

Community **HEALTH** *Improvement Plan*

Riverside County

Annual Update 2019



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Background Information

The Community Health Improvement Plan (CHIP) was released in October 2016 after two years of collaboration and guidance from community partners, stakeholders, and community residents. To better understand the health concerns of county partners and stakeholders, RUHS—Public Health convened a Local Public Health Systems Assessment in 2014. Partners and stakeholders across the county attended 1 of 2 meetings to provide input regarding the capacity and performance of RUHS—Public Health. Results highlighted RUHS—Public Health’s strength at diagnosing and investigating health, as well as opportunities for improvement in the areas of monitoring and evaluating effectiveness of population based health services.

In 2015, RUHS—Public Health held 16 forums across Riverside County. Participants discussed priority health concerns for themselves and their community. Seven broad categories were presented to help discussion: Education, Economy, Environment, Safety, Health Services, Mental Health, and Eating/Exercise. Participants discussed with a facilitator their concerns and shared what resources were available in their community. The SHAPE Community Survey was distributed to participants throughout the county in both Spanish and English. Surveys included demographic and health questions to better understand the health and social needs of Riverside County residents. Over 4,000 surveys were collected during a four-month period.

Concurrent with the forums and community surveys, a Community Health Assessment was completed to identify strategic health issues across the county. Indicators were compared to national and state data and priorities to highlight areas of alignment, growth, and opportunities for improvement. When available, indicators were stratified by age, race/ethnicity and gender to highlight inequities.

The CHIP development workshop was held in July 2015 to review findings from the Community Health Assessment. Among the 150 attendees were local health department staff, community partners, stakeholders, and community residents. Participants reviewed national and state data and priorities, as well as local data from the SHAPE Community Survey. The Prevention Institute guided participants in reviewing and organizing the findings by considering the following topic areas: Feasibility; Policy and Systems Change; Impact of Populations; Collaboration and Partnerships; and Equity.

Four main themes manifested from community 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 public health 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.

** As of 2019 this priority area has been changed to Building Resilient Communities.*

Background Information Cont.

Community partners compared, where possible, Riverside County CHIP objectives with Healthy People 2020 (HP2020) and Let's Get Healthy California (LGHC) priorities to demonstrate alignment with state and national priorities. The following page illustrates this alignment using state and national icons to demonstrate where local priorities overlap with those at the state and national level (pg. 4). In addition, the indicators contained in the appendix have been carefully aligned with state and national indicators whenever possible to allow for continued tracking of progress along these overlapping priority areas.

Since its release, the CHIP has been used to foster collaboration and expand partnerships among non-traditional public health partners; share best practices to reduce silos; and to raise awareness of priority health issues.

Priority area workgroups consisting of county and community stakeholders continue to meet on a quarterly basis to explore innovative strategies and share updates regarding health improvement efforts.

The CHIP is a *living document* that is reviewed and updated on an annual basis. Workgroup members met in March and June 2018 to review progress toward priority area objectives and to reassess workgroup logistics. In July 2018 members of the Riverside County Health Coalition reviewed CHIP priorities, resources, and community assets since the initial release of the CHIP. In October 2018 the Riverside County Health Coalition and CHIP workgroup members reviewed and approved changes to the CHIP. The 2018 Annual Update reflects these changes.

This document will serve as a review of the strategies tracked over 2017-2018 and will highlight updates to CHIP priority areas and strategies based on the feedback from workgroup members and the Riverside County Health Coalition. The next annual update for the CHIP will take place in July 2019. RUHS—Public Health will begin the next Community Health Assessment in summer 2020.

2019 CHIP Update

Denotes Overlapping State and National Objectives:

Priority Area 1: Creating Healthy Communities



Healthy People 2020



Let's Get Healthy California

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  
- Objective 2D: Reduce stigma associated with behavioral health by shifting social norms
- Objective 2E: Increase public knowledge of the signs of suicide risk and culturally appropriate prevention strategies  

Priority Area 3: Building Resilient Communities

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 
- Objective 3E: Reduce adverse childhood and community experiences  

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  

Process for Monitoring and Revision

CHIP Evaluation Plan

The Riverside County Health Coalition and the CHIP workgroups are responsible for reviewing the CHIP on an annual basis. While the CHIP is a community driven plan, RUHS—Public Health provides administrative and technical support by tracking and collecting data, organizing and facilitating meetings, and preparing the annual CHIP update.

In June 2018 workgroup members completed the *2018 Annual CHIP Update* survey to provide feedback on implementation and next steps for the 2018-2019 year (appendix pgs. 40-43). Workgroup members reaffirmed the CHIP evaluation plan, which outlines that progress is evaluated by tracking CHIP population measures and community-based strategies.

CHIP Population Measures

The CHIP population measures were initially selected during the development of the CHIP in October 2016. 5-year targets were selected by workgroup members after comparing Riverside County data to national and state averages. Each annual report will document changes when data is available (appendix pgs.22-39).

Community-based Strategies

After the release of the CHIP in 2016, CHIP workgroup members met in February and March 2017 to assess workgroup commitments and to brainstorm strategies for implementation. Workgroup members selected 77 potential strategies to track. Over the course of 2017 workgroup members presented on many of these different strategies and refined their focus to 2-3 strategies per workgroup. The following objectives and strategies were selected for each of the workgroups:

Creating Healthy Communities

- Objective 1C: Increase access to and consumption of affordable healthy foods and beverages.
 - **Strategy:** Implement a farmers market in the city of Banning by August 2019.
- Objective 1D: Improve neighborhood planning efforts that promote health.
 - **Strategy:** Host trainings on the Healthy Development Checklist by June 2018 in order to train developers and planners to include health in general plans.

Promoting Healthy Behaviors

- Objective 2B: Increase appropriate health screenings, vaccinations and mental health services.
 - **Strategy:** Promote Alert Day throughout Riverside County to increase knowledge about type 2 diabetes and the Type 2 Diabetes Risk Test by March 2018.
- Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drugs.
 - **Strategy:** Increase youth involvement in the local Tobacco Prevention Coalition by December 2019.

Process for Monitoring and Revision

Connecting and Investing in People*

- Objective 3A: Support school districts to improve graduation rate.
 - **Strategy:** Increase participation in Project L.E.A.D. (Linking Education, Advocacy and Development) by December 2018.
 - **Strategy:** Promote and increase participation in new farmer training and incubation programs by December 2019.

