hispanic: 77.5%,<br>*HWPI:96.5%,<br>White: 56.6%           |

\*values may be statistically unstable

#### Objective 2A | Strategies

##### *Reduce adult and childhood obesity*

- Encourage local governments to support increased enrollment into available food programs and promote use of farmer's markets for purchasing fresh fruits and vegetables.
- Increase awareness of physical activity programs to schools and community organizations by promoting on social media and county websites.

## Priority Area 2:

### Promoting Healthy Behavior

#### *Reduce adult and childhood obesity*

- Collaborate and communicate with partners to promote programs available for seniors such as programs that complements public transportation by reimbursing volunteers to transport other senior individuals.
- Support the adoption of policies and practices in schools that encourage successful implementation of healthy school meals, ensure drinking water is accessible, and allow time for physical activity.
- Strengthen collaboration with different sectors (school, cities, partners) to provide clean drinking water.
- Work with child care centers and schools to improve their nutrition and physical activity environment and policy by increasing certified childcare providers and introducing training.
- Provide nutrition and physical activity education to parents and teachers.
- Encourage diabetes management and prevention programs such as guiding newly diagnosed type II patients and educating families of newly diagnosed type I patients.
- Increase transportation availability for local community center programs for senior citizens.
- Promote programs that include family healthy activities.
- Initiate workplace wellness programs, toolkit, and wellness challenge to provide staff with resources to be active and eat healthy.
- Support clinic-based nutrition education programs to families and children and promote patient referrals.
- Provide healthy meals and after school programs for children.

## Priority Area 2:

### Promoting Healthy Behavior

#### Objective 2B

Increase appropriate health screenings, vaccinations and mental health services

**Why is this important?** Receiving preventive health care, preventive visits, and vaccinations are just a few examples of ways people can stay healthy. Actively using preventive services can avoid or delay the onset of disease, reduce costs, prevent existing disease from becoming worse, and overall allow people to lead healthier lives.

Vaccinations protect children from contracting and spreading communicable disease such as measles, mumps, and pertussis. Pneumonia is a particular concern for older adults and people with chronic illnesses or impaired immune systems, but it can also strike young, healthy people. Deviations from evidence-based practices like immunizations can lead to a re-emergence of infectious diseases, like measles and pertussis.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental health issues.<sup>4</sup> In Riverside County, more than half of county residents stated needing care for emotional, mental health or substance abuse issues and obtaining help for those issues in the past year.

#### Objective 2B | Increase Appropriate Health Screenings, Vaccinations and Mental Health Services: 5 Year Improvement Targets

|  | Population Measure          |                             |                             |                             | Disparity in Riverside County |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
|  | Current Riverside County    | 2021 Target                 | CA                          | US                          |                               |
| Age-adjusted death rate due to influenza and pneumonia (2012-2014); CDPH | 11.4 per 100,000 population | 11.0 per 100,000 population | 15.3 per 100,000 population | 15.2 per 100,000 population | N/A                           |
| Kindergartners with required immunizations (2015); CDPH                  | 95.2%                       | 98.0%                       | 92.8%                       | N/A                         | N/A                           |

# Priority Area 2:

## Promoting Healthy Behavior

### Objective 2B Increase Appropriate Health Screenings, Vaccinations and Mental Health Services: 5 Year Improvement Targets

