DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE MEETING
January 19, 2021
4:30 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/83528131036?pwd=ckVycTVnaDNnODlUS0loaDhXSIBHZz09
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Page(s)		AGENDA	*Item Type*
	I.	**Call to Order –** Director Les Zendle, MD, Committee Chair	
1-2	**II.**	**Approval of Agenda**	**Action**
3-6	**III.**	**Approval of Meeting Minutes** 1. Meeting Minutes – November 09, 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	
7-19	**V.**	**New Business** 1. Housing as a Social Determinant of Health – Coachella Valley Housing Catalyst Fund – Lift to Rise & Riverside County Housing Authority	Information & Discussion
20-47	**VI.**	**Old Business** 1. Community Health Needs Assessment and Health Improvement Plan Update – Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment and Research for Communities (HARC) a. Focus Groups	Information

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     VII.   **Strategic Plan**
               1. 2021- Strategic Plan   Information &
                  a. Committee Input   Discussion

     VIII.   **Adjournment**

DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
November 09, 2020

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD President Leticia De Lara 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 3:00 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 – July 14, 2020	Chair Zendle explained the correction to the minutes, which included Vice-President Karen Borja.	**It was moved by President De Lara and seconded by Director Shorr to approve the July 14, 2020 meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There was no public comment.	
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**	Conrado E. Bárazga, MD, CEO, described the RFP responses from Borrego Community Health Foundation and Desert AIDS Project that are both invited to meet with the staff to clarify the intentions, visions, and implementations for addressing the healthcare needs of the community. Residents of the Desert Highland Gateway Estates community and Palm Springs City Council Member Grace Garner will also participate and provide their feedback.	

(IEHP) - $75,000 Lift to Rise)		
b. Expanding Racial Diversity in the Health Profession Workforce – $100,000 OneFuture Coachella Valley Black and African American Healthcare Student Scholarships	Donna Craig, Chief Program Officer, explained that OneFuture is completing their process for mentoring and scholarships for the health profession workforce with the completion forthcoming soon.	
V. Old Business		
1. Community Health Needs Assessment and Health Improvement Plan Update – Jenna LeComte-Hinely, PhD, Chief Executive Officer, Health Assessment nd Research for Communities (HARC) **a. Focus Groups**	Dr. Bárzaga, CEO, explained the challenges of the focus groups in the community and introduced Jenna LeComte-Hinely, Ph.D., Chief Executive Officer, Health Assessment and Research for Communities (HARC), provided an overview of the timeline, process, and guidance for the committees next steps. Casey Leier, Director of Research and Evaluation, HARC, described the challenges of the focus groups, such as connectivity in the East Valley, while trying to make the groups more appealing. President De Lara inquired on the impact of COVID on the focus groups with HARC representatives explaining that the findings illustrate that COVID has exasperated the issues. Chair Zendle recommended guns and domestic violence as a topic in addition to crime and	

substance abuse as outlined, including access to COVID testing, and finding a safe place to isolate.

President De Lara inquired on the affects of affordability and the immigrant population, and the need for better quality of care due to competency, transportation, and hours of operation.

Meghan Kane, Program and Research Analyst, explained the concern with valuing the community voice over data in the process. Procuring focus group participants has been difficult, including analyzing issues the District acknowledges, but the goal from the beginning is to have a community-driven process. The nation is 8 months into COVID, learning ways to adapt, especially from others, and learning more, such as 19 of the 24 focus groups containing 4 people or less with a capacity of 10 focus groups without answering the causes is frustrating and should have been performed early-on.

Dr. Bárzaga, CEO, suggested that the committee meet again next month. The committee also thanked Mrs. Kane for asking the tough questions and her hard work on the community health needs assessment and health improvement plan.

V. Adjournment	Chair Zendle adjourned the meeting at 3:44 p.m.	*Audio recording available on the website at* *https://www.dhcd.org/Agendas-and-Documents*

ATTEST: _____

       Les Zendle, MD, Chair/Director, Strategic Planning Committee
       Desert Healthcare District Board of Directors

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

THE INTERSECTION OF HOUSING AND HEALTH

Understanding Social Determinants of Health and Housing as a Key Social
Determinant of Health

TABLE OF CONTENTS

INTRODUCTION

At least since the time of Hippocrates' essay "Air, Water and Places," written in 400 B.C.E., humans have been aware of the many connections between health and the environment.[1]

There is broad acceptance of the notion that health starts in our homes, schools, workplaces, neighborhoods, and communities. This is what we call "place". Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health. There is strong evidence characterizing place's relationship to health.[2] The stability, quality, safety, and affordability of where we live clearly affect our health outcomes, as do the physical and social characteristics of that place. Where we live can determine one's experience with asthma, diabetes, high blood pressure, depression, anxiety, and addictions, and how one can access healthcare for such conditions.

A variety of health systems are embracing the idea that investing in a better place for their clients may result in better health and lower cost of care. Some are currently financing affordable housing through different investment tools. In 2018, Kaiser Permanente announced a $200M impact investment to address the housing crisis [3], primarily in Oakland, California, but also in other Kaiser Permanente markets. Similarly, Sutter Health announced a $30 million campaign to end homelessness in three Sacramento-area counties. Various innovative models in health and housing can be found nationwide [4], they share a common belief that greater collaboration across communities, community development, housing, and health is needed to improve health outcomes and reduce the cost of healthcare.

