MESSAGE FROM THE DIRECTOR

Dear Colleagues,

I'm excited to share Riverside University Health System - Public Health's (RUHS-PH) 2023-2028 Health Equity Strategic Plan, a comprehensive five-year roadmap demonstrating our commitment to addressing health inequities, disparities, injustices, and systemic racism within our communities.

Our Health Equity Strategic Plan focuses on five key priority areas guiding our efforts over the next five years:

- **Internal Capacity and Infrastructure:** Strengthening our organization's foundation to effectively advance health equity.
- **Workforce and Culture:** Cultivating a diverse workforce and fostering a culture of inclusivity.
- **Power-sharing and Power-Building:** Engaging the community in decision-making processes to empower active contributions.
- **Equitable Data Practices:** Implementing data practices that prioritize equity in collection and analysis.
- **Equity and Justice in all Policies:** Infusing principles of equity and justice into all policies to dismantle systemic barriers.
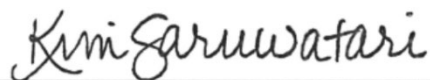
The 2023-2028 Health Equity Strategic Plan marks a pivotal moment for RUHS - PH, as we collectively work towards creating a healthier, more equitable, and more just future for all residents. The commitment to dismantling systemic and historical inequities and racism is unwavering, and this strategic plan serves as a guide for the transformative work ahead.

I extend my gratitude to the dedicated individuals and organizations that contributed to developing this plan. Your insights, expertise, and passion are instrumental in shaping a roadmap that reflects the needs and aspirations of our community.

As we implement this plan, I invite each of you to join us in this critical effort. Let's work collaboratively to build a healthier, more equitable Riverside County.

Thank you for your ongoing commitment to public health and equity.

Sincerely,

Kim Saruwatari, MPH

Director, Riverside University Health System – Public Health

LAND ACKNOWLEDGMENT

Riverside University Health System – Public Health (RUHS-PH) acknowledges the traditional, ancestral, and contemporary homelands of the Indigenous Peoples of Riverside County whose land we occupy. The Iviluatem (Cahuilla), Payómkawichum (Luiseño), Maarrênga'yam (Serrano), Nuwuvi (Chemehuevi), Kupangaxwichem (Cupeño), Tongva (Gabrieleño), Acjachemen (Juaneño), Newe (Western Shoshone), and Nuwuvi (Southern Paiute) peoples have been the caretakers of this land, water, and air since time immemorial and have never renounced their role as stewards of the land.

RUHS-PH commits to practicing cultural humility and reciprocity, respecting, and supporting the tribal sovereignty, culture, and beliefs of Indigenous Peoples of Riverside County and beyond. We hope to build an honest, ongoing relationship with Indigenous Peoples in Riverside County as we learn from their vast experiences. We recognize that there have been past injustices and aim to move toward reconciliation with good intentions and respect. We challenge you to join us in this work. If you are unaware of whose land you are currently occupying, we encourage you to learn about the Indigenous Peoples in your area, their history and ongoing resilience.

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ACKNOWLEDGEMENTS

Riverside University Health System – Public Health would like to thank everyone who contributed in the development of the 2023-2028 Health Equity Strategic Plan. We appreciate your commitment, time, and participation throughout the process. We look forward to working in solidarity to advance equity in Riverside County.

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Introduction & Context

INTRODUCTION AND CONTEXT

Founded in 1893 with fewer than 18,000 residents, Riverside County is now home to more than 2.4 million community members, the fourth largest county in the state. Since its establishment in 1926, Riverside University Health System – Public Health provides medical care and preventive health services and resources to residents and visitors. In 2023, Riverside County ranked twenty-seven (27) out of fifty-eight (58) when it comes to overall health. The California Healthy Places Index (HPI) indicates that Riverside County has healthier community conditions than only 39.3% of other California counties. The median household income in Riverside County is $84,505 and per capita income is $35,536.

There is a dire need to improve conditions and outcomes in education, environment, neighborhoods, healthcare access, and transportation in Riverside County. During the COVID-19 pandemic, health inequities were exacerbated and highlighted black, indigenous, and people of color (BIPOC) inequitable access to health resources and services. Health disparities and inequities are barriers that affect the health of residents in Riverside County and in order to equitably serve all residents, equity must be at the forefront of policies, action plans, systems, and department processes.

Advancing Equity

In August 2020, the Riverside County Board of Supervisors unanimously adopted Resolution No. 2020-179 and declared racism and inequity a public health crisis in response to the unjust deaths of George Floyd, Breonna Taylor, Rayshard Brooks, and countless people of color who have been victims of racially motivated violence. Through this resolution, the County is dedicated to improving health conditions and reducing health disparities and inequities for all residents.

Our Process

In June 2023, the drafting of the Health Equity Strategic Plan (HESP) kicked off by cross-walking county, regional, state, and federal equity action and strategic plans to ensure alignment. To follow, five (5) visioning sessions were held between July and August 2023 that involved representatives from each branch in the department. To support the drafting of the

strategic plan, the department utilized process improvement procedures during the five visioning sessions.

In September 2023, the reformation of the Health Equity and Justice Committee (HEJC) was launched by tasking each department branch chief to identify two representatives from each of their respective branches. The HEJC is made up of forty (40) plus members, two (2) chairs- Donna Mayer and Salomeh Wagaw, one (1) vice chair- Robert Gonzalez, and two (2) sponsors- Wendy Hetherington and Marshare Penny. Monthly in-person meetings will be held through 2028.

The strategic plan is guided by five priority areas: 1) Internal Capacity and Infrastructure; 2) Workforce and Culture; 3) Power-Sharing and Power-Building; 4) Equitable Data Practices; and 5) Equity and Justice in all Policies. This *2023-2028 Health Equity Strategic Plan* will serve as a roadmap to guide RUHS-PH in its efforts to embed equity work and address health inequities and disparities, systemic inequities, and systemic racism.

GLOSSARY OF TERMS

Anti-Racism: The active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably

BIPOC: BIPOC is an acronym for 'Black, Indigenous, People of Color,' and it is meant to unite all people of color in the work for liberation while intentionally acknowledging that not all people of color face the same levels of injustice.

