



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE MEETING**

November 9, 2020

3:00 p.m.

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

<https://us02web.zoom.us/j/87353302571?pwd=VUVyZzJHVWZldVprM29NRWo3b09Wdz09>

Password: **339649**

Webinar ID: **873 5330 2571**

Participants will need to download the Zoom app on their mobile devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #:(**669**) **900-6833** To Listen and Address the Committee when called upon:

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<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Les Zendle, MD, Committee Chair	
1-2	II. Approval of Agenda	Action
3-5	III. Approval of Meeting Minutes 1. Meeting Minutes – July 14, 2020	Action
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
	V. New Business	
	1. Update – Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley	
	a. Request for Proposals (RFP) – November 2, 2020 Due Date – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD Contribution - \$100,000 Inland Empire Health Plan (IEHP) - \$75,000 Lift to Rise)	Information
	b. Expanding Racial Diversity in the Health Profession Workforce – \$100,000 OneFuture Coachella Valley Black and African American Healthcare Student Scholarships	Information



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VI. Old Business

6-29

1. Community Health Needs Assessment and Health Improvement Plan Update – Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment and Research for Communities (HARC)

Information

30-36

- a. Focus Groups

VII. Adjournment



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
July 14, 2020**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD Vice-President Karen Borja Director Arthur Shorr	Conrado E Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Meghan Kane, Programs and Research Analyst Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 4:32 p.m.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the Agenda.	It was moved by President De Lara and seconded by Director Shorr to approve the agenda. Motion passed unanimously.
III. Approval of the Minutes – May 13, 2020		It was moved by President De Lara and seconded by Director Shorr to approve the May 13, 2020 meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. New Business 1. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley a. Expanding Racial Diversity in the Health Profession Workforce b. Access to Healthcare Strategies 2. Long-term comprehensive strategies Collaborative Efforts	Conrado E. Bárazga, MD, CEO, described the District’s role in addressing the healthcare needs of the Black communities in Coachella Valley, outlining the implications of long-term strategies and collaborations related to advancing the healthcare needs in Desert Highland Gateway. The local healthcare agencies will be invited to address the needs and foster the collaboration for healthcare in the Desert Highland Gateway Estates area. The map illustrating the populations of black communities was described and discussed with the committee.	



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
July 14, 2020**

	<p>The committee also discussed factors to commence the long-term strategies, and a workshop may be necessary for inclusion in the strategic plan with funding and resource options. The District could have a 1-year plan instead or a 3- or 5-year plan and set priorities with a roadmap of strategies.</p>	
<p>V. Old Business 1. Community Health Needs Assessment and Health Improvement Plan</p>	<p>Meghan Kane, Program and Research Analyst, explained the delays with the community health needs assessment and health improvement plan due to COVID. Staff received the first draft in June with a second draft in the coming weeks while continuing to brainstorm ways to engage the community. The committee considered various directions, further discussing the buckets in the grantmaking recommendations of equity, fairness, transparency, and accountability – Healthcare Infrastructure, Behavioral Health, Homelessness, Vital Human Services to People with Chronic Conditions, and Economic Protection, Recovery and Food Security.</p> <p>Dr. Bárzaga suggests a special meeting before the Board Meeting to discuss improvements with further direction, decision-making, and focusing on specific buckets of the grantmaking recommendations. Since the District is dark in August, a</p>	