This newfound wisdom originates from a better understanding of housing as a social determinant of health, or the relationship between place and health.

This paper was written by Desert Healthcare District (DHCD) staff upon extensive literature review (see reference list). It aims to provide valuable information about *Housing as a Social Determinant of Health* and the potential impact affordable housing may have on improving health outcomes and reducing the cost of care, as the District may consider future proposals to support related efforts in Coachella Valley. It also highlights important policy considerations.

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THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[5] Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place".[6] In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. [7]

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

History

Starting in the early 2000s, the World Health Organization (WHO) facilitated the academic and political work on social determinants in a way that provided a deep understanding of health disparities from a global perspective. In 2008, the WHO Commission on Social Determinants of Health published a report entitled "Closing the Gap in a Generation", which aimed at understanding, from a social justice perspective, how health inequity could be remedied, and what actions could combat factors that exacerbated injustices.[8]

In the United States, the Office of Disease Prevention and Health Promotion, of the U.S. Department of Health and Human Services, which sets data-driven priorities to improve health and well-being nationwide, began to introduce Social Determinants of Health (SDH) through its Healthy People program.

Healthy People was created in 1979 in response to an emerging consensus among scientists and health authorities that national health priorities should emphasize disease prevention. These priorities are revised and updated every ten years. The topic of Social Determinants of Health was introduced in 2010, in the "Healthy People 2020". Also, in 2010 the Affordable Care Act (ACA) embodying the ideas put in place by the WHO, included a goal to bridge the gap between community-based health and healthcare as a medical treatment, clearly signaling that a larger consideration of social determinants of health was emerging in policy.[9]

Figure 1. Social Determinants of Health. Healthy People 2030.

Healthy People 2020 confirmed the importance of addressing the social determinants of health by including "***Create social and physical environments that promote good health for all***" as one of the four overarching goals for the decade. [10]

Ten years later, Healthy People 2030 includes Social Determinants of Health as one of its five overarching goals: "***Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all***".[11] This new version adds two important words: *economic* and *well-being*.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 2. Social Determinants of Health. Henry J. Kaiser Family Foundation.

Health care reform, and especially the accountable care movement, is increasingly driving health systems to think upstream to avoid expensive downstream utilization. Rooted in these emerging policies, studies to further document the relationship between social determinants of health and health outcomes have been conducted. Many studies have focused on housing as a Social Determinant of Health; they have resulted in strong evidence characterizing housing's relationship to health.[12] This has resulted in healthcare organizations like Kaiser Permanente investing in affordable housing.

Let's examine this relationship between housing and health.

HOUSING AS A SOCIAL DETERMINANT OF HEALTH

The impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.[13] It is important for the DHCD to seek to better understand the health and housing evidence to determine where it might intervene effectively. DHCD staff reviewed the literature and provides herein high-level information for future policy decisions.

Dimensions of Housing

To better comprehend housing as a social determinant of health, this document identifies some of the dimensions of housing, including *stability, quality, safety,* and *affordability,* which with the physical and social characteristics of *neighborhoods* affect health outcomes and healthcare costs.

Stability

Housing instability can be experienced in different forms, being behind on rent, facing eviction or facing foreclosure, making multiple moves, and/or having a history of being homeless.

People who experience housing instability (people who are not chronically homeless but face housing instability in the form of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to people who are stably housed.[14]

Housing instability is also associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression.[15,16] Housing instability can affect health outcomes, because even the simple act of storing medication become difficult or impossible, which can decrease the effectiveness of health care.

Housing instability can result in home foreclosure. Losing someone's home adversely affects health and mental health through channels operating at multiple levels: at the individual level, the stress of personally experiencing foreclosure is associated with worsened mental health and adverse health behaviors, which are in turn linked to poorer health status; at the community level, increasing degradation of the neighborhood environment has indirect, cross-level adverse effects on health and mental health.[17]

At the extreme spectrum of housing instability, people who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality.[18,19] The life expectancy of a homeless person is several years shorter, depending on the age and sex of an analyzed homeless group.[20] Older homeless adults living in shelters have high rates of geriatric conditions, which may increase their risk for acute care use and nursing home placement.[21] According to Kaiser Health News, the average age of death for homeless people in Los Angeles, CA is 48 for women and 51 for men.[22] In contrast, life expectancy for women in California in 2016 was 83 and 79 for men — among the best longevity statistics in the nation.

Unstable housing can result in disruptions to employment, social networks, education, and access to social service benefits. Many people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being.[23]

These and other challenges can result in persistently high health care expenditures due to emergency department and inpatient hospital use.[24] Children who experienced homelessness only while in utero are more likely to be hospitalized or suffer worse health, compared to their peers, in addition, longer periods of homelessness among children generally are associated with worse health outcomes.[25]

In contrast, access to affordable housing likely drives down costs to the health care system and helps meet major health reform utilization metrics. Oregon, which has been a pioneer of the Accountable Care Organization (ACO) model, studied the impact of affordable housing on access to care and the cost of care. The aforementioned study of Oregon's ACO had the following key findings related to affordable housing: Within a population of nearly 10,000 people *costs to health care systems were reduced by 12% after people moved into affordable housing*; *primary care visits increased by 20% after move-in and emergency department visits declined by 18%*; and residents reported that *access to care and quality of care improved after moving into affordable housing*. [26]

The health impacts of other means of stabilizing housing, including rental and foreclosure assistance, have also been rigorously studied in relation to mental health outcomes.[27,28] Equally positive, studies consistently show that housing the homeless improves health outcomes. In one of several randomized controlled trials of interventions to address homelessness, long-term housing subsidies had positive impacts on measures of psychological distress and intimate partner violence. Particularly among chronically homeless people, having a safe place to stay can both improve health and decrease health care costs. [29]

Quality and Safety

Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located.[30] One cannot separate quality and safety.