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.

Cultural Competency: Implies having the capacity to function effectively as an individual and an organization within the context of the cultural attitudes, beliefs, behaviors, and needs presented by consumers and their communities.

Cultural Humility: Cultural humility is a lifelong process of self-reflection, self-critique and continuous learning, whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities. This critical consciousness is more than just self-awareness, but requires one to step back to understand one's own assumptions, biases and values.

Data Disaggregation: Data that has been broken down by detailed sub-categories, for example by gender, race, and/or ethnicity, religion, or level of education.

Disproportionality: Over or underrepresentation of a particular group or race in a public system compared to their representation in the general population.

Equality: Defined as treating everyone the same, regardless of their needs or assets.

Equity: Conditions that allow all to reach their full potential through just and fair inclusion.

Health: A state of complete physical, social, and mental well-being, not merely the absence of disease or infirmity.

Health Disparity: 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.

Health Justice: Health justice is both a community-led movement for power building and transformational change and a community-oriented framework for health law scholarship. Health justice is distinguished by a distinctively social ethic of care that reframes the relationship between health care, public health, and the social determinants of health, and names subordination as the root cause of health inequities.

Implicit Bias: Unconscious attitudes and stereotypes towards individuals and social groups that affect our understanding, actions, and decisions.

Inclusion/Inclusive: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.

Intersectionality: The theory (conceptualized by Black feminist legal scholar Kimberlé Crenshaw) that markers of identity, such as class, race, gender, etc., do not act independently of one another, but exist simultaneously, creating a complex web of privilege and oppression.

People of Color/Communities of Color: A term used to refer to non-White racial groups, rather than "minorities."

Power: The capacity or ability to direct or influence the behavior of others, the course of events, or the allocation of resources. Power comes from positional, moral, or relational authority.

Power Building/Sharing: Community power building/power sharing works to build the power and influence of those with the least access to opportunity through collaborative, community-based efforts.

Privilege: When one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they have done or failed to do.

Race: A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis.

Racial Equity: The condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares.

Racial Justice: The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all.

Racism: Historically rooted system of power hierarchies based on race-infused in our institutions, policies and culture-that benefit White people and hurt people of color.

Racist Policies: Any measure that produces or sustains racial inequity between or among racial groups.

Sexual Orientation: An enduring emotional, romantic, sexual, or affectional attraction or non-attraction to other people. Sexual orientation can be fluid and people use a variety of labels to describe their sexual orientation.

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.
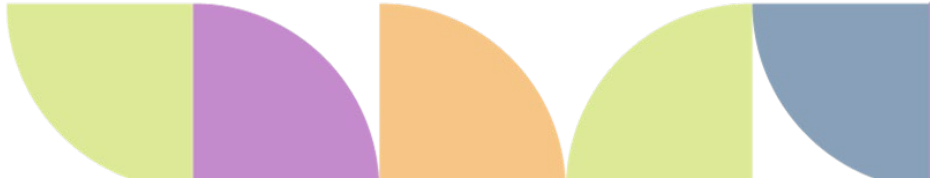
Structural Racism: It is a root cause of health inequities. It is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunity, resources, and power. This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while disadvantaging others.

Systemic Racism: A dynamic system that produces and replicates racial ideologies, identities, and inequities, as opposed to individual attitudes and beliefs.

Target Population: The entire population, or group, that a researcher is interested in researching and analyzing.

Underserved Population: Communities that are disadvantaged in relation to other groups because of structural/societal obstacles and disparities.

Vulnerable Community: Communities at higher risk for poor health outcomes as a result of the barriers they experience to social, economic, political, and environmental resources.

Priority Areas
&
Objectives

PRIORITY AREAS AND OBJECTIVES

Through visioning sessions, workshops, and cross-walking of related documents, the Health Equity and Justice Committee (HEJC) identified five (5) key priority areas, eight (8) objectives, and thirty-one (31) activities. To guide the completion of the recommended activities, each activity will include accountability, timeline, and performance measure(s). A table for reference (Table 1) is provided in the Appendix.

Strategic Priority Areas

- Priority Area 1: Internal Capacity and Infrastructure
- Priority Area 2: Workforce and Culture
- Priority Area 3: Power-sharing and Power-Building
- Priority Area 4: Equitable Data Practices
- Priority Area 5: Equity and Justice in all Policies

Objectives

Objective 1: RUHS-PH will conduct an equity and justice internal department assessment, prioritize findings, and provide guidance to all department branches with the support of the Health Equity and Justice Committee.

Objective 2: RUHS-PH will assess and refine contracting and procurement practices and processes.

Objective 3: RUHS-PH will develop an equitable communication guide to improve health information messaging.

Objective 4: RUHS-PH will develop a comprehensive training curriculum for department staff and interns.

Objective 5: RUHS-PH will conduct internal/external needs assessments and develop/implement plans and programs focused on the following: recruitment, resiliency, sustainability, and retention.

Objective 6: RUHS-PH will implement an action plan committed to the allocation of available resources to community- led organizations.

Objective 7: RUHS-PH will develop equitable guidelines that include best practices for data collection, management, analysis, and dissemination.

Objective 8: RUHS-PH will review existing internal public health policies, practices, and procedures and educate on the integration of equity and justice.

Objective 9: RUHS-PH will educate on equity in county, regional, state, and federal public health policies through the participation in and education of existing committees, coalitions, and subgroups.

