



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
March 23, 2021
6:30 P.M.**

Immediately Following the Adjournment of the Desert Healthcare District Board Meeting

In accordance with the current State of Emergency and the Governor’s Executive Order N- 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting. 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/83657671085?pwd=ODRTSIIiRa0c0ckw2RGtMmUxKzUyZz09>
Password: 959066**

Participants will need to download the Zoom app on their 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 Board when called upon:
Webinar ID: 836 5767 1085
Password: 959066**

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 03/23.

<i>Page(s)</i>	<i>AGENDA</i>	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President De Lara Roll Call Director Zavala____Director Shorr____Director Zandle, MD____ Director PerezGil____Director Rogers, RN____ Vice-President/Secretary Borja____President De Lara	
1-3	B. APPROVAL OF AGENDA	Action
	C. PUBLIC COMMENT 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 Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	

	D. CONSENT AGENDA	Action
	All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	
4-13	1. BOARD MINUTES a. Board of Directors Meeting – February 23, 2020	
14-23	2. FINANCIALS a. Approval of the February 2021 Financial Statements – F&A Approved March 09, 2021	
24-27	3. COST GRANT EXTENSION a. Acceptance of Grant #1134 from the District to the Foundation for an additional allocation of \$100,000 towards Expanding Racial Diversity in the Health Profession Workforce for a total of \$200,000, increasing the total grant amount from \$500,000 to \$600,000	
	E. DESERT HEALTHCARE FOUNDATION CEO REPORT – Conrado E. Bárzaga, MD, CEO	
28-32	1. Update – Eastern Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution	Information
	2. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley a. Update – Request for Proposals (RFP) – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD plus \$100,000 Inland Empire Health Plan (IEHP), and (\$75,000 Lift to Rise)	Information
33-35	3. Consideration to approve the contract amendment with Riverside County Public Health Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Funding to extend and expand COVID-19 Outreach and Education efforts to increase the number of at-risk community members who are fully vaccinated – \$1.2M	Action
	F. COMMITTEE MEETINGS	
	1. PROGRAM COMMITTEE – Chair Evett PerezGil, Vice-President Karen Borja, and Director Carmina Zavala	
36-39	1. Draft Meeting Minutes – March 09, 2021	Information
40-41	2. Grant Payment Schedules	Information



- 2. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE** – Chair/Treasurer Arthur Shorr, President Leticia De Lara, and Director Les Zendle, MD
- 42** 1. Draft Meeting Minutes – March 09, 2021 Information
- G. HOMELESSNESS INITIATIVE**
- 43-51** 1. Consideration to approve a Memorandum of Understanding between the Desert Healthcare Foundation and the Coachella Valley Association of Governments in the amount of \$500,000 for the period of April 1, 2021 through June 30, 2022 to support the current homelessness programs through the CV Housing First program **Action**
- H. OLD BUSINESS**
- 52-94** 1. Public Health Institute Grant #1046 – Coachella Valley Air Quality and Health Analysis Progress Report and 2017-2019 Air Pollution Trends in the Coachella Valley Information
- I. ADJOURNMENT**



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Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Leticia De Lara Vice-President/Secretary Karen Borja Director Carole Rogers Director Evett PerezGil Director Les Zendle, MD Director Arthur Shorr Director Carmina Zavala	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Will Dean, Marketing and Communications Director Alejandro Espinoza, Program Officer and Outreach Director Eric Taylor, Accounting Manager Meghan Kane, Programs and Research Analyst Vanessa Smith, Special Projects and Program Manager Erica Huskey, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President De Lara called the meeting to order at 7:18 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Approval of Agenda	President De Lara asked for a motion to approve the agenda.	#18-77 MOTION WAS MADE by Director PerezGil seconded by Director Zavala to approve the agenda. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0
C. Public Comment	There was no public comment.	

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<p>D. Consent Agenda</p> <p>1. BOARD MINUTES</p> <p> a. Board of Directors Meeting – January 26, 2021</p> <p>2. FINANCIALS</p> <p> a. Approval of the January 2021 Financial Statements – F&A Approved February 09, 2021</p> <p>3. AGREEMENTS</p> <p> a. No-cost extension agreement between CONCUR, Inc. and the Desert Healthcare Foundation through June 30, 2021 to continue addressing air quality in the Eastern Coachella Valley</p> <p>4. MATCHING CONTRIBUTION</p> <p> a. Consideration to approve the recommendation to contribute a match of \$150,000 to the Regional Access Project Foundation (RAP) to support the organization’s Health/Mental Health Initiative (2021.01)</p>	<p>President De Lara asked for a motion to approve the consent agenda.</p> <p>Director Zendle pulled item D.4. for discussion, and President De Lara recused herself from the discussion.</p> <p>Donna Craig, Chief Program Officer, described the second request from the Regional Access Project Foundation’s (RAP) initiative for a contributing match of \$150k for the health and mental health request for proposals. Several organizations have applied, totaling over \$400k with 14 invites to submit proposals managed by RAP with support from the District as an opportunity to leverage additional funding of the District’s behavioral health initiative as a collective impact approach to assist with the needs throughout the Coachella Valley.</p>	<p>#18-78 MOTION WAS MADE by Director Zendle seconded by Director Shorr to pull D.4. from the consent agenda and approve the remaining items. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 0</p> <p>#18-79 MOTION WAS MADE by Director Rogers seconded by Director PerezGil to approve the recommendation to contribute a match of \$150,000 to the Regional Access Project Foundation (RAP) to support the organization’s Health/Mental Health Initiative (2021.01). Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala</p> <p>NOES – 0</p> <p>ABSENT – 0</p>
<p>E. Desert Healthcare Foundation CEO Report</p> <p>1. Update – Eastern Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and</p>	<p>Conrado Bárzaga, MD, CEO, highlighted the work of the partners providing education and PPE in the Eastern Coachella Valley to address equity, removing</p>	



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<p>Vaccination Distribution</p>	<p>barriers with COVID-19, such as linguistics, testing site locations, and internet access. The testing events at packing houses, churches, and community centers throughout the Valley, including in Cathedral City and Desert Highland Gateway Estates, providing over 4,400 COVID-19 tests to date, further highlighting the shared leadership, including District staff – Alejandro Espinoza, Program Officer and Outreach Director.</p> <p>Mr. Espinoza outlined the efforts of the community-based organizations in creating the groundwork to address the demands, and introduced the following collaborative partners that provided public comments on the positive aspects of the cooperative endeavors, such as the interactions, the promotoras' achievements with the farm working communities, mental health, and support services, focus groups, campaigns, and other preventive efforts:</p> <p>Janell Percy, Executive Director, Growing Coachella Valley</p>	
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<p>2. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</p> <p>a. Request for Proposals (RFP) – February 12 Deadline – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD Contribution - \$100,000 Inland Empire Health Plan (IEHP) - \$75,000 Lift to Rise)</p>	<p>Melinda Cordero-Bárzaga, Associate Director, Vision y Compromiso</p> <p>Alexander Fajardo, Executive Director, El Sol Neighborhood Educational Center</p> <p>Claudia Castorena, CFO, Galilee Center</p> <p>Silvia Paz, Executive Director, Alianza</p> <p>Sergio Carranza, Executive Director, Pueblo Unido</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez</p> <p>Dr. Bárzaga, CEO, described the background and request for proposals for the District's role in addressing the health needs of Black communities in the Coachella Valley. Staff is collaborating with the community members for an upcoming meeting to discuss and review the proposals.</p>	
<p>F.1. Program Committee</p> <p>1. Draft Meeting Minutes – January 12, 2021</p>	<p>Director PerezGil, Chair, Program Committee,</p>	