| Population Measure  | Disparity in Riverside County |                             |                             |                             |  |
|---|-------------------------------|-----------------------------|-----------------------------|-----------------------------|--|
|   | Current Riverside County      | 2021 Target                 | CA                          | US                          |  |
| Adults needing and receiving behavioral health care services (2013-2014); CHIS                                  | 56.5%                         | 57.0%                       | 57.0%                       | N/A                         | *AA: 58.5%,<br>*Asian: 65.4%,<br>*Hispanic: 68.2%,<br>White: 51.8%   |
| Age-adjusted death rate due to suicide (2012-2014); CDPH  | 10.7 per 100,000 population   | 10.2 per 100,000 population | 10.2 per 100,000 population | 12.7 per 100,000 population | N/A  |
| Age-adjusted ER rate due to adolescent suicide and intentional self-injury, ages 12-17 years (2012-2014); OSHPD | 37.5 per 100,000 population   | 36.0 per 100,000 population | 40.1 per 100,000 population |                             | AA: 48.2,<br>AI: 14.9,<br>Asian or PI: 23.8,<br>Hispanic: 25.8,<br>White: 59.5<br>(all per 100,000 population) |
| Age adjusted ER rate due to Mental Health (2012-2014); OSHPD  | 84.1 per 100,000 population   | 84.0 per 100,000 population | 89.1 per 100,000 population |                             | AA: 128.5,<br>AI: 33.2,<br>Asian: 46.4,<br>Hispanic: 75.4,<br>White: 96.3<br>(all per 100,000 population)      |
| Age-adjusted ER Rate due to pediatric Mental Health (2012-2014); OSHPD  | 22.7 per 100,000 population   | 22.0 per 100,000 population | 28.3 per 100,000 population |                             | AA: 31,<br>AI:6,<br>Asian: 16.5,<br>Hispanic: 18.2,<br>White: 30.4 (all per 100,000 population)                |

\*values may be statistically unstable

### Objective 2B | Strategies

*Increase appropriate health screenings, vaccinations, and mental health services*

- Bring more services to schools and communities such as mobile dental clinics, events, health fairs, and school clinics.
- Increase awareness and utilization of programs offered to increase education, self-management, and support groups for chronic illness patients.

## Priority Area 2:

### Promoting Healthy Behavior

*Increase appropriate health screenings, vaccinations, and mental health services*

- Advocate and educate for HPV vaccine among younger adolescents and parents.
- Support with resources and recognition for sites/communities that implement behavioral health services
- Promote timely vaccinations with immunization programs by working and educating schools on vaccine requirements.
- Increase awareness and importance of preventable disease and whole health by sharing resources on interaction between chronic disease and mental health.
- Promote age-appropriate health screenings by providing care coordination, screening reminders, and changing stigma surrounding preventable health programs.
- Coordinate and share flu clinic dates, times, and locations on social media.
- Promote provider use of evidence-based strategies for increasing immunization rates.
- Support with resources and recognition for sites/communities that implement high blood pressure programs, healthy eating programs, smoke-free environments, etc.
- Collaborate with other agencies on prevention of child abuse and mental health.
- Promote and support yearly physical and mental health check ups for screening and vaccinations.
- Increase dental health care screenings by using resources like virtual dental home.

## Priority Area 2:

### Promoting Healthy Behavior

#### Objective 2C

Prevent and reduce the use/abuse of tobacco, alcohol and drugs

**Why is this important?** Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals are linked to serious health conditions such as heart disease, cancer, and liver diseases. Substance abuse is also directly linked to a broad spectrum of social, physical, mental, and public health problems such as teen pregnancy, HIV/AIDS, Sexually Transmitted Diseases (STDs), child abuse, motor vehicle crashes, crime, and suicide.

Tobacco is the agent most responsible for avoidable illness and death in America today. Approximately one-third of all tobacco users in the country will die prematurely due to their dependence on tobacco. Areas with high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

#### Objective 2C | Prevent and reduce the use/abuse of tobacco, alcohol and drugs: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County |                             |                             |       |  |
|--|-------------------------------|-----------------------------|-----------------------------|-------|--|
|  | Current Riverside County      | 2021 Target                 | CA                          | US    |  |
| Adults who smoke (2014); CHIS  | 12.3%                         | 12.0%                       | 11.7%                       | 18.1% | *AA: 1.5%,<br>*Asian: 4.9%,<br>*HWPI: 53.6%,<br>*Hispanic: 9.4%,<br>White: 16.9% |
| Youth who smoke (middle and high school) (2010); CA Student Tobacco Survey | 14.1%                         | 12.0%                       | 13.8%                       | N/A   | N/A  |
| Age-adjusted death rate due to drug use (2012-2014); CDPH                  | 14.2 per 100,000 population   | 14.0 per 100,000 population | 11.3 per 100,000 population | N/A   | N/A  |