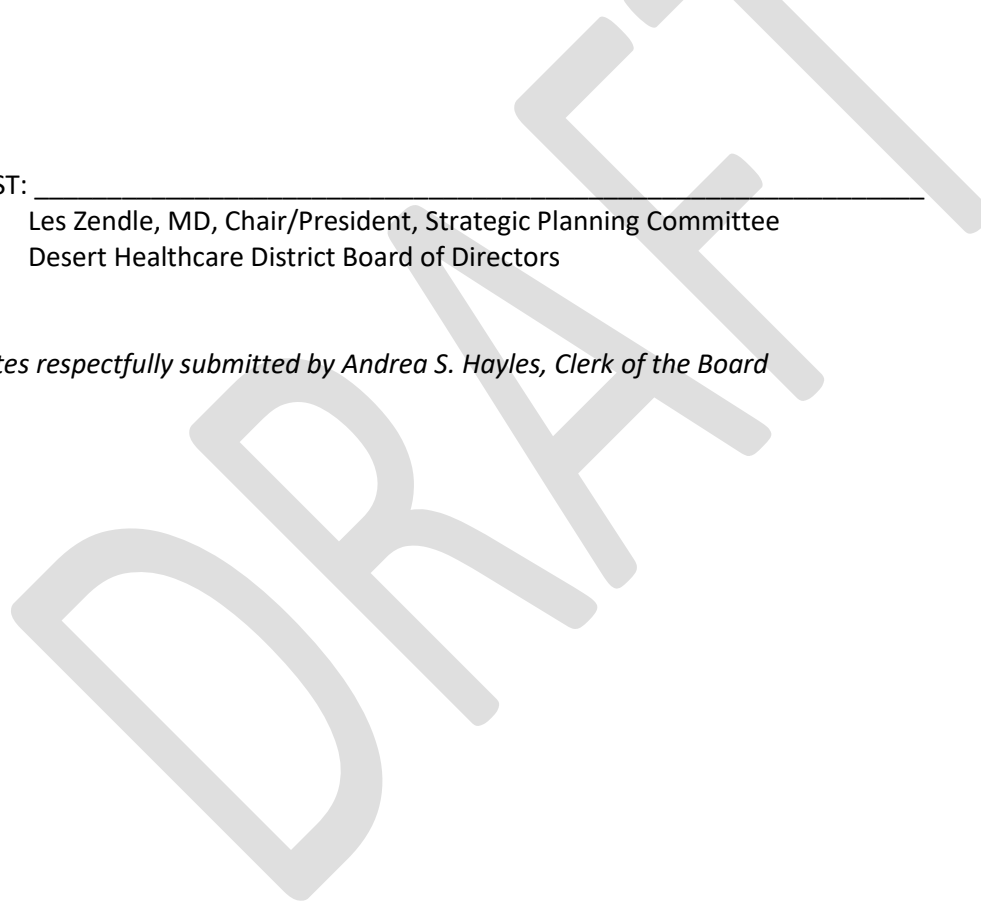


**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
July 14, 2020**

	special meeting is a possibility to discuss the details of the grantmaking developments, such as the recommendations, or a meeting could occur in August and another in September.	
V. Adjournment	Chair Zendle adjourned the meeting at 5:54 p.m.	Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents

ATTEST: _____
Les Zendle, MD, Chair/President, Strategic Planning Committee
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board





DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 10, 2020
To: Strategic Planning Committee
Subject: Community Health Needs Assessment and Health Improvement Plan (CHNA/CHIP) Update

Background:

- On June 23, 2020, the Board of Directors were notified that due to the COVID-19 pandemic, the staff and HARC made the decision to delay the completion of the CHNA/CHIP until March 2021.
- Staff and HARC have identified virtual focus groups to be the most safe, meaningful method to engage Coachella Valley residents this fall with financial incentives to ensure community participation.

Information:

- Since the beginning of September, HARC has engaged the Advisory Council to recruit participants and help identify appropriate dates, times, and language for virtual focus group. As of November 5, the following has transpired:
 - A total of 24 focus groups have been conducted with 108 community participants.
 - Focus group numbers have consistently been low and HARC is working to identify ways to recruit more residents.
 - There is a total of 5 focus groups scheduled in the next few weeks, and 8 focus groups in the planning stages.
- In order to capture a representative community voice, focus groups will be continue throughout November in order to reach a higher number of resident participants across various subpopulations.
- HARC has developed a timeline to show next steps as they work to complete the CHNA and begin the CHIP (see attached).
- Staff continues to inform HARC about the District's intent and objectives of a community-driven, community-informed process, and specific data needs.

Fiscal Impact:

- N/A.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

HEALTH PRIORITIZATION FOCUS GROUP

Today's Agenda



Introductions



Results of initial
data collection



Your feedback



Wrap-up and
distribution of
\$25 incentives

Ground Rules

Mute

If you are not talking, please put yourself on “mute”

Unmute yourself if you’d like to speak! Or type in the chat box.

Respect

Be respectful of everyone’s opinions.

Don’t interrupt.

Feel free to respond to one another.