A number of environmental factors within homes are correlated with poor health. It is well known that exposure to lead irreversibly damages the brains and nervous systems of children.[31] Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation have been associated with poor health outcomes, most notably those related to asthma.[32]

But substandard housing, such as that some members of our Eastern Coachella Valley residents experience also exposes our residents to extreme temperatures. Exposure to high or low temperatures is correlated with adverse health events, including cardiovascular events—particularly among the elderly.[33]

Another aspect of quality and safety that affects families in Coachella Valley is residential crowding, which has also been linked to infectious disease and psychological distress.[34]

Affordability

According to the U.S. Housing and Urban Development (HUD), housing programs in the United States have long measured housing affordability in terms of percentage of income. In the 1940s, the maximum affordable rent for federally subsidized housing was set at 20 percent of income, which rose to 25 percent of income in 1969 and 30 percent of income in 1981. Over time, the 30 percent threshold also became the standard for owner-occupied housing, and it remains the indicator of affordability for housing in the United States.

Keeping housing costs below 30 percent of income is intended to ensure that households have enough money to pay for other non-discretionary costs; therefore, *households that spend more than 30 percent of income on housing costs are considered to be housing cost-burdened*.[35] *Severe rent burden is defined as paying more than 50 percent of one's income on rent.*

When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. Housing costs that are more than a household can reasonably afford can lead to foreclosure or eviction. The housing cost burden is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing. This is why Healthy People 2030 sets the objective to "reduce the proportion of families that spend more than 30 percent of income on housing" as its Social Determinant of Health Objective SDOH-04. [36]

In Coachella Valley -and the U.S. in general, a large and growing number of people face serious difficulty finding affordable housing in a broad range of communities because of the dual problems of a shortage of units, and a lack of income to afford what is available.

Lack of affordable housing and insufficient income is recognized as the leading cause of homelessness. [37]

According to HUD's 2020 Homeless Point-In-Time (PIT) Count, there were more than 567,000 homeless individuals in the U.S. More than one quarter (151,000) of them in California.[38] The number of homeless individuals across the state has continued to increase each year. The Riverside County Continuum of Care 2020 PIT Count shows that in Coachella Valley, there has been a steady increase in homeless populations, from 399 in 2016 to 627 in 2020. It also has found an alarming increase in homeless families with children, both sheltered (+22%) and unsheltered (+200%).[39]

Low-income families with difficulty paying their rent or mortgage or their utility bills are less likely to have a usual source of medical care and more likely to postpone needed treatment than those who enjoy more-affordable housing. [40]

The Neighborhood

The neighborhoods we live in shape our behaviors and influence our health. Research on the influence of physical surroundings on health has been ongoing since John Snow investigated the Broad Street pump that alerted the community about the risk of cholera in 1849 London. In the

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modern era, researchers have found that the availability of resources such as public transportation to one's job, grocery stores with nutritious foods, and safe spaces to exercise are all correlated with improved health outcomes. [41, 42] Living in close proximity to high-volume roads, in contrast, is a danger to health and can result in increased rates of respiratory diseases such as asthma and bronchitis and increased use of health care.[43] In one study of neighborhood blight remediation, even walking past a vacant lot that had been "greened" decreased heart rate significantly, in comparison to walking past a non-greened vacant lot. The same authors also found that abandoned building and lot remediation significantly reduced firearm violence. Researchers evaluating the creation of a Safe Routes to School program in Texas found that the addition of sidewalks, bike lanes, and safe crossings reduced pedestrian and bicyclist injuries by 43 percent among children ages 5–19. [44]