Priority Area 1

Internal Capacity and Infrastructure
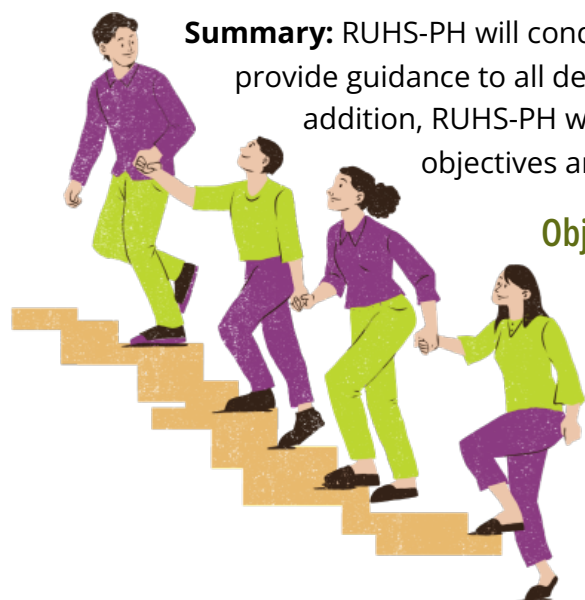
Summary: RUHS-PH will conduct an equity and justice internal department assessment, prioritize findings, and provide guidance to all department branches with the support of the Health Equity and Justice Committee. In addition, RUHS-PH will assess current contract and procurement policies and practices. The following objectives are designed to achieve Priority Area 1:

Objective 1: RUHS-PH will conduct an equity and justice internal department assessment, prioritize findings, and provide guidance to all department branches with the support of the Health Equity and Justice Committee.

Activity	
1.1	Reconvene the Health Equity and Justice Committee (HEJC) with at least two members from each branch and at least one sponsor from the Executive team.
1.2	Conduct an equity and justice assessment by developing and/or adopting an internal organizational assessment and prioritize assessment findings.
1.3	Create a health and racial equity communication guideline to be included in concept of operations (CONOPS).

Objective 2: RUHS-PH will assess and refine contracting and procurement practices and processes.

Activity	
2.1	Conduct an internal assessment on current contracting and procurement processes.
2.2	Conduct an external assessment on contracting and procurement process.
2.3	Develop and implement a contracting and procurement improvement plan in collaboration with Riverside County purchasing.
2.4	Monitor and evaluate contracting and procurement activities annually.

Objective 3: RUHS-PH will develop an equitable communication guide to improve health information messaging.

Activity	
3.1	Review existing communication guidelines and identify equity gaps. (e.g. community messaging, language justice, ADA guidelines, translation of resources, etc.)
3.2	Develop and standardize an equity communication guideline to be implemented by all branches.

Priority Area 1: Evaluation

Objective	Methodology	Evaluation Metrics	Evaluation Questions
1	- Conduct a comprehensive internal assessment using a combination of surveys, interviews, and focus groups. - Establish a Health Equity and Justice Committee to oversee the assessment process. - Prioritize findings based on their impact on internal capacity and infrastructure.	- Number of departments or branches that have completed the equity and justice internal assessment. - Percentage of standardized findings implemented across department branches. - Number of guidance documents provided to department branches.	- Has the equity and justice internal department assessment been completed? What were the key findings? - How have the findings been standardized and shared with department branches? - What guidance has been provided to ensure the implementation of equity and justice principles?
2	- Conduct a thorough review of existing contracting and procurement policies. - Engage stakeholders through forums and consultations to gather diverse perspectives.	Number of policy changes made to enhance equity in contracting and procurement.	- What changes have been made to contracting and procurement policies to ensure equity-driven processes and practices? - How have these changes been communicated to relevant stakeholders?

	• Develop and implement new policies aligned with equity-driven processes.	• Percentage increase in diverse vendors or contractors engaged. • Feedback from stakeholders on the perceived fairness of the revised policies.	• What measures have been taken to monitor and evaluate the effectiveness of the new policies?
3	• Identify what the guideline is intended for. • Analyze existing guidelines, research, and best practices related to Public Health messaging. • Develop and implement a communication guide to be standardized in all department messaging.	• Number of branches that have received and reviewed the communication guide. • Feedback from programs on the impact that the communication guide has had. • Percentage increase of social media and PSA's when implementing recommendations from the guide.	• What changes have been made to the communication style guide to improve messaging? • Does the communication guide provide practical and feasible recommendations for the intended audience to implement?

Priority Area 2

Workforce and Culture

Summary: RUHS-PH will revamp and relaunch the *Improving Health for All* modules, standardize implicit bias training and embed equity measures into staff and program evaluations. This priority area will focus on the expansion of internal pipeline for volunteer and mentorship opportunities, including stipends. Lastly, RUHS-PH will conduct internal and external needs assessments and implement workplans focusing on recruitment, resiliency, sustainability, and retention. The following objectives have been designed to help achieve Priority Area 2:

Objective 4: RUHS-PH will develop a comprehensive training curriculum for department staff and interns.

Activity	
4.1	Update and relaunch all six modules of *Public Health: Improving Health for All.*
4.2	Establish a sustainability plan for Improving Health for All training.
4.3	Identify and outline an Implicit Bias training and schedule.
4.4:	Introduce equity work and strategies in new employee orientation and onboarding.

Objective 5: RUHS-PH will conduct internal/external needs assessments and develop/implement plans and programs focused on the following: recruitment, resiliency, sustainability, and retention.

Activity	
5.1	Conduct an internal (RUHS-PH) and external (local, state, national) recruitment needs assessment.
5.2	Conduct a current and future RUHS-PH workforce resiliency and sustainability needs assessment.
5.3	Form an employee workgroup focusing on recruitment, resiliency, and sustainability.
5.4	Develop and implement two (2) workplans, one focused on recruitment and the other on resiliency and sustainability.
5.5	Implement a retention program including retention bonuses and enhanced staff promotional opportunities.
5.6	Implement a robust recruitment program including recruitment bonuses for high demand positions.
5.7	Conduct an annual evaluation and provide ongoing recommendations for improvement to plans.

Priority Area 2: Evaluation

Objective	Methodology	Evaluation Metrics	Evaluation Questions
4	• Collaborate with subject matter experts to design a comprehensive training curriculum. • Implement the training program for department staff and interns. • Evaluate the effectiveness of the training through assessments and feedback sessions.	• Number of training sessions conducted. • Percentage of staff and interns completing the training. • Pre-and post-training assessments measuring knowledge gain.	• Has the comprehensive training curriculum for department staff and interns been developed? If so, what topics does it cover? • How has the training curriculum been received by staff and interns? • What efforts have been made to ensure the sustainability of the training program?
5	• Develop and implement a plan focused on equitable recruitment and retention practices. • Monitor recruitment processes to ensure diversity and inclusion. • Assess employee satisfaction and retention rates.	• Percentage increase in the diversity of new hires. • Retention rates for staff from underrepresented groups. • Employee satisfaction survey results related to equity in recruitment and retention.	• What specific strategies have been implemented to promote equitable recruitment and retention practices? • How have these strategies impacted the diversity and inclusivity of the department's workforce? • What feedback have staff provided about these practices?