Recording

This focus group will be recorded; staff may review later.

Let us know if that’s not OK.

Introductions

DESERT HEALTHCARE DISTRICT/FOUNDATION

- Founded in the 1940s to create hospitals in rural areas; owns Desert Regional Medical Center in Palm Springs.
- Provides grants to local organizations who are working to address health-related initiatives and programs that address health needs in our community.
- Wants to do a community health needs assessment (CHNA) to guide work going forward; hired HARC to do the CHNA.

HARC

- Nonprofit research and evaluation firm based in Palm Desert.
- Founded in 2006.
- Experts in community-based research and evaluation, using data to improve lives in communities.

YOU

- First name
- Where do you live?

About This Process

- A Community Health Needs Assessment is a systematic process of identifying the top health needs and issues in a community using data collection and analysis.
- **The voice of our community is invaluable** – this helps us to obtain a deep understanding of our community and their needs.
- We will use the results of this community engagement to create a health improvement plan.
- The health improvement plan will help us to allocate resources towards top health needs so that we can ultimately improve community health in places that it is needed most.
- **The ultimate goal is to improve community health.**

12 Health Topics

1. Access to Care
2. Clinical Preventative Services
3. Education
4. Environment
5. Economic Stability
6. Injury and Violence
7. Maternal, Infant, and Child Health
8. Mental Health
9. Nutrition, Physical Activity, Obesity
10. Oral Health
11. Reproductive and Sexual Health
12. Substance Use

Access to Care

- Across our 3 Coachella Valley hospitals, there are 2.0 hospital beds per 1,000 people.
 - This is **BETTER** than California (1.8 per 1,000)
- There are 188.9 licensed physicians per 100,000 people in the Coachella Valley.
 - This is **WORSE** than California (209.8 per 100,000)
- 18% of working-age adults (18 to 64) in the Coachella Valley are uninsured.
 - This is **WORSE** than California (12%)
- “When you are sick or in need of healthcare, where do you usually go?” Local adults say...
 - 38% doctor’s office
 - 25% urgent care
 - 13% clinic
 - 9% ER/hospital
 - 7% no usual place
 - 8% other

Clinical Preventive Services

- High blood pressure (hypertension) is the most commonly diagnosed chronic disease in the Coachella Valley; **36% of adults have been diagnosed.**
- **74% of local adults age 50+ have had colorectal cancer screening** as recommended.



Education

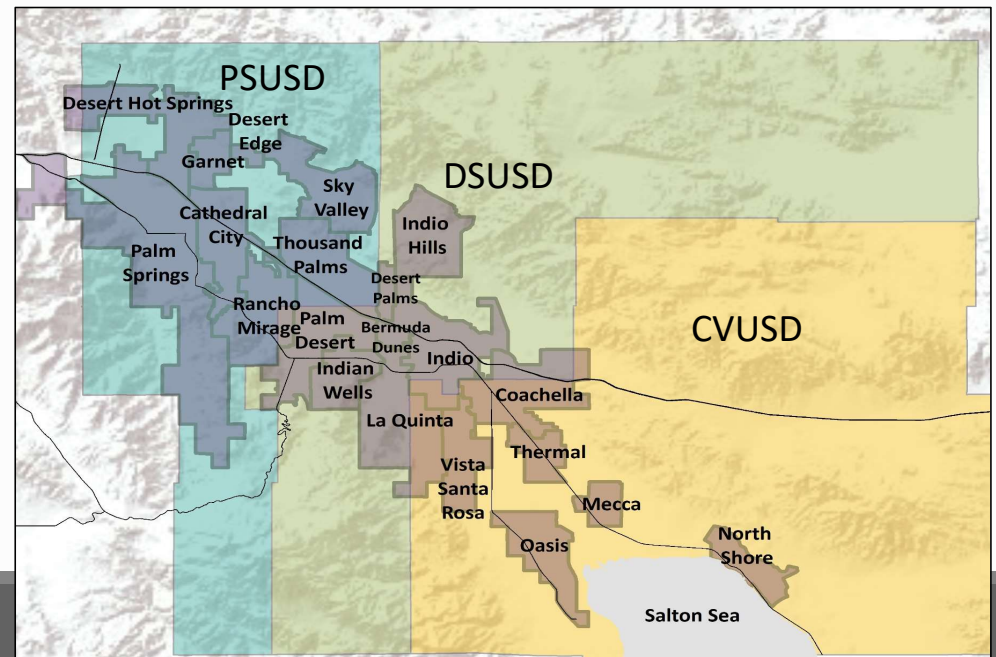
- Four-Year Cohort Graduation Rate:

