Health Equity Strategic Plan
2012 - 2014

Adopted by HEC: June 2012
Approved by DOPH Administration:
Reviewed and updated by HEC: February 20, 2013

COUNTY of RIVERSIDE
DEPARTMENT of PUBLIC HEALTH
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ACKNOWLEDGEMENTS
This document was developed by the County of Riverside Department of Public Health (DOPH) Health Equity Committee (HEC). The HEC provides technical and operational support on health disparities to DOPH branches and units. This committee includes staff representatives from the programs of Children’s Medical Services, Disease Control, Emergency Preparedness and Response, Epidemiology and Program Evaluation, Public Health Administration, HIV/STD, Immunization and Staff Development, Injury Prevention, Nutrition Services, Public Health Nursing, Tobacco Control, and Vital Records.

EXECUTIVE SUMMARY

Background:
In 2008, the County of Riverside, Department of Public Health (DOPH), Health Equity Committee was established to examine issues relating to the health equity of Riverside County’s racial, ethnic, linguistic, and sexual minorities. Since then, the Committee has broadened its focus from simply examining health equity issues to developing viable strategies to improve health equity outcomes at the community level. The Health Equity Strategic Plan outlines the Department’s strategic priorities for health equity over the next three years.

Need:
Every Riverside County resident shares the same concerns for health, housing, education, employment, and quality of life. Some populations struggle because they do not have adequate opportunities to maintain optimum health. As a result, health disparities exist. In Riverside County, blacks experience the highest death rates from cancer, heart disease, and homicide as well as having the highest number of low birth weight babies among all county residents. Meanwhile Hispanics have more teen births, the highest diabetes prevalence, and the second highest unintentional injury and diabetes mortality. Native Americans suffer from elevated suicide rates and higher diabetes mortality, while whites maintain the highest suicide rates in Riverside County.

Advancing equity:
To build internal capacity and begin work closing equity gaps among County residents the Health Equity Committee (HEC) has chosen the following eight strategic priority areas with 15 objectives.

Strategic Priority Areas:
- Priority Area 1: Awareness
- Priority Area 2: Policy Development
- Priority Area 3: Leadership
- Priority Area 4: Health Systems and Wellness
- Priority Area 5: Cultural and Linguistic Competency
- Priority Area 6: Data, Research, and Evaluation
- Priority Area 7: Community Capacity Building
- Priority Area 8: Sustainability

Objectives:

Objective 1.1: By December 2012, the HEC will launch a website designed to increase awareness of health equity issues and the activities of the DOPH HEC.
Objective 1.2: By June 2014, the HEC will develop all modules for the “Public Health: Improving Health for All” DOPH staff training series.

Objective 1.3: By December 2014, the HEC will launch online training and education components to supplement the in-person “Public Health: Improving Health for All” DOPH staff training series.

Objective 2.1: By December 2013, the HEC will have drafted a health equity policy that mandates consideration of health equity in all DOPH policies and procedures.

Objective 3.1: By March 2014, the Health Equity Committee will issue health equity program development, implementation, and evaluation standards and guidelines to all DOPH program managers and administrators.

Objective 4.1: By December 2013, the HEC will establish an internal standing committee to seek public input.

Objective 4.2: By December 2013, the HEC will assess the availability of health care services for the underserved.

Objective 5.1: By December 2013, the HEC will partner with Riverside County Human Resources department to add a cultural competency component to DOPH interviewing procedures and staff performance reviews.

Objective 5.2: By December 2014, DOPH will maintain a 70 percent completion rate of DOPH personnel who have completed the “Public Health: Improving Health for All” DOPH staff training series.

Objective 6.1: By December 2012, all data reports published by DOPH will incorporate health equity elements.

Objective 6.2: By September 2013, the HEC will conduct an organizational assessment of DOPH’s awareness of specific Health Disparities in Riverside County as well as awareness, support, readiness, and compliance with health equity principles and policies.

Objective 7.1: By May 2014, the HEC will develop and adopt a DOPH Community Capacity Building Plan.

Objective 7.2: By December 2014, the HEC will partner with community forums, community leaders, community-based and faith-based organizations, and established neighborhood solution groups to conduct speakers’ bureaus and generate community involvement and input in the development and implementation of activities, programs, and materials.

Objective 8.1: By September 2013, the HEC will increase its membership by 50 percent to include representatives from advocacy groups, community members, public safety, and other county agencies.

Objective 8.2: By December 2014, the HEC will secure funding for its programs and activities including the Public Health: Improving Health for All DOPH staff training series.
INTRODUCTION

Founded in 1893 with fewer than 18,000 residents, Riverside County has more than 2.1 million diverse people from every imaginable walk of life. Since its establishment the County of Riverside Department of Public Health (DOPH) has been providing high quality medical care and preventive health services to residents and visitors. Tragically, not everyone has benefitted equally.

Health inequities are defined as differences or disparities in health that are systematic, avoidable, and unjust. They are the result of uneven or unfair distribution of resources, opportunities, and privileges including poverty, racism, discrimination, and other factors. To focus attention and address these issues, the Department created the Health Equity Committee aligning the Department and the County with National and State goals to eliminate these inequities.

The Health Equity Committee is dedicated to preventing disease and injury and improving health through partnerships by educating and empowering communities to reduce health disparities. We support policies and practices that strengthen health equity and reduce health disparities. The Committee is committed to strategies that are effective, built upon existing resources, and promote inclusiveness, acceptance, and diversity. In pursuit of its mission, the Committee will partner with the County of Riverside Board of Supervisors, Riverside County Department of Public Health (DOPH) Administration, DOPH staff, members of the local community, and stakeholders with an interest in reducing health inequities.