\*values may be statistically unstable

## Priority Area 2:

### Promoting Healthy Behavior

#### Objective 2C Prevent and reduce the use/abuse of tobacco, alcohol and drugs: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County |                             |                            |     |  |
|--|-------------------------------|-----------------------------|----------------------------|-----|--|
|  | Current Riverside County      | 2021 Target                 | CA                         | US  |  |
| Alcohol-impaired driving deaths (2010-2014); County Health Rankings        | 34.4%                         | 32.5%                       | 30.0%                      |     | N/A  |
| Age-adjusted ER rate due to alcohol abuse (18+ years) (2012 –2014); OSHPD  | 28.5 per 10,000 population    | 27.5 per 100,000 population | 39.2 per 10,000 population | N/A | AA: 32.4,<br>AI: 15.5,<br>Asian or PI: 4.2,<br>Hispanic: 21.2,<br>White: 37.7<br>(all per 10,000 population) |
| Age-adjusted ER rate due to substance abuse (18+ years) (2012-2014); OSHPD | 15.5 per 10,000 population    | 14.5 per 100,000 population | 16.5 per 10,000 population | N/A | AA: 19.7,<br>AI: 4.8,<br>Asian or PI: 4.0,<br>Hispanic: 11.0,<br>White: 22.5<br>(all per 10,000 population)  |
| Adults who binge drink (2014); CHIS  | 26.1%                         | 25.0%                       | 32.6%                      | N/A | *AA: 4.6%,<br>*Asian: 10%,<br>*HWPI: 43%,<br>Hispanic: 35.2%,<br>White: 23%                                  |

\*values may be statistically unstable

#### Objective 2C | Strategies

*Prevent and reduce the use/abuse of tobacco, alcohol and drugs*

- Expand our community outreach to non-school venues like movie theaters.
- Work closely with organizations to advocate for tobacco free communities.
- Increase awareness of substance abuse programs in the classroom.
- Increase involvement of youth in tobacco policy work by empowering youth to be advocates of policy regarding usage or possession at schools.
- Support policies and programs that decrease youth access to tobacco.

## Priority Area 2:

### Promoting Healthy Behavior

*Prevent and reduce the use/abuse of tobacco, alcohol and drugs*

- Support policies and programs that implement policy for vendors.
- Provide awareness of education, intervention, and cessation programs to youth groups. Also provide awareness of group and individual cessation classes to adults.
- Reduce chronic illness for asthma, COPD, lung cancer and lung disease by providing support, education, and resources. Raise awareness to impacts and death rate of lung cancer.
- Network with organizations to bring awareness of alcohol, tobacco, and other drugs to community events.

#### Goal 2 | Promoting Healthy Behaviors | Partners

- 100 Mile Club
- American Diabetes Association
- American Heart Association
- American Lung Association Inland Counties
- American Stroke Association
- Borrego Health Foundation
- City of Corona
- City of Lake Elsinore
- City of Riverside
- Community Action Partnership of Riverside County
- County of Riverside Emergency Management Department
- County of Riverside HR, Culture of Health Division
- Desert Oasis Healthcare
- First 5 Riverside
- Health Assessment & Research for Communities (HARC)
- Inland Empire Health Plan
- Kaiser Permanente
- Move and Groove 4 Health
- Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)
- Palm Springs Unified School District
- Planned Parenthood of the Pacific Southwest
- Project Warriors Rise
- Riverside County Child Care Consortium
- Reach Out
- Riverside County Department of Environmental Health
- Riverside County Office on Aging
- Riverside University Health System—Behavioral Health
- Riverside University Health System—Behavioral Health Substance Abuse Prevention and Treatment Programs
- Simply True Wellness
- Special Services for Groups
- Stop Smoking Stay Quit
- United Corona and Norco Stamp Tobacco Out Program
- Western Governors University (WGU)

# Priority Area 3:

## Connecting and Investing in People

**Goal 3:** Achieve health equity, eliminate disparities, and improve the health of Riverside County residents by connecting and investing in people

### Objective 3A

Support school districts to improve graduation rates

**Why is this important?** The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who are competent readers, as measured by their performance on reading tests, are more likely to perform well in other subjects, such as math and science. Reading achievement also predicts one’s likelihood of graduating from high school and attending college.