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<p>2. Grant Payment Schedule</p> <p>3. Expanding Racial Diversity in the Health Profession Workforce – Consideration to approve Grant #1148 OneFuture Coachella Valley: Black and African American Healthcare Scholarship and Student Success Initiative – \$200,000 for two (2) years.</p> <p>F.2. F&A Committee</p> <p>1. Draft Meeting Minutes – February 09, 2021</p>	<p>inquired on questions from the Board concerning the meeting minutes of the January 12 meeting, including the grant payment schedule.</p> <p>Donna Craig, Chief Program Officer, described the details of OneFuture Coachella Valley’s two-year grant request to support the District’s expansion of racial diversity in the health profession workforce for the planning phase of development to a sustainable structure and the initial launch that addresses disparities and obstacles in college enrollment and attainment and entry into health careers among our region’s African American student population.</p> <p>Director Shorr provided an overview of the February F&A Committee meeting minutes.</p>	<p>#18-80 MOTION WAS MADE by Director PerezGil seconded by Director Rogers to approve Grant #1148 OneFuture Coachella Valley: Black and African American Healthcare Scholarship and Student Success Initiative – \$200,000 for two (2) years. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>G. Homelessness Initiative</p> <p>1. Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), Homelessness Presentation Update</p>	<p>Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG) congratulated the District on the collaborative and extensive efforts of COVID-19 testing and vaccinations, further acknowledging Director</p>	



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	<p>Rogers for inviting him to provide a presentation.</p> <p>In conjunction with Mr. Kirk's detailed presentation on CV 200, the history of CV Housing First, rapid resolutions, stabilization units, the number of clients housed, successful exits, mobile access centers, partnerships, and Tom Cox, Management Analyst, formerly staffed at the Coachella Valley Rescue Mission, also provided an overview of CVAG's efforts with the CV 200 platform.</p> <p>Director Rogers challenged the county and cities to identify places to house people experiencing homelessness on an interim basis and use case management for permanent housing.</p> <p>Director Zendle suggested a communication plan to advise the community on the work, such as addressing the \$10M for a shelter on the westside, tiny homes, and other ideas that have come forth.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez explained that the county has communicated with</p>	
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	<p>the city of Palm Springs on the \$10M allocation to leverage with Project Room Key for the Ivy Palm, which fell through due to the bankruptcy court matter; however, the county-funded three affordable housing projects of 69 supportive housing units and discussions with the city are ongoing to augment the access center CVAG is operating at the boxing center and developing other housing units or emergency overnight shelters. \$1.5M yearly operating costs is also a challenge with continuing discussion underway. The county is furthering its efforts with its communications and marketing, such as community presentations, van wraps, and updating the public through all collaborative methods.</p> <p>President De Lara acknowledged Tom Cox's work to advance and bring attention to the problem with and genuine solutions.</p>	
<p>H. Old Business</p>	<p>There was no old business; however, Directors provided the following comments:</p> <p>President De Lara described the support for Fr. Valdovinos and a bench</p>	



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	<p>at the church with a plaque acknowledging his contributions to the community in addition to a \$10k financial contribution to the Sanctuary of Our Lady of Guadalupe Church.</p> <p>Director PerezGil explained that the Board should not move around agenda items as it is not fair to other attendees that are presenting matters to the Board. President De Lara specified that in the future, as the Board President, she will adhere to the agenda unless there are other circumstances.</p> <p>Director Zendle suggested moving items, such as presentations to the beginning of the agenda as presented in the past.</p>	
<p>I. New Business</p> <p>1. Consideration to approve entering a Memorandum of Understanding (MOU) as a partner commitment to support the work in the East Coachella Valley Promise Neighborhoods Collaborative grant – a coordinated “Cradle to Career” pipeline to help better serve all students and families in the East Coachella Valley</p>	<p>Dr. Bárzaga, CEO described the framework of the MOU as an opportunity to bring the cradle to career model to the community which is a nationwide effort to provide support to young children at early stages for success and opportunities, recommending the District’s partnership and commitment to assist the community in fulfilling the promise.</p>	<p>#18-81 MOTION WAS MADE by Director Zendle seconded by Director Rogers to approve entering a Memorandum of Understanding (MOU) as a partner commitment to support the work in the East Coachella Valley Promise Neighborhoods Collaborative grant – a coordinated “Cradle to Career” pipeline to help better serve all students and families in the East Coachella Valley after review by legal counsel. Motion passed unanimously. AYES – 7 President De Lara, Vice-President Borja, Director Rogers, Director</p>



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	<p>Public Comments supporting the MOU and partnership with the Promise Neighborhoods Collaborative were provided by the following:</p> <p>Neftali Galarza, City of Coachella, City Councilmember</p> <p>Joanne Lauer, Assistant Superintendent, Riverside County Office of Education</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez</p> <p>Sheila Thorton, President/CEO, OneFuture Coachella Valley.</p> <p>Miguel Romero Ochoa, Field Representative, Assemblymember Eduardo Garcia</p> <p>President De Lara explained that the grant is a good opportunity to support funding in the East Valley communities, for staff to identify in-kind services through the grants the District is providing, while highlighting the supportive efforts.</p>	<p>PerezGil, Director Zendle, Director Shorr, and Director Zavala NOES – 0 ABSENT – 0</p>
<p>I. Adjournment</p>	<p>President De Lara adjourned the meeting at 9:18 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>



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ATTEST: _____
Karen Borja, Vice-President/Secretary
Desert Healthcare District Board of Directors

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

DRAFT

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FEBRUARY 2021 FINANCIAL STATEMENTS					
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Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July 2020 through February 2021

	MONTH			TOTAL		
	Feb 21	Budget	\$ Over Budget	Jul '20 - Feb 21	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	2,510	2,500	10	130,270	20,000	110,270
4003 · Grants	0	100,000	(100,000)	1,800,000	800,000	1,000,000
4116 · Bequests - Frederick Lowe	11,377	5,417	5,960	44,451	43,336	1,115
4130 · Misc. Income	0	83	(83)	0	664	(664)
8015 · Investment Interest Income	16,100	8,333	7,767	124,259	66,664	57,595
8030 · Change in Value of CRT's	0	500	(500)	0	4,000	(4,000)
8040 · Restr. Unrealized Gain/(Loss)	12,851	4,167	8,684	227,708	33,336	194,372
Total Income	42,838	121,000	(78,162)	2,326,688	968,000	1,358,688
Expense						
5001 · Accounting Services Expense	958	667	291	7,664	5,336	2,328
5035 · Dues & Memberships Expense	0	42	(42)	25	336	(311)
5057 · Investment Fees Expense	3,682	2,500	1,182	30,902	20,000	10,902
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	664	(664)
5101 · DHCD-Exp Alloc Wages& benefits	12,605	21,844	(9,239)	147,841	174,752	(26,911)
5102 · DHCD-Expenses - COVID CARES	22,127	0	22,127	130,000	0	130,000
5106 · Marketing & Communications	42	3,958	(3,916)	236	31,664	(31,428)
5110 · Other Expenses	503	417	86	3,758	3,336	422
5115 · Postage & Shipping Expense	0	8	(8)	0	64	(64)
5120 · Professional Fees Expense	0	83	(83)	0	664	(664)
8051 · Major grant expense	100,000	83,333	16,667	1,966,624	666,664	1,299,960
8052 · Grant Expense - Collective/Mini	0	27,500	(27,500)	0	220,000	(220,000)
Total Expense Before Social Services	139,917	140,435	(518)	2,287,050	1,123,480	1,163,570
5054 · Social Services Fund	0	5,000	(5,000)	20,000	40,000	(20,000)
Net Income	(97,079)	(24,435)	(72,644)	19,638	(195,480)	215,118