Priority Area 3

Power-Sharing and Power-Building

Summary: Develop and lead an equitable and inclusive action plan with community-based, faith-based, and non-governmental organization voices at the forefront. RUHS-PH will form community focused spaces, implement policies around language access, provide power-sharing & power-building trainings and gather qualitative & quantitative data from the community. The following objectives have been designed to help achieve Priority Area 3:

Objective 6: RUHS-PH will implement an action plan committed to the allocation of available resources to community- led organizations.

Activity	
6.1	Review existing and prior community needs assessments to find common health equity needs, successes and barriers and develop an action plan to address these findings.
6.2	Determine the most effective communication strategies to engage diverse community populations with a culturally-affirming and inclusive lens.
6.3	Create interdepartmental cohesion through alignment and restructuring of various task forces, collaborations, and subcommittees to facilitate coordinated community engagement, action planning and implementation of activities.
6.4	When resources are available, formally commit to allocating said resources to community-led organizations across all branches.
6.5	Create a method to share decision-making power with community members and organizations.
6.6	Review County translation policies and outline department efforts around oral and written translation for the community.

Priority Area 3: Evaluation

Objectives	Methodology	Evaluation Metrics	Evaluation Questions
6	• Develop and implement an action plan for allocating available resources to community-led organizations. • Monitor and track the distribution of available resources. • Engage with community partners to gather feedback on the impact of allocated resources.	• Percentage of available resources allocated to community-led organizations. • Feedback from community-led organizations on the impact of the allocated resources. • Outcomes and achievements of projects receiving resources through the allocation.	• How has the action plan for allocating resources to community-led organizations been implemented? • What criteria were used to determine the allocation of resources? • What feedback have community-led organizations provided about the impact of these resources?

Priority Area 4

Equitable Data Practices

Summary: Improve and embed equity into data practices and provide training(s) to Public Health staff focused on the integration of data equity tools. RUHS-PH will provide training and guidelines on data use to ensure equitable data systems for all Riverside County residents. Equitable data practices include transparency and limitations, data collection/sharing, visualization, data disaggregation, community input, and taking measures to prevent data misuse. The following objectives have been designed to help achieve Priority Area 4:

Objective 7: RUHS will develop equitable guidelines that include best practices for data collection, management, analysis, and dissemination.

Activity	
7.1	Conduct an assessment on department wide data collection and dissemination practices.
7.2	Develop internal standardized data collection guide.
7.3	Develop an equitable data analysis guideline for the department.
7.4	Develop an equity focused approach to dissemination and communication.
7.5	Develop an action plan to address data gaps and limitations.

Priority Area 4: Evaluation

Objectives	Methodology	Evaluation Metrics	Evaluation Questions
7	• Develop equitable guidelines for data collection, management, analysis, and dissemination. • Train staff on the new guidelines. • Monitor adherence to the guidelines and assess the impact on data practices.	• Percentage of staff trained on equitable data practices. • Compliance rates with the new guidelines. • Improvements in data quality and inclusivity.	• Have equitable guidelines for data collection, management, analysis, and dissemination been developed? If so, what are the key components of these guidelines? • How have these guidelines been integrated into the department's data practices? • What improvements have been made as a result of implementing these guidelines?

Priority Area 5

Equity and Justice in all Policies

Summary: RUHS-PH will establish a comprehensive policy guideline on equity and justice to guide and support internal efforts and **educate on** related policies across county, regional, state, and federal spheres. The focus will be on reviewing, formulating, and refining policies through an equity lens. The following objectives have been designed to help achieve Priority Area 5:

Objective 8: RUHS-PH will review existing internal public health policies, practices, and procedures and educate on the integration of equity and justice.

Activity	
8.1	Review internal existing department policies, practices, and procedures.
8.2	Develop and implement an equity and justice policy guideline.

Objective 9: RUHS-PH will educate on equity in county, regional, state, and federal public health policies through the participation in and education of existing committees, coalitions, and subgroups.

Activity	
9.1	Cultivate and educate on policy change through participation in county, region, state, and federal workgroups.

Priority Area 5: Evaluation

Objectives	Methodology	Evaluation Metrics	Evaluation Questions
8	• Review existing internal public health policies, practices, and procedures. • Advocate for the integration of equity and justice principles. • Monitor policy changes and assess their impact on equity.	• Number of policies reviewed and updated. • Degree of integration of equity and justice principles in policies. • Feedback from staff on the perceived impact of policy changes.	• How have existing internal public health policies, practices, and procedures been reviewed for integration of equity and justice? • What changes have been made to policies, practices, and procedures as a result of this review? • How has the integration of equity and justice principles been communicated to staff?
9	• Participate in existing committees, coalitions, and subgroups that promote equity. • Monitor the inclusion of equity considerations in county, regional, state, and federal public health policies. • Evaluate the impact of education efforts on policy changes.	• Number of educational activities participated in. • Changes observed in public health policies at various levels. • Feedback from external stakeholders on the department's educational efforts.	• In what ways has the department provided education on equity in county, regional, state, and federal public health policies? • What successes or challenges have been encountered in this educational process? • How has the department collaborated with external stakeholders to advance equity in public health policies?

Evaluation

Evaluation Plan Objectives:

- **Assess Progress:** Evaluate the progress of each strategic priority area and objective outlined in the Health Equity Strategic Plan.
- **Effectiveness:** Determine the effectiveness of implemented strategies in bridging health equity gaps.
- **Stakeholder Satisfaction:** Assess the satisfaction and perception of stakeholders, including staff, and community.