Less visible but potentially even more important are neighborhoods' social characteristics, including measures of segregation, crime, and social capital. Sociologists have conducted crucial research that describes the health impacts of social and institutional dynamics of communities. Researchers have documented the impact of neighborhood segregation on health, suggesting that segregation widens health disparities by determining access to schools, jobs, and health care; influencing health behaviors; and increasing crime rates in neighborhoods of color. [45]
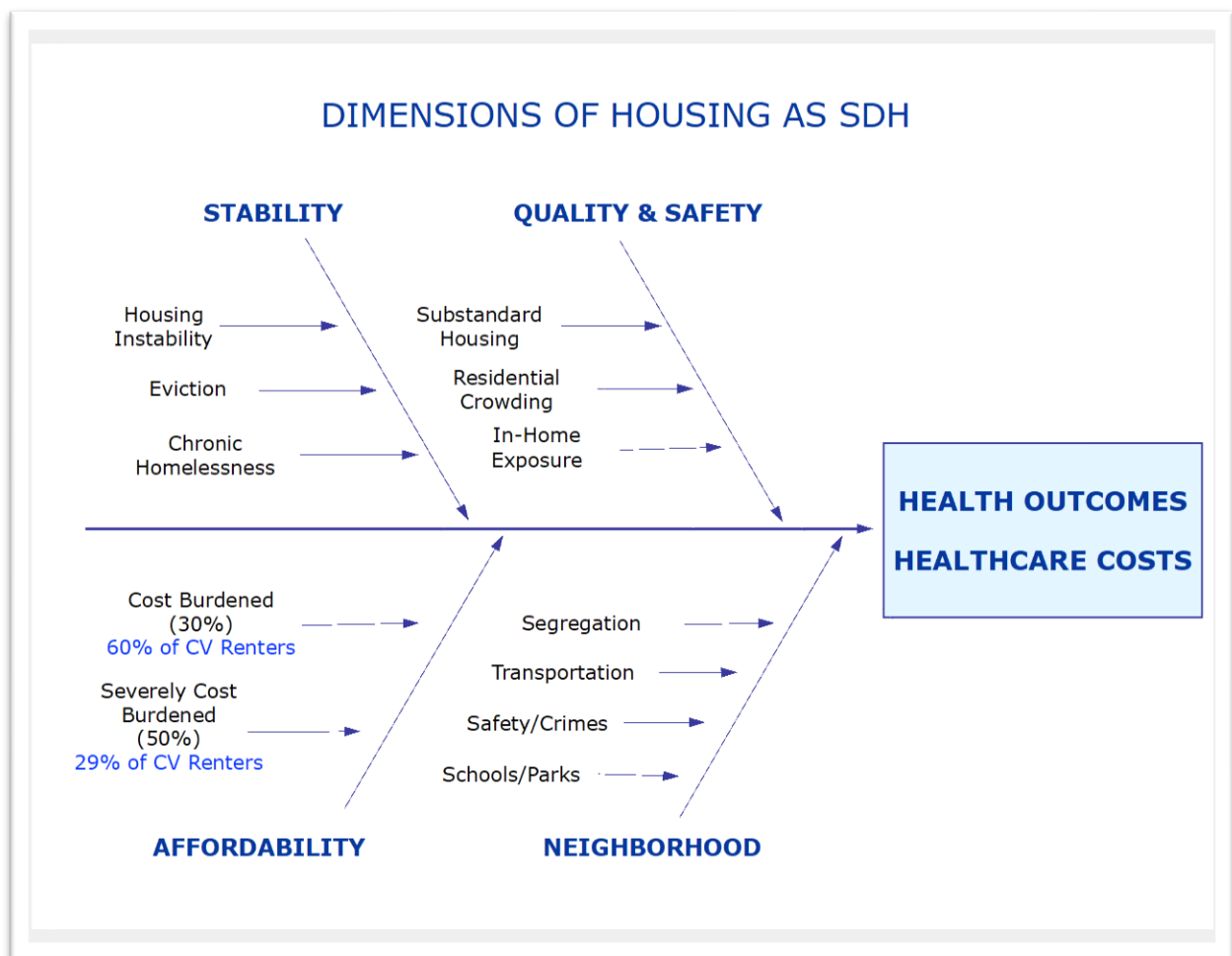

Figure 3. Housing as Social Determinant of Health.

KEY POLICY IMPLICATIONS

The review of the literature suggests the following key policy implications.

1- States, localities, managed care organizations, and health districts should invest resources in housing solutions that research shows can improve health outcomes and reduce health expenditures for vulnerable individuals.

2- Health services must be integral to affordable housing developments: States, Counties, Municipalities, policymakers, hospital systems, and payers should explore devoting Medicaid and other public and private resources to health-related services and resources such as resident services coordinators to reduce the cost of care and improve health outcomes.

3- In support of more upstream investments into the social determinants of health, community health needs assessments should regularly include affordable housing in their assessments and community health improvement plans.

CONCLUSION

Over the last few years, the impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.

The District has taken a leadership role in many Coachella Valley-wide collective efforts, including funding the development of CV-Link. It has also funded efforts to improve and expand access to healthcare, serving medically underserved populations, reducing the shortage of healthcare workers, addressing health disparities, improving behavioral health, and confronting public health issues. A recent example of such efforts is the District's Homelessness Initiative. In conjunction with the efforts conducted by the Coachella Valley Association of Governments (CVAG), the District has allocated funding of up to $3 million in matching grants to local cities in the Coachella Valley. Addressing Housing as a Social Determinant of Health would be an important upstream step to prevent homelessness.

It is however essential for the DHCD to understand and balance being fiscally prudent with supporting affordable housing to improve health outcomes. It is of utmost importance to determine where it might intervene effectively, and how to accomplish such an important task with limited resources and competing needs and priorities.

Equally important is to determine the role and authority of the District in supporting other efforts to impact the Social Determinants of Health and support the Healthy People 2030 Goals and Objectives through its own Community Health Improvement Plan.

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13

DESERT HEALTHCARE

DISTRICT & FOUNDATION

Date: January 19, 2021

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:

- From September – December 2020, HARC engaged the Advisory Council to recruit community participants for virtual focus group.
  - A total of 40 focus groups were conducted with 205 community participants.
- During the month of November 2020, HARC engaged the Advisory Council members for virtual focus groups.
  - A total of 8 focus groups were conducted with 31 participants.
- The top five health needs identified within the context of the focus groups include: access to healthcare, economic stability, education, environment, and mental health.
  - Various sub-topics have been identified within each topic.
- HARC's next steps will be to weave together the prioritized health needs of the focus groups and the secondary data to produce a list of the top five health priorities for the CHIP.
  - The prioritization process will follow a guide that looks at various criteria areas including prevalence, severity, equity, root causes, etc.
- 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.