This three year Health Equity Strategic Plan is the roadmap DOPH will use to guide efforts in addressing health inequities. This is the first step toward the goal of ensuring that all people, irrespective of ethnic or socio-economic status, sex or age, gender, sexual orientation, disability, geographic location or other physical or social characteristics have equal opportunity to develop and maintain health through fair and just access to resources for health.

KEY TERMS:

**Community Capacity Building**: Activities, resources and support that strengthen the skills and abilities of people and community groups to take effective action and leading roles in the development of their communities and to engage with public bodies.

**Health Disparities**: Any differences in health status or outcomes between different populations. These differences can vary by race or ethnicity, education or income, gender, sexual orientation, disability, geographic location or other physical or social characteristics.

**Health Equity**: Equity in health means that all people, irrespective of ethnic or socio-economic status, sex or age, gender, sexual orientation, disability, geographic location or other physical or social characteristics have equal opportunity to develop and maintain health through fair and just access to resources for health.

**Health Inequity**: A difference or disparity in health that is systematic, avoidable, and unjust. Health inequities are a result of uneven or unfair distribution of resources, opportunities, and privileges.
**Social Determinants of Health:** Social determinants are circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

**Strategic Plan:** An organization’s process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy. That is, a strategic plan is a road map to lead an organization from where it is now to where it would like to be in the future.

**PLAN ADMINISTRATION AND EVALUATION**
The applicability and feasibility of the following recommendations will be reviewed and evaluated annually, and changes will be made as needed.

**PLANNING PROCESS OVERVIEW**
As part of its initial assessment, The Health Equity Committee (HEC) reviewed the Department of Health and Human Services’ (HHS) *National Stakeholder Strategy for Achieving Health Equity*. The HEC will base its operations and strategic activities on the priority areas recommended by HHS.

Using Simons-Morton’s et al. (1989) model of intervention planning, the HEC took a systematic approach to developing this strategic initiative.

**Figure 1: Strategic Planning Process Levels**

The planning process took place from August 2011 to May 2012. During this period, the HEC conducted an analysis of the County of Riverside Department of Public Health’s (DOPH) baseline organizational capacity to implement health equity initiatives; identified and defined its core values and beliefs; and articulated strategic objectives in pursuit of its goals and mission. The following planning process was undertaken:

**Phase I**

*Pre-planning*
Managing the strategic planning process can be complex and require coordination and engagement from all strategic planning team members. To ensure congruence with the DOPH strategic vision and national and local initiatives to address health equity, the HHS *National Stakeholder Strategy for Achieving Health Equity* was used as a guide. The HEC identified key goals and priority areas from the HHS strategy guide on which to focus its efforts. These goals and priority areas were assessed and approved by DOPH’s Health Equity Committee with guidance from Public Health Administration (PHA).

*Assessment*
The HEC reviewed each goal and priority area, and conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of DOPH’s performance in each one of the priority areas.
Phase II

Staffing
The HEC is comprised of employees from all levels of DOPH and includes representatives from the Riverside County Office on Aging, Human Resources, Animal Services, and Mental Health, and is sponsored with support from Riverside County Public Health Administration.

Objectives Development
Following the SWOT analysis, the HEC developed and prioritized objectives to address the SWOT and achieve the mission and goals of the HEC. These objectives were then reviewed to ensure alignment with DOPH’s overall vision and mission. This process took place from October 2011 to January 2012.

Phase III

Plan Development
The purpose of formulating strategic goals is to provide an operational picture of what is necessary to realize the goals, objectives, mission, and vision. The implementation plan is directive and prescriptive in its basic approach, and should communicate how to specifically move the organization closer to realizing its vision and objectives.

HEC members were divided into groups and assigned a priority area. For every objective within that priority, each group developed actions and assigned persons/units responsible for implementing recommended activities.

Following approval of the objectives, the HEC conducted three (3) workshops to design strategies to achieve each objective. HEC members also worked independent from the group to further add content to the strategies and identify agencies, departments, and units responsible for achieving each objective. This process took place from January 2012 – February 2012.

Refining the Plan
Select HEC members piloted the contents of the HEC Strategic Plan through open forum meetings – externally with community and faith-based organizations, partner agencies and internally with Branch administrators and select program staff. These forums provided prime opportunities to receive feedback and insight from interest groups and stakeholders. The feedback was used to update the plan to reflect the needs and priorities of interest groups and stakeholders, and the community. This process took place from April 2012 – May 2012.

Evaluation plan
The purpose is to compel the evaluation and HEC teams to be deliberative in their design and implementation. The DOPH Epidemiology & Program Evaluation branch in partnership with the HEC will design the evaluation and monitoring plan for this three year effort. The goal is to determine the progress toward completing, and effectiveness of, the health equity strategic plan. The evaluation and monitoring plan will be finalized and implemented by June, 2012.

Phase IV

Plan Adoption
The Health Equity Strategic Plan was sent to DOPH Administration in February 2012 for Departmental approval. Concurrently, the HEC implemented this plan on an ongoing provisional basis starting in June 2012.
PLANNING ASSUMPTIONS

- DOPH branches, programs, and units will be willing and active participants in sustaining and executing the requirements of this plan.

- This plan and the recommendations contained herein align with the vision, mission, and values of the Riverside County Department of Public Health

- Staff and resources will be provided to this initiative as an in-kind support from DOPH programs.