Evaluation Framework:

- **Logic Model:** Develop a logic model for each priority area and objective illustrating inputs, activities, outputs, and outcomes.
- **Indicators:** Define specific indicators for each objective to track progress (e.g., percentage of plans assessed, training completion rates, advocacy milestones).
- **Data Sources:** Identify data sources, including internal records, surveys, interviews, and external reports.

Evaluation Theoretical Framework:

Equitable Evaluation (EE) looks at how historical and structural decisions have impacted the evaluand as well as the effect of strategies on various populations. It seeks to promote progress toward equity. **Culturally Responsive Evaluation (CRE)** respects a cultural context to provide accurate and factual reporting.

Equitable Evaluation examines the impact of historical and structural decisions on the evaluand, striving to advance equity. In contrast, CRE honors cultural contexts to ensure accurate reporting. To apply CRE and EE theory to the Health Equity Strategic Plan (HESP), several approaches can be considered. First, analyzing Riverside County's historical decisions and structural factors affecting health outcomes and access can shed light on ongoing health equity impacts. Secondly, incorporating cultural considerations into the evaluation process ensures sensitivity and relevance to diverse communities, and utilizing appropriate data collection methods.

Additionally, using an equity lens can help assess the strategic plan's impact on marginalized populations and address health outcome disparities. Community engagement is crucial; involving diverse community members in evaluation ensures their perspectives are valued and informs decision-making. Capacity building among department staff and partners is essential for conducting culturally responsive evaluations, aided by training on CRE and EE principles. Lastly, fostering a culture of continuous learning and sharing evaluation findings promotes transparency and accountability.

Incorporating CRE and EE principles can ensure that the Riverside County Department of Public Health's efforts effectively address health disparities in the community.

Culturally Responsive Evaluation and Equitable Evaluation theories can be instrumental in guiding the implementation and evaluation of the Riverside University Health System- Public Health's Health Equity Strategic Plan (2023-2028). Here's how these theories can be applied to each priority area and objective:

1. **Internal Capacity and Infrastructure**
   - CRE: Ensure that the equity and justice internal department assessment considers cultural contexts, values, and norms within the department.
   - EE: Evaluate the standardization of findings and guidance provided by the Health Equity and Justice Committee to ensure they are equitable and inclusive of diverse perspectives.

2. **Workforce and Culture**
   - CRE: Develop the training curriculum with consideration for diverse learning styles, cultural backgrounds, and linguistic needs of department staff and interns.
   - EE: Evaluate the impact of the training curriculum on promoting a culture of equity and inclusion within the department.

3. **Power-sharing and Power-building**
   - CRE: Engage community members and organizations in the decision-making process using culturally affirming and inclusive approaches.
   - EE: Evaluate the effectiveness of available resource allocation to community-led organizations in addressing health equity needs identified through community needs assessments.

4. **Equitable Data Practices**
   - CRE: Develop data collection, management, analysis, and dissemination practices that respect and incorporate diverse cultural perspectives and experiences.
   - EE: Evaluate the equity-focused approach to data practices and assess whether data gaps and limitations are being addressed equitably.

5. **Equity and Justice in all Policies**
   - CRE: Ensure that the development and implementation of equity and justice policy guidelines reflect the diverse perspectives and needs of the community.
   - EE: Evaluate the impact of policy education efforts on promoting equity in county, regional, state, and federal public health policies.

In summary, applying CRE and EE theories to the Health Equity Strategic Plan can help ensure that the implementation and evaluation processes are culturally responsive, equitable, and inclusive of diverse perspectives and voices.

Evaluation Plan and Metrics:

Objective 1: Equity and Justice Internal Department Assessment

Methodology:
- Conduct a comprehensive internal assessment using a combination of surveys, interviews, and focus groups.
- Establish a Health Equity and Justice Committee to oversee the assessment process.
- Prioritize findings based on their impact on internal capacity and infrastructure.

Evaluation Metrics:
- Number of departments or branches that have completed the equity and justice internal assessment.
- Percentage of standardized findings implemented across department branches.
- Number of guidance documents provided to department branches.

Objective 2: Review of Contracting and Procurement Policies

Methodology:
- Conduct a thorough review of existing contracting and procurement policies.
- Engage stakeholders through forums and consultations to gather diverse perspectives.
- Develop and implement new policies aligned with equity-driven processes.

Evaluation Metrics:
- Number of policy changes made to enhance equity in contracting and procurement.
- Percentage increase in diverse vendors or contractors engaged.
- Feedback from stakeholders on the perceived fairness of the revised policies.

Objective 3: Equitable Communications Guideline

Methodology:
- Identify what the guideline is intended for.
- Analyze existing guidelines, research, and best practices related to Public Health messaging.
- Develop and implement a communication guide to be standardized in all department messaging.

Evaluation Metrics:
- Number of branches that have received and reviewed the communication guide.
- Feedback from programs on the impact that the communication guide has had.
- Percentage increase of social media and PSA's when implementing recommendations from the guide.

Objective 4: Development of Comprehensive Training Curriculum

Methodology:
- Collaborate with subject matter experts to design a comprehensive training curriculum.
- Implement the training program for department staff and interns.
- Evaluate the effectiveness of the training through assessments and feedback sessions.

Evaluation Metrics:
- Number of training sessions conducted.
- Percentage of staff and interns completing the training.
- Pre-and post-training assessments measuring knowledge gain.

Objective 5: Equitable Recruitment and Retention Practices

Methodology:
- Develop and implement a plan focused on equitable recruitment and retention practices.
- Monitor recruitment processes to ensure diversity and inclusion.
- Assess employee satisfaction and retention rates.

Evaluation Metrics:
- Percentage increase in the diversity of new hires.
- Retention rates for staff from underrepresented groups.
- Employee satisfaction survey results related to equity in recruitment and retention.

Objective 6: Allocation of Resources to Community-led Organizations

Methodology:
- Develop and implement an action plan for allocating available resources to community-led organizations.
- Monitor and track the distribution of available resources.
- Engage with community partners to gather feedback on the impact of allocated resources.