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of February 28, 2021

				Feb 28, 21	Feb 29, 20
ASSETS					
Current Assets					
Checking/Savings					
100 - CASH					
			146 - Checking - Pacific Premier 6718	0	10,535
			149 - Money Market - Pacific Premier	0	1,945
			150 - Petty Cash	200	200
			151 - Checking - Union Bank 7611	1,646,336	430,248
			155 - Summer Homeless Survival Fund	0	11,374
Total Checking/Savings				1,646,536	454,302
Total Accounts Receivable				50,000	0
Other Current Assets					
476-486 - INVESTMENTS					
477 - Morgan Stanley-Investments					
			477.2 - Unrealized Gain/(Loss)	106,471	173,379
			477 - Morgan Stanley-Investments - Other	3,081,877	3,998,283
Total 477 - Morgan Stanley-Investments				3,188,348	4,171,662
486 - Merrill Lynch					
			486.1 - Merrill Lynch Unrealized Gain	597,211	298,472
			486 - Merrill Lynch - Other	1,722,048	1,713,282
Total 486 - Merrill Lynch				2,319,259	2,011,754
Total 476-486 - INVESTMENTS				5,507,607	6,183,416
500 - CONTRIBUTIONS -RCVB -CRTS					
			515 - Contrib RCVB-Pressler CRT	61,277	63,217
			530 - Contrib RCVB-Guerts CRT	126,022	126,022
Total 500 - CONTRIBUTIONS -RCVB -CRTS				187,299	189,239
601 - Prepaid Payables				3,833	3,143
Total Other Current Assets				5,698,739	6,375,798
TOTAL ASSETS				7,395,275	6,830,100

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of February 28, 2021

				Feb 28, 21	Feb 29, 20
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
			1000 · Accounts Payable	1,592	4,356
			1052 · Account payable-DHCD Exp Alloc	31,024	80,361
			Total Accounts Payable	32,616	84,717
Other Current Liabilities					
			2183 · Grants Payable-COVID-CARES PHI	786,250	0
			2185 · Deferred Revenue	50,000	0
			2190 · Current - Grants payable	2,926,266	2,106,963
			Total Other Current Liabilities	3,762,516	2,106,963
			Total Current Liabilities	3,795,132	2,191,680
Long Term Liabilities					
			2186 · Grants payable	1,600,000	2,260,000
			Total Liabilities	5,395,132	4,451,680
Equity					
			3900 · Retained Earnings	1,980,510	2,294,853
			Net Income	19,633	83,567
			Total Equity	2,000,143	2,378,420
TOTAL LIABILITIES & EQUITY				7,395,275	6,830,100

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 02/28/21					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS					
	150 · Petty Cash	200	200	-	-
	151 · Checking - Union Bank 7611*	1,646,336	785,698	860,638	-
Total 100 · CASH - UNRESTRICTED		1,646,536	785,898	860,638	-
Accounts Receivable					
	321 - Accounts Receivable - Other	50,000	-	50,000	-
Total Accounts Receivable		50,000	-	50,000	-
477 · Invt-Morgan Stanley					
	477.2 · Unrealized Gain	106,471	-	106,471	-
	477 · Invt-Morgan Stanley	3,081,877	-	3,081,877	-
Total 477 · Invt-Morgan Stanley		3,188,348	-	3,188,348	-
6441	486.1 · Merrill Lynch Unrealized Gain	597,211	597,211	-	-
	486 · Merrill Lynch	1,722,048	458,518	1,263,530	-
Total 486 · Merrill Lynch		2,319,259	1,055,729	1,263,530	-
	515 · Contrib RCVB-Pressler CRT	61,277	-	-	61,277
	530 · Contrib RCVB-Guerts CRT	126,022	-	-	126,022
	601 - Prepaid payables	3,833	3,833	-	-
Total Current Assets		7,395,275	1,845,460	5,362,516	187,299
TOTAL ASSETS		7,395,275	1,845,460	5,362,516	187,299
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	1,592	1,592	-	-
	1052 - Account Payable - DHCD - Alloc Expenses	31,024	31,024	-	-
	2183 · Grants Payable-COVID-CARES PHI	786,250	-	786,250	-
	2185 - Deferred Revenue	50,000	-	50,000	-
	2190 - Grants Payable - Current Portion	2,926,266	-	2,926,266	-
Total Current Liabilities		3,795,132	32,616	3,762,516	-
	2186 - Grant Payable - Long Term	1,600,000	-	1,600,000	-
Total Liabilities		5,395,132	32,616	5,362,516	-
Equity					
	3900 · Retained Earnings	1,980,510	1,793,211	-	187,299
	Net Income	19,633	19,633	-	-
Total Equity		2,000,143	1,812,844	-	187,299
TOTAL LIABILITIES & EQUITY		7,395,275	1,845,460	5,362,516	187,299
* Restricted funds include Summer Survival Homeless Fund (\$16,772), Donations (\$25,000), Pass-Through Funds and Accounts Payable					

Desert Healthcare Foundation
Deposit Detail
February 2021

Type	Date	Name	Account	Amount
Deposit	02/03/2021		151 - Checking - Union Bank 7611	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
Deposit	02/11/2021		151 - Checking - Union Bank 7611	300,000
Payment	02/11/2021	Riverside County - Public Health - ELC funds	1499 - Undeposited Funds	(300,000)
TOTAL				(300,000)
Deposit	02/24/2021		151 - Checking - Union Bank 7611	13,877
		Misc.	4000 - Gifts and Contributions	(2,500)
		American Society of Composers	4116 - Bequests - Frederick Lowe	(11,377)
TOTAL				(13,877)
			TOTAL	313,887

Desert Healthcare Foundation
Check Register
As of February 28, 2021

Type	Date	Num	Name	Amount
100 - CASH				
151 - Checking - Union Bank 7611				
Bill Pmt -Check	02/03/2021	5150	KESQ Newschannel 3	(1,500)
Bill Pmt -Check	02/03/2021	5151	KUNA-FM	(1,050)
Bill Pmt -Check	02/03/2021	5152	KUNA-TV Telemundo 15	(2,250)
Bill Pmt -Check	02/03/2021	5153	TOP Shop	(132)
Bill Pmt -Check	02/03/2021	5154	Will Dean - Expense Reimbursement	(324)
Bill Pmt -Check	02/03/2021	5155	Alejandro Espinoza - Expense Reimbursement	(15,742)
Bill Pmt -Check	02/10/2021	5156	Miguel Delgado	(400)
Bill Pmt -Check	02/10/2021	5157	TOP Shop	(75)
Bill Pmt -Check	02/10/2021	5158	Union Bank	(1,408)
Bill Pmt -Check	02/11/2021	5159	Galilee Center	(18,750)
Bill Pmt -Check	02/11/2021	5160	Vision Y Compromiso	(105,000)
Bill Pmt -Check	02/24/2021	5161	Angel View Inc.	(5,000)
Bill Pmt -Check	02/24/2021	5162	KESQ Newschannel 3	(900)
Bill Pmt -Check	02/24/2021	5163	KUNA-FM	(700)
Bill Pmt -Check	02/24/2021	5164	KUNA-TV Telemundo 15	(675)
Bill Pmt -Check	02/24/2021	5165	TOP Shop	(585)
Bill Pmt -Check	02/24/2021	5166	State of Calif. Dept. of Insurance	(150)
Bill Pmt -Check	02/25/2021	5167	Pueblo Unido CDC	(25,000)
Check	02/25/2021		Bank Service Charge	(353)
TOTAL				(179,994)