People who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed on government assistance, or involved in criminal activity. In fact, fewer years of education have been linked to poorer health and shorter lives.

### Objective 3A | Support school districts to improve graduation rates: 5 Year Improvement Targets

|   | Population Measure       |             |       |       | Disparity in Riverside County   |
|---|--------------------------|-------------|-------|-------|---|
|   | Current Riverside County | 2021 Target | CA    | US    |   |
| High School Graduation Rate (2015); CA Dept of Education  | 87.4%                    | 90.0%       | 82.3% | 82.0% | AA: 84.5%,<br>AI: 80.6%,<br>Asian: 95.2%,<br>Hispanic: 86.3%,<br>HWPI: 85.6%,<br>White: 89.6% |
| 3rd grade English Language Arts/Literacy (Met/Exceeded Standards) 2015-2016, CA Dept of Education | 40.0%                    | 43.0%       | 43.0% |       | AA: 29%,<br>AI: 37%,<br>Asian 70%,<br>Hispanic 32%,<br>HWPI: 37%,<br>White: 57%               |

# Priority Area 3:

## Connecting and Investing in People

### Objective 3A | Support school districts to improve graduation rates: 5 Year Improvement Targets

|  | Population Measure       |             |       |    | Disparity in Riverside County                                     |
|--|--------------------------|-------------|-------|----|---|
|  | Current Riverside County | 2021 Target | CA    | US |   |
| 3rd grade Mathematics (Met/Exceeded Standards) 2015-2016, CA Dept of Education | 41.0%                    | 46.0%       | 46.0% |    | AA: 28%, AI: 34%, Asian: 75%, Hispanic 34%, HWPI: 40%, White: 59% |

### Objective 3A | Strategies

*Support school districts to improve graduation rates*

- Support early intervention programs (family engagement, early childhood education, early literacy development) that address gaps in childhood education.
- Support after school/out of school opportunities for youth enrichment.
- Support professional development of teachers.
- Support career and technology education (CTE).

## Priority Area 3:

### Connecting and Investing in People

#### Objective 3B

Provide internships, career-track entry level jobs, and vocational training for youth and adults to encourage them to find careers that pay a wage that allows for self-sufficiency, and/or pursue higher education

**Why is this important?** Unemployment rate is a key indicator of the local economy. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for expenses, such as food, transportation, and medical care.

#### Objective 3B | Provide internships, career jobs, and vocational training for youth and adults: 5 Year Improvement Targets

| Population Measure  | Disparity in Riverside County |             |       |       |  |
|---|-------------------------------|-------------|-------|-------|--|
|   | Current Riverside County      | 2021 Target | CA    | US    |  |
| Unemployment rate (2015); Bureau of Labor                                   | 6.7%                          | 6.0%        | 6.2%  | 5.3%  | N/A  |
| Population 25 years and over with a Bachelor's degree or higher (2014); ACS | 20.8%                         | 22.0%       | 31.0% | 29.3% | AA: 21.7%,<br>AI: 11.0%,<br>Asian: 44.9%,<br>HWPI: 12.4%,<br>Hispanic: 8.3%,<br>White: 27.5% |
| Renters spending 30% or More of Household Income on Rent (2010-2014); ACS   | 61.2%                         | 58.0%       | 57.2% | 52.3% | N/A  |

## Priority Area 3:

### Connecting and Investing in People

#### Objective 3B | Strategies

*Provide internships, career jobs, and vocational training for youth and adults*

- Support the enhancement and practical relevance of vocational training, cooperation with businesses and labor unions and the promotion of employment-relevant skills.
- Support policies and programs that enhance college and career readiness among youth and young adults.
- Develop resources and programs to encourage entrepreneurship and self-employment.
- Work with organizations focused on reinvestment into the community.
- Collaborate with workforce intelligence to identify gaps in health professions.
- Support programs and policies that push for graduate students to stay and invest in local community.
- Collaborate with partners to build occupational and educational programs that are available to the entire community such as job fairs, opportunities for computer access, vocational/occupational training, job placement activities and interview skills will help decrease unemployment.
- Strengthen partnerships with universities, colleges, vocational schools and other organizations to establish career pipelines will make more visible and bring better employment opportunities to Riverside County residents.