- CVUSD: 79% (**WORSE**)
- DSUSD: 91% (**BETTER**)
- PSUSD: 92% (**BETTER**)
- California: 85%

- College-Going Rates:

- CVUSD: 55% (**WORSE**)
- DSUSD: 65% (**BETTER**)
- PSUSD: 58% (**WORSE**)
- California: 64%

- 25% of Coachella Valley adults age 25+ have a bachelor's degree or higher.
 - This is **WORSE** than California (34%)



Environment

- Air quality (based on ozone pollution) can be categorized into the percent of days with “unhealthy” air quality.
 - Palm Springs: 0% of days
 - Indio: 1% of days
 - These are both **BETTER** than Riverside County (7% of days)
- Asthma:
 - 12% of local adults have been diagnosed with asthma
 - This is **BETTER** than California (16%)
- Walkability scores measure the walking access to things like grocery stores, schools, parks, etc. within a 5-minute walk.
 - Six of our cities require a car for almost all errands.
 - Two are doing slightly better: Coachella and Cathedral City only require a car for most errands.

Economic Stability

- 26% of local children live in poverty
 - This is **WORSE** than California (20% of children in poverty)
- 81% of Coachella Valley homes have internet access.
 - This is **WORSE** than California (85% of homes have internet)
- Median household income:
 - Highest: **Indian Wells: \$104,522**
 - Lowest: **Oasis: \$21,917**
 - California: \$71,228
- Percent of local households that spend more than 30% of their income on housing costs:
 - Renters: 59% (**WORSE** than CA; 55%)
 - Homeowners: 39% (**WORSE** than CA; 32%)

Injury and Crime

- Crime Index (total crimes, both personal and property, per 100,000):
 - Highest:
 - Palm Springs: 186
 - Thermal: 162
 - Palm Desert: 145
 - Lowest:
 - Sky Valley: 60
 - Desert Palms: 56
 - Desert Edge: 51
- Murder arrest rate per 100,000 people is 1.8 in Coachella Valley.
 - This is **BETTER** than California (3.6 murder arrests per 100,000)
- Top three leading causes of death:
 1. Heart disease
 2. Cancer
 3. COPD

Maternal, Infant, and Child Health

- 9% of Coachella Valley births are “pre-term” (baby born before 37 weeks of pregnancy).
 - This is **THE SAME** as California
- Life expectancy at birth for a child born in the Coachella Valley is 80 years.

This is **WORSE** than California (but barely!): 81 years
- Infant Mortality: There are 7 deaths for every 1,000 births in the Coachella Valley.
 - This is **WORSE** than California (4 deaths per 1,000 births).

Mental Health

- Suicide rate in Coachella Valley is 19 deaths per 100,000 people.
This is **WORSE** than California: 11 deaths per 100,000
- 15% of adults in Indio experience “frequent mental distress” (poor mental health for more than half of the past month)
 - This is **WORSE** than California (11%)

Nutrition, Fitness, and Obesity

- 67% of local adults are overweight or obese.
 - This is **WORSE** than California (60% of adults are overweight or obese)
- Ninth-Graders who are in the “Need Improvement” or “Need Improvement – Health Risk” category regarding body composition (body fat and body mass index):
 - CVUSD: 27% (**BETTER**)
 - DSUSD: 34% (**BETTER**)
 - PSUSD: 45% (**WORSE**)
 - CA: 38%

Oral Health

- 60% of children (0 to 17) have been to visit a dentist within the past six months.
 - This is **WORSE** than California (71%)
- 17% of children (0 to 17) have NEVER been to the dentist.
 - This is **WORSE** than California (15%)
- 47% of local adults have been to visit a dentist within the past six months.
 - This is **WORSE** than California (57%)

Reproductive and Sexual Health

- There are approximately 6,900 people living with HIV/AIDS per 100,000 people in Palm Springs.
 - This is 18x higher than California (376 cases per 100,000)
- STD/STI rates in the Coachella Valley per 100,000 people:
 - Syphilis: 29 (**WORSE** than CA at 19)
 - Chlamydia: 603 (**WORSE** than CA at 585)
 - Gonorrhea: 223 (**WORSE** than CA at 200)
- The HPV vaccine is recommended for children age 9 and up; it prevents at least 6 types of cancer.
 - 54% of Coachella Valley children 9+ have had the HPV vaccine.