Desert Healthcare Foundation						
Details for credit card Expenditures						
Credit card purchases - January 2021 - Paid February 2021						
Number of credit cards held by Foundation personnel - 2						
Credit Card Limit - \$25,000						
Credit Card Holders:						
Conrado Bárzaga - Chief Executive Officer						
Chris Christensen - Chief Administration Officer						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
	Statement					
	Month	Total		Expense		
Year	Charged	Charges		Type	Amount	Purpose
		\$ 1,407.73				
Monthly Statement:						
2021	January	\$ 1,407.73		Foundation		
				5106	\$ 10.99	cvHIP.com hosting
				5106	\$ 10.00	Desert Sun subscription - marketing
				5102	\$ 1,073.09	Rental car for CV Collaborative Events
				5102	\$ 59.17	Beverages for COVID Testing Event
				5102	\$ 254.48	Food for COVID Testing Event
					\$ 1,407.73	

**DESERT HEALTHCARE FOUNDATION
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE**

February 28, 2021

TWELVE MONTHS ENDED JUNE 30, 2021

A/C 2190 and A/C 2186-Long term		6/30/2020	New Grants	Total Paid	2/28/2021	
		Open	Current Yr	July-June	Open	
Grant ID Nos.	Name	BALANCE	2020-2021	July-June	BALANCE	
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF	\$ 110,105		\$ 37,129	\$ 72,976	HP-cvHIP
BOD - 04/24/18	Behavioral Health Initiative Collective Fund	\$ 1,952,000		\$ -	\$ 1,952,000	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services	\$ 919,801		\$ 63,380	\$ 856,421	Avery Trust
BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services	\$ 7,500		\$ 7,500	\$ -	
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund	\$ 711,383		\$ 115,669	\$ 595,714	Homelessness
F&A - 06/11/19	\$300k Grant Funding Commitment FY18-19 - \$225k Balance	\$ 119,156		\$ 95,000	\$ 24,156	EV Funding
BOD - 9/26/17; 10/23/18; 09/24/19 (#1025)	RSS Funds-From Investment Funds & DHCD Grants	\$ 174,279		\$ 903	\$ 173,376	RSS
	Reclass Unexpended Balance for COVID-19 Per BOD 10/27/20				\$ (173,376)	
F&A - 06/09/20	\$300k Grant Funding Commitment FY19-20	\$ 300,000		\$ -	\$ 300,000	
BOD - 07/28/20 (#1134)	DHCD/IEHP - Addressing the Healthcare Needs of Black Communities		\$ 400,000	\$ -	\$ 400,000	
	IEHP Contribution to Grant #1134 (Aug 2020)		\$ 50,000	\$ -	\$ 50,000	
	Lift To Rise Contribution to Grant #1134 (Dec 2020)		\$ 75,000	\$ -	\$ 75,000	
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs		\$ 200,000	\$ -	\$ 200,000	
TOTAL GRANTS		\$ 4,294,223	\$ 725,000	\$ 319,581	\$ 4,526,266	
Summary: As of 02/28/2021						
Health Portal (CVHIP):	\$ 72,976			A/C 2190	\$ 2,926,266	
Ready Set Swim	\$ -			A/C 2186	\$ 1,600,000	
West Valley Homelessness Initiative	\$ 595,714			Total	\$ 4,526,266	
Behavioral Health Initiative Collective Fund	\$ 1,952,000			Diff	\$ (0)	
Avery Trust - Pulmonary Services	\$ 856,421					
Galilee Center - Emergency Services	\$ -					
East Valley Grant Funding Commitment	\$ 324,156					
Healthcare Needs of Black Communities	\$ 725,000					
Total	\$ 4,526,266					
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount budgeted 2020-2021		\$ 1,330,000	\$ 1,000,000	FY21 Grant Budget	Social Services Fund #5054	
Amount granted year to date		\$ (725,000)	\$ 330,000	Budget	\$ 60,000	
Mini Grants:				DRMC Auxiliary	\$ 20,000	Spent YTD
Net adj - Grants not used:				Balance Available	\$ 40,000	
Contributions / Additional Funding	IEHP \$50,000 - LIFT TO RISE \$75,000	\$ 125,000				
Balance available for Grants/Programs		\$ 730,000				

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE						
February 28, 2021						
FISCAL YEAR ENDED JUNE 30, 2021						
A/C 2183			6/30/2020	New Grants		2/28/2021
Grant ID Nos.	Name		Open	Current Yr	Total Paid	Open
			BALANCE	2020-2021	July-June	BALANCE
BOD - 10/20/20 - Contract #21-024	Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$1.2 Million (\$960,000 for grants)					
BOD - 10/20/20 (#1152)	Galilee Center - Emergency Services			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1154)	Vision Y Compromiso - Stop the Spread of COVID-19			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1155)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1156)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1157)	Youth Leadership Institute - COVID-19 ECV Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1158)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1159)	Lideres Campesinas, Inc. - Take It to the Fields Initiative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1161)	Todec Legal Center Perris - Sembrando Prevencion			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 12/15/20 - Contract	Together Toward Health funding, a Program of the Public Health Institute - \$500,000 (\$445,000 for grants)					
BOD - 12/15/20 (#1172)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative			\$ 140,000	\$ -	\$ 140,000
BOD - 12/15/20 (#1175)	Pueblo Unido, CDC			\$ 25,000	\$ 25,000	\$ -
BOD - 12/15/20 (#1176)	Galilee Center - Emergency Services			\$ 25,000	\$ 18,750	\$ 6,250
BOD - 12/15/20 (#1179)	Youth Leadership Institute			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1180)	Alianza Coachella Valley			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1181)	Vision Y Compromiso - Promotoras and the Coachella Valley COVID-19 Collaborative			\$ 140,000	\$ 105,000	\$ 35,000
BOD - 12/15/20 (#1185)	Lideras Campesinas, Inc.			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1189)	Todec Legal Center Perris - Sembrando Prevencion			\$ 50,000	\$ -	\$ 50,000
TOTAL GRANTS			\$ -	\$ 1,415,000	\$ 628,750	\$ 786,250
					A/C 2183	\$ 786,250
					Diff	\$ -
	CARES/ELC Administrative Costs			\$ 240,000	\$ 116,468	\$ 123,532
	Public Health Institute Administrative Costs			\$ 45,000	\$ -	\$ 45,000
TOTAL ADMINISTRATIVE COSTS			\$ -	\$ 285,000	\$ 116,468	\$ 168,532
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount granted year to date		\$ (1,415,000)				Grant Funds
Mini Grants:						CARES/ELC
Net adj - Grants not used:					Total Grant	\$ 1,200,000
Foundation Administration Costs		\$ (285,000)			Received to Date	\$ 900,000
Contributions / Additional Funding	CARES \$600,000 & ELC \$600,000 & PHI \$500,000	\$ 1,700,000			Balance Remaining	\$ 300,000
Balance available for Grants/Programs		\$ -				\$ 100,000
Summary: As of 02/28/2021						
Riverside County COVID-19 Support	\$					603,532
Public Health Institute Support	\$					351,250
Total	\$					954,782



Date: March 23, 2021

To: Board of Directors

Subject: Grant #1134 Desert Healthcare Foundation: *Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley* - cost grant extension \$100,000 towards the scholarship fund

Background:

- At the July 28, 2020 Desert Healthcare *District* Board of Directors meeting, it was approved to **allocate** \$500,000 to the Desert Healthcare Foundation to advance the District's role in addressing the healthcare needs of black communities in the Coachella Valley.
- At the July 28, 2020 Desert Healthcare *Foundation* Board of Directors meeting, it was approved to **accept** the \$500,000 from the District for FY 20-21 Grant Budget.
- The approved acceptance included \$400,000 to address **access to healthcare**, including but not limited to primary care, behavioral health, and navigation services; and
- Acceptance of \$100,000 toward a scholarship fund to **expanding racial diversity in the health profession** by supporting black students pursuing health careers.

Recommendation: Consideration to accept a cost grant extension of an additional \$100,000 for a total of \$200,000 **specific** to the scholarship fund.