UPDATE
2020 Community Health Needs Assessment (CHNA) &
2030 Community Health Improvement Plan (CHIP)

Methods

Recruitment

- Community partners were asked to partner in recruiting focus group participants
- Partners were also asked to participate in the same type of focus group, but separately from community residents
- $25 Visa gift cards were offered to all *community residents* who participated

Focus Group Format

- 1-hour Zoom meeting included a data presentation and discussion
- All participants were asked "what are the most <u>common</u> issues in our community", "what are the most **important** issues", and "are there any **additional issues** in our community we haven't yet discussed"?

Advisory Council Focus Groups

Timeframe

- Held in mid-November

Number of Participants

- There were a total of **8** focus groups with **31** participants

Organizations

- Braille Institute, CV Housing Coalition, CVUSD, Desert Highland Gateway, Desert Arc, Desert Oasis, DSUSD, Eisenhower Health, FIND Food Bank, IEHP, Molina Healthcare, OneFuture Coachella Valley, PSUSD, Pueblo Unido, RAP Foundation, Riverside County Office on Aging

Community Focus Groups

Timeframe

- Held between September and December of 2020

Number of Participants

- There were a total of **40** focus groups with **205** participants

Language

- 31.7% were Spanish-speaking and 68.3% were English-speaking

Community Focus Groups

City of Residence
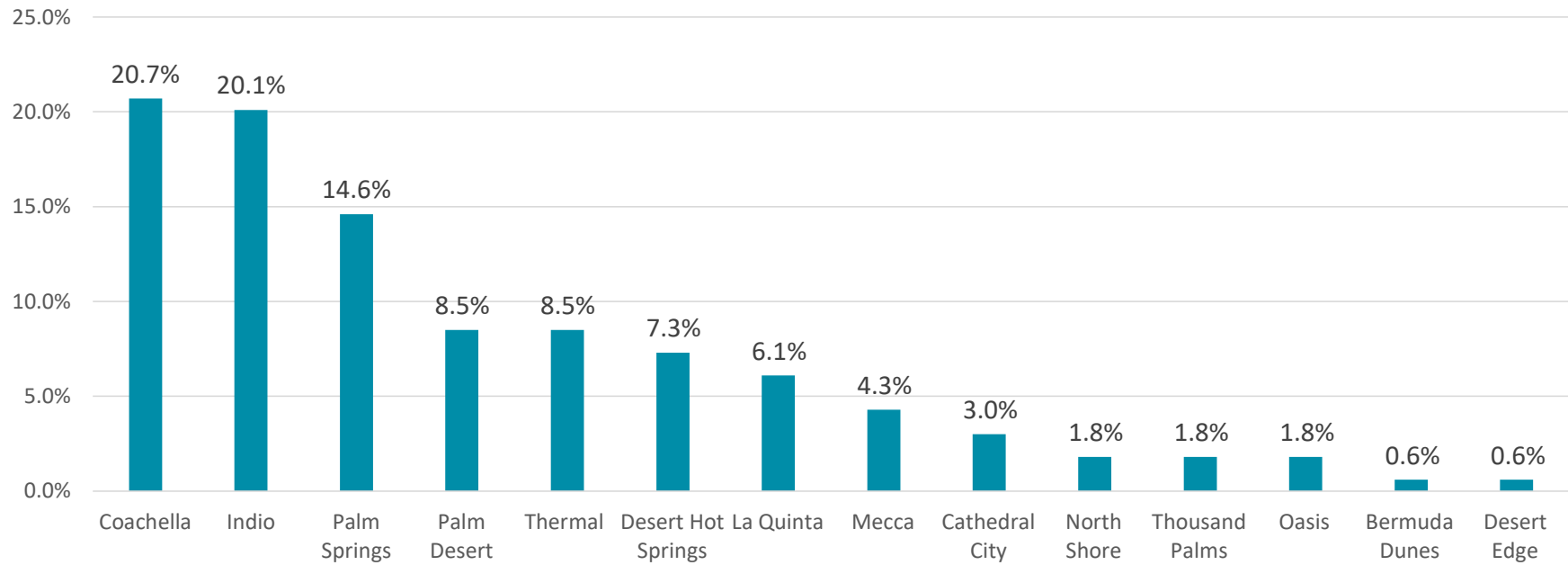
Note: *n* = 205

Top Health Needs Identified

Below are listed the top six priorities for each group; we retained the top five needs that are consistent for both groups (**listed in bold**).