- Additional funding will not be available to implement the requirements of this plan.

HEALTH EQUITY COMMITTEE GUIDING PRINCIPLES

- Health policies must promote the elimination of health disparities among populations that are disproportionately affected.

- Prevention is a required strategy for eliminating health disparities.

- Reducing disparities require collaboration with a wide variety of partners (i.e. faith and community based organizations, educators, public agencies, families and community members) who share responsibilities for the health and well-being of Riverside County communities.
Community engagement and empowerment are critical in building healthy communities with disproportionately affected populations.

Healthy nutrition, physical activity, prevention and intervention programs, and policies specifically designed for disproportionately affected populations are essential.

Strategies, programs, and policies that target the general population must be culturally competent and reflect the diversity of Riverside County.

HEALTH EQUITY COMMITTEE VISION
We envision a Riverside County in which every resident, regardless of race, ethnicity, age, gender, sexual orientation, religion, income, or other physical or social characteristic, has every opportunity to maximize their health and thrive.

HEALTH EQUITY COMMITTEE MISSION
The DOPH Health Equity Committee is committed to preventing disease and injury and improving health through partnerships by educating and empowering communities to reduce health disparities.

HEALTH EQUITY COMMITTEE GOALS
To achieve its mission, the Health Equity Committee seeks to reduce health disparities and create health equity by:

- Increasing awareness of the significance of health inequities, their impact on Riverside County, and the actions necessary to improve health outcomes for vulnerable and underserved populations;
- Moving toward eliminating health inequities through policy reform and strengthening and broadening leadership for addressing health disparities;
- Improving health and healthcare outcomes for racial, ethnic, and underserved populations;
- Improving data availability, coordination, utilization, and diffusion of research and evaluation outcomes; and
- Building the capacity of the local health department to promote solutions to eliminate health disparities and achieve health equity.

The Strategic Plan will focus on eight priority areas. These areas include:

- Awareness
- Policy Development
- Leadership
- Health Systems and Wellness
- Cultural and Linguistic Competency
- Data, Research, and Evaluation
- Community Capacity Building
- Sustainability

Within each priority area, objectives are identified, strategies to address each priority area are given, and action steps to support each strategy are listed.
PRIORITY AREAS AND OBJECTIVES

Objectives are well-defined, measurable actions which work to achieve a specified goal or set of goals within a designated timeframe. Through the strategic planning process, 15 objectives were developed to address the five (5) goals and eight (8) priority areas outlined above. The strategy development process aims to incorporate the mission and guiding principles of the Health Equity Committee.

Priority Area 1: Awareness

Increase awareness of the significance of health inequities, their impact on Riverside County, and the actions necessary to improve health outcomes for vulnerable and underserved populations. DOPH will develop, support, and maintain partnerships among public, nonprofit/community-based, and private entities to advocate for local policies and actions that create and sustain conditions for good health; foster awareness of activities by DOPH and its programs in the area of health equity and health disparities; and work to create and disseminate health-related information. The following objectives are designed to achieve Priority Area 1:

Objective 1.1: By December 2012, the HEC will launch a website designed to increase awareness of health equity issues and the activities of the DOPH HEC.

Objective 1.2: By June 2014, the HEC will develop all modules for the “Public Health: Improving Health for All” DOPH staff training series.

Objective 1.3: By December 2014, the HEC will launch online training and education components to supplement the in-person Public Health: Improving Health for All DOPH staff training series.

Priority Area 2: Policy Development

Champion policy recommendations to address the social determinants of health and eliminate health disparities. DOPH will review and assess current DOPH workplace policies for alignment with health equity objectives; and promote and adopt DOPH standards and policies to ensure compliance with the national, state, and local standards and recommendations on health disparities. The following objectives are designed to achieve Priority Area 2:

Objective 2.1: By December 2013, the HEC will have drafted a health equity policy which mandates consideration of health equity in all DOPH policies and procedures.

Priority Area 3: Leadership:

Identify and empower leaders and provide opportunities to demonstrate leadership in health equity. DOPH will ensure that ending health inequities is a priority of the local health department, its leaders, and staff. The following objective has been designed to help achieve this Priority Area:

Objective 3.1: By March 2014, the Health Equity Committee will issue health equity program development, implementation, and evaluation standards and guidelines to all DOPH program managers and administrators.
Priority Area 4: Health Systems and Wellness

Improve health and healthcare outcomes for unequal and underserved populations. DOPH will ensure access to quality care for all Riverside County residents and visitors. The following objectives have been designed to help achieve this Priority Area:

Objective 4.1: By December 2013, the HEC will establish an internal standing committee to seek public input.

Objective 4.2: By December 2013, the HEC will assess the availability of health care services for the underserved.

Priority Area 5: Cultural and Linguistic Competency

Improve cultural and linguistic competency and the diversity of the DOPH workforce at all levels of the organization. DOPH will develop and support trainings for DOPH employees on health equity, the social determinants of health, cultural competency, and community capacity building. The following objectives have been designed to help achieve this Priority Area:

Objective 5.1: By December 2013, the HEC will partner with Riverside County Human Resources department to add a cultural competency component to DOPH interviewing procedures and staff performance reviews.

Objective 5.2: By December 2014, DOPH will maintain a 70 percent completion rate of DOPH personnel who have completed the *Public Health: Improving Health for All* DOPH staff training series.