Increasing Access to Care

- Objective 4A: Increase the number of and access to primary and specialty care providers and services.
 - **Strategy:** Host educational seminars for providers on coverage options for vulnerable populations by July 2018.
- Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care
 - **Strategy:** Implement community meetings to explore innovative and culturally competent treatment options for HIV/STD by December 2019.

CHIP Review Process

Workgroups meet on a quarterly basis either in-person or via a web-ex platform. Workgroup meetings provide a space for partners to highlight progress on CHIP strategies, explore innovative solutions to barriers and expand partnerships. Based on request, all priority area workgroups meet together as many of the priority areas align with our workgroup members' work.

Workgroups submit updates on strategies on a quarterly basis. After the initial release of the CHIP in October 2016, workgroup members submitted updates via a paper form. Over time this method of collecting updates was ineffective. Over 2017-2018, workgroup members provided updates at the CHIP workgroup meeting through presentations and during breakout sessions. Moving forward, workgroup members will submit feedback by completing an online form via Survey Monkey. A link to the online form will be emailed to participating workgroup members two weeks before a CHIP workgroup meeting. The information submitted via Survey Monkey will be shared and discussed at workgroup meetings.

The information collected on each strategy includes:

- Overview of strategy
- Responsible Organization(s)
- Progress update, including barriers or support needed
- Target Date

The strategies selected by the workgroups are reviewed on an annual basis to adjust for changes in priorities or community assets. Workgroup members will complete the Annual CHIP Survey to document changes in CHIP priorities, resources, and community assets. Members of the Riverside County Health Coalition will also review progress at the Annual CHIP meeting in July. Feedback from both the CHIP workgroups and Riverside County Health Coalition meeting will be compiled by RUHS—Public Health staff.

* As of 2019 this priority area has been changed to Building Resilient Communities.

Community Context

In June and July 2018, members of the Riverside County Health Coalition and CHIP workgroups re-assessed CHIP priority areas and strategies to document any changes in health priorities and community assets.

Workgroup members provided their feedback by completing the *CHIP Annual Survey* and participating in small group discussion. Riverside County Health Coalition members also provided feedback using *Poll Everywhere* and participating in small group discussion. Partners provided feedback on the relevance of current CHIP priority areas and objectives; additional priority areas that need to be addressed; and changes in community assets or resources.

Survey Results

CHIP Workgroup

In June 2018 CHIP workgroup members completed the Annual CHIP workgroup survey to re-assess CHIP workgroup logistics and evaluation plan. 71% of respondents agreed that the CHIP should be evaluated on an annual basis, with 85% suggesting we continue evaluating the CHIP by tracking a few community-based strategies while updating CHIP population measures when data is available. 57% of workgroup members agreed to continue meeting in-person on a quarterly basis. 28% of respondents would like a web-ex or conference call option.

71% of work group members agree that progress on strategies should be shared on a quarterly basis either at workgroup meetings or through an online form. Workgroup members also highlighted new focus areas including the local oral health program, culturally appropriate mental health programs, and community responses to adverse community experiences.

Riverside County Health Coalition

At the Annual CHIP Update meeting in July 2018, approximately 82 county and community partners attended the meeting. 67% of attendees were from a community based organization, 23% from RUHS—Public Health and 10% from other county departments. Attendees completed a Poll Everywhere survey on the relevance of current CHIP priority areas and objectives; additional priority areas that need to be addressed; and changes in community assets or resources. The results of the survey indicate that **83%** of participants believe that the current CHIP priority areas *still* address the needs of Riverside County.

For the **Creating Healthy Communities** priority area, **29.8%** are working towards *Objective 1C: Increase access to and consumption of affordable healthy foods and beverages* and **34%** of partners are working on strategies to address *Objective 1D: Improve neighborhood planning efforts that promote health*.

For the **Promoting Healthy Behaviors** priority area, **26.8%** of partners are working on strategies to address *Objective 2A: Reduce adult and childhood obesity*, and **17%** towards *Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drug*.

For the **Connecting and Investing in People** priority area, **26.5%** are working towards *Objective 3A: Support school districts to improve graduation rate* and **58.8%** of partners are working on strategies for *Objective 3B: Provide internships, career-track entry level jobs, and vocational training for youth and adults*.

Community Context

For the **Improving Access to Care** priority area, **46%** of partners are working on strategies for *Objective 4A: Increase the number of and access to primary and specialty care providers and services*, and **32.4%** are working towards *Objective 4D: Improve access to timely and understandable health information*.

Changes to CHIP (2019)

The following changes were made due to the CHIP based on the feedback from the CHIP workgroup and Riverside County Health Coalition. These changes demonstrate community partner interest in addressing root causes of poor health outcomes, including mental health and adverse childhood experiences.

- Changes to **Connecting and Investing in People** priority area:
 - Community partners recognize that adverse childhood and community experiences are a root cause of poor health outcomes and decreased life potential. To reflect the growing interest in resilience and preventing adverse life experiences, the title of priority area three has changed to **Building Resilient Communities**.
 - An additional objective has been added to address adverse childhood and community experiences in Riverside County.
 - **Objective 3E:** Reduce adverse childhood and community experiences.
- Changes to **Promoting Healthy Behaviors** priority area:
 - At the June and July 2018 meetings community partners discussed the importance of highlighting the connection between behavioral and physical health in priority area two.
- Moving forward, two objectives will be added to reflect the need to reduce stigma associated with behavioral health, and to increase prevention efforts.
 - **Objective 2D:** Reduce stigma associated with behavioral health by shifting social norms.
 - **Objective 2E:** Increase public knowledge of the signs of suicide risk and culturally appropriate prevention strategies.