Substance Use

- Percent of 11th graders who've used alcohol or drugs in the past month:
 - CVUSD: 19% (BETTER)
 - DSUSD: 24% (BETTER)
 - PSUSD: 25% (BETTER)
 - California: 29%
- 21% of local adults have used marijuana in the past month.
 - 35% of them use marijuana every day (~25,000 people)
- 56% of local adults have drunk alcohol in past month.
 - Binge drinking is drinking excessively on a single day, defined as:
 - 5 or more for men
 - 4 or more for women
 - 6% of drinkers have been binge drinking seven or more times per month (~12,000 people)



Now we want to hear from you!

Feedback – General Questions

Reminder: This data reflects prior to COVID-19. We will ask about COVID-related issues at the end of the discussion.

1. Do you have any general questions about the results?
2. Did anything seem incorrect?
3. Was there any information that surprised you?

Feedback – Top Issues

Reminder: This data reflects prior to COVID-19. We will ask about COVID-related issues at the end of the discussion.

4. What do you think is the most common issue in our community that we need to address?
5. What is the most important issue we need to address?
6. Is there anything else you want us to know about the health of our Coachella Valley community?

Feedback - COVID-19

7. What have been the biggest struggles in our community during the COVID-19 pandemic?
8. What resources would be most helpful to you at this time?

Thank You!

Please use the chat box to send a message to the moderator with your contact info.

If you are OK with an electronic Visa card, enter your email address. Check for typos!

If you would prefer a physical Visa card, enter your mailing address. Check for typos!

Your \$25 Visa card will be mailed to that address, with delivery tracking. Thus, someone will need to be there to sign for the card and confirm delivery.



Focus Groups for Desert Healthcare District CHNA

As of November 5th 2020, a total of 24 focus groups have been held with members of the community. There have been a total of 108 focus group participants – 76 participants in English-speaking focus groups (or 70.4%) and 32 participants in Spanish-speaking focus groups (29.6%). There are a total of 5 focus groups scheduled in the next few weeks, 8 focus groups in the planning stages, and 9 organizations we are awaiting a reply.

Completed Focus Groups

Organization	Date	Language	# of Participants
El Sol	9/14	Spanish	8
Clinicas	9/15	Spanish	3
DAP	9/21	English	7
Galilee Center	9/22	Spanish	4
SQAMD	9/23	English	2
Joslyn Center	9/25	English	3
IEHP	9/28	English	0
IEHP	9/29	Spanish	0
Braille	9/30	English	3
Desert Sands Unified	10/1	English	10
Alzheimer's CV	10/2	English	5
Mecca Farmworkers	10/5	Spanish	0
Mizell	10/6	English	7
PSUSD	10/7	English	3
CVVIM	10/8	English	1
Vision y Compromiso	10/8	Spanish	10
OneFuture	10/14	English	9
Eisenhower	10/15	English	3
Promotoras – UCR SOM	10/15	Spanish	2
Comite Civico del Valley	10/16	Spanish	5
Pueblo Unido/Polcanos	10/20	English	4
Neuro Vitality Center	10/21	English	1
YMCA Parents	10/22	English	4
Trans Community - Eisenhower	10/27	English	0
Open to the community	10/28	English	1
Open to the community	10/28	Spanish	0
LGBT Center	10/29	English	2
Coachella Valley Unified	11/4	English	7
Desert Arc	11/5	English	4
Subtotal			108

Scheduled Focus Groups

Organization	Date	Language	# Registered
HARP-Palm Springs	11/6	English	4
Borrego Health	11/9	English	0
Operation Safehouse	11/10	English	0
General Focus Group 2	11/13	English	12
Jewish Family Services	11/18	English	E-blast goes out 11/9
Subtotal			16