Priority Area 6: Data, Research, and Evaluation

Improve the availability, coordination, utilization, and dissemination of research and evaluation. DOPH will ensure the availability of health data on all racial, ethnic, and underserved populations; and collect health equity information on all locally supported and operated health and health care programs. The following objectives are designed to help achieve this Priority Area:

Objective 6.1: By December 2012, all data reports published by DOPH will incorporate health equity elements.

Objective 6.2: By September 2013, the HEC will conduct an organizational assessment of DOPH’s awareness of specific health disparities in Riverside County as well as awareness, support, readiness, and compliance with health equity principles and policies.

Priority Area 7: Community and Departmental Capacity Building

Invest in cooperative, collaborative, community-level efforts and increase the diversity of solutions and resources available to address complex health equity problems. DOPH will partner with its local stakeholders and constituents to further health equity initiatives. The following objectives are designed to help achieve this priority area.

Objective 7.1: By May 2014, the HEC will develop and adopt a DOPH Community Capacity Building Plan.
Objective 7.2: By December 2014, the HEC will partner with community forums, community leaders, community-based and faith-based organizations, and established neighborhood solution groups to conduct speakers’ bureaus and generate community involvement and input in the development and implementation of activities, programs, and materials.

Priority Area 8: Sustainability

Develop and maintain initiatives to ensure the operational capability and sustainability of the Health Equity Committee. DOPH will ensure the sustainability of the Health Equity Committee by strengthening funding to improve public health. The following objectives are designed to help achieve this priority area:

Objective 8.1: By September 2013, the HEC will increase its membership by 50 percent to include representatives from advocacy groups, community members, public safety, and other county agencies.

Objective 8.2: By December 2014, the HEC will secure funding for its programs and activities including the Public Health: Improving Health for All DOPH staff training series.
IMPLEMENTATION

From April to May 2012, the HEC conducted a series of community and stakeholder workshops to pilot and introduce this plan. The HEC conducted two workshops covering two distinct regions of the County. These workshops garnered community and stakeholder input and such input was incorporated in the final plan. Upon final review of the strategic plan, full implementation will begin June 2012.

EVALUATION

Evaluation Goal
Using the Healthy Equity Strategic Plan’s impact theory as a guide, the evaluation goal is to determine the effectiveness of the plan as implemented by the Riverside County Department of Public Health (DOPH), Health Equity Committee (HEC). The evaluation will provide ongoing data to the HEC for course corrections and reporting to RDCOPH staff, administration, and the public. The evaluation will assess the progress toward the objectives and monitor deviations from stated activities. As a management tool the results of this ongoing evaluation will be used to improve components not operating optimally.

The evaluation and monitoring plan will be finalized and implemented by June, 2012.

Evaluation Team
The evaluation team consists of HEC members, and the evaluation specialists and data analysts from the Epidemiology & Program Evaluation (EPE) branch of DOPH.

The Epidemiology & Program Evaluation Branch supports epidemiologic and health program evaluation needs of the County of Riverside Department of Public Health, community based organizations concerned with health issues and the general public. The Epidemiology & Program Evaluation Branch maintains a highly trained technical staff with expertise in epidemiology (both chronic and infectious disease), program evaluation, biostatistics, Geographic Information Systems (GIS) and data management.
APPENDIX A: STRATEGIES BY PRIORITY AREA

Priority Area 1: Awareness

Objective 1.1: By December 2012, the HEC will launch a website designed to increase awareness of health equity issues and the activities of the DOPH HEC.

From June 2012 to December 2012, select DOPH staff and HEC members will measure current awareness of health equity issues and the need for a health equity website. The HEC will develop a website and marketing plan aimed to increase awareness of health equity and disparities. The HEC will determine the web content and secure funding for the website’s development.

The implementation of this objective will result in the promotion of DOPH and its activities, increased awareness of health equity, and connect people to DOPH services and programs

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure current awareness of health equity issues within the department, County, and community.</td>
<td>• HEC</td>
<td>June 2012- May 2012</td>
</tr>
<tr>
<td>Develop marketing plan (to include a discussion on personnel and equipment necessary for implementation).</td>
<td>• Marketing and Curriculum Sub-Committee</td>
<td>June 2012- June 2012</td>
</tr>
<tr>
<td>Determine web content</td>
<td>• HEC • Marketing Sub-Committee</td>
<td>June 2012- December 2012</td>
</tr>
<tr>
<td>Secure funding source for web-hosting services.</td>
<td>• HEC</td>
<td>June 2012- December 2012</td>
</tr>
<tr>
<td>Launch website</td>
<td>• HEC</td>
<td>December 2012</td>
</tr>
</tbody>
</table>

**Performance Measures**

- Type of targets who visit website
- Number of hits over time
- Number and type of requests for information

**Evaluation**

- How well did this information help you?
- How aware were you of health disparities before visiting this website?
- Targeted surveys of website effectiveness
- Did we launch website (Yes/No)?
- Hit rate over time

Objective 1.2: By June 2014, the HEC will develop all modules for the “Public Health: Improving Health for All” DOPH staff training series.

From June 2012 to June 2014, HEC members and other select DOPH staff will identify curricula to be used by the committee. The Committee will determine and identify community needs in an effort to develop and adapt curricula. Feedback gathered from participants will be utilized to further adapt and modify the training materials.

