Deputy Director’s Message

What a year this has been, due to COVID-19 we have had a crash course in public health and for the first time in our lifetime, we’ve been faced with the idea of surrendering some of our autonomy and freedom to help the health of the public. Although we have a long way to go, we are starting to get used to thinking of health in terms of our interconnectedness, rather than solely on an individual basis. And there has been an awareness that there are two viruses that are plaguing our communities, the coronavirus, and racism.

It has motivated our local legislators in Riverside and San Bernardino counties to declare racism as a public health crisis! Acknowledging an issue is the first step to addressing it. When it comes to implementing specific public health programs to combat COVID-19 and racism, the question is how can this be done? And the answer is, it must be at the community level. To ensure that funding goes directly where it is needed, to address the most pressing health concerns in the community.

Investing in public health research will provide the data needed to tackle adverse health outcomes associated with systemic racial injustice. The mission of the Center for Healthy Communities (CHC) is to ensure that populations and communities of color are included in research projects in a way that is not exploitative, and that they reap the benefits resulting from the research.

We must recognize the humanity in medicine by telling and listening to the stories of our communities, so we can put faces to these stories and work collaboratively. Eliminating systemic racism is not just good for communities of color, but for society as a whole. Please join us as we work towards transformational change!

Michelle C. Burroughs, M.P.H.
Deputy Director, Center for Healthy Communities (CHC)
Financial Administrative Officer, Social Medicine, Population and Public Health (SMPPH)
THE COMMUNITY WE SERVE

CHC was created to serve the Inland Southern California communities, which includes Riverside and San Bernardino counties. The data shows that both counties currently have poor health outcomes in the 4 areas displayed below. CHC’s charge is to work in partnership with the community to improve the health outcomes in the Inland Southern California region.

**REGIONAL STATISTICS COMPARED TO CALIFORNIA**

- **SAN BERNARDINO COUNTY**
- **RIVERSIDE COUNTY**
- **CALIFORNIA**

**CANCER MORTALITY (PER 100,000 PEOPLE)**

- San Bernardino County: 155.1
- Riverside County: 144.0
- California: 139.56

**ADULTS DIAGNOSED WITH DIABETES**

- San Bernardino County: 60.3%
- Riverside County: 60.6%
- California: 58.6%

**ADULTS LIVING WITH DEPRESSION**

- San Bernardino County: 3.2%
- Riverside County: 5.0%
- California: 4.0%

**ADULTS WITH CARDIOVASCULAR DISEASE**

- San Bernardino County: 2.5%
- Riverside County: 10.3%
- California: 9.0%

OUR VISION

The UCR School of Medicine’s research is aimed at improving the health of culturally, linguistically, and economically diverse communities in the region, especially the under-resourced.

OUR MISSION

CHC aims to build connections between researchers and the Inland Empire communities through service, education, and research that addresses our communities’ needs and promotes health equity.

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- **GOALS** Page 13
Fall 2014
CHC began with a social mission to serve the communities of the Inland Empire

January 2018
Michelle Burroughs arrived at CHC as Deputy Director

June 2019
CHC established yearly goals for the next 5 years

September 2019
CHC launched the Community Medicine and Population Health Mini-Grant Program

See the awardees on page 7

Community Engagement
CHC collaborated with community partners and exceeded our goal of providing six community engagement opportunities by two events.

Capacity Building & Partnership
COVID-19 triggered the closure of CHC and community partners which presented a challenge for us to engage in capacity building and community-based research.

Goal Updates as of June 2019

Looking Forward:
CHC desires to maintain continuous partnerships with Inland Empire communities to improve health outcomes.

See Page 13 for additional goals we set this year
**SERVICE**

The CHC is embedded in our diverse community. We are accessible and available to serve, to be a resource and to engage the residents of Inland Empire communities. Below are highlights of a few community engagement events that CHC was invited to be a part of in 2020.

**COMMUNITY ENGAGEMENT:**
The process of working collaboratively with community groups to address issues that impact the well-being of those groups. Activities that help engage the community include credible and transparent reporting, community conversations, focus groups and collaborative decision making.

**HARM REDUCTION IN THE INLAND EMPIRE**

Inland Empire Harm Reduction (IEHR) is a community-based public health project whose mission is to improve the health and well-being of people affected by drug use in Riverside County. Harm reduction works toward a world where resources are directed toward healing and self-determination, and away from violent systems of punishment.

**ENDING HIV EPIDEMIC**

A convening of HIV Leadership in the Inland Empire with TrueEvolution.

More than one million people live with HIV in the United States, with as many as 25% likely unaware of their HIV status. The Coachella Valley holds more than half the people living with HIV and AIDS in Riverside County, California’s fourth largest county by population.