# Priority Area 3:

## Connecting and Investing in People

### Objective 3C

Increase opportunities for volunteerism and mentorship programs for older adults

**Why is this important?** Volunteering provides valuable service to the community, and there is a correlation between volunteerism and positive health and behavioral health outcomes. Increasingly, volunteerism is being studied as a health promotion and disease prevention approach for the aging population. Numerous studies have shown that the benefits of volunteerism for older adults include, increased social connectedness, increased perceived health and well-being, increased self-esteem and life satisfaction, increased cognitive functioning, decreased depression and decreased mortality.

### Objective 3C | Increase opportunities for volunteerism and mentorship programs for older adults: 5 Year Improvement Targets

| Population Measure   | Disparity in Riverside County |             |       |     |     |
|--|-------------------------------|-------------|-------|-----|-----|
|  | Current Riverside County      | 2021 Target | CA    | US  |     |
| Engaged in formal volunteer work for community problems past year (60 years old and older) (2013-2014); CHIS | 9.3%                          | 12.0%       | 12.7% | N/A | N/A |

### Objective 3C | Strategies

*Increase opportunities for volunteerism and mentorship programs for older adults*

- Create networks to connect older adults to volunteer opportunities that are appropriate by age, interest, and expertise.
- Encourage volunteerism among Riverside County employees before they reach retirement age.
- Lower transportation and cost barriers to volunteering.
- Improve volunteer management and training capacity in organizations to increase volunteer productivity and satisfaction.
- Support volunteer programs that build intergenerational bonds to encourage the sharing of experience, enthusiasm, and culture among age groups.

# Priority Area 3:

## Connecting and Investing in People

### Objective 3D

Increase access and utilization to digital connectivity/technology

**Why is this important?** Being digitally capable and connected can make a difference in people’s lives by reducing household bills, improving job search outcomes, improved access to information, and helping maintain contact with distant friends and relatives. Use of the internet can provide broad social and economic benefits such as reducing isolation, enhancing civic participation and supporting economic growth.

### Objective 3D | Increase access and utilization to digital connectivity/technology: 5 Year Improvement Targets

| Population Measure                                   | Disparity in Riverside County |             |      |       |     |
|--|-------------------------------|-------------|------|-------|-----|
|  | Current Riverside County      | 2021 Target | CA   | US    |     |
| Households with a Broadband subscription (2015); ACS | 85%                           | 87.0%       | 84%  | 77%   | N/A |
| No computer in home (2015 ACS); ACS                  | 7.3%                          | 7.0%        | 7.4% | 13.2% | N/A |

### Objective 3D | Strategies

*Increase access and utilization to digital connectivity/technology*

- Support policies and programs that increase digital inclusion (i.e. opportunity, access, knowledge, and skill) and narrow the digital gap for low income residents.
- Support policies and programs that provide free and affordable wireless internet access, computer ownership and basic training programs.
- Support online safety and responsibility education programs.
- Support enhanced digital literacy programs.
- Support policies and programs to develop relevant, web accessible, multi-language internet content and online services.
- Collaborate with partners to create a resource guide or webpage to compile resources and increase accessibility.