**Population indicators were not selected for new objectives. Indicators will be selected during the next Community Health Assessment in summer 2020.*

Community Resources

Multiple community resources have emerged since the release of the CHIP in October 2016. Many of these resources present new opportunities for workgroup collaboration. Below are a few community resources that workgroups will support over the following year:

- **Local Oral Health Program:** The Local Oral Health Program was created by Prop 56 funds. This funding provides an opportunity for oral health partners to develop an action plan to address access to care issues as well as developing innovative ways to educate and promote oral health care for prevention and early intervention.
- **Spotlight on Syphilis:** Eastern Riverside County is experiencing an increase in syphilis cases. Due to this, county and community partners created the Community Syphilis Collaborative to bring awareness to the growing number of syphilis cases and explore prevention strategies and innovative treatment options.
- **Healthy Development Checklist:** The Healthy Development Checklist was developed through a collaboration of Riverside and San Bernardino agencies to provide criteria for healthy development practices in the Inland Empire. The overall goal of the tool is to provide a resource to understand and evaluate overall performance and supportiveness of health in new residential development projects. Community partners hosted trainings on the Checklist during 2017-2018. Over the next year, partners are looking to update the plan to include recommendations for existing development.
- **Connect IE:** Connect IE is an online platform that connects community members with local organizations and resources to improve health in the Inland Empire. The Inland Empire Health Plan is currently conducting trainings for community members and partners on how to use the program, as well as verify the resources on the platform.

Progress on CHIP Priority Areas

Priority Area 1: Creating Healthy Communities

Background

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

Health Inequities

A healthy community has options for safe transportation, access to recreational spaces, and a wide availability and affordability of healthy food options. According to County Health Rankings (2018), Riverside County ranks 56 out of 57 counties for physical environment. Some communities in Riverside County face more barriers to healthy living based on where they live. Unsafe sidewalks, lack of access to affordable foods and recreational spaces, and poor air quality influence one's ability to live a healthy life.

Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI). HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties. For the transportation policy area, Riverside County ranks 37.5 out of 100. Residents face barriers to active commuting (10.7/100) as less people in Riverside commute by foot, bike or transit. Supermarket access is also limited, ranking 39.3 out of 100 for those populations residing less than one mile from a supermarket.

Riverside County also ranks low in the neighborhood policy area (7.1/100) due to lack of access to parks (28.6/100) and low tree canopy percentages (1.8/100). These factors influence one's ability to engage in physical activity and recreation. Limited green spaces also negatively influences a community's environment. Riverside County ranks 10.7 out of 100 for the clean environment policy area due to issues with the concentration of PM2.5 (21.4/100), ozone concentration (5.4/100), as well as containments for drinking water (1.8/100).

Housing continues to be a barrier for community members, ranking 41.1 out of 100 due to severe housing costs for homeowners (19.6/100) and renters (32.1/100). Spending 50% or more of an individual's income on housing influences their ability to purchase healthy food, medical care, or other necessities for a healthy life. The **Creating Healthy Communities** priority area mobilizes partners to work on strategies that address these concerns. By working together, Riverside County partners can move towards creating safe physical and social environments that promote health.

Progress on CHIP Priority Areas

Priority Area 1: Creating Healthy Communities

Workgroup Progress

Over the past year workgroup members focused on implementing strategies related to the following two objectives:

- Objective 1C: Increase access to and consumption of affordable healthy foods and beverages
- Objective 1D: Improve neighborhood planning efforts that promote health

Objective 1C: Increase access to and consumption of affordable healthy foods and beverages

Activity	Organization(s) Responsible	Progress Update	Target Date
Implement a farmers market in the city of Banning by summer 2019.	RUHS— Public Health City of Banning San Gorgonio Hospital	<p>In progress</p> <p>After conducting four community meetings, the city of Banning identified lack of affordable healthy food a key issue for their residents.</p> <p>The city plans to partner with San Gorgonio Hospital to start a weekly farmers market to increase access to healthy foods.</p> <p>The Nutrition and Health Promotion branch of RUHS— Public Health is assisting with the development of the market to ensure WIC is accepted and Market Match is implemented.</p> <p><i>*Market Match allows farmers markets to match federal nutrition benefits.</i></p>	August 2019

Progress on CHIP Priority Areas

Objective 1D: Improve neighborhood planning efforts that promote health			
Activity	Organization(s) Responsible	Progress Update	Target Date
<p>Host trainings on the Healthy Development Checklist by June 2018 in order to train developers and planners to include health in general plans.</p> <p><i>*The Healthy Development Checklist was developed through a collaboration of Riverside and San Bernardino agencies to provide criteria for healthy development practices in the Inland Empire. The overall goal of the tool is to provide a resource to understand and evaluate overall performance and supportiveness of health in new residential development projects.</i></p>	<p>RUHS— Public Health Western Riverside Council of Governments San Bernardino Council of Governments</p>	<p>Completed</p> <p>Four trainings were held across Riverside and San Bernardino counties during May 2018. Approximately 30 people were trained on the HDC.</p>	<p>May/June 2018</p>

Progress

At the February and March 2017 CHIP workgroup meeting, community partners initially selected **15** strategies to track for the **Creating Healthy Communities** priority area. Over time workgroup members decided to focus on the two strategies listed above.

Community partners made progress towards improving planning efforts that promote health through the Healthy Development Checklist (HDC) trainings (Objective 1D). Over 30 planners and city officials were educated on ways to integrate health into community design. Bi-county support was critical to the success of the trainings. The feasibility of the trainings relied on community partners to offer low-cost or free venues for trainings. Attendees were receptive to the trainings, but suggested to update the HDC to include recommendations for existing development and to involve more representatives from the building industry.

Community partners are still working towards increasing farmers markets in communities with limited access to affordable healthy foods. Residents and city officials in Banning expressed the need for a farmers market as they do not have a grocery store in their city. The city of Banning is currently partnering with San Geronio Hospital for a weekly farmers market, with an anticipated launch in summer 2019. RUHS—Public Health is assisting with the development of the market to ensure that EBT and WIC is accepted, and that Market Match is implemented.

Next Steps

In 2019, community partners will explore opportunities to re-establish the Land Use Planning Awareness (LUPA) program with a focus on community trauma and resilience. LUPA was created to involve youth in land use planning and community health projects. The next phase (2019) of LUPA will focus on the impact of the built environment on mental health and wellbeing.

Progress on CHIP Priority Areas

Priority 2: Promoting Healthy Behaviors

Background

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
- Objective 2D: Reduce stigma associated with behavioral health by shifting social norms
- Objective 2E: Increase public knowledge of the signs of suicide risk and culturally appropriate prevention strategies

Health Inequities

Promoting healthy behaviors is critical to improving the health of a community as many chronic conditions are preventable. Riverside County ranks 31 out of 57 counties for health behaviors (County Health Rankings, 2018). Adult obesity, physical inactivity, and sexually transmitted infections are among the main concerns for our community (County Health Rankings, 2018). Low-income and under-served communities in Riverside County face barriers to healthy living due to limited access to healthy foods, preventative services and safe places for exercise.

Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI). HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties. Riverside County is making positive strides by reducing alcohol availability (71.4/100), but ranks poorly for park access (28.6/100), supermarket access (39.3/100), and active commuting (10.7/100). These environmental factors influence an individual's ability to engage in healthy behaviors and increases their risk for poor health outcomes. The **Promoting Healthy Behaviors** priority area focuses on empowering individual healthy choices through program and policy change. By making the healthy choice the easiest choice, partners can work together to reduce preventable, poor health outcomes.

Workgroup Progress

Over the past year workgroup members focused on implementing strategies related to the following two objectives:

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

Progress on CHIP Priority Areas

Priority 2: Promoting Healthy Behaviors

Objective 2B: Increase appropriate health screenings, vaccinations and mental health services			
Activity	Organization(s) Responsible	Progress Update	Target Date
Promote Alert Day throughout Riverside County to increase knowledge about type 2 diabetes and the Type 2 Diabetes Risk Test by March 2018.	American Diabetes Association	<p>Completed</p> <p>The American Diabetes Association provided an overview of Alert Day at the March 2018 CHIP workgroup meeting. The purpose of this presentation was to encourage and provide partners with materials to host their own Alert Day event.</p> <p>10+ partners across Riverside County participated in Alert Day on March 27, 2018 to promote awareness of type 2 diabetes and the Type 2 Diabetes Risk Test. Community partners will continue to participate in next year's Alert Day on March 26, 2019.</p>	March 2018

Progress on CHIP Priority Areas

Priority 2: Promoting Healthy Behaviors

Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drugs			
Activity	Organization(s) Responsible	Progress Update	Target Date
Increase youth involvement in local Tobacco Prevention Coalition by December 2019.	Health Promotion and Nutrition, RUHS— Public Health Local universities/colleges (e.g. University of California, Riverside)	In progress The Health Promotion and Nutrition branch of RUHS— Public Health is working with community partners to expand youth participation in Riverside County’s Tobacco Coalition. Currently, they are developing strategies to engage youth and identifying potential partners.	December 2019

Progress

At the February and March 2017 CHIP workgroup meeting, community partners initially selected **15** strategies to track for the **Promoting Healthy Behaviors** priority area. Over the year workgroup members tailored their focus on strategies to increase health screenings and tobacco prevention efforts.

At the March 2018 CHIP workgroup meeting, the American Diabetes Association presented Alert Day as an opportunity for workgroup members to increase health screenings for type 2 diabetes. Workgroup members received materials to host their own Alert Day event, as well as other informational materials on type 2 diabetes and the *Type 2 Diabetes Risk Test*. Alert Day presented a simple opportunity for workgroup members to work together to promote health screenings for type 2 diabetes.

Community partners are making progress in expanding youth participation in the local Tobacco Prevention Coalition. The Health Promotion and Nutrition branch of RUHS— Public Health is currently exploring options for youth involvement and potential partnerships with schools and other youth based organizations. The goal over the next year is to involve youth in outreach efforts to local cities and to involve them in the Healthy Stores for a Healthy Community needs assessment.

Next Steps

At the June and July 2018 meetings, community partners discussed the importance of highlighting the connection between behavioral and physical health in priority area two. Moving forward, two objectives will be added to reflect the need to reduce stigma associated with behavioral health, and to increase prevention efforts, especially among specific at-risk populations. For the next year (2019), workgroup members will focus on creating a tool to identify suicide-risk among youth.

Progress on CHIP Priority Areas

Priority 3: Building Resilient Communities

Background

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
- Objective 3E: Reduce adverse childhood and community experiences

Health Inequities

Every household should be able to afford the necessities of a healthy life, quality housing, education, access to jobs and stores and other basics needs. Economic opportunity is one the most powerful predictors of good health, and the impacts on health are especially pronounced for people in or near poverty. The **Connecting and Investing in People** priority area highlights the importance of health equity in improving the health of Riverside County residents. Certain communities in Riverside County have poorer health outcomes due to income inequality, lack of affordable housing, and costly education options.

Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI). HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties. For residents living above the poverty level, Riverside County Ranks 48.2/100. Riverside County high school enrollment fares far better than other California counties with 52.7/100 enrollment; however, the county's population of adults with a Bachelor's education or higher ranks 41.1/100. A college education is essential for many higher-paying careers and can help build important social and physiological skills. For retail density, the county ranks 58.9/100. Although this indicator is higher than California as a whole, every resident should have access to the basic essentials which can impact quality of life. High housing costs and instability have a negative impact on health and contributes to stress, depression and infectious disease. Riverside County residents rank 32.1/100. In Riverside County, more Hispanic (28%) and Black (28%) children are living in poverty compared to White-non Hispanic (11%) children (County Health Rankings, 2018). Household income also differs among Hispanics (\$49k), Blacks (\$52k) and White-non Hispanics (\$64k) (County Health Rankings, 2018). Community partners recognize the importance of cross-sector partnerships to address inequities, and to ultimately ensure that everyone has an opportunity to a healthy life.

Progress on CHIP Priority Areas

Priority 3: Building Resilient Communities

Workgroup Progress

For the past year, workgroup members focused on implementing strategies related to the following objective:

- Objective 3B: Provide internships, career-track entry level jobs, and vocational training

Objective 3B: Provide internships, career-track entry level jobs, and vocational training			
Activity	Organization(s) Responsible	Progress Update	Target Date
<p>Increase participation in Project L.E.A.D. (Linking Education, Advocacy and Development)</p> <ul style="list-style-type: none"> • Participation of youth coordinators to mentor middle school youth. 	<ul style="list-style-type: none"> • Community Action Partnership of Riverside County • Local middle schools 	<p>Completed</p> <p>For the 2017-2018 school year, CAP trained 85 youth coordinators to mentor middle school youth in recreational activities and academic course work.</p>	December 2018
<p>Increase participation in Project L.E.A.D. (Linking Education, Advocacy and Development)</p> <ul style="list-style-type: none"> • Increase participating middle school locations. 	<ul style="list-style-type: none"> • Community Action Partnership of Riverside County • Local middle schools 	<p>Completed</p> <p>For the 2018-2019 school year, CAP increased the number of Project L.E.A.D. sites by establishing partnerships with Banning Unified School District and Palm Springs School District.</p>	December 2018