Fiscal Impact: none – funds to be allocated from the Desert Healthcare District's FY 2020/2021 Grant budget

DESERT HEALTHCARE DISTRICT GRANT EXTENSION AGREEMENT

This agreement is entered into by the Desert Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Desert Healthcare Foundation (“RECIPIENT”) and is effective upon execution by both parties.

1. **Grant Extension**

Purpose and Use of Extension: Desert Healthcare Foundation is hereby granted an extension to the original grant agreement approved on August 12, 2020 for 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 - \$100,000
- b. Access to Healthcare Strategies - \$400,000

*Additional funds of \$100,000 will be utilized towards the **EXPANDING RACIAL DIVERSITY IN THE HEALTH PROFESSION WORKFORCE (part a)** for a total of \$200,000. RECIPIENT shall use remaining dollars, if any, from original grant amount of \$500,000 during extension period.*

2. **Term of Agreement**

The end of term of this agreement shall remain the same at June 30, 2021..

3. **Agreement Requirements**

RECIPIENT shall submit a final report with tracking documents to DISTRICT within thirty (30) days from the expiration of this agreement. All other requirements and conditions not specified in this extension agreement remain the same as in the original grant agreement.

4. **Signatories**

The persons executing this extension agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:

Desert Healthcare Foundation
1140 N. Indian Canyon
Palm Springs, CA 92262

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare District:

Name: Conrado Barzaga, M.D.
Title: Chief Executive Officer

SIGNATURE

DATE

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

EXHIBIT B *revised to reflect cost grant extension amount*

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley	7/01/2020 6/30/2021

PAYMENTS:

- (1) Payments: \$500,000.00
- (1) **Payment: \$100,000**

Total request amount: \$500,000.00 + \$100,000 = \$600,000

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
09/01/2019	Signed Agreement submitted & accepted: a. Expanding Racial Diversity in the Health Profession Workforce - \$100,000 + \$100,000 = \$200,000 b. Access to Healthcare Strategies - \$400,000	Advance of \$500,000.00 for time period 07/01/2020 - 06/30/2020 Advance of \$100,000 For time period 07/01/2020 - 06/30/2021

TOTAL GRANT AMOUNT: \$500,000.00 + \$100,000 = \$600,000



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: March 23, 2021
To: Board of Directors
Subject: CV Equity Collaborative: COVID-19 Testing and Vaccine Update

Staff Recommendation: Informational item only

Background:

- The Desert Healthcare District and Foundation to received \$1.2 million from the County of Riverside and \$500,000 from The Public Health Institute to support targeted community-based outreach, education, and COVID-19 testing in partnership with community- and faith-based organizations that serve vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.
- The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community- and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap is services and/or outreach.

COVID-19 Testing Update:

- The CVEC has coordinated multiple COVID-19 testing events that have been hosted throughout the Coachella Valley and beyond, they include:

<u>Date</u>	<u>Location</u>	<u># of COVID-19 Tests</u>
11/25/20	Tudor Ranch, Inc., Mecca	51
12/05/20	Our Lady of Soledad, Coachella	147
12/06/20	Our Lady of Guadalupe, Mecca	255
12/11/20	Toro Canyon High School, Oasis	134
12/15/20	Our Lady of Soledad, Coachella	331
12/16/20	Our Lady of Guadalupe, Mecca	247
12/19/20	Our Lady of Soledad, Coachella	378
12/23/20	Mission San Jose, Thermal	175
12/26/20	St. Louis Catholic Church, Cathedral City	467
12/27/20	St. Joan of Arc Catholic Church, Blythe	315
01/03/21	Our Lady of Guadalupe, Mecca	567
01/09/21	Our Lady of Soledad, Coachella	254
01/17/21	Our Lady of Guadalupe, Mecca	335
01/19/21	Tudor Ranch, Inc., Mecca	38
01/20/21	Tudor Ranch, Inc., Mecca	67
01/21/21	Tudor Ranch, Inc., Mecca	32
01/21/21	North Shore Yacht Club, North Shore	29

01/22/21	Mountain View Estates, Oasis	97
01/24/21	St. Louis Church, Cathedral City	100
01/27/21	St. Anthony's Trailer Park, Mecca	97
01/28/21	Thermiculture, LLC., Thermal	52
01/30/21	St. Elizabeth's Church, Desert Hot Springs	64
02/07/21	Our Lady of Soledad, Coachella	68
02/14/21	Our Lady of Guadalupe, Mecca	58
02/17/21	SunWorld, Coachella	37
02/21/21	St. Louis Catholic Church, Cathedral City	78
02/27/21	James O. Jessie Community Center, Palm Springs	18
03/12/21	Arabian Gardens Mobile Homes, Indio	37
03/13/21	Joslyn Center, Palm Desert	<u>19</u>

Total: 4,546

- A significant decrease of COVID-19 testing participants has been a concern not only for events hosted by the CVEC but for all testing sites county-wide. Aggressive outreach marketing and outreach have been conducted leading up to each event that includes, door-to-door outreach, radio and television announcements, social media posts, and flyer distribution at food distribution sites.

Upcoming COVID-19 Testing Events

03/30/21	3pm to 7pm	John Kelley Elementary, Thermal
04/02/21	10am to 2pm	Torres-Martinez Reservation, Thermal
04/13/21	3pm to 7pm	Oasis Elementary, Oasis
05/04/21	3pm to 7pm	Mecca Elementary, Mecca
05/07/21	10am to 2pm	Torres-Martinez Reservation, Thermal

COVID-19 Vaccination Update

- As the COVID-19 testing has seen a decline in recent weeks, COVID-19 vaccine events have increased dramatically and the CVEC once again finds itself leading efforts to increase access to underserved communities in the Eastern Coachella Valley, specifically farmworker communities, and now educators and food service workers.
- Since the launch of the first COVID-19 vaccine event at Tudor Ranch, Inc on January 21st., multiple on-site registrations and vaccination events have been held.

<u>Date</u>	<u>Location*</u>	<u># of COVID-19 Vaccines</u>
01/21/21	Tudor Ranch, Inc., Mecca	330
01/29/21	Our Lady of Soledad, Coachella	350 (65 and over)
02/01/21	Tudor Ranch, Inc., Mecca	300
02/08/21	Anthony's Vineyards, Mecca	350
02/09/21	Anthony's Vineyards, Mecca	350
02/10/21	Anthony's Vineyards, Mecca	350

02/11/21	Anthony's Vineyards, Mecca	350
02/12/21	Anthony's Vineyards, Mecca	350
02/15/21	Tudor Ranch, Inc., Mecca	330 (2 nd dose)
02/16/21	Sea View Packing, Coachella	350
02/17/21	Sea View Packing, Coachella	350
02/18/21	Sea View Packing, Coachella	350
02/19/21	Our Lady of Soledad, Coachella	350 (65 and over)
02/22/21	Golden Acres, Thermal	350
02/23/21	Golden Acres, Thermal	350
02/24/21	Golden Acres, Thermal	350
02/26/21	Golden Acres, Thermal	350
03/08/21	Anthony's Vineyards, Mecca	350 (2 nd dose)
03/09/21	Anthony's Vineyards, Mecca	350 (2 nd dose)
03/10/21	Anthony's Vineyards, Mecca	350 (2 nd dose)
03/11/21	Anthony's Vineyards, Mecca	350 (2 nd dose)
03/11/21	Coachella Valley High School, Thermal	725
03/12/21	Anthony's Vineyards, Mecca	350 (2 nd dose)

Total: 8,005

* These are only the hosting sites; multiple companies participate in these events. Both Growing CV and non-Growing CV Members have been included in all of the vaccination events

- A new partnership has been established with Rite-Aid Pharmacy with the assistance of Congressman Raul Ruiz to host vaccination events in underserved communities. The first event was held on 3/11/21 at Coachella Valley High School, where a total of **725** community members received their first vaccination. A second vaccination clinic for these community members will be hosted on April 1st at the same location.
- After the success of the first vaccination event in partnership with Rite-Aid Pharmacy, Rite-Aid leadership has committed a weekly allotment of 1,000 vaccines to the CVEC to deploy in underserved areas throughout the Coachella Valley.
- A second vaccination clinic in partnership with Rite-Aid has been scheduled on 3/25/21 at Desert Mirage High School, where **1,100** community members who are in the eligible tiers will be vaccinated.