Advisory Council	Community Residents
Access to healthcare	**Access to healthcare**
Economic stability	**Economic stability**
Education	**Education**
Environment	**Environment**
Mental health	Injury and violence
Nutrition, obesity, physical activity	**Mental health**

Top Health Needs Identified

Below are listed the top five priorities, along with the main subtopics for each top health need

Top Needs	Common Subtopics
Access to healthcare	Physician shortage, high costs, quality of care
Economic stability	Homelessness, affordable housing, higher paying jobs needed
Education	Community needs health education, more resources needed
Environment	Infrastructure lacking in ECV, poor air quality in ECV, transportation is lacking
Mental health	More services/resources needed, need education/resources

Next Steps

Prioritize Community Health Needs	Implementation Strategies	Design Evaluation
• SMEs will prioritize health needs using data report and the prioritization process outlined by Bramlett et. al. (2019) • Weave together three sources to identify final list of top priorities	• Another round of input from the community, AC, and SC to develop strategies to address needs • Develop a "next steps" plan • Creation of an online "community dashboard"	• Design evaluation plan to measure progress at addressing the top health needs
January	*January* *February*	*March*

Community Focus Group
Results and Codebook

A total of **40** focus groups were held with **205** members of the Coachella Valley community. All community members were given a data presentation that highlighted key findings in the full Community Health Needs Assessment (CHNA) report. At the end of the data presentation, community members were asked to indicate the most common issue(s), the most important issue(s), and any additional community issues we should know about. Responses to each of these three questions were qualitatively coded separately and then combined to create an overall total count for each community issue.

TOPICS MOST COMMONLY MENTIONED

The topics most commonly mentioned include: access to healthcare (n = 92), economic stability (n = 89), environment (n = 63), education (n = 48), mental health (n = 43), and injury and violence (n = 32)

Topic	Number of Mentions
Access to healthcare	92
Economic stability	89
Environment	63
Education	48
Mental health	43
Injury and Violence	32

SUB-TOPICS MOST COMMONLY MENTIONED

The sub-topics most commonly mentioned include: homelessness (n = 26), affordable housing (n = 23), physician shortage (n = 22), crime (n = 18), and high cost of healthcare (n =16).

Topic	Number of Mentions
Homelessness	26
Affordable housing	23
Physician shortage	22
Crime	18
Healthcare is expensive	16

The comprehensive analysis of topics and subtopics are detailed on the subsequent pages of this document.

1/13/21

Community Focus Group
Results and Codebook

Access to Healthcare

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Access to information/navigation needed	• People need help navigating how to access care	2	6	0	8
East Valley Access	• Less access in the East Valley • Transportation issues in the East Valley	5	8	0	13
Expensive	• Healthcare services • Insurance • Prescriptions	8	7	1	16
Language Barrier	• Need more translators available • Indigenous Mexicans do not speak Spanish and have less access to resources	1	2	0	3
More resources needed	• Need care facilities at schools • Need resources for underserved communities (e.g., medical resources, immediate care in schools, etc.)	0	4	0	4
Physician Shortage	• Not enough doctors/specialists • Not enough Medi-Cal doctors • Not enough time with the doctor	7	12	3	22
Quality of Care	• Need better quality of care • Doctors lack empathy and care • Hard to get an accurate diagnosis	2	12	0	14
Resources for undocumented	• Undocumented need health resources • Immigrants lack health insurance	1	2	0	3
Transportation	• Makes it difficult to get care	3	0	0	3
Uninsured	• Many are uninsured	6	0	0	6
TOTAL		35	53	4	92

Economic Stability

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Affordable Housing	• Affordable housing is needed • All our money goes to rent	10	13	0	23
Higher paying jobs needed	• Wages are unlivable • Low wages	8	2	1	11
Homelessness	• Homelessness is an issue	17	9	0	26
Internet	• Lack of internet connection	0	2	0	2
Little to no employment	• Not enough jobs • Unemployment	6	0	0	6
Poverty	• Many families live in poverty	4	4	2	10
Substandard housing	• Many living in poor conditions (e.g., missing gas for stove, crowded housing)	4	2	0	6
Seniors have a hard time finding a job	• Older people are overqualified or not considered	1	0	0	1
Need better work conditions	• Work conditions should be improved • Jobs leave little time to take care of health	1	2	0	3
Seasonal Employment	• Weather inhibits people from working, making it hard to earn money	1	0	0	1
TOTAL		56	34	3	89

Community Focus Group
Results and Codebook

Education

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Community [health] education	• Need more awareness on health issues • Need community education on issues not presented in schools	8	7	0	15
Education	• Education is generally a high priority	2	3	0	5
Educational attainment	• Educational attainment needs to be improved; more people need to go to college • Differences in educational attainment across districts	2	4	0	6
Quality of education	• Need better quality education • Need teachers who are passionate/care	5	2	0	7
Resources are needed	• Need for funding and resources (e.g., guidance counseling, computers for students, tutoring services, etc.) • Need for scholarships	9	1	0	10
Resources needed in the ECV	• East Valley is lacking educational resources	1	0	0	1
Vocational education	• More emphasis on vocational education • Vocational training needs to be made available	4	0	0	4
TOTAL		31	17	0	48

Environment

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Air quality	• Air quality negatively affects all of us	1	2	0	3
Air quality in the ECV	• The Salton Sea is causing poor air quality • Poor air quality in ECV	8	0	0	8
Allergies and asthma	• "Allergies" • There is a lot of asthma	2	0	0	2
Infrastructure lacking in ECV	• No sidewalks; poor lighting • Poor Internet connectivity	6	3	0	9
Heat	• It is so hot in the Valley • Air conditioners need to be made available	2	1	1	4
Pesticides	• Pesticide exposure from fields • Pesticide contamination is a problem	3	1	0	4
Pollution	• People dump trash • Pollution	0	3	0	3
Poor water quality	• Access to clean water	0	1	0	1
Poor water quality in the ECV	• Lacking potable water	5	1	0	6
Salton Sea	• Salton Sea is harming the health of residents (e.g., nosebleeds, colds, asthma, etc.)	0	4	0	4
Traffic	• Traffic has increased recently and needs attention	1	0	0	1
Transportation	• Lack of transportation • No public transportation	6	1	1	8
Transportation in the ECV	• No public transportation in the ECV	1	2	0	3
Walkability is low	• Poor walkability leads to poor community cohesion	0	5	2	7
TOTAL		35	24	4	63