The implementation of this objective will better prepare the DOPH workforce to meet the needs of a diverse County and improve quality of services. Enhanced understanding of the health needs of Riverside County will result in a community more likely to seek and obtain appropriate care and services.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>Identify / select courses</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012</td>
</tr>
<tr>
<td>Review existing data to determine community needs</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012 – December 2012</td>
</tr>
<tr>
<td>• Staff Development</td>
<td></td>
<td></td>
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<tr>
<td>Develop or adapt curricula based on DOPH staff feedback, quality</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012 – December 2013</td>
</tr>
<tr>
<td>standards, and local data.</td>
<td>• Staff Development</td>
<td></td>
</tr>
<tr>
<td>Outreach to DOPH staff</td>
<td>• HEC Committee</td>
<td>June 2012 – June 2014</td>
</tr>
<tr>
<td>• Curriculum Sub-committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot courses</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012 – October 2013</td>
</tr>
<tr>
<td>Adapt / update courses based on feedback received</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012- December 2013</td>
</tr>
<tr>
<td>• Staff Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and/or train facilitators</td>
<td>• Curriculum Sub-committee</td>
<td>June 2012- December 2013</td>
</tr>
<tr>
<td>• Staff Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Measures</td>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>• Number and type of courses designed</td>
<td>• Satisfaction surveys</td>
<td></td>
</tr>
<tr>
<td>• Number of staff who have matriculated through the program</td>
<td>• Were all courses developed (Yes/No)?</td>
<td></td>
</tr>
<tr>
<td>• Number of staff who have completed each course</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objective 1.3:** By December 2014, the HEC will launch online training and education components to supplement the in-person Public Health: Improving Health for All DOPH staff training series.

The implementation of this objective will result in a workforce that is competent and prepared to meet the needs of a diverse County. Additionally, the objective will result in a community that is apt to seek and obtain appropriate care and services, the improvement of the overall health of the community, and connect people to DOPH services and programs.
Priority Area 2: Policy Development

Objective 2.1: By December 2013, the HEC will have drafted a health equity policy which mandates consideration of health equity in all DOPH policies and procedures.

From August 2012 to December 2013, HEC Committee members and other DOPH staff will work to develop and complete a departmental health equity policy. The policy will work to ensure that health equity remains at the forefront of all departmental and programmatic decision making. This policy further aims to identify those policies that may be in conflict with health equity goals and priorities.

The implementation of this objective will result in the promotion of DOPH and its activities, decreased health disparities, increased awareness in health equity, connect people to DOPH services and programs, and the improvement of health overall.

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete draft of health equity policy</td>
<td>HEC</td>
<td>March 2013</td>
</tr>
<tr>
<td>Obtain input from HEC Committee, DOPH administration, and community during development of the health equity policy</td>
<td>HEC</td>
<td>August 2012- March 2013</td>
</tr>
</tbody>
</table>

Performance Measures
- Completed a policy
- Policy vetted by DOPH Admin and HEC Committee
- Policy distributed to all staff
- Positive movement on measurement scale

Evaluation
- Completion and adoption of policy (yes/no)

Priority Area 3: Leadership

Identify and empower leaders and provide opportunities to demonstrate leadership in health equity. DOPH will ensure that ending health inequities is a priority of the local health department, its leaders, and staff. The following objective has been designed to help achieve this Priority Area:

Objective 3.1: By September 2014, the Health Equity Committee will issue health equity program development, implementation, and evaluation standards and guidelines to all DOPH program managers and administrators.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a draft of the health equity program development plan</td>
<td>• HEC</td>
<td>June 2013 – August 2013</td>
</tr>
<tr>
<td>Complete a draft of the health equity program implementation plan</td>
<td>• HEC</td>
<td>September 2013 – November 2013</td>
</tr>
<tr>
<td>Complete a draft of the health equity program evaluation standards</td>
<td>• HEC</td>
<td>December 2013 – February 2014</td>
</tr>
<tr>
<td>guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finalize the health equity program development, implementation,</td>
<td>• HEC</td>
<td>March 2013 – June 2014</td>
</tr>
<tr>
<td>and evaluation standards and guidelines</td>
<td>• DOPH Administration and Managers</td>
<td></td>
</tr>
<tr>
<td>Pilot the health equity program development, implementation, and</td>
<td>• HEC</td>
<td>July 2014 – September 2014</td>
</tr>
<tr>
<td>evaluation standards and guidelines with DOPH branches</td>
<td>• DOPH Administration and Managers</td>
<td></td>
</tr>
</tbody>
</table>

**Performance Measures**

- Completion of program development, implementation, and evaluation standards and guidelines.

**Evaluation**

- Completion of plan (yes/no)
- Is the plan being used by branches and divisions (yes/no)

**Priority Area 4: Health Systems and Wellness**

**Objective 4.1:** By December 2013, the HEC will establish a standing internal committee to seek and maintain public input.

From January 2013 to December 2013 the HEC will work to develop a plan for gaining community input. A key component of this plan will be identifying existing underutilized community partners as well as new partners within areas of the community with a high incidence of health disparities. Said community partners should consist of entities/individuals with a passion for the identification and elimination of health disparities in Riverside County.

Recognizing that many of our DOPH staff, programs, and branches already have established contacts in the community who are working toward and passionate about eliminating disparities and promoting health equity, the HEC will work with key DOPH staff to identify those groups and individuals to invite to participate on an internal standing committee.