Media Coverage:

- Since its origin in late fall 2020, the Coachella Valley Equity Collaborative has had significant coverage by local, national and international media. The collaborative's commitment to bring COVID-19 testing, vaccines, support services and educational resources to Coachella Valley farmworkers and other vulnerable residents has been featured in broadcast, print and digital media programs. Below are highlights of the media reports.

THE WASHINGTON POST (March 15, 2021): Death in the prime of life: COVID-19 proves especially lethal to younger Latinos

Latinx residents of the Coachella Valley, including a promotora, share their experiences navigating the virus in their 40s, 30s and younger, as they grapple with illness and the loss of loved ones.

<https://www.washingtonpost.com/health/2021/03/15/covid-latinos-life-expectancy/>

KESQ & KUNAMUNDO (March 11, 2021): Coachella Valley High School hosts vaccination clinic for staff and eligible residents

Story covers the collaborative's first vaccination event in partnership with Rite Aid Pharmacies and Congressman Raul Ruiz.

<https://kesq.com/news/2021/03/11/coachella-valley-high-school-hosts-vaccination-clinic-for-staff-and-eligible-residents/>

THE NEW YORK TIMES (March 1, 2021): Thousands of farmworkers are prioritized for the coronavirus vaccine

A national/international story spotlighting the Coachella Valley Equity Collaborative's efforts as the first in the U.S. to provide vaccines to farmworkers without regard for immigration status.

<https://www.nytimes.com/2021/03/01/us/coronavirus-vaccine-farmworkers-california.html>

THE DESERT SUN (Feb. 27, 2021): 'Complacency is very risky': Plunging demand for COVID-19 tests may leave US exposed

<https://www.desertsun.com/story/news/health/2021/02/27/plunging-demand-covid-19-tests-may-leave-us-exposed/6852501002/>

BLOOMBERG MERCURY NEWS SERVICE (Feb. 17, 2021)

A photographer with the international news service photographed our vaccination clinic at a Coachella Valley farm. The images (with captions mentioning the Desert Healthcare District and Foundation) were made available to multiple print, TV and radio outlets with an emphasis on business news.

<https://mercury.bloomberg.com/search> (Note: Search "Coachella Valley" or "Tudor Ranch.")

KUNAMUNDO (Feb. 13, 2021): Los fuertes vientos no detuvieron el proceso de vacunación en Thermal para agricultores

An unexpected windstorm temporarily halts vaccinations at a Thermal farm, revealing how vulnerable the vaccines are to the elements, but the shots for farmworkers continue once the winds subside.

<https://kesq.com/kunamundo/2021/02/12/los-fuertes-vientos-no-detuvieron-el-proceso-de-vacunacion-en-thermal-para-agricultores/>

THE DESERT SUN (Feb. 17, 2021): Gov. Gavin Newsom visits farmworker vaccination clinic at Coachella packinghouse

The California governor sees firsthand the collaborative effort to bring vaccines to farmworkers during a visit at Sea View Packing with Congressman Raul Ruiz and Supervisor Manuel Perez in attendance. Newsom said it could be a model for the rest of the state in vaccinating farmworkers.

<https://www.desertsun.com/story/news/health/2021/02/17/gov-gavin-newsom-visit-coachella-valley-vaccination-clinic-wednesday/6776628002/>

DW NOTICIAS (Feb. 10, 2021): Vacuna para los agricultores latinos de California

The story looks at the Coachella Valley Equity Collaborative's commitment to bring vaccines to essential workers who are often among California's significant Latinx population, which is disproportionately affected by the pandemic. DW is the regional, Spanish version of official German TV Deutsche Welle for the Americas.

<https://www.dw.com/es/vacuna-para-los-agricultores-latinos-de-california/av-56529103>

THE DESERT SUN (Feb. 5, 2021): Spanish-language COVID-19 outreach bridges 'gap' in hard-hit Coachella Valley communities

Story spotlights Coachella Valley Equity Collaborative and its commitment to tailor messaging to languages spoken in the valley.

<https://www.desertsun.com/story/news/2021/02/05/spanish-language-covid-19-outreach-bridges-gap-coachella-valley/4333651001/>

REUTERS (Feb. 2, 2021): Essential yet under vaccinated, some California farmworkers get their vaccines

The national news service reported from one of our vaccination clinics that the underrepresentation of farmworkers in vaccination programs was being addressed. The story was picked up by multiple outlets, including U.S. News & World Report, Yahoo! Finance, and the National Post.

<https://www.reuters.com/article/us-health-coronavirus-vaccines-farmworker/essential-yet-under-vaccinated-some-california-farmworkers-get-their-vaccines-idUSKBN2A22QL>

NOTICIAS TELEMUNDO UNIVERSAL (Feb. 1, 2021): Más de 30 millones de personas se han vacunado contra el COVID-19 en el país

Video and interviews with a farmworker and Luz Gallegos from a vaccination event in the Coachella Valley were included in this update on the vaccination status.

<https://www.telemundo.com/noticias/edicion-noticias-telemundo/coronavirus/video/mas-de-30-millones-de-personas-se-han-vacunado-contra-el-covid-19-en-el-pais-tmvo9711180>

THE DESERT SUN (Jan. 24, 2021): COVID-19 rates in eastern valley continue to outpace region as vaccine, testing gaps persist

Story focuses on the challenges of testing communities amidst speculation, with Conrado Barzaga speaking to the commitment to make COVID-19 testing as easy and accessible as possible to eastern valley residents.

<https://www.desertsun.com/story/news/health/2021/01/24/covid-19-vaccine-testing-gaps-persist-eastern-coachella-valley/6638849002/>

THE DESERT SUN (January 24, 2021): ‘Setting the Example’: About 330 Riverside County farmworkers vaccinated at event in Mecca

https://www.desertsun.com/story/news/2021/01/24/330-riverside-county-farmworkers-vaccinated-event-mecca/4222220001/?fbclid=IwAR3yvjjpMLG2Odbd3-NGlau_y76Cw3D2V28ota9EklsF4VXoeSftWBuefr

THE ASSOCIATED PRESS (Jan. 22, 2021): Language barriers, wariness make vaccinating immigrants hard

This national story includes the Coachella Valley Equity Collaborative’s efforts to address the language barriers for residents by providing educational materials in Spanish and Purépecha, as well as English, and by countering misinformation on social media. (It also appeared in the LOS ANGELES TIMES.)

<https://apnews.com/article/language-migrant-workers-immigration-coronavirus-pandemic-california-4565a299c825f013ee43d07cdfa019a8>

KUNAMUNDO (Nov. 25, 2020): Nueva iniciativa aumenta pruebas de COVID-19 para los trabajadores del campo

Coverage of the Coachella Valley Equity Collaborative pilot COVID-19 testing at Tudor Rancho in Mecca. It was our first event and its success set the stage for more events onsite at farms.

<https://kesq.com/kunamundo/2020/11/25/nueva-iniciativa-aumenta-pruebas-de-covid-19-para-los-trabajadores-del-campo/>

Fiscal Impact:

Riverside County Contract: \$1,200,000, of which 20% (\$240,000) will support/compensate DHCF staff.