Injury and Violence

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Heart disease/hypertension	• Heart disease is high • Hypertension	0	2	0	2
High crime	• Crime is high in the valley • There are fights and gang violence	8	9	1	18
Leading causes of death	• Leading causes of death need attention • Diabetes (leading cause of death)	1	3	0	4
Need domestic violence shelters	• There is only one shelter; women need a place to go	1	0	0	1
Need more public safety	• Need more police presence • There are no firefighters	3	4	0	7
TOTAL		13	18	1	32

Maternal, Infant, and Child Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Children in poverty	• Poverty in children must be addressed	0	3	0	3
Extracurricular activities needed	• Children need physical activities • Children need intellectual activities	2	0	0	2
Infant mortality	• Infant mortality rate needs to be addressed	0	1	0	1
Maternal health	• Need more pre-natal care • Women need information on post-partum	0	2	0	2
More child services needed	• Children need more services (nutrition, oral health) • We need to invest in our children • Need resources for children with disabilities	1	1	0	2
Nose bleeds among children	• Chronic nose bleeds among children	3	0	0	2
Parent – child relationship	• Need better communication between parents and children	2	0	0	2
TOTAL		7	7	0	14

Mental Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Cultural issues/stigma	• Need education and awareness that is culturally sensitive • Mexican culture does not talk about it	1	2	0	3
Depression	• "Depression"	2	0	1	3
Expensive	• Affordable mental health care is needed	1	2	0	3
Gambling addiction	• Many struggle with gambling addiction	1	0	0	1
Homeless	• Homeless struggle with mental health	2	0	0	2
Isolation	• Many are alone and in need of connection	3	0	0	3
Lack of providers	• There is a lack of mental health providers	1	1	0	2
Mental health	• Mental health is an important issue	2	9	1	12
Need more education/awareness	• People should know more about it • People do not know how to get help	0	5	0	5
Need more services/resources	• Need more mental health clinics/ resources	5	4	0	9
TOTAL		18	23	2	43

Nutrition, Obesity, and Physical Activity

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Exercise opportunities	• Need "physical activities"	0	1	0	1
Food shortage/Food access	• There is a lack of food • Food in general is an issue • Food access for low-income	4	2	0	6
Healthy food is expensive	• Healthy food is more expensive than fast food	1	0	0	1
Lack of education on nutrition	• Many are uneducated on how to make better choices • Lack of education on nutrition	5	0	0	4
Obesity	• Obesity is a problem • Obesity among low income	8	3	1	12
Poverty related to unhealthy eating	• Low-income have little access to healthy foods • Low-income need education on nutrition • Obesity in low-income households	3	0	0	3
TOTAL		21	6	1	28

Oral Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Expensive	• Dental care is expensive	1	0	2	3
Need resources	• There more low-cost dental care available • Need more dental care	1	1	0	2
People delay dental care	• People delay care and it makes problems worse	1	0	0	1
Uninsured	• People can't afford dental insurance	1	0	0	1
TOTAL		4	1	2	7

Preventative Care

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Need preventative care	• More preventative care needs to be available	0	3	0	3
TOTAL		0	3	0	3

Reproductive and Sexual Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
HPV Vaccine	• HPV vaccine needs to be more widely available	0	1	0	1
Sex Education is needed	• Need sex education in schools	11	1	0	12
Sexually transmitted diseases (STD's)	• STD's • HIV/AIDS	2	2	1	5
TOTAL		13	4	1	18

Substance Use

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Drug treatment needed	• Addiction treatment is needed for people without insurance	1	3	0	4
Drug use/Addiction	• Drug use is a problem • Substance abuse rate is high • Methamphetamine problem	7	6	1	14
Marijuana use	• Marijuana use, there are so many dispensaries	1	2	0	3
Substance use among youth	• Drug and alcohol use among underage youth • Youth need education on substance abuse	1	2	1	4
TOTAL		10	13	2	25

Community Focus Group
Results and Codebook

Overarching Issues

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Activities for youth	• Need parks and community centers to keep youth out of trouble	0	1	0	1
Awareness of resources	• Community members need to know about all the resources available	0	3	0	3
Disabilities	• Activities for people with disabilities • People with dementia	2	0	0	2
Emergency services	• "Emergency services" are needed	0	1	0	1
Farmworkers	• Migrant farmworkers need to be taken care of; better housing needed	0	1	0	1
Greater community cohesion	• Neighbors need to know each other	0	1	0	1
Health disparities	• Health disparities between racial/ethnic groups	0	1	0	1
Quality of care at homeless shelters	• Need more workers with empathy • Many workers are insensitive	3	0	0	3
Racism	• Racism is widespread	1	0	1	2
Seniors	• Economic support for seniors • Seniors need affordable housing • Need geriatric physicians	7	5	0	12
Veteran care	• Need local care for Veterans	0	1	0	1
TOTAL		13	14	1	28

Advisory Council Focus Group Results
and Codebook

A total of **8** focus groups were held with **31** community leaders serving on our Advisory Council. These community leaders were given the same data presentation as our community members and were asked the same questions. Specifically, community leaders were asked to indicate the most common issue(s), the most important issue(s), and any other community issues we should know about. Responses to each of these three questions were qualitatively coded separately and then combined to create an overall total count for each community issue.