# Priority Area 3:

## Connecting and Investing in People

### Goal 3 | Connecting & Investing in People | Partners

- American Cancer Society
- Azusa Pacific University
- City of Jurupa Valley
- City of Lake Elsinore
- City of Riverside
- Clinton Foundation
- Community Action Partnership
- County of Riverside Human Resources
- First 5 Riverside
- Foundation for Sustainable Communities
- Inland Caregiver Resource Center
- Inland Health Profession Coalition
- Jamboree Housing Corporation
- Randall Lewis Health Policy Fellowship
- Reach Out
- Reaching New Heights
- Foundation
- Riverside Community Health Foundation
- Riverside County Board of Supervisors
- Riverside County Office on Aging
- Riverside Food Systems Alliance

# Priority Area 4:

## Improving Access to Care

**Goal 4:** Ensure healthy and active living by improving and increasing access to care

### Objective 4A

Increase the number of and access to primary and specialty care providers and services

**Why is this important?** Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically delay necessary care when sick and conditions can become more severe and complicated.

Other than providing necessary healthcare, the availability and addition of services in a rural community has a positive economic impact in terms of employment and labor income which can lead to a healthy and thriving community.

### Objective 4A | Increase the number of and access to primary and specialty care providers and services: 5 Year Improvement Targets

|   | Population Measure          |                             |                             |     | Disparity in Riverside County |
|---|-----------------------------|-----------------------------|-----------------------------|-----|-------------------------------|
|   | Current Riverside County    | 2021 Target                 | CA                          | US  |                               |
| Adults delayed or had difficulty obtaining care (2013-2014); CHIS             | 21.5%                       | 18.0%                       | 21.2%                       | N/A | N/A                           |
| Children and teens delayed or had difficulty obtaining care (2013-2014); CHIS | 7.6%                        | 7.0%                        | 9.1%                        | N/A | N/A                           |
| Non-physician primary care provider rate (2015); County Health Rankings       | 36.0 per 100,000 population | 40.0 per 100,000 population | 46.0 per 100,000 population | N/A | N/A                           |

## Priority Area 4:

### Improving Access to Care

#### Objective 4A | Increase the number of and access to primary and specialty care providers and services: 5 Year Improvement Targets

| Population Measure                                   | Disparity in Riverside County |                             |                             |       |     |
|--|-------------------------------|-----------------------------|-----------------------------|-------|-----|
|  | Current Riverside County      | 2021 Target                 | CA                          | US    |     |
| Dentist provider rate (2014); County Health Rankings | 48.0 per 100,000 population   | 49.0 per 100,000 population | 79.0 per 100,000 population | N/A   | N/A |
| Adults with Health Insurance (18-64) (2013-14); CHIS | 73.7%                         | 85.0%                       | 81.2%                       |       | N/A |
| Children with Health Insurance (2014); HARC/ACS      | 91.1%                         | 95.0%                       | 94.6%                       | 94.0% | N/A |

#### Objective 4A | Strategies

*Increase the number of and access to primary and specialty care providers*

- Utilize public-private partnerships to improve access to preventive health care.
- Increase partnerships with local community organizations to provide education about preventive care, services and awareness to promote healthy living.
- Provide access to resources and services in the community health insurance and preventive care programs.
- Support community STD clinics which promote and encourage HIV/STD education, condom use, HIV/STD testing and treatment for patients and their partners.
- Support the expansion of HIV testing and the enhancement of the continuum-of-care for those diagnosed with HIV.
- Promote and expand health screenings, vaccinations and clinics for senior flu shots through patient calls and mailers.
- Increase access to resources and services in the community by health insurance and preventive care programs.
- Support community health centers and increase access to primary and specialty care services among the uninsured.
- Create a guide that provides resources to the community to increase awareness of what services are out there.

## Priority Area 4:

### Improving Access to Care

*Increase the number of and access to primary and specialty care providers*

- Increase mobile/dental health clinics in elementary schools.
- Increase the number of pediatric providers.
- Support interventions that address the social determinants of health into health care financing and delivery.
- Support efforts that recognize needs of persons with disabilities and support engagement of the disabled communities to create appropriate policies and services.
- Leverage resources from local, state, and federal organizations to recruit primary, behavioral health and midlevel providers to provide services.
- Support extended hours of clinics to include evenings, weekends, and add satellite services.
- Establish a wellness center for women, veterans and children in the court system.
- Support outreach and enrollment to patients in Medi-Cal or Covered CA.

