



Health is Justice

SCHPRC Inland Empire Convening

Background

On June 14, 2022, the Southern California HIV/AIDS Policy Research Center (SCHPRC) co-hosted a gathering for academic, community, government and public sector partners led by SCHPRC partner, TruEvolution. Objectives of the meeting were to: (1) introduce stakeholders in the Inland Empire to the work of SCHPRC; (2) generate conversations on the pressing needs of the region; and (3) brainstorm responsive initiatives that could inform policymaking at the regional and state level. Over fifty individuals participated in this meeting representing 29 entities/agencies. We were joined by Harold Philips, White House Advisor and Director of the Office of National AIDS Policy as well as Riverside Mayor Patricia Lock Dawson, and Riverside City Councilmembers Gaby Plascencia and Erin Edwards.

Introductions to SCHPRC included basic information about the community-academic collaboration model, followed by dissemination of SCHPRC research products. After a brief presentation, four themes were explored through “breakout groups” including 1) non-profit infrastructure; 2) collaboration to address social determinants of health; 3) housing as healthcare; and 4) health equity as social justice. Participants brainstormed around prior success, challenges, greatest needs and their vision for the future. Ideas elicited will help inform a regional response to the HIV epidemic and its related syndemics – STIs, viral hepatitis, and overdose—in the Inland Empire.

Summary

Non-profit infrastructure and collaboration

Participants stressed the importance of creating partnerships and the role of networking events like the instant convening where participants are able to meet colleagues from the same community that they may not otherwise work with. Key pillars were identified as vital supports to non-profit infrastructure and facilitators of increased collaboration.

Pillar 1: Create replicable models that can be diversified to address varied needs across different subject matters.

Pillar 2: Financing opportunities through connecting funders to networking events are critical. Funding must be flexible and leveraging funds to apply to a common goal can lead to maximum effect.

Pillar 3: Workforce and workforce training is required to solidify non-profit infrastructure. A very strong workforce can help a non-profit entity flourish.

Pillar 4: Community involvement and harnessing the opportunity to establish community partnerships to build bridges across sectors is vital.

Actionable Steps

Some steps that can serve to facilitate increased collaboration to address social determinants of health were identified. They include:

- Conducting community assessments to identify barriers and challenges. Some identified barriers and challenges may include poverty and disability, stigma, and education.
- Sharing best practices. All partners, including members of the community, can contribute.
- Find a common goal in serving the community and putting set aside what is “normally” done.
- Be willing to change how we do business, including changes in practices and policies, to be able to work together towards the identified common goal.

Framing Success

Broad discussions on housing and health equity raised concerns with meeting basic needs, including health care and mental health access, and access to safe and affordable housing. Discussions centered on prior success in the region, including housing interventions such as [Project RoomKey](#), and the [Eastside HEAL Zone](#), a multi-sector collaboration to promote healthy eating and active living in the Inland Empire. Participants also highlighted University of California Riverside Department of Medicine’s innovative [Pathway Programs](#) that seeks to resource individuals pursuing careers in medicine in the Inland Empire by providing financial and training support.

Identifying Opportunities

Participants pointed to advocacy opportunities to address housing stability, including strategies to address rent forgiveness, rent caps, rent control and expanding programs such as Project Roomkey, to extend beyond the COVID-19 pandemic. Housing, as an example, demonstrates a need for constituents within the IE to galvanize around common goals—to engage in actionable steps toward collaboration. Engagement from partners in the IE in statewide initiatives such as [End the Epidemics](#) will be critical in the coming years, and disseminating innovative solutions from the region will contribute to the richness of such efforts.

Conclusion

Future research opportunities include engaging TruEvolution’s Policy Fellows and Interns program, to train a cadre of policy specialists, versed in health equity, non-profit infrastructure, social determinants of health, and housing as healthcare. In the coming year, SCHPRC will provide training and education to Fellows, and will provide technical support necessary to develop a regional policy research agenda. Ultimately, this collaboration will include co-creating a community assessment to identify regional barriers and challenges to addressing the HIV epidemic and related syndemics.

Participants are encouraged to stay connected to [SCHPRC](#).