The implementation of this objective will result in increased awareness of DOPH activities and health equity issues and will promote DOPH in the community. This objective will also result in decreased health disparities and increased awareness for health equity. It can improve health overall and will serve to connect people to DOPH services and programs.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>Develop a plan and purpose for gaining community input.</td>
<td>• HEC</td>
<td>January 2013 – December 2013</td>
</tr>
<tr>
<td>Assess types and number of existing DOPH Community partnerships.</td>
<td>• HEC</td>
<td>January 2013 – December 2013</td>
</tr>
<tr>
<td>Identify new community partners within areas of the county with high incidence of health disparities.</td>
<td>• HEC, DOPH staff, and existing community partners</td>
<td>September 2013 – December 2013</td>
</tr>
<tr>
<td>Secure funding source for outreach, incentives, and meeting accommodations.</td>
<td>• HEC</td>
<td>June 2013 – December 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community input plan developed.</td>
<td>• Was the internal standing committee established?</td>
</tr>
<tr>
<td>• Existing community partners are identified and targeted for membership to the HEC</td>
<td>• Were Community partners both existing and new engaged in dialog?</td>
</tr>
<tr>
<td>• New community partners are identified</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 4.2:** By December 2013, the HEC will assess the availability of health care services for the underserved.

From September 2012 to December 2013 the HEC will work with DOPH Epidemiology & Program Evaluation (EPE) to develop a community assessment tool to enhance identification of health care resources in Riverside County. Specific emphasis will be placed on resources available in communities identified as having populations disproportionately impacted by health disparities. Additionally, the HEC will work with other DOPH branches, programs, and staff to identify appropriate recipients for the assessment tool.

Recognizing that many DOPH staff routinely comes into contact with the public it is imperative that they have access to updated information about healthcare resources throughout Riverside County. This will improve referrals to existing services and aid in the design of services to fill identified gaps.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>Develop a community assessment tool to identify health care resources in Riverside County.</td>
<td>• HEC &amp; EPE</td>
<td>September 2012 – December 2013</td>
</tr>
<tr>
<td>Identify appropriate recipients for the assessment tool (to include agencies/individuals within areas of the county with high incidence of health disparities).</td>
<td>• HEC, DOPH programs/staff</td>
<td>September 2012 – December 2013</td>
</tr>
<tr>
<td>Secure funding source for administration of tool and analysis of data.</td>
<td>• HEC</td>
<td>January 2013 – December 2013</td>
</tr>
<tr>
<td>Disseminate updated information to all staff</td>
<td>• HEC</td>
<td>June 2013 – December 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community assessment tool to identify health care resources in Riverside County is developed</td>
<td>• Were a representative number of assessment tools completed and returned to the HEC?</td>
</tr>
<tr>
<td>• Appropriate recipients are identified, tool is distributed, recipients complete and return assessment tools.</td>
<td>• Were available health care services, targeting the underserved, identified?</td>
</tr>
</tbody>
</table>

**Priority Area 5: Cultural and Linguistic Competency**

**Objective 5.1:** By May 2014, the HEC will partner with Riverside County Human Resources department to add a cultural competency component to DOPH interviewing procedures and staff performance reviews.
Cultural competency is a set of behaviors, attitudes and policies that enable effective work in cross-cultural or multicultural situations. The demonstration of these characteristics benefits DOPH’s programs, and are required to maximize health and well-being for the broader Riverside County community. Using lessons learned, guidance, and information obtained from public agencies currently using cultural competency tools for interview and evaluation purposes, the HEC will develop a draft cultural competency tool and/or guideline for use by hiring managers and supervisors/managers during the department’s interviewing procedures and staff performance reviews. This tool will include a minimum of five (5), quantifiable competencies to be added to questionnaires and relevant documents. Following the development of this tool and/or guideline, the HEC will host a series of meetings with PHA to discuss the HEC’s intent to add cultural competency to the department’s interviewing, retention, and performance review procedures. These meetings will also be used in identifying and planning for implementation barriers and requirements. These competencies will be added to the department’s interviewing, retention, and performance review procedures no later than by December 2013.

The implementation of this objective will result in effective changes made to performance management, evaluation, hiring, and retention guidelines.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Identify competencies that should be added to questionnaires and relevant evaluation documents, and develop sample materials for review by DOPH’s PHA and HR</td>
<td>• HEC</td>
<td>November 2012 – May 2013</td>
</tr>
<tr>
<td>Coordinate a meeting with DOPH’s PHA to discuss the HEC’s recommendation to add cultural competency to the department’s interviewing, retention, and performance review procedures</td>
<td>• Human Resources Public Health Administration • HEC</td>
<td>April 2013 – June 2013</td>
</tr>
<tr>
<td>Coordinate a meeting with Human Resources to discuss adding cultural competency to the department’s interviewing, retention, and performance review procedures</td>
<td>• Human Resources Public Health Administration • HEC</td>
<td>July 2013 – May 2014</td>
</tr>
</tbody>
</table>

**Performance Measures**: Number of documents/procedures in which cultural competency components have been added/instituted.

**Evaluation**
- Has a cultural competency component been added to the interviewing process (YES/NO)?
- Has a cultural competency component been added to staff performance reviews (YES/NO)?

**Objective 5.2**: By December 2014, DOPH will maintain a 70 percent completion rate of DOPH personnel who have completed the Public Health: Improving Health for All staff training series.