TOPICS MOST COMMONLY MENTIONED

The topics most commonly mentioned include: environment ($n = 12$), economic stability ($n = 10$), nutrition, obesity, and physical activity ($n = 10$), education ($n = 7$), access to healthcare ($n = 7$) and mental health ($n = 7$).

Topic	Number of Mentions
Environment	12
Economic stability	10
Nutrition, obesity, and physical activity	10
Education	7
Access to healthcare	7
Mental health	7

SUB-TOPICS MOST COMMONLY MENTIONED

The sub-topics most commonly mentioned include: affordable housing, food access, mental health, obesity, and racism, ($n = 4$ for all).

Topic	Number of Mentions
Affordable housing is needed	4
Food access	4
Mental health	4
Obesity	4
Racism	4

The comprehensive analysis of topics and subtopics are detailed on the subsequent pages of this document.

Advisory Council Focus Group Results and Codebook

Access to Healthcare

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Access to information	• Many lack access to healthcare information	1	0	0	1
Expensive	• High deductibles	0	1	0	1
Language Barrier	• Many cannot communicate with doctors due to the language barrier	0	1	0	1
Physician Shortage	• Not enough doctors • Hard to access doctors	0	1	0	1
Transportation	• Makes it difficult to get care	0	0	1	1
Uninsured	• Many are uninsured	1	0	1	2
TOTAL		2	3	2	7

Economic Stability

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Affordable Housing	• Affordable housing is needed • Rental assistance is needed	3	1	0	4
Homelessness	• Homelessness is an issue	1	0	0	1
Internet	• People need more access to Internet and technology	1	0	0	1
Poverty	• Many families live in poverty	2	1	0	3
Substandard housing	• Mobily home parks have inadequate conditions (poor central air, poor water)	0	0	1	1
TOTAL		7	2	1	10

Education

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Community [health] education	• Need community outreach and education on health	0	1	0	1
Educational attainment	• Educational attainment needs to be improved; need higher education levels locally to improve the economy	0	2	0	2
Health literacy is needed	• Need more awareness on health issues	2	0	0	2
Low tech literacy	• Many have low literacy about technology	1	0	0	1
Poverty	• Poverty hinders education (e.g., one student had to sacrifice his education to care for siblings)	0	1	0	1
TOTAL		3	4	0	7

Advisory Council Focus Group Results and Codebook

Environment

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Air quality in the ECV	• The Salton Sea is causing poor air quality	2	1	0	3
Childhood asthma	• Childhood asthma is common, and resources are needed to help	0	0	1	1
Lack of transportation	• Lack of transportation makes it difficult for seniors and those living in the East Valley to access healthcare and other resources	3	0	0	3
Poor walkability	• No sidewalks • Cities are not walkable or bikeable	0	2	0	2
Poor water quality	• Mobile homes in the east valley do not have access to potable water	0	0	1	1
Road safety issues	• High speed roads are unsafe • New safety rules are needed (e.g., widen sidewalks, etc.)	0	2	0	2
TOTAL		5	5	2	12

Injury and Violence

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Leading causes of death	• Chronic health conditions • Diabetes is a serious health issue	0	2	0	2
TOTAL		0	2	0	2

Maternal, Infant, and Child Health

- No comments provided

Mental Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Lack of providers	• There is a lack of mental health providers	1	1	0	2
Mental health	• Mental health is generally important	2	2	0	4
Stigma	• Stigma prevents mental health treatment	1	0	0	1
TOTAL		4	3	0	7

Nutrition, Obesity, and Physical Activity

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Exercise opportunities	• Need more exercise classes	0	1	0	1
Food access	• Hard to access healthy foods • Grocery stores are spread out	1	3	0	4
Food shortage	• There is a lack of food	1	0	0	1
Obesity	• Obesity is a problem • Obesity is widespread	4	0	0	4
TOTAL		6	4	0	10

Oral Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Dental care is important	• Dental care is important for health	1	1	0	2
Need resources	• There is a lack of oral care in the region	1	0	0	1
Transportation	• Transportation makes it difficult for many to get oral health care	0	1	0	1
TOTAL		2	2	0	4

Preventative Care

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Need preventative care	• Need check-ups and preventative care	1	0	0	1
TOTAL		1	0	0	1

Reproductive and Sexual Health

Subtopic	Description of subtopic	Number of Reponses			
		Common	Important	Additional Issues	TOTAL
Sex education is needed	• Need check-ups and preventative care	2	0	0	2
TOTAL		2	0	0	2

Substance Use

- No comments provided

Advisory Council Focus Group Results
and Codebook

Overarching Issues

Subtopic	Description of subtopic	Number of Reponses			
		Common	*Important*	*Additional Issues*	TOTAL
Awareness of resources	• Community members need to know about all the resources available	0	2	0	2
Disaster preparedness	• People need to prepare for earthquakes, pandemics, etc.	1	0	0	1
Health disparities	• Need equal access to resources for all (e.g., medical, rental assistance, food).	2	0	0	2
Racism	• Racism is widespread • Racism causes health disparities	4	0	0	4
TOTAL		7	2	0	9