Progress on CHIP Priority Areas

Priority 3: Building Resilient Communities

Objective 3B: Provide internships, career-track entry level jobs, and vocational training			
Activity	Organization(s) Responsible	Progress Update	Target Date
<ul style="list-style-type: none"> Promote and increase participation in new farmer training and incubation programs by December 2019. 	<ul style="list-style-type: none"> Riverside Food Systems Alliance 	<p>In progress</p> <p>At the October 2017 Riverside County Health Coalition meeting, the Riverside Food Systems Alliance presented current projects for <i>Grow Riverside</i>, a multi-stakeholder initiative to cultivate food and agricultural activities across the Inland Southern California region.</p> <p>RFSA is currently looking for funders to support their new farmer training and incubation program.</p>	December 2019

Progress

During the June 2017 CHIP workgroup meeting, Community Action Partnership of Riverside County (CAP) discussed the need to expand their Project L.E.A.D. program across Riverside County. Project L.E.A.D. trains high-school graduates to tutor middle school students enrolled in after-school programs. Since then, CAP has expanded partnerships with school districts in eastern Riverside County.

The Riverside Food Systems Alliance (RFSA) is also promoting vocational training for farmers in Riverside County. At the April 2017 Riverside County Health Coalition RFSA provided an overview of *Grow Riverside* which looks at ways to increase food access while creating new jobs. They are still examining avenues for funding.

Progress on CHIP Priority Areas

Priority 3: Building Resilient Communities

Next Steps

Community partners recognize that adverse childhood and community experiences are a root cause of poor health outcomes and decreased life potential. To reflect the growing interest in resilience and preventing adverse life experiences, the title of priority area three has changed to **Building Resilient Communities**.

An additional objective has been added to address adverse childhood and community experiences in Riverside County.

- Objective 3E: Reduce adverse childhood and community experiences

Over the next year (2019) workgroup members will assist the Inland Empire Health Plan (IEHP) in connecting residents and community organizations to the Connect IE platform. Connect IE is an online platform that connects community members with local organizations and resources to improve health in the Inland Empire. Currently, IEHP needs assistance in hosting trainings for staff and community members and verifying information on the platform.

Additionally, workgroup members will assist the Riverside Food Systems Alliance in engaging residents and other community organizations to attend the Neighborhood USA conference and to plan a specific workshop for Riverside attendees. The workshop will focus on exploring innovative ways to partner with community members to improve local neighborhoods and health outcomes.

Progress on CHIP Priority Areas

Priority 4: Improving Access to Care

Background

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

Health Inequities

Everyone should have access to health care; it is essential for a healthy life. The [Increasing Access to Care](#) priority area mobilizes community partners to improve access and quality of services. Riverside County residents face barriers to care due to a lack of health providers. Riverside County ranks 44 out of 57 counties in Clinical Care, with a ratio of approximately 2,419 residents per primary care provider (County Health Rankings, 2018). Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI). HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties. The HPI score for adults aged 18 to 64 years who were currently insured was 19.6/100. Transportation is also an issue due to vast size of Riverside County (7,303 sq. miles). Although the HPI score for transportation assess ranks well 73.2/100, public access remains an issue. Community members in eastern Riverside County face long wait times for public transportation, often in extreme weather conditions. Community partners have also highlighted the need for culturally competent services that meet the social, cultural, and linguistic needs of the population, especially among Spanish-speaking and LGBT+ populations.

Workgroup Progress

For the past year, workgroup members focused on implementing strategies related to the following two objectives:

- Objective 4A: Increase the number of and access to primary and specialty care providers and services
- Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care

Objective 4A: Increase the number of and access to primary and specialty care providers and services			
Activity	Organization(s) Responsible	Progress Update	Target Date
Host educational seminars for providers on coverage options for vulnerable populations by July 2018.	Harbarger Consulting	Completed At the June 2018 CHIP workgroup meeting representatives from Harbarger Consulting presented on the Coordinated Care Initiative to highlight opportunities for expanded care for beneficiaries who are dually eligible for Medi-care and Medi-Cal.	July 2018

Progress on CHIP Priority Areas

Priority 4: Improving Access to Care

Objective 4A: Increase the number of and access to primary and specialty care providers and services			
Activity Cont.	Organization(s) Responsible Cont.	Progress Update Cont.	Target Date Cont.
		Harbarga Consulting hosted a community health fair for seniors in July 2018, which included a session on how to access benefits under the Coordinated Care initiative. In August 2018, they also hosted an online advocate training for providers.	

Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care			
Activity	Organization(s) Responsible	Progress Update	Target Date
Implement community meetings to explore innovative and culturally competent treatment options for HIV/STD by December 2019.	HIV/STD Branch, RUHS— Public Health Borrego Health Desert Healthcare District Local providers	In progress At the June 2017 CHIP workgroup meeting, members of the HIV/STD branch highlighted their work to improve culturally competent care for HIV/STD. Over the past year, the HIV/STD branch created the Syphilis Community Collaborative to explore innovative treatment options to address the syphilis outbreak in eastern Riverside County. In August and September 2018 they hosted two collaborative meetings in eastern Riverside County and one in the western region. Currently, the collaborative is working on an action plan to address access to care issues in high morbidity areas.	December 2019

Progress on CHIP Priority Areas

Priority 4: Improving Access to Care

Progress

At the February and March 2017 CHIP workgroup meeting, community partners initially selected **47** strategies to track for the **Increase Access to Care** priority area. Over the year workgroup members decided to focus on educating providers on coverage options for vulnerable populations and exploring innovative treatment options for HIV/STD.

At the June 2018 CHIP workgroup meeting, Harbarger Consulting provided an overview on coverage options for beneficiaries who are dually eligible for Medi-care and Medi-Cal. Many of our community partners were unaware of the benefits from the Coordinated Care initiative, which provides a care coordinator to ensure streamlined care for behavioral and physical health care services. Harbarger Consulting hosted a community health fair for seniors in July 2018 to further promote the Coordinated Care initiative, as well as an advocate training webinar in August 2018. Harbarger Consulting will continue to work with providers in Riverside County to ensure eligible clients are able to access these important benefits.

At the June 2017 CHIP workgroup meeting, members of RUHS—Public Health, HIV/STD branch highlighted their work to improve culturally competent care for HIV/STD. Over the past year, the HIV/STD branch created the Syphilis Community Collaborative to explore innovative treatment options to address the syphilis outbreak in eastern Riverside County. In August and September 2018, three collaborative meetings were held across Riverside County. Currently, the collaborative is working on an action plan to address access to care issues in high morbidity areas.