From June 2012 to December 2014, HEC members and other DOPH staff will finalize Modules 1 – 6 of the Public Health: Improving Health for All staff training series. During each module’s development, the HEC Curriculum Sub-committee will partner with DOPH’s Staff Development to develop and disseminate marketing and outreach materials for use in promoting each module. Each DOPH employee will be required to attend each module in successive order from Module 1 to Module 6. After completing each module, the HEC will review course attendance using data obtained from course sign-in sheets. Using course evaluations, the HEC will ensure that each module meets the informational needs and expectations of DOPH employees; and are aligned with DOPH vision, mission, and purpose. Attendance reports will be run and disseminated on a quarterly basis to coincide with regular, quarterly facilitators’ meetings. Those individuals and branches not in compliance with expected attendance will be notified through the proper reporting channels.
The implementation of this objective will result in increased awareness for DOPH’s activities and initiatives to decrease health disparities and increase health equity. This objective will also result in increased awareness, support, readiness, and compliance with health equity principles and policies; and indicators and baseline measures of DOPH employees’ knowledge, attitudes, beliefs, and experiences as they relate to health disparities and health equity.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Finalize Modules 1 – 6</td>
<td>Curriculum Sub-committee</td>
<td>June 2012 – December 2013</td>
</tr>
<tr>
<td>Develop and disseminate marketing and outreach materials</td>
<td>Curriculum Sub-committee, Staff Development</td>
<td>June 2012 – December 2013</td>
</tr>
<tr>
<td>Conduct and offer courses in successive order</td>
<td>Curriculum Sub-committee, Staff Development</td>
<td>June 2012 – Ongoing</td>
</tr>
<tr>
<td>Monitor attendance and performance</td>
<td>Curriculum Sub-committee</td>
<td>June 2012 – December 2014</td>
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</tbody>
</table>

**Performance Measures**

- Percentage of DOPH employees who have completed module series

**Evaluation**

- Course evaluations

**Priority Area 6: Data, Research, and Evaluation**

**Objective 6.1:** By December 2012, all data reports published by DOPH will incorporate health equity elements.

From June 2012 to December 2012, HEC members in partnership with EPE will publish reports incorporating discussion of and around health equity. These publications will focus on disparate health outcome and their contributing social determinants.

The implementation of this objective will promote health equity and awareness of health inequities by providing examples of differences in health outcomes across the County.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Analyze health data with a focus on the identification of health disparities and inequities</td>
<td>HEC, EPE</td>
<td>June 2012- December 2012</td>
</tr>
<tr>
<td>Write, review, and disseminate reports that contain health data used to highlight information regarding health equity</td>
<td>HEC, EPE</td>
<td>June 2012- December 2012</td>
</tr>
</tbody>
</table>

**Performance Measures**

- Review and analyses data sets
- Dissemination of information

**Evaluation**

- Data reports published by DOPH incorporate health equity elements.

**Objective 6.2:** By September 2013, the HEC will conduct an organizational assessment of DOPH’s awareness of specific Health Disparities in Riverside County as well as awareness, support, readiness, and compliance with health equity principles and policies.

The implementation of this objective will result in the promotion of DOPH and its activities to better address health disparities and inequities.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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</table>
| Develop assessment tool | • HEC  
• Epidemiology and Program Evaluation | January 2013- March 2013 |
| Survey all DOPH employees for awareness, support, readiness, and compliance with health equity principles and policies including health disparities knowledge | • HEC  
• Epidemiology and Program Evaluation | April 2013- December 2013 |
| Secure funding source to aid in the development, implementation and analysis. | • HEC | January 2013- September 2013 |

**Performance Measures**
- Assessment tool completed
- Percentage of DOPH employees who have taken the survey

**Evaluation**
- Open ended question on how the survey can be improved. Which questions were most relevant? Least?
- DOPH’s awareness of specific Health Disparities in Riverside County as well as awareness, support, readiness, and compliance with Health Equity principles and policies.

**Priority Area 7: Community and Departmental Capacity Building**

**Objective 7.1:** By May 2014, the HEC will develop and adopt a DOPH Community Capacity Building Plan.

From January 2014 to May 2014 the HEC will work to develop a community capacity building (CCB) plan. Part of the initial phase of development will be providing trainings/resources, for HEC members and key DOPH staff, in community capacity building; identifying and utilizing other jurisdictions/agencies existing tools and resources for community capacity building as a key component of training. DOPH staff, community members and Public Health Administration input will be used to design, manage, and analyze the community capacity building plan. The HEC and DOPH staff will play a key role in identifying and applying for grants/funding in order to provide the resources to develop and implement the plan.

The implementation of this objective will promote health equity and awareness, provide a baseline measurement of DOPH employees’ experience with health disparities and health equity, Increase awareness of DOPH activities within the community, can improve health of individuals, can connect people to DOPH services and programs and allow for greater collaboration between DOPH staff and the community.

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<tr>
<th>Action</th>
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<th>Time Frame</th>
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<tbody>
<tr>
<td>Develop a community capacity building plan</td>
<td>• HEC</td>
<td>June 2014 – May 2014</td>
</tr>
<tr>
<td>Develop and implement trainings /resources in community capacity building</td>
<td>• HEC</td>
<td>July 2014 – May 2014</td>
</tr>
<tr>
<td>Secure funding source to aid implementation of the CCB plan.</td>
<td>• HEC and DOPH staff</td>
<td>June 2014 – May 2014</td>
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</table>

**Performance Measures**
- A CCB plan is developed
- A CCB plan is adopted
- Trainings in CCB are developed and implemented

**Evaluation**
- Was community capacity built?
- Was community capacity built around health equity issues?
Objective 7.2: By December 2014, the HEC will partner with community forums, community leaders, community-based and faith-based organizations, and established neighborhood solution groups to conduct speakers’ bureaus and generate community involvement and input in the development and implementation of activities, programs, and materials.

From June 2012 to December 2014 the HEC will work to develop a standardized presentation for use as a tool in promoting health equity awareness. At the same time the HEC will begin to identify and build networks with community leaders and groups, neighborhood solution groups, and partner agencies and give health equity message presentations. In addition to promoting awareness of health disparities, the HEC will also use these forums to get community input about health equity/disparities issues, and access to care, so as to better meet the needs of the public that is served by DOPH.