Public Health Institute grant: \$500,000, of which \$45,000 will support/compensate DHCF staff

(Upcoming) Contract amendment with Riverside County for an additional \$1,200,000 of which \$200,000 will support DHCF staff/activities/cost.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: March 23, 2021
To: Board of Directors
Subject: Consideration to authorize the CEO to execute Amendment #1 of agreement #21-024 with Riverside County Public Health to receive additional funding of \$1.2M to further support, extend and expand COVID-19 testing and vaccination efforts for traditionally underserved communities in the Coachella Valley.

Staff Recommendation: Consideration to authorize the CEO to execute Amendment #1 of agreement #21-024 with Riverside County Public Health.

Background:

- In October 2020, the Board approved an agreement with Riverside County Public Health to receive \$1.2M of CARES and ELC funding for the Foundation to be the Fiscal Intermediary to distribute funds to Community Based Organizations (CBOs) and Faith-Based Organizations (FBOs) to support outreach, education and **COVID-19 testing** in vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.
- The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community- and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap in services and/or outreach.
- The CVEC has been tremendously successful in organizing and hosting multiple COVID-19 testing pop-up events throughout the Coachella Valley, including areas such as trailer parks, faith-based institutions, agricultural fields, packing houses, and community centers.
- As the COVID-19 vaccine has become more available, the CVEC finds itself leading efforts to increase access to **vaccines** for underserved communities in the Eastern Coachella Valley, specifically farmworker communities.
- The CVEC has partnered with Growing CV, RUHS-Public Health, farm labor contractors, and local growers to bring **on-site vaccination** to ensure all farmworkers have access to the COVID-19 vaccine and educational materials.
- CVEC Promotoras have been crucial in reducing barriers to access by organizing registration events in the fields, packing and distribution centers to register farmworkers for their COVID-19 vaccine.

- Through continued partnership with Riverside County Public Health, an amendment to agreement #21-024 is under development to award an additional round of ELC funding in the amount of \$1.2M (\$1M for grantees and \$200k for Foundation administrative fees) to the Desert Healthcare Foundation to continue, expand and extend COVID-19 testing and vaccination efforts throughout the Coachella Valley.
- To expedite the award of the funding, staff recommends authorizing the CEO to execute Amendment #1 to receive an additional \$1.2M of funding.

Fiscal Impact:

Original Receipt (Agreement #21-024) - \$1,200,000, of which \$240,000 supports administrative expenses.

Amendment #1 (to be executed)- \$1,200,000, of which \$200,000 supports administrative expenses.



March 23, 2021

Department of Public Health
Procurement and Logistics
4065 County Circle Drive
Riverside, CA 92503

Re: Authorization to Sign and Execute Amendment #1 of Contract #21-024

To Whom it May Concern:

The Board of Directors at its March 23, 2021, Board of Directors meeting, authorizes Conrado E. Bárzaga, MD, Chief Executive Officer, of the Desert Healthcare District and Foundation to approve signatory authority by the undersigned on behalf of the Desert Healthcare Foundation for Amendment #1 of contract #21-024 with the Department of Public Health, Riverside County.

Sincerely,

Leticia De Lara
President, Board of Directors



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 09, 2021**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
Chair, Evett PerezGil Vice-President Karen Borja Director Carmina Zavala	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erica Huskey, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:30 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Director Zavala to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. February 09, 2021	Chair PerezGil asked for a motion to approve the February 09, 2021 minutes.	Moved and seconded by Vice-President Borja and Director Zavala to approve the February 09, 2021 meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
VI. Old Business 1. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley a. Update – Request for Proposals (RFP) – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD plus \$100,000 Inland	Dr. Bázquez, CEO, explained that the Foundation received four proposals that were forwarded to community members that convened a meeting last week, but postponed the meeting to next week to advance a recommendation based on feedback.	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 09, 2021**

<p align="center">Empire Health Plan (IEHP), and (\$75,000 Lift to Rise)</p> <p>2. Coachella Valley Equity Collaborative</p> <p>a. Vaccination Distribution – Update</p> <p>3. Grant Payment Schedules</p>	<p>Dr. Brzsaga, CEO, provided an update on the vaccination distribution of the Coachella Valley Equity Collaborative explaining that to date, 7k vaccine doses in the eastern Coachella Valley have been administered to the majority of the farm working communities, and events are continuing with 500 vaccination doses per day, which will potentially increase. There is a vaccination event at Coachella Valley High School to immunize the educators in conjunction with the school district, while awaiting vaccine increases from Desert Care Network to distribute additional doses and increase the numbers to under-represented minority communities impacted by COVID-19.</p> <p>Chair PerezGil inquired on any questions of the committee regarding the grant payment schedule.</p>	
<p>VII. New Business</p> <p>1. Homelessness Initiative</p> <p>a. Consideration to recommend to the Board of Directors the approval to enter into a Memorandum of Understanding between the Desert</p>	<p>Chair PerezGil described the Memorandum of Understanding as outlined in the February Board of Directors meeting for the Coachella Valley Association of Governments (CVAG) \$500k request to support the</p>	<p>Moved and seconded by Vice-President Borja and Director PerezGil to recommend to the Board of Directors the approval to enter into a Memorandum of Understanding between the Desert Healthcare Foundation and the Coachella Valley Association of Governments in the</p>

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 09, 2021**

<p>Healthcare Foundation and the Coachella Valley Association of Governments in the amount of \$500,000 for the period of April 1, 2021 through June 30, 2022 to support the current homelessness programs through the CV Housing First program.</p> <p>2. Authorization to amend contract numbers 1161, 1156, 1159, and 1154 with TODEC Legal Center, El Sol NEC, Lideres Campesinas, and Vision y Compromiso respectively, to extend and expand COVID-19 Outreach and Education efforts to increase the number of at-risk community members who are fully vaccinated</p>	<p>homelessness programs in the Coachella Valley.</p> <p>Vice-President Borja inquired if CVAG has also applied for state funding to support the homelessness efforts.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, explained that CVAG, also, hopefully with support from the District and allocations from each city including the tribes, applied for county funding grants, Homeless Emergency Aid Program (HEAP) grants from the state and federal government through the county’s continuum of care, which assists with the wider initiative to leverage funding.</p> <p>Dr. Bázquez, CEO, requested to withdraw the item from the agenda since the county is amending the contract with additional funding. In the meantime, the District and Foundation is working to expand efforts immunizations to all communities through partnerships with Rite Aid and Desert Regional Medical Center to assist fill the county-wide gap with minorities vaccinations progressing at a slower rate.</p>	<p>amount of \$500,000 for the period of April 1, 2021 through June 30, 2022 to support the current homelessness programs through the CV Housing First program.</p> <p>Motion passed unanimously.</p>
<p>VIII. Committee Member Comments</p>	<p>Chair PerezGil wished Dr. Bázquez a Happy Birthday and explained that she is thankful for the hard work of the staff with the community efforts.</p>	



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 09, 2021**

VIII. Adjournment	Chair PerezGil adjourned the meeting at 12:43 p.m.	<i>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</i>
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ATTEST: _____
Evelt PerezGil, Chair/Director Program Committee