In the Process of Planning/Scheduling

- Coachella Valley Housing Coalition
- College of the Desert
- CSUSB Palm Desert
- Desert Blind and Handicapped
- Desert Recreation District
- IEHP
- Loma Linda/SACHS
- Lift to Rise

Waiting for a Response

- Act for MS
- Alianza
- American Red Cross
- Boys & Girls Club of Coachella Valley
- California Indian Nations College
- Coachella Valley Rescue Mission
- Desert Highland Gateway
- FIND Food Bank
- Martha's Village and Kitchen

Declined

- Angel View
- Growing Coachella Valley
- Indio Senior Center
- Latino Commission
- Molina
- Shelter from the Storm

City of Residence for Focus Group Participants.

In each of the focus groups, participants were asked to indicate their city of residence. As illustrated in the table below, the city with the highest participation rate is Indio ($n = 13$), followed by Palm Springs ($n = 9$), Coachella ($n = 8$), and La Quinta ($n = 8$). Some participants did not indicate their city of residence, thus there is some data missing from our dataset.

City of Residence	# of Participants
Bermuda Dunes	1
Cathedral City	4
Coachella	8
Desert Hot Springs	6
Indio	13
La Quinta	8
Mecca	5
North Shore	3
Palm Desert	7
Palm Springs	9
Thermal	7
Thousand Palms	1

Preliminary Results of Community Focus Groups

These preliminary results present the findings of qualitative analyses of 22 focus groups that altogether consisted of 97 participants.

All data was ascertained by note-takers (HARC staff or contractors) who attended each of the focus groups in real-time and typed responses as they were stated. On some occasions, recordings of the focus groups were re-visited to ensure participant statements were accurately documented.

While there were a number of questions asked during the focus groups, only two questions have been analyzed to date. The responses to those two questions were analyzed separately. The first question asks “what is the most common issue in our community” and the second question asks “what is the most important issue in our community”.

For each question, similar responses were grouped together to create ‘sub-topics’. These sub-topics were then grouped together under each main topic – and the main topics are those that align with the organization of the CHNA data report.

Each table lists the most commonly mentioned topic first, then descends in order of frequency of mentions. The sub-topics are also detailed in each table and provide some insight as to what participants specifically deemed to be an important issue. Sub-topics with three mentions or more are labeled to detail the number of mentions received.

Question 1: What is the most common issue in our community?

As illustrated in the table below, the topic most commonly mentioned as a common issue to address in our community is Access to Healthcare ($n = 19$), followed by Economic Stability ($n = 18$). Education ($n = 17$) and Environment ($n = 17$) were also frequently mentioned as common issues in our community.

Main Topic	Sub-Topics	# of Overall Mentions	% of Groups Mentioning the Topic
Access to Healthcare	<ul style="list-style-type: none"> • Lack of providers ($n = 6$) • Awareness/navigation of resources is needed ($n = 5$) • High costs – i.e., insurance, prescriptions, etc. ($n = 3$) • Lack of health insurance ($n = 3$) 	19	40.9%
Economic Stability	<ul style="list-style-type: none"> • More jobs/better jobs needed ($n = 5$) • Homelessness ($n = 4$) • Uneven distribution of wealth ($n = 4$) 	18	50.0%

Education	<ul style="list-style-type: none"> • Health education needed (<i>n</i> = 8) • Need more financial support and resources for students (<i>n</i> = 7) 	17	31.8%
Environment	<ul style="list-style-type: none"> • Lack of transportation (<i>n</i> = 7) • Pollution from the Salton Sea (<i>n</i> = 5) 	17	45.5%
Maternal, Infant, and Child Health	<ul style="list-style-type: none"> • More activities for youth needed • Child health issues • Parent-child relationship needs to be fostered 	7	22.7%
Mental Health	<ul style="list-style-type: none"> • Depression • Isolation • Need mental health resources 	7	31.8%
Nutrition, Obesity, and Physical Activity	<ul style="list-style-type: none"> • Obesity (<i>n</i> = 3) • Poor nutrition 	6	22.7%
Injury and Violence	<ul style="list-style-type: none"> • High crime rate (<i>n</i> = 3) • Need more public safety 	6	27.3%
Substance Abuse	<ul style="list-style-type: none"> • Marijuana use • Meth issues 	3	13.6%
Preventative Services	<ul style="list-style-type: none"> • Need preventative screenings to be encouraged • Need more education about prevention 	2	9.1%
Oral Health	<ul style="list-style-type: none"> • Funding needed for dentists to visit schools 	1	4.5%
Reproductive and Sexual Health	<ul style="list-style-type: none"> • N/A 	0	0.0%
Other	<ul style="list-style-type: none"> • Senior issues - i.e., geriatricians needed, affordable housing, alcoholism, etc. (<i>n</i> = 4) 	4	9.1%