The implementation of this objective will result in increased knowledge of health disparities and health equity issues, and increased awareness of DOPH activities and services at the community level. This objective help increase awareness, support, readiness and compliance with health equity principles and policies, improved health of individuals. It will connect people to DOPH services and programs and provide a mechanism for greater collaboration between DOPH staff and the community.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Development of brief presentations</td>
<td>• HEC</td>
<td>June 2012 – December 2012</td>
</tr>
<tr>
<td></td>
<td>• key DOPH staff</td>
<td></td>
</tr>
<tr>
<td>Build networks (community leaders, forums, organizations;</td>
<td>• HEC</td>
<td>September 2012 – February</td>
</tr>
<tr>
<td>faith-based organizations, neighborhood solutions groups,</td>
<td>• community members</td>
<td>2013</td>
</tr>
<tr>
<td>etc.)</td>
<td>• Partner agencies</td>
<td></td>
</tr>
<tr>
<td>Secure invitations to give health equity message presentations</td>
<td>• HEC</td>
<td>March 2013 – December 2014</td>
</tr>
<tr>
<td></td>
<td>• Key DOPH staff</td>
<td></td>
</tr>
<tr>
<td>Obtain feedback from community</td>
<td>• HEC</td>
<td>June 2013 – December 2014</td>
</tr>
<tr>
<td></td>
<td>• EPE</td>
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</table>

**Performance Measures**
- Number of presentations given
- Pocket presentation is developed
- Evaluation from community

**Evaluation**
- Community surveys
- Increased community knowledge about health equity issues

Priority Area 8: Sustainability

Objective 8.1: By September 2013, the HEC will increase its membership by 50 percent to include representatives from advocacy groups, community members, public safety, and other county agencies.

Community and organizational representation, buy-in, and input are the key to the HEC’s success. The HEC will increase its membership to include residents and members from various agencies. The HEC will develop a member plan, an outreach strategy, and outreach materials (e.g. include a description of the committee’s purpose and priorities; participation invitation; etc.). These materials will be disseminated in a membership packet. Once feedback is received, the HEC will issue meeting notices, agendas, minutes, and other meeting materials, and conduct regular meetings to keep stakeholder and interest groups engaged. In preparation for meetings with additional, non-DOPH members, the HEC will identify key priority areas and agenda topics and/or initiatives to address with the stakeholders and interest groups.

The implementation of this objective will result in increased resources and momentum for HEC initiatives.
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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Identify advocacy groups, Community Based Organizations, and other interest groups</td>
<td>• HEC</td>
<td>September 2012 – February 2013</td>
</tr>
<tr>
<td>Develop member plan</td>
<td>• HEC</td>
<td>October 2012 – February 2013</td>
</tr>
<tr>
<td>Develop outreach/promotional strategy</td>
<td>• HEC • DOPH Public Information Specialist</td>
<td>October 2012 – February 2013</td>
</tr>
<tr>
<td>Develop outreach materials and update membership packet</td>
<td>• HEC • DOPH Public Information Specialist</td>
<td>October 2012 – February 2013</td>
</tr>
<tr>
<td>Disseminate membership packet</td>
<td>• HEC</td>
<td>February 2013 – June 2013</td>
</tr>
<tr>
<td>Identify key priority areas and initiatives</td>
<td>• HEC</td>
<td>June 2013 – August 2013</td>
</tr>
<tr>
<td>Conduct regular meetings</td>
<td>• HEC • Additional members</td>
<td>September 2013</td>
</tr>
</tbody>
</table>

**Performance Measures**
- Number of non-DOPH stakeholders identified
- Number of non-DOPH stakeholders agreeing to participate
- Number of non-DOPH stakeholders present during meetings
- Ratio of DOPH employees/members to non-public health members

<table>
<thead>
<tr>
<th>Evaluation</th>
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<tbody>
<tr>
<td>• Did HEC membership increase by 50%?</td>
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</table>

**Objective 8.2:** By December 2014, the HEC will secure funding for its programs and activities including the *Public Health: Improving Health for All* DOPH staff training series.

The requirements of this strategic plan are, in large part, unfunded and provided by in-kind contributions from PHA and DOPH branches. To ensure the sustainability of these initiatives, the HEC will identify and submit grant applications in response to solicitations from funders to implement this objective, the HEC will actively identify grant opportunities, create a grant writing help sheet, and apply to solicitations as they become available. The implementation of this objective will result in increased resources and stability. The achievement of this objective will also facilitate the achievement of other HEC objectives and initiatives.

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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>Inform branches of funding interest</td>
<td>• HEC</td>
<td>August 2012</td>
</tr>
<tr>
<td>Create grant writing help sheet</td>
<td>• HEC</td>
<td>August 2012 – November 2012</td>
</tr>
<tr>
<td>Identify grant opportunities</td>
<td>• HEC</td>
<td>August 2012 – December 2014</td>
</tr>
<tr>
<td>Apply to grant opportunities</td>
<td>• HEC</td>
<td>August 2012 – December 2014</td>
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</tbody>
</table>

**Performance Measures**
- Number of grants identified
- Number of grant applications submitted/accepted
- Amount of grant dollars received

<table>
<thead>
<tr>
<th>Evaluation</th>
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<tbody>
<tr>
<td>• Did the HEC secure funding for its programs and activities?</td>
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</table>