Next Steps

At the June 2018 workgroup meeting partners presented on the Local Oral Health Program (LOPH). This new funding provides an opportunity for oral health partners to address access to care issues as well as developing innovative ways to educate and promote oral health care. Over the next year (2019) workgroups will assist with the implementation of the LOPH action plan. One of the next steps is to work with local elementary schools to begin application of sealants to third-fifth graders.

Appendix

Creating Healthy Communities Indicators

Objective 1A | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

	Population Measure				Disparity in Riverside County	
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Violent Crime Rate (2017); CA DOJ	305.8 crimes per 100,000 population	271.6 crimes per 100,000 population	258.0 Crimes per 100,000 population	426.5 crimes per 100,000 population	386.3 crimes per 100,000 population	N/A
Age-Adjusted Death Rate due to Motor Vehicle Traffic (2014-16); CDPH	11.4 deaths per 100,000 population	10.0 deaths per 100,000 population	7.5 deaths per 100,000 population	8.8 deaths per 100,000 population	11.0 deaths per 100,000 population	N/A
Bicycle-Involved Collision Rate (2015); CA State Highway Patrol	16.0 collisions per 100,000 population	16.1 collisions per 100,000 population	14.5 collisions per 100,000 population	32.7 collisions per 100,000 population	N/A	N/A

Appendix

Creating Healthy Communities Indicators

Objective 1A | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

	Population Measure				CA	US	Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target				
Pedestrian Death Rate (2010-13) fatality Analysis Reporting System	1.6 deaths per 100,00 population	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 (2014-16); CDPH	35.7 deaths per 100,000 population	32.0 deaths per 100,000 population	25.0 deaths per 100,000 population		30.3 deaths per 100,000 population	43.2 deaths per 100,000 population	N/A
Children within 30 minutes walking distance to park, playground or open space (2014);CHIS	82.60%	82.60%	90.00%		93.5%	N/A	N/A
Children and Teens Who Visited a Park, Playground, or Open Space in the Last Month (2017); CHIS	86.7%	80.0%	92.0%		84.4%	N/A	N/A
Workers Who Walk to Work (2012-16); ACS	1.5%	1.5%	2.8%		2.7%	2.8%	AA: 1.7%, AI: 2.8%, Asian: 2.0%, Hispanic: 1.4%, HWPI: 1.8%, White: 1.4%

Appendix

Creating Healthy Communities Indicators

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

	Population Measure				Disparity in Riverside County	
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Ozone Percentile (2016); CalEnviroScreen	85th Percentile	85th Percentile	80th Percentile	39th Percentile	N/A	N/A
PM 2.5 Pollution (2017); CalEnviroScreen	40th Percentile	40th Percentile	38th Percentile	50th Percentile	N/A	N/A
Pollution Burden Percentile (2016); CalEnviroScreen	48th Percentile	48th Percentile	45th Percentile	50th Percentile	N/A	N/A
Drinking Water Violations (2013-14); County Health Rankings	1.5%	1.5%	1.0%	2.5%	N/A	N/A
Solo Drivers with a Commute Longer than 30 Minutes (2012-2016); County Health Rankings	45.3%	45.2%	40.0%	39.3%	34.7%	N/A
Workers Commuting by Public Transportation (2012-2016); ACS	1.3%	1.4%	2.5%	5.2%	5.1%	AA: 3.1%, AI: 0.8%, Asian: 1.5%, Hispanic: 1.4%, HWPI: 2.5%, White: 1.0%

Appendix

Creating Healthy Communities Indicators

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	2016 CHIP	2021 Target	CA	US	
Farmers' Market Density (2016); US Dept of Agriculture	.01 markets per 1,000 population	.01 markets per 1,000 population	.03 markets per 1,000 population	N/A	0.03 Markets per 1,000 population	N/A
Fast Food Density (2014); US Dept of Agriculture	.61 Restaurant per 1,000 population	.61 Restaurant per 1,000 population	.55 restaurants per 1,000 population	N/A	N/A	N/A
Adult Fast Food Consumption (2016); CHIS	72.4%	67.2%	65.0%	65.6%	N/A	*AA: 75.6%, *Asian: 75.9%, Hispanic: 71.1%, White: 71.4%; AI: 94.5%*; HWPI: 100%*
Adults who Drink Sugar-Sweetened Beverages (2013-14); CHIS	19.9%	19.9%	17.0%	17.4%	N/A	N/A
Children and Teen Fruit Consumption (2017); CHIS	58.1%	66.4%	70.0%	66.9%	N/A	N/A
Grocery Store Density (2014); US Dept of Agriculture	0.16 grocery stores per 1,000 population	.15 grocery stores per 1,000 population	.2 grocery stores per 1,000 population	N/A	N/A	N/A

Appendix

Creating Healthy Communities Indicators

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	2016 CHIP	2021 Target	CA	US	
Liquor Store Density (2015); US Census	6.4 stores per 100,000 population	6.3 stores per 100,000 population	6.0 stores per 100,000 population	10.1 stores per 100,000 population	10.5 stores per 100,000 population	N/A
Food Insecurity Rate (2016); Feeding America	9.8%	11.6%	10.0%	11.7%	12.9%	N/A
Child Food Insecurity Rate (2016); Feeding America	19.0%	21.8%	20.0%	19.0%	17.9%	N/A
Households with No Car and Low Access to Grocery Stores (2015); US Dept of Agriculture	1.1%	1.0%	0.8%	N/A	N/A	N/A

Appendix

Creating Healthy Communities Indicators

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

	Population Measure					Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Renters Spending 30% or More of Household Income on Rent (2012-2016); ACS	56.4%	61.2%	58.0%	56.5%	47.3%	N/A
Severe Housing Problems (2010-2014); County Health Rankings	26.9%	28.4%	25.0%	27.9%	18.8%	N/A
Number of Unsheltered Homeless Persons (2017); DPSS	1638	1351 persons	1300 persons	N/A	N/A	AA: 11.0%, Asian: 1.0%, Hispanic: 28.0%, White: 57.0%