Source: UC Riverside Study: How Age and Ethnicity Impact HIV Testing

**SALUD SIN PAPELES**

In partnership with the Phoenix Allies for Community Health (PACH), CHC proudly shared the film Salud Sin Papelés: Health Undocumented — a film about resilience, humanity, and community organizing at its finest — with the Inland Empire community. Out of this grassroots movement, a free clinic was created to affect change and address healthcare disparities amongst undocumented immigrant communities in Arizona.

**STREET MEDICINE**

Offered clinical services, including preventive testing, treatments, and much needed health resources for the unhoused population in Palm Springs.

**SEX TRAFFICKING**

The team assembled escape packs and identified training for health professionals to be appropriately equipped to provide services and resources for those who need them.

**HPV in the Inland Empire**

HPV in the IE conducted focus groups and surveyed the community to better understand the knowledge, attitudes and beliefs about the HPV vaccine.

**GLOBAL HEALTH AT HOME**

After the onset of COVID-19, GH@H restructured their efforts to provide East Coachella Valley residents with educational health clinics.

**THE COMMUNITY MEDICINE POPULATION HEALTH MINI-GRANT**

The Community Medicine and Population Health Mini-Grant Program engages medical students, graduate students, residents, and fellows of UCR in service and advocacy projects within Southern California communities. The teams below were the Mini-Grant awardees for this past year.

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**SERVICE YOUR COMMUNITY TO CREATE CHANGE**

Contact CHC at chc@medsch.ucr.edu to ask about volunteering opportunities to help those living among us.

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“Out our mission is to improve the health and well-being of the community, and we want to increase the capacity of the public health workforce to reach communities that are often overlooked. The forward thinking strategy of virtual focus groups in this project was also very important to us. In order to reach our community, we need to understand the community. This project supports these strategies, and we support this project.”

— Shené Bowie-Hussey
Vice President of Health Strategies & Chief Strategic Officer, Riverside Community Health Foundation

“IEHP’s investment in CHC’s Community Medicine & Public Health Mini-Grant Program honors the commitment, sacrifice and devotion UCR Medical Students have for medicine. They are not only impacting the medical industry but are working to positively impact the Inland Empire Community.”

— Marci Coffey
Community Relations Director, Inland Empire Health Plan
VITAL REALITY

EDUCATION

CHC’s faculty and staff offer trainings and educational opportunities to enhance the communities’ knowledge of social determinants of health, public health and health equity. Using virtual and in-person education methods, CHC is able to equip community members with the skills necessary to effectively lead and facilitate real transformation. 

VIRTUAL EDUCATION

The Real Talk is a virtual bi-weekly open discussion hosted on Instagram established in the summer of 2020 to provide a safe space for our audience to share their thoughts on relevant social topics. In one instance, we asked community members the question, “In defunding the Riverside PD, where do you think the funds should go?” Below are some highlights from the responses we received.

CHC encouraged community members to read the highly-acclaimed books below to educate themselves about social justice issues.

COMMUNITY ENGAGEMENT AND DISSEMINATION CORE (CEDC)

The CEDC is a group established in 2019 whose goal is to foster collaborations that promote community engagement in the design, dissemination, and implementation of research supported by the Center for Human Disparities Research (HDR@UCR) and provide community members and stakeholders with opportunities to shape the research agenda. Its aims include the following:

• To create a Community Engagement Studio that will serve as a hub for HDR@UCR community-engaged proposal development, implementation, and dissemination activities.
• To serve as a boundary spanner between HDR@UCR researchers, and Coachella Valley and Inland Southern California community groups, healthcare delivery systems, and policy makers by facilitating stakeholder input into the HDR@UCR research agenda directed by our Community Advisory Board.
• Through dissemination efforts, build and strengthen a shared community focus on health disparities and equity.

COMMUNITY PARTNERSHIP: CHC’s community partners (e.g. businesses, coalitions, educational institutions, health organizations, non-profits, faith organizations, state and local governments) are engaged and committed to community development and civic leadership.

RESEARCH CHALLENGES DUE TO COVID-19

with input from our post-doctoral researchers at CHC


during the pandemic.

| Andrea Palonjio, Ph.D. (she/her) | COVID-19 has affected the recruitment and data collection processes for the many participants that have limited access to internet. We also developed last-minute virtual workshops to ensure we keep promoting two-way capacity building in all our research projects.

| Evelyn Vazquez, Ph.D. (she/her) | I study barriers to vaccination in diverse communities. Since COVID-19 began, my research participants have described new challenges to vaccine access and uptake, highlighting the need for innovative strategies to encourage widespread and equitable uptake of routine vaccines during the pandemic. |

|  

RESEARCH

Through partnerships, the CHC is able to design research for easy translation to real-world health settings and situations. As a result, the CHC is able to improve cultural- and language-appropriate interventions that create better services for underrepresented and underserved populations.
COVID-19

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak [...] The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. [...] Formerly, this disease was referred to as 2019 novel coronavirus or 2019-nCoV. — cdc.gov

In response to COVID-19, CHC is using our social media platform to communicate easy-to-understand information. This has included general tips on preventing the spread of COVID-19, how the community can stay safe, and community resources such as information on testing sites, food banks, clothing banks, utility assistance, managing stress and anxiety, grocery shopping assistance for seniors, and other social service resources.