# Priority Area 4:

## Improving Access to Care

### Objective 4B

Increase the number of and access to behavioral health providers and services

**Why is this important?** Mental disorders are one of the leading causes of disability in the United States. Stigma limits a person’s ability to ask for and receive appropriate help, increases isolation and worsening or relapse of the condition and can lead to discrimination in housing, education and employment. Delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities. In addition, it can lead to the adoption of life-threatening and life-altering self-treatments (e.g., licit and illicit substance abuse). Other than providing necessary healthcare, the availability and addition of services in a rural community has a positive economic impact in terms of employment and labor income which can lead to a healthy and thriving community.

### Objective 4B | Increase the number of and access to behavioral health providers and services: 5 Year Improvement Targets

|   | Population Measure           |                              |                              |    | Disparity in Riverside County                                    |
|---|------------------------------|------------------------------|------------------------------|----|--|
|   | Current Riverside County     | 2021 Target                  | CA                           | US |  |
| Mental Health Provider Rate (2015); County Health Rankings                    | 148.0 per 100,000 population | 150.0 per 100,000 population | 281.0 per 100,000 population |    | N/A  |
| Adults needing and not receiving Behavioral Health care services (2014); CHIS | 40.6%                        | 40.0%                        | 43.4%                        |    | *AA: 15.8%,<br>*Asian: N/A<br>*Hispanic: 20.2%,<br>*White: 49.5% |
| Adults who ever thought seriously about committing suicide (2014); CHIS       | 6.5%                         | 6.0%                         | 7.8%                         |    | *AA: 6.1%,<br>*Asian: 2.3%,<br>Hispanic: 6.4%,<br>*White: 7.2%   |

\*values may be statistically unstable

# Priority Area 4:

## Improving Access to Care

### Objective 4B | Increase the number of and access to behavioral health providers and services: 5 Year Improvement Targets

|  | Population Measure                 |                                    |                                    |                                    | Disparity in Riverside County |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------|
|  | Current Riverside County           | 2021 Target                        | CA                                 | US                                 |                               |
| Age-adjusted Death Rate due to suicide (2012-14); CDPH | 10.7 deaths per 100,000 population | 10.0 deaths per 100,000 population | 10.2 deaths per 100,000 population | 12.7 deaths per 100,000 population | N/A                           |

### Objective 4B | Strategies

*Increase the number of and access to behavioral health providers and services*

- Collaborate with partners and providers to reduce the stigma around mental health, leading to an increase in utilization of mental health services.
- Increase behavioral health services to students.
- Link vulnerable populations to needed resources.
- Collaborate and communicate with partners to integrate behavioral health into primary care clinics and health centers.
- Increase access to behavioral health specialists by expanding the use of technology.
- Increase access to care through placing behavioral health specialists in medical health offices.
- Collaborate with local mental health agencies and other mental health programs to increase access to behavioral health services.
- Partner with agencies that provide supportive services and link families to care.
- Work with organizations that provide services to homeless individuals that experience mental illness, including those with unstable housing.
- Partner with hospital emergency departments and inpatient psychiatric units for discharge planning and community based services.
- Promote behavioral health awareness by engaging and educating non-traditional partners.
- Expand behavioral health services to preschool age children and provide behavioral health services at school sites.
- Create programs specifically designated to meet the needs of communities needing behavioral health and early intervention programs.
- Expand mental health services to LGBT population.

# Priority Area 4:

## Improving Access to Care

### Objective 4C

Increase the ability of healthcare providers to deliver culturally competent care

**Why is this important?** Cultural competence is the ability to effectively meet the social, cultural, and linguistic needs of the population being served. It is an essential component to achieving health equity. The increasing diversity of the Riverside County population presents a need for culturally competent health care providers, systems and policy makers. A system of care that delivers culturally competent services can contribute to the elimination of racial and ethnic disparities and increase opportunities for the delivery of the highest quality of care regardless of race, ethnicity, culture, or language proficiency.