Appendix

Promoting Healthy Behaviors Indicators

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

Population Measure						Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Adults who are obese (2017); CHIS	33.2%	29.1%	28.1%	26.4%	29.9%	AA: 45.4%, *Asian: 18.6%, Hispanic: 37.1%, *White: 30.3%
5th grade students who are at a healthy weight or underweight (2016-2017); CA Dept of Education	59.8%	58.9%	60.0%	59.3%	N/A	AI: 59.5%, AA: 62.5%, Asian: 69.6%, Hispanic: 55.0%, HWPI: 49.7%, White: 69.9%

*values may be statistically unstable

Appendix

Promoting Healthy Behaviors Indicators

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

Population Measure	Disparity in Riverside County					
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
7th grade students who are physically fit (2016-2017); CA Dept of Education	60.9%	61.6%	62.0%	64.6%	N/A	AA: 60.5%, AI: 60.8%, Asian: 77.8%, Hispanic: 56.8%, HWPI: 58.3%, White: 68.0%
Teens who engage in regular physical activity (2013-2014); CHIS	50.1%	50.1%	52.0%	69.6%	N/A	*AA: 41.4%, *Asian: 50%, Hispanic: 50.6%, *White: 62.6%
Adults 20+ who are sedentary (2014); CDC	21.2%	20.0%	19.0%	17.9%	23.0%	N/A
Child Food Insecurity Rate (2016); Feeding America	19.0%	21.8%	20.0%	19.0%	17.9%	N/A
Food Insecurity Rate (2016); Feeding America	9.8%	11.6%	10.0%	11.7%	12.9%	N/A
Adult Fast Food Consumption (2016); CHIS	72.4%	67.2%	65.0%	65.6%	N/A	*AA: 75.6%, *Asian: 75.9%, Hispanic: 71.1%, White: 71.4%; AI: 94.5%*; HWPI: 100%*

*values may be statistically unstable

Appendix

Promoting Healthy Behaviors Indicators

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

Population Measure						Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Age-adjusted death rate due to influenza and pneumonia (2014-2016); CDPH	10.6 per 100,000 population	11.4 per 100,000 population	11.0 per 100,000 population	14.3 per 100,000 population	14.6 per 100,000 population	N/A
Kindergartners with required immunizations (2017); CDPH	96.5%	95.2%	98.0%	95.1%	N/A	N/A

Appendix

Promoting Healthy Behaviors Indicators

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

	Population Measure					Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Adults needing and receiving behavioral health care services (2016-2017); CHIS	51.1%	56.5%	57.0%	60.9%	N/A	*AA: 30.6%, *Asian: 28.3%, Hispanic: 53%, White: 55.2%
Age-adjusted death rate due to suicide (2014-2016); CDPH	10.8 per 100,000 population	10.7 per 100,000 population	10.2 per 100,000 population	10.4 per 100,000 population	13.2 per 100,000 population	N/A
Age-adjusted ER rate due to adolescent suicide and intentional self-injury, ages 12-17 years (2013-2015); OSHPD	43.1 per 100,000 population	37.5 per 100,000 population	36.0 per 100,000 population	46.3 per 100,000 population	N/A	AA: 62.3, AI: 14.9, Asian or PI: 29.2, Hispanic: 29.0, White: 68.4 (all per 100,000 population)
Age adjusted ER rate due to Mental Health (2013-2015); OSHPD	91.1 per 100,000 population	84.1 per 100,000 population	84.0 per 100,000 population	93.4 per 100,000 population	N/A	AA: 136.5, AI: 35.8, Asian: 53.4, Hispanic: 83.4, White: 103.2 (all per 100,000 population)
Age-adjusted ER Rate due to pediatric Mental Health (2013-2015); OSHPD	24.9 per 10,000 population	22.7 per 10,000 population	22.0 per 10,000 population	30.4 per 10,000 population	N/A	AA: 32.8, AI: 5.0, Asian: 17.8, Hispanic: 20.5, White: 33.4 (all per 100,000 population)

*values may be statistically unstable

Appendix

Promoting Healthy Behaviors Indicators

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	2016 CHIP	2021 Target	CA	US	
Adults who smoke (2016-2017); CHIS	12.0%	12.3%	12.0%	11.0%	17.1%	*AA: 11.4%, *Asian: 7.4%, *AI:25.9% , Hispanic: 11.9%, White: 12.4%
Youth who smoke (middle and high school) (2010); CA Student Tobacco Survey	14.1%	14.1%	—	13.8%	N/A	N/A
Age-adjusted death rate due to drug use (2014-2016); CDPH	15.2 per 100,000 population	14.2 per 100,000 population	14.0 per 100,000 population	12.2 per 100,000 population	N/A	N/A
Adults who binge drink (2015); CHIS	34.8%	26.1%	25.0%	34.7%	N/A	*AA: 24.8%, *Asian: 42.4%, Hispanic: 40.2%, White: 28.6%

*values may be statistically unstable

Appendix

Promoting Healthy Behaviors Indicators

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	2016 CHIP	2021 Target	CA	US	
Alcohol-impaired driving deaths (2012-2016); County Health Rankings	32.8%	34.4%	32.5%	29.4%	29.3%	N/A
Age-adjusted ER rate due to alcohol abuse (18+ years) (2013 – 2015); OSHPD	32.6 per 10,000 population	28.5 per 10,000 population	27.5 per 10,000 population	44.2 per 10,000 population	N/A	AA: 37.7, AI: 25.0, Asian or PI: 5.2, Hispanic: 26.3, White: 41.4 (all per 10,000 population)
Age-adjusted ER rate due to substance abuse (18+ years) (2013-2015); OSHPD	17.9 per 10,000 population	15.5 per 10,000 population	14.5 per 10,000 population	18.6 per 10,000 population	N/A	AA: 22.9, AI: 5.6, Asian or PI: 5.0, Hispanic: 13.4, White: 25.0 (all per 10,000 population)

Objective 2D | Reduce stigma associated with behavioral health by shifting social norms: 5 Year Improvement Targets

**Population indicators were not selected for this objective as it was added in 2019. Indicators will be selected during the next Community Health Assessment in summer 2020.*

Objective 2E | Increase public knowledge of the signs of suicide risk and culturally appropriate prevention strategies: 5 Year Improvement Targets

**Population indicators were not selected for this objective as it was added in 2019. Indicators will be selected during the next Community Health Assessment in summer 2020.*