Question 2: What is the most important issue we need to address in our community?

As illustrated in the table below, the topic most commonly mentioned as an important issue to address in our community is Access to Healthcare ($n = 19$), followed by Economic Stability ($n = 11$). Sub-topics are also detailed in the table and provide some insight as to what participants specifically deemed to be an important issue.

Main Topic	Sub-Topics	# of Overall Mentions	% of Groups Mentioning the Topic
Access to Healthcare	<ul style="list-style-type: none"> • More physicians needed ($n = 5$) • Need better quality care ($n = 4$) • Needs to be more affordable ($n = 3$) • Greater access needed in East Valley/Spanish-speaking ($n = 3$) 	19	50.0%
Economic Stability	<ul style="list-style-type: none"> • Affordable housing ($n = 3$) • Homelessness ($n = 3$) • Need better jobs/opportunities ($n = 3$) 	11	27.3%
Environment	<ul style="list-style-type: none"> • Salton Sea ($n = 5$) • Community Infrastructure 	10	27.3%
Injury and Violence	<ul style="list-style-type: none"> • Major disease ($n = 3$) • Leading causes of death ($n = 3$) • Crime ($n = 3$) 	10	27.3%
Mental Health	<ul style="list-style-type: none"> • More awareness/education • More services needed 	10	31.8%
Education	<ul style="list-style-type: none"> • Youth education ($n = 3$) • Health education ($n = 3$) 	7	27.3%
Maternal, Infant, and Child Health	<ul style="list-style-type: none"> • Children in poverty • Children overall 	5	13.6%
Nutrition, Obesity, Physical Activity	<ul style="list-style-type: none"> • Obesity • Food insecurity 	4	18.2%
Substance Abuse	<ul style="list-style-type: none"> • High drug use • More services needed 	4	18.2%
Preventative Services	<ul style="list-style-type: none"> • Need more routine care 	3	9.1%
Reproductive and Sexual Health	<ul style="list-style-type: none"> • High STD Rates 	1	4.5%
Oral Health	<ul style="list-style-type: none"> • N/A 	0	0.0%
Other	<ul style="list-style-type: none"> • Need awareness of resources ($n = 3$) • Senior related issues ($n = 3$) 	11	36.4%

Note: VERY tentative, given COVID-19

Month	October					November				December				January					February				March				
Week	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	5
Step 5: Prioritize Community Health Issues																											
Host community meetings	█	█	█	█	█	█	█	█																			
Prioritize health needs with AC								█																			
Write-up findings from prioritization									█																		
Report prioritization results to DHCD, possibly revise priorities										█																	
Step 6: Document & Communicate Results																											
Add section to CHNA report re: priorities & outreach										█																	
Create, review, & finalize CHNA report & handout											█																
Share results with AC and SC												█	█														
Schedule community meetings												█	█														
Publicize community meetings													█	█													
Host community meetings														█	█	█											
Step 7: Plan Implementation Strategies																											
Share community meeting input with DHCD/F																	█										
Logic modeling (goals, outputs, outcomes, etc.) with DHCD and SC																		█	█								
Create CHIP report from logic model																			█	█							
Step 8: Implement Strategies																											
Identify next steps (partners, timelines, budgets, etc.) with SC and DHCD																			█	█							
Add "next steps" to CHIP report																				█	█						
Create "community dashboard" content																				█	█						
Deliver community dashboard content to DHCD																					█						
Step 9: Evaluate Progress																											
Design evaluation plan																						█	█				
Finalize CHIP report (with evaluation plan)																							█	█			
Share final report with AC and SC (via email)																										█	