### Objective 4C Increase the ability of healthcare providers to deliver culturally competent care: 5 Year Improvement Targets

| Population Measure                              | Disparity in Riverside County |             |      |      |  |
|---|-------------------------------|-------------|------|------|--|
|   | Current Riverside County      | 2021 Target | CA   | US   |  |
| Limited English speaking households (2015); ACS | 7.0%                          | No target   | 9.4% | 4.5% | Spanish: 17.5%,<br>Other Indo-European Language 6.8%,<br>Asian/PI: 24.4%,<br>Other Languages: 9.2% |

### Objective 4C | Strategies

*Increase the ability of healthcare providers to deliver culturally competent care*

- Support efforts that recognize needs of persons with disabilities and support engagement of the disabled community to create appropriate policies and services.
- Support efforts to advance cultural and linguistic appropriateness in planning, outreach and communication.
- Support policies to build cultural competency in healthcare delivery.
- Create and support an environment of cultural acceptance.
- Integrate cultural acceptance into core business operations.
- Ensure that skills and resources are available to support diverse clients.
- Promote a multicultural work environment.
- Ensure cultural linguistic diversity in staffing through recruitment, hiring, succession planning, training, interpreter/ language skills, education, etc.
- Partner with communities to develop, implement, and evaluate culturally appropriate programs and services.

# Priority Area 4:

## Improving Access to Care

### Objective 4D

Improve access to timely and understandable health information

**Why is this important?** The ability to access and understand health information empowers the individual to make informed decisions about their health. This contributes to a healthier community at-large. Because health information is constantly changing, it is important for health information to be readily available, reliable and timely. This benefits both the individual and the provider. Easy access to health information allows providers to have a complete picture of the individual’s health and allows for the highest quality of care. In addition, access to health data also empowers community based organizations, policy makers and grant writers to make data-driven decisions about programs and policies that can contribute to the improvement of the community’s health.

### Objective 4D | Improve access to timely and understandable health information: 5 Year Improvement Targets

|  | Population Measure       |                     |    |    | Disparity in Riverside County |
|--|--------------------------|---------------------|----|----|-------------------------------|
|  | Current Riverside County | 2021 Target         | CA | US |                               |
| Increase promotion activities for SHAPE to community organizations and health care providers |                          | Focus on strategies |    |    |                               |

### Objective 4D | Strategies

*Improve access to timely and understandable health information*

- Support policies to make chronic disease data and proxy indicators publicly available at smaller geographies and provide shorter turnaround times between collection, surveillance, and release.
- Collaborate to increase and provide education and awareness to health information to improve community decision making to improve health behaviors.
- Work in connecting timely research and trends with health policy to impact local decision making.
- Expanding patient portal features.
- Support efforts to increase health data literacy.
- Expand Health Care Exchange.
- Collaborate to increase and provide education and awareness to health information to impact decision making to improve health behaviors.

# Priority Area 4:

## Improving Access to Care

### Goal 4 | Improving Access to Care | Partners

- American Heart Association
- Charles Drew University
- City of Moreno Valley
- City of Riverside
- Desert AIDS Project
- Desert Oasis Healthcare
- Economic Development Agency-Housing
- Healthy Jurupa Valley
- Hospital Association of Southern California
- Inland Empire Health Plan (IEHP)
- Jamboree Housing Corporation
- McCormack and Kristel
- Neighborhood Healthcare
- North County Health Services
- Planned Parenthood of the Pacific Southwest
- Project Warriors Rise
- Public Health 4 Schools
- Reach Out
- Riverside Community Health Foundation
- Riverside County Association for Women
- Riverside County Emergency Management Department
- RUHS—Behavioral Health
- RUHS-Medical Center
- San Bernardino County Department of Public Health
- Special Service for Groups
- UCR School of Public Policy

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## Race/Ethnicity Key

|            |  |
|------------|--|
| AA         | African American or Black                      |
| AI         | American Indian                                |
| Asian      | Asian  |
| HWPI or PI | Hawaiian or Pacific Islander/ Pacific Islander |
| Hispanic   | Hispanic                                       |
| White      | White  |