Evaluation Metrics:
- Percentage of available resources allocated to community-led organizations.
- Feedback from community organizations on the impact of the allocated resources.
- Outcomes and achievements of projects receiving resources through the allocation.

Objective 7: Equitable Guidelines for Data Practices

Methodology:
- Develop equitable guidelines for data collection, management, analysis, and dissemination.
- Train staff on the new guidelines.
- Monitor adherence to the guidelines and assess the impact on data practices.

Evaluation Metrics:
- Percentage of staff trained on equitable data practices.
- Compliance rates with the new guidelines.
- Improvements in data quality and inclusivity.

Objective 8: Integration of Equity and Justice in Internal Policies

Methodology:
- Review existing internal public health policies, practices, and procedures.
- Advocate for the integration of equity and justice principles.
- Monitor policy changes and assess their impact on equity.

Evaluation Metrics:
- Number of policies reviewed and updated.
- Degree of integration of equity and justice principles in policies.
- Feedback from staff on the perceived impact of policy changes.

Objective 9: Cultivating Equity in Public Health Policies

Methodology:
- Participate in existing committees, coalitions, and subgroups that promote equity.
- Monitor the inclusion of equity considerations in county, regional, state, and federal public health policies.
- Evaluate the impact of education efforts on policy changes.

Evaluation Metrics:
- Number of educational activities participated in.
- Changes observed in public health policies at various levels.
- Feedback from external stakeholders on the department's educational efforts.

Overall Evaluation Questions:

1. How well has the Health Equity Strategic Plan progressed in addressing health inequities, disparities, systemic inequities, and systemic racism over the five-year period?
2. What lessons have been learned throughout the implementation of the plan, and how have these lessons influenced ongoing strategies?
3. To what extent has the department demonstrated a commitment to continuous improvement based on evaluation findings?
4. How effectively has the department communicated progress, successes, and challenges to internal and external stakeholders?

Overall Evaluation Approach

Summary:
- Conduct regular progress reviews at quarterly intervals.
- Engage stakeholders in feedback sessions and incorporate suggestions for continuous improvement.
- Adjust strategies and interventions based on the evolving needs and challenges identified during the implementation period.
- Integrate Culturally Responsive Evaluation and Equitable Evaluation approach into the evaluation plan. Equitable Evaluation looks at how historical and structural decisions have impacted the evaluand as well as the effect of strategies on various populations. It seeks to promote progress toward equity. Culturally Responsive Evaluation respects a cultural context to provide accurate and factual reporting.

Reporting and Communication:
- Prepare comprehensive reports documenting progress against each objective.
- Share findings through a detailed report with department leadership, staff, and external stakeholders.
- Utilize a transparent communication strategy to celebrate successes and address challenges.
- Anonymity and confidentiality will be protected.
- Data will be protected.
- Kept in a secure location.
- Limited staff access.
- Password protected.

Timeline:
- Conduct quarterly progress reports for the first two years, followed by semi-annual progress reports for the remaining three years.
- Final comprehensive evaluation the quarter following the end of the five-year period.

Budget:
- Allocate resources for data collection, analysis, training programs, and stakeholder engagement.
- Adjust the budget based on evolving needs and challenges identified during the implementation period.

Conclusion: The evaluation plan outlined above aims to assess the effectiveness and impact of the Riverside County Department of Public Health, Health Equity Strategic Plan. By systematically evaluating each objective and associated metrics, progress tracking for departments, identify areas of improvement, and ensure that the strategic plan aligns with its goals of addressing health inequities and disparities, systemic inequities, and systemic racism over the five-year period.

Amendment Process & Implementation Steps

AMENDMENT PROCESS

I. **Introduction**
  1. **Purpose:** The amendment process is designed to ensure the Health Equity Strategic Plan remains adaptable, relevant, and aligned with the evolving needs and priorities in health equity.
  2. **Authority:** The authority to propose and approve amendments lies with the Health Equity and Justice Committee, in collaboration with the Department's leadership.

II. **Proposal of Amendments**
  1. **Initiation:** Any department member, community stakeholder, or partner organization can propose amendments. Proposals must be submitted in writing to the Health Equity and Justice Committee.
  2. **Content:** Proposals should include a detailed description of the amendment, its rationale, and its expected impact on the Strategic Plan's objectives and outcomes.

III. **Review and Evaluation**
  1. **Preliminary Assessment:** The Health Equity and Justice Committee conducts a preliminary assessment to determine the relevance and feasibility of the proposed amendment.
  2. **Stakeholder Engagement:** If deemed potentially viable, a period of stakeholder engagement is initiated to gather feedback from department staff, community partners, and other stakeholders.
  3. **Impact Analysis:** An impact analysis assesses the potential effects of the amendment on the Strategic Plan's goals, objectives, and overall effectiveness.

IV. **Approval Process**
  1. **Recommendation:** Based on the review and evaluations, the Health Equity and Justice Committee makes a recommendation to the Department's leadership regarding the approval, modification, or rejection of the proposed amendment.
  2. **Final Decision:** The Department's leadership makes the final decision. If approved, the amendment is officially integrated into the Strategic Plan.

V. **Implementation and Monitoring**

1. **Implementation Plan:** A detailed plan is developed for approved amendments, outlining steps, timelines, and responsible parties.
2. **Monitoring and Evaluation:** The implementation of amendments is monitored and evaluated to assess their effectiveness and impact.

VI. **Communication**
1. **Transparency:** All proposed amendments, their status, and outcomes are communicated transparently to stakeholders through appropriate channels.
2. **Documentation:** Approved amendments are documented, and the updated Strategic Plan is made available to all stakeholders.

VII. **Periodic Review**
1. **Regular Review:** The Strategic Plan and its amendment process are reviewed regularly (e.g., annually) to ensure continued relevance and effectiveness.

Implementation Steps:

1. **Develop Amendment Proposal Form:** Create a standardized form for submitting amendment proposals, including sections for the amendment description, rationale, and expected impact. (Appendix A)

2. **Establish Review Timelines:** Set clear timelines for each stage of the review and approval process to ensure timely decision-making. (Appendix B)

3. **Create Stakeholder Engagement Plan:** Develop a plan for engaging stakeholders in the amendment process, including methods for soliciting feedback and incorporating it into the decision-making process. (Appendix C)

4. **Develop Impact Analysis Framework:** Create a framework for conducting impact analyses of proposed amendments, including criteria for assessing their potential effects on the Strategic Plan's objectives and outcomes. (Appendix D)

5. **Set Up Monitoring and Evaluation Mechanisms:** Establish mechanisms for monitoring the implementation of approved amendments and evaluating their impact on the Strategic Plan's effectiveness. (Appendix E)

6. **Develop Communication Strategy:** Create a strategy for communicating about proposed amendments, their review process, and outcomes to ensure transparency and stakeholder involvement. (Appendix F)

By following these steps and the outlined process, the RUHS-PH can create a structured and effective amendment process for its Health Equity Strategic Plan, ensuring that the plan remains responsive to the needs of the community and effective in advancing health equity goals.

APPENDICES

Appendix A

RUHS-PH, Health Equity Strategic Plan (2023-2028) Amendment Proposal Form Template

This form serves as a standardized template for submitting amendment proposals to the Health Equity Strategic Plan. It ensures that all necessary information is provided for the Health Equity and Justice Committee to review and evaluate the proposed amendments effectively.

RUHS-PH, Health Equity Strategic Plan (2023-2028) Amendment Proposal Form Template

Date of Submission: _____

Submitted By:

- **Name:** _____
- **Position/Title:** _____
- **Department/Branch:** _____
- **Contact Information:** _____
    - **Phone:** _____
    - **Email:** _____

Amendment Proposal Details:

1. **Title of Amendment:** _____
2. **Strategic Plan Priority Area Affected:**
    - ☐ Internal Capacity and Infrastructure
    - ☐ Workforce and Culture
    - ☐ Power-sharing and Power-Building
    - ☐ Equitable Data Practices
    - ☐ Equity and Justice in all Policies
3. **Description of the Amendment:** (Provide a detailed description of the proposed amendment, including any specific changes to objectives, strategies, actions, or other elements of the Strategic Plan.)

    _____
    _____
    _____

4. **Rationale for the Amendment:** (Explain the reasons behind the proposed amendment, including any new developments, emerging needs, or issues that have prompted the need for a change.)

    _____
    _____
    _____

5. **Expected Impact of the Amendment:** (Describe the expected impact of the amendment on the Strategic Plan's objectives, outcomes, and overall effectiveness in advancing health equity.)

    _____
    _____

6. **Supporting Documentation:** (Attach any relevant documents, data, or evidence that support the proposed amendment.)
    - ☐ Attached Document 1: _____
    - ☐ Attached Document 2: _____
    - ☐ Attached Document 3: _____

Signature of Proposer:

(Signature) (Date)

Instructions for Submission:

- Please complete all sections of this form and attach any supporting documentation.
- Submit the completed form and attachments to the Health Equity and Justice Committee via email at [email@example.com] or in person at [office address].
- For assistance or questions about the amendment process, please contact the Committee at [contact information].

Appendix B

Review Timeline Template

Here's an example of how you might establish review timelines for each stage of the amendment process for the RUHS-PH Health Equity Strategic Plan:

1. **Submission of Amendment Proposal:**

   - Proposals must be submitted to the Health Equity and Justice Committee by the 1st of each month to be considered for that month's review cycle.

2. **Preliminary Assessment:**

   - The Health Equity and Justice Committee will complete a preliminary assessment of the proposal within two weeks of submission (by the 15th of the month).

3. **Stakeholder Engagement:**

   - A 30-day period for stakeholder engagement will follow the preliminary assessment. This includes gathering feedback from department staff, community partners, and other relevant stakeholders (15th of the current month to the 15th of the following month).

4. **Impact Analysis:**

   - An impact analysis will be conducted within two weeks following the stakeholder engagement period (by the 30th of the following month).

5. **Recommendation and Final Decision:**

   - The Health Equity and Justice Committee will make a recommendation to the Department's leadership within one week of completing the impact analysis (by the 7th of the subsequent month).

   - The Department's leadership will make the final decision on the proposed amendment within two weeks of receiving the recommendation (by the 21st of the subsequent month).

6. **Implementation and Monitoring:**

   - If approved, the implementation plan for the amendment will be developed within one month of the final decision (by the 21st of next month).

   - Monitoring and evaluation of the amendment's implementation will be ongoing, with regular reports provided to the Health Equity and Justice Committee and Department's leadership.

7. **Communication:**

   - Updates on the status of the amendment proposal will be communicated to all stakeholders at each stage of the process.

8. **Documentation:**

   - Approved amendments and updates to the Strategic Plan will be documented and made available to all stakeholders within one month of the final decision (by the 21st of the next month).

By establishing these clear review timelines, the RUHS-PH can ensure a timely and efficient process for considering and implementing amendments to the Health Equity Strategic Plan.

Appendix C

Stakeholder Engagement Plan for Amendment Process

Purpose and Stakeholders: The purpose of this plan is to ensure a transparent, inclusive, and collaborative approach to amending the Health Equity Strategic Plan. Stakeholders include department staff and leadership, community organizations, partner agencies, health equity advocates, and the public.

Engagement Methods: Engagement will be facilitated through public forums, online surveys, focus groups, stakeholder meetings, a public comment period, and social media outreach. These methods aim to gather diverse perspectives and feedback on proposed amendments.

Timeline and Feedback Incorporation: Engagement will occur before, during, and after the review process. Early input will inform the initial review, continued feedback will shape the review stage, and post-approval discussions will focus on implementation. Stakeholder feedback will be synthesized and incorporated into the impact analysis, leading to revisions in amendment proposals and recommendations.

Communication and Transparency: Regular updates will be provided to stakeholders throughout the process. The rationale behind final decisions will be clearly communicated, highlighting how stakeholder feedback influenced outcomes. Efforts will be made to ensure accessibility and inclusivity in all engagement activities and communications.