A majority of these resources were inclusive towards many of our community’s specialized population who may be low-income, homeless, undocumented, and/or senior citizens. Information is also available in Spanish for our audience.

COVID-19 MYTHS vs FACTS

As we learned more about COVID-19, some recommendations and guidelines were altered. CHC started communicating news and debunking myths for the community under the guidance of the CDC and epidemiologist, Brandon Brown Ph.D.

Myth: Drinking alcohol reduces the risk of infection.
Fact: False, alcohol based sanitizers can kill the virus on surfaces, but there is no evidence that drinking alcohol reduces the risk of infection. The fact that alcohol can kill the virus outside the body does not mean the same for inside. In fact, people believing this myth that drinking alcohol kills the virus have died from alcohol poisoning.

Myth: Only the elderly can get coronavirus.
Those who are elderly may be more likely to be hospitalized with severe illness from COVID-19 due to comorbidities and compromised immune systems, but they are no less or more likely to catch the virus itself compared to others.

Myth: COVID-19 is a government hoax and no precautions need to be taken.
Fact: This is a myth that gained significant traction momentarily, particularly with the release of the short film “Plandemic” highlighting conspiracy theorist Dr. July Mikovits, who says the virus is being spread intentionally by the government and that masks activate the virus. We are learning more about the virus every day and debunking myths for the community under the guidance of the CDC and epidemiologist, Brandon Brown Ph.D.

Myth: Heat kills the coronavirus.
Fact: No, hair dryers are not effective at killing the virus. We know that the flu season starts in the later months of the year and comes back annually, and experts expect that COVID-19 will do the same. We can look to countries with high heat and see that virus transmission continues despite high temperature, so we should not relax any restrictions due to coming warm weather. In fact, with warm weather, more people will be going to the beaches and in close contact with one another, which can lead to increased viral transmission.

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Myth: Home remedies such as eating garlic or drinking hot liquids will reduce the risk of contracting the virus.
There is currently no proof that sticking to a specific diet will prevent you from getting the virus. If your immune system is healthy as opposed to suppressed, you may be less likely to have severe symptoms from the virus, but there is no known home remedy or alternative medicine which can cure the virus at this time. To best reduce the risk of infection, we need to use the preventive measures that we have right now: washing our hands, avoiding touching our face with unwashed hands, sheltering in place at home when possible, using masks when going outside, and maintaining physical distance from others.

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The prominence of the Black Lives Matter (BLM) Movement rose significantly in 2020, and as CHC stands in solidarity with BLM, it is extremely crucial for us to highlight the community’s efforts and bring awareness to matters of senseless killings of unarmed black men and women, youth, and children such as George Floyd, Breonna Taylor, Nina Pop, and Ahmaud Arbery. This has shown that institutional and individual racism still exist.

This page is dedicated to our community, who shared with CHC through social media their social/racial justice movements. The intent is not just to co-educate one another but to acknowledge the stories of people whose voices are often excluded and silenced.

The Black Lives Matter Movement

Our long-term goal is to create synergies with UCR’s campus community and community partners to improve the health outcomes of the Inland Southern California region and move the needle in advancing healthy equity for all.

Our team has established 3 new aims to guide our work in achieving our long-term goal of health equity*:

1. **Community Engagement**
   - CHC will provide opportunities for medical and graduate students to engage with the community on research, and health disparity issues that are relevant to the Inland Empire communities.
   - **By June 30, 2021, CHC will offer 5 community engagement opportunities between community members and UCR researchers.**

2. **Health Promotion**
   - CHC will serve as a portal for engagement and be the bridge between the community and UCR researchers. Bringing new community partners in, to participate in research.
   - **By June 30, 2021, CHC will create 10 research partnerships between community members and UCR researchers.**

3. **Research**
   - CHC will engage UCR campus community through the CHC, who can invest, learn from, and teach the community healthy behaviors and empower them to take control over their own health.
   - **By June 30, 2021, CHC will have offered 16 health promotion opportunities in the Inland Southern California region.**

These are a few of the resources shared with and by our community.

**JUNETEENTH**

June 19, 1865, was the day when the Union General, Gordon Granger read federal orders in Galveston, Texas, to end slavery.

This day is also known as Freedom Day, Jubilee Day, and Cel-Liberation Day. It is an American holiday and it is celebrated annually on June 19.

* Refer to page 4 for updates on the goals we established last year, which are still ongoing.
Thank you to our community, who has welcomed and partnered with CHC, and joined our calls to action for social transformation. Your support and dedication to improving the health outcomes of our region inspires hope and creates opportunities for a better tomorrow!

"The greatness of a community is most accurately measured by the compassionate actions of its members."
— Coretta Scott King