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

DRAFT

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
February 28, 2021							
TWELVE MONTHS ENDED JUNE 30, 2021							
A/C 2190 and A/C 2186-Long term			6/30/2020	New Grants		2/28/2021	
Grant ID Nos.		Name	Open	Current Yr	Total Paid	Open	
			BALANCE	2020-2021	July-June	BALANCE	
Health Portal		Remaining Collective Funds-Mayor's Race & DHCF	\$ 110,105		\$ 37,129	\$ 72,976	HP-cvHIP
BOD - 04/24/18		Behavioral Health Initiative Collective Fund	\$ 1,952,000		\$ -	\$ 1,952,000	Behavioral Health
BOD - 06/26/18 BOD		Avery Trust Funds-Committed to Pulmonary services	\$ 919,801		\$ 63,380	\$ 856,421	Avery Trust
BOD - 5/28/19 BOD (#993)		Galilee Center - Emergency Services	\$ 7,500		\$ 7,500	\$ -	
BOD - 6/25/19 BOD (#1006)		DHCD - Homelessness Initiative Collective Fund	\$ 711,383		\$ 115,669	\$ 595,714	Homelessness
F&A - 06/11/19		\$300k Grant Funding Commitment FY18-19 - \$225k Balance	\$ 119,156		\$ 95,000	\$ 24,156	EV Funding
BOD - 9/26/17; 10/23/18; 09/24/19 (#1025)		RSS Funds-From Investment Funds & DHCD Grants	\$ 174,279		\$ 903	\$ 173,376	RSS
		Reclass Unexpended Balance for COVID-19 Per BOD 10/27/20				\$ (173,376)	
F&A - 06/09/20		\$300k Grant Funding Commitment FY19-20	\$ 300,000		\$ -	\$ 300,000	
BOD - 07/28/20 (#1134)		DHCD/IEHP - Addressing the Healthcare Needs of Black Communities		\$ 400,000	\$ -	\$ 400,000	
		IEHP Contribution to Grant #1134 (Aug 2020)		\$ 50,000	\$ -	\$ 50,000	
		Lift To Rise Contribution to Grant #1134 (Dec 2020)		\$ 75,000	\$ -	\$ 75,000	
BOD - 02/23/21 BOD (#1148)		OneFuture - Black and African American Healthcare Scholarship - 2 yrs		\$ 200,000	\$ -	\$ 200,000	
TOTAL GRANTS			\$ 4,294,223	\$ 725,000	\$ 319,581	\$ 4,526,266	
Summary: As of 02/28/2021							
Health Portal (CVHIP):	\$	72,976				A/C 2190	\$ 2,926,266
Ready Set Swim	\$	-				A/C 2186	\$ 1,600,000
West Valley Homelessness Initiative	\$	595,714				Total	\$ 4,526,266
Behavioral Health Initiative Collective Fund	\$	1,952,000				Diff	\$ (0)
Avery Trust - Pulmonary Services	\$	856,421					
Galilee Center - Emergency Services	\$	-					
East Valley Grant Funding Commitment	\$	324,156					
Healthcare Needs of Black Communities	\$	725,000					
Total	\$	4,526,266					
Amts available/remaining for Grant/Programs - FY 2020-21:			FY21 Grant Budget		Social Services Fund #5054		
Amount budgeted 2020-2021			\$ 1,330,000	\$ 1,000,000		Budget	\$ 60,000
Amount granted year to date			\$ (725,000)	\$ 330,000		DRMC Auxiliary	\$ 20,000
Mini Grants:						Balance Available	\$ 40,000
Net adj - Grants not used:							
Contributions / Additional Funding	IEHP \$50,000 - LIFT TO RISE \$75,000		\$ 125,000				Spent YTD
Balance available for Grants/Programs			\$ 730,000				

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE						
February 28, 2021						
FISCAL YEAR ENDED JUNE 30, 2021						
A/C 2183			6/30/2020	New Grants		2/28/2021
Grant ID Nos.	Name		Open	Current Yr	Total Paid	Open
			BALANCE	2020-2021	July-June	BALANCE
BOD - 10/20/20 - Contract #21-024	Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$1.2 Million (\$960,000 for grants)					
BOD - 10/20/20 (#1152)	Galilee Center - Emergency Services			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1154)	Vision Y Compromiso - Stop the Spread of COVID-19			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1155)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1156)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1157)	Youth Leadership Institute - COVID-19 ECV Collaborative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1158)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1159)	Lideres Campesinas, Inc. - Take It to the Fields Initiative			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 10/20/20 (#1161)	Todec Legal Center Perris - Sembrando Prevencion			\$ 120,000	\$ 60,000	\$ 60,000
BOD - 12/15/20 - Contract	Together Toward Health funding, a Program of the Public Health Institute - \$500,000 (\$445,000 for grants)					
BOD - 12/15/20 (#1172)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative			\$ 140,000	\$ -	\$ 140,000
BOD - 12/15/20 (#1175)	Pueblo Unido, CDC			\$ 25,000	\$ 25,000	\$ -
BOD - 12/15/20 (#1176)	Galilee Center - Emergency Services			\$ 25,000	\$ 18,750	\$ 6,250
BOD - 12/15/20 (#1179)	Youth Leadership Institute			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1180)	Alianza Coachella Valley			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1181)	Vision Y Compromiso - Promotoras and the Coachella Valley COVID-19 Collaborative			\$ 140,000	\$ 105,000	\$ 35,000
BOD - 12/15/20 (#1185)	Lideras Campesinas, Inc.			\$ 25,000	\$ -	\$ 25,000
BOD - 12/15/20 (#1189)	Todec Legal Center Perris - Sembrando Prevencion			\$ 50,000	\$ -	\$ 50,000
TOTAL GRANTS			\$ -	\$ 1,415,000	\$ 628,750	\$ 786,250
					A/C 2183	\$ 786,250
					Diff	\$ -
	CARES/ELC Administrative Costs			\$ 240,000	\$ 116,468	\$ 123,532
	Public Health Institute Administrative Costs			\$ 45,000	\$ -	\$ 45,000
TOTAL ADMINISTRATIVE COSTS			\$ -	\$ 285,000	\$ 116,468	\$ 168,532
Amts available/remaining for Grant/Programs - FY 2020-21:						
Amount granted year to date		\$ (1,415,000)				Grant Funds
Mini Grants:						CARES/ELC
Net adj - Grants not used:					Total Grant	\$ 1,200,000
Foundation Administration Costs		\$ (285,000)			Received to Date	\$ 900,000
Contributions / Additional Funding	CARES \$600,000 & ELC \$600,000 & PHI \$500,000	\$ 1,700,000			Balance Remaining	\$ 300,000
Balance available for Grants/Programs		\$ -				\$ 100,000
Summary: As of 02/28/2021						
Riverside County COVID-19 Support	\$					603,532
Public Health Institute Support	\$					351,250
Total	\$					954,782



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
March 09, 2021

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair/Director Arthur Shorr President Leticia De Lara Director Les Zendle, MD	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Eric Taylor, Accounting Manager Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 4:33 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the Agenda.	Moved and seconded by Director Zendle and President De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment.	
IV. Approval of Minutes 1. Minutes – Meeting February 09, 2021	Chair Shorr asked for a motion to approve the minutes of the February 09, 2021 F&A Committee meeting.	Moved and seconded by Director Zendle and President De Lara to approve the February 09, 2021 meeting minutes. Motion passed unanimously.
V. CEO Report	There was no CEO report.	
VI. Financial Reports 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	Chris Christensen, CAO, reviewed the February financial reports answering questions of the committee members.	Moved and seconded by Director Zendle and President De Lara to approve the February 2021 Foundation Financial Reports – items 1-5 and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters	There were no new matters.	
VIII. Adjournment	Chair Shorr adjourned the meeting at 4:37 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Arthur Shorr, Chair, Director, Board of Directors
 Finance & Administration Committee
 Desert Healthcare Foundation Board of Directors

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: March 23, 2021
To: BOARD OF DIRECTORS
Subject: Memorandum of Understanding (MOU) between Desert Healthcare District and Foundation and Coachella Valley Association of Governments – CV Housing First Program

Background:

- The Desert Healthcare District/Foundation established a \$2 million matching fund, the West Valley Homelessness Initiative, in 2016, with the intent to challenge Coachella Valley cities to continue to support homelessness efforts in the Valley in response to the closure of Roy's Desert Resource (a homeless