Appendix D

Impact Analysis Framework for Proposed Amendments

Purpose and Scope: This framework is designed to systematically assess the potential effects of proposed amendments on the objectives and outcomes of the Health Equity Strategic Plan. It covers relevance, feasibility, stakeholder impact, equity considerations, implementation, outcome measurement, and compliance.

Analysis Criteria:

- **Relevance:** Assess alignment with strategic goals and address emerging needs.

- **Feasibility:** Consider resource implications and operational impact.

- **Stakeholder Impact:** Evaluate community benefits and stakeholder support.

- **Equity Considerations:** Determine equity advancement and identify unintended consequences.

- **Implementation and Sustainability:** Assess the implementation plan and long-term sustainability.

- **Outcome Measurement:** Ensure measurable objectives and adequate data collection methods.

- **Policy and Regulatory Compliance:** Ensure legal compliance and consistency with best practices.

Process: The impact analysis will be conducted by a cross-functional review team, involving data collection, research, stakeholder consultation, drafting, and review. The final report will be presented to decision-makers for consideration in the amendment approval process. This framework ensures that amendments are aligned with strategic goals, feasible, equitable, and beneficial to the community.

Appendix E
Evaluation: Quarterly and Semi-Annual Progress Report Form Template

Evaluation: Quarterly and Semi-Annual Progress Report Form Template

Below is a template for the quarterly progress report form for the first two years, followed by and this template can be used for the following semi-annual progress reports for the remaining three years of the RUHS-PH HESP (2023-2028), including sections for progress, successes, challenges, and next steps:

Quarterly Progress Report Form
Department: Riverside University Health System – Public Health
Reporting Period: [Quarter, Year] or [Semi-Annual Period, Year]

Priority Area 1: Internal Capacity and Infrastructure
- **Objective 1:** Equity and Justice Internal Department Assessment
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**
- **Objective 2:** Review of Contracting and Procurement Policies
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**

Priority Area 2: Workforce and Culture
- **Objective 3:** Development of Training Curriculum
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**
- **Objective 4:** Equitable Recruitment and Retention Plan
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**

Priority Area 3: Power-sharing and Power-Building
- **Objective 5:** Implementation of Action Plan for Community-Led Organizations
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**

Priority Area 4: Equitable Data Practices
- **Objective 6:** Development of Equitable Guidelines for Data Practices

1

  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**

Priority Area 5: Equity and Justice in all Policies
- **Objective 7:** Review of Internal Public Health Policies
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**
- **Objective 8:** Advocacy for Equity in Public Health Policies
  - **Progress:**
    - Actions Taken:
    - Successes:
    - Challenges Faced:
  - **Next Steps:**

Overall Comments:

Submitted By: [Name, Title]
Date:

This form is designed to provide a comprehensive overview of the progress, successes, and challenges encountered for each objective within the strategic plan's priority areas. It should be completed quarterly during the first two years of the plan's implementation.

2

Evaluation: Final Comprehensive Evaluation Progress Report Form Template

Evaluation: Final Comprehensive Evaluation Progress Report Form Template

Below is the Final Comprehensive Evaluation Form for the RUHS – PH HESP (2023-2028) for the quarter following the end of the five-year period.

Final Comprehensive Evaluation Form
Department: Riverside University Health System - Public Health
Evaluation Period: 2023-2028

Priority Area 1: Internal Capacity and Infrastructure
- **Objective 1: Equity and Justice Internal Department Assessment**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:
- **Objective 2: Review of Contracting and Procurement Policies**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:

Priority Area 2: Workforce and Culture
- **Objective 3: Development of Training Curriculum**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:
- **Objective 4: Equitable Recruitment and Retention Plan**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:

Priority Area 3: Power-sharing and Power-Building
- **Objective 5: Implementation of Action Plan for Community-Led Organizations**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:

Priority Area 4: Equitable Data Practices
- **Objective 6: Development of Equitable Guidelines for Data Practices**
  - Achievements:
  - Summary of Actions Taken:

  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:

Priority Area 5: Equity and Justice in all Policies
- **Objective 7: Review of Internal Public Health Policies**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:
- **Objective 8: Advocacy for Equity in Public Health Policies**
  - Achievements:
  - Summary of Actions Taken:
  - Overall Impact:
  - Key Challenges and Solutions:
  - Lessons Learned:

Overall Evaluation:
- **Summary of Key Achievements:**
- **Challenges Encountered and Lessons Learned:**
- **Recommendations for Future Initiatives:**

Submitted By: [Name, Title]

Date:

The Final Comprehensive Evaluation Form includes sections for achievements, a summary of actions taken, overall impact, key challenges and solutions, and lessons learned for each objective within the five priority areas. It also includes a comprehensive overview of key achievements, challenges encountered, lessons learned, and recommendations for future initiatives.

Appendix F

Communication Strategy for Proposed Amendments

Audience Identification and Key Messages: The primary audience includes department staff, leadership, and the Health Equity and Justice Committee, while the secondary audience comprises community organizations, partners, health equity advocates, and the public. Key messages will focus on the purpose of amendments, participation opportunities, and the impact of amendments.

Communication Channels and Timing: Communication will utilize internal channels like newsletters and staff meetings, as well as external channels such as the department's website, social media, and public forums. Communication will be timed to align with the pre-review, review, and post-approval phases of the amendment process.

Feedback Mechanisms and Evaluation: Feedback will be collected through surveys, feedback forms, and comment sections on the website and social media. The effectiveness of the communication strategy will be evaluated using engagement metrics, and continuous improvement will be emphasized to enhance transparency and stakeholder involvement.

Tables

Table 1. An example how the Objectives and their Evaluation will be displayed throughout the document.

Objective	
Activity Number	Description of the action that the committee will take.

Objective	Methodology	Evaluation Metrics	Evaluation Questions
Activity Number	• Description of Methodology	• Description of Evaluation Metrics	• Evaluation Questions

END NOTES

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6 Resolution no. 2020-179 a resolution of the Board of Supervisors of the ... (n.d.). https://rivco.org/sites/g/files/aldnop116/files/News%20Articles/Documents/Resolution%20declaring%20racism%20public%20health%20crisis.pdf

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