Appendix

Building Resilient Communities Indicators

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

	Population Measure					Disparity in Riverside County
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
High School Graduation Rate (2016 -2017); CA Dept of Education	88.0%	87.4%	90.0%	82.7%	84.1.0%	N/A
3rd grade English Language Arts/Literacy (Met/Exceeded Standards) 2018; CA Dept of Education	46.0%	40.0%	43.0%	48.0%	N/A	N/A
3rd grade Mathematics (Met/Exceeded Standards) 2018, CA Dept of Education	46.0%	41.0%	46.0%	49.0%	N/A	N/A

Appendix

Building Resilient Communities Indicators

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	2016 CHIP	2021 Target	CA	US	
Unemployment rate (2018); Bureau of Labor Statistics	4.4%	6.7%	6.0%	4.0%	3.5%	N/A
Population 25 years and over with a Bachelor's degree or higher (2012-2016); ACS	21.2%	20.8%	22.0%	32.0%	30.3%	AA: 22.7%, AI: 12.6%, Asian: 44.6%, HWPI: 17.7%, Hispanic: 8.7%, White: 28.4%
Renters spending 30% or More of Household Income on Rent (2012-2016); ACS	56.4%	61.2%	58.0%	56.5%	47.3%	N/A

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	2016 CHIP	2021 Target	CA	US	
Engaged in formal volunteer work for community problems past year (60 years old and older) (2013-2014); CHIS	14.9%	9.3%	12.0%	12.1%	N/A	N/A

Appendix

Building Resilient Communities Indicators

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

Population Measure	Disparity in Riverside County					
	Current Riverside County	2016 CHIP	2021 Target	CA	US	
Households with a Broadband subscription (2013-2017); ACS	87.9%	85%	87%	87.7%	83.5%	N/A
No computer in home (2013-2017 ACS); ACS	9.8%	7.3%	7.0%	9.8%	12.8%	N/A

Objective 3E| Reduce adverse childhood experiences: 5 Year Improvement Targets

**Population indicators were not selected for this objective as it was added in 2019. Indicators will be selected during the next Community Health Assessment in summer 2020.*

Appendix

Increasing Access to Care Indicators

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	2016 CHIP	2021 Target	CA	US	
Adults delayed or had difficulty obtaining care (2013-2014); CHIS	21.5%	21.5%	18.0%	21.2%	N/A	N/A
Children and teens delayed or had difficulty obtaining care (2013-2014); CHIS	7.6%	7.6%	7.0%	9.1%	N/A	N/A
Non-physician primary care provider rate (2017); County Health Rankings	41 per 100,000 population	36 per 100,000 population	40 per 100,000 population	52 per 100,000 Population	81 per 100,000 population	N/A
Dentist provider rate (2016); County Health Rankings	50 per 100,000 population	48 per 100,000 population	49 per 100,000 population	82 per 100,000 population	67 per 100,000 population	N/A
Adults with Health Insurance (18-64) (2015-17); CHIS	88.4%	73.7%	85.0%	88.7%	88%	N/A
Children with Health Insurance (2017); ACS	96.1%	91.1%	95.0%	96.9%	95.0%	N/A

Appendix

Increasing Access to Care Indicators

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	2016 CHIP	2021 Target	CA	US	
Mental Health Provider Rate (2017); County Health Rankings	173 per 100,000 population	148 per 100,000 population	150 per 100,000 population	308 per 100,000 population	214 per 100,000 population	N/A
Adults needing and receiving behavioral health care services (2016-2017); CHIS	51.1%	56.5%	57.0%	60.9%	N/A	*AA: 30.6%, *Asian: 28.3%, Hispanic: 53%, White: 55.2%
Adults who ever thought seriously about committing suicide (2016-2017); CHIS	9.8%	6.5%	6.0%	10.4%	N/A	*AA: 13.3%, *Asian: 12.2%, Hispanic: 8.0%, *White: 10.2%
Age-adjusted death rate due to suicide (2014-2016); CDPH	10.8 per 100,000 population	10.7 per 100,000 population	10.2 per 100,000 population	10.4 per 100,000 population	13.2 per 100,000 population	N/A

*values may be statistically unstable

Appendix

Increasing Access to Care Indicators

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	2016 CHIP	2021 Target	CA	US	
Limited English speaking households (2015); ACS	7.3%	6.8%	N/A	9.2%	4.5%	Spanish: 18.6%, Other Indo-European language 10.2%, Asian/PI: 20/.6%, Other Languages: 11.9%

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	—	—	N/A	N/A	N/A

The current CHIP document is part of a 5 year planning cycle. The questions below will help guide how we measure progress on the CHIP and ensure that changes in priorities, resources, and community assets are considered and strategies are adjusted accordingly.

1. How often should the CHIP be evaluated?

- Quarterly
- Semiannual
- Annual
- Other (please specify)

2. What is the best method to evaluate the CHIP and make revisions to strategies?

- Tracking process and outcome measures
- Tracking community-based strategies
- Other (please specify)

3. Who should be responsible for approving revisions to strategies?

4. Here are the current 4 Priority Areas in the CHIP, on a scale of 1 to 10 (1 = not strongly, 10 = strongly), please rate how strongly you feel these address the current needs of Riverside County?

	1	2	3	4	5	6	7	8	9	10
Creating Healthy Communities	<input type="radio"/>									
Promoting Healthy Behaviors	<input type="radio"/>									
Connecting and Investing in People	<input type="radio"/>									
Access to Care	<input type="radio"/>									

5. Describe any new resources or assets being used to address these priority areas in the community (Grant funding, programs, collaborations, etc.).

6. List any additional priority areas you believe the CHIP needs to address.

7. How often should CHIP workgroups meet?

- Quarterly
- Semiannual
- Annual
- Other (please specify)

8. What is the best way for workgroups to meet?

- In-person
- Web-ex
- Other (please specify)

9. How often should workgroups share progress updates?

- Monthly
- Bi-Monthly
- Quarterly
- Semiannual
- Annual
- Other (please specify)

10. What is the best way for workgroup members to share their progress?

- At workgroup meetings
- Online form
- Paper form
- Riverside County Health Coalition meetings

11. Should workgroups continue to meet?

- Yes
- No
- Other (please specify)

12. Please select the following objectives your organization is currently working towards.

- 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
- 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
- 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
- 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
- Other (please specify)

13. For each of the objectives you selected above, please briefly describe what your agency is doing to address the issue.

Strategy 1

Strategy 2

Strategy 3

Strategy 4

Strategy 5

14. Other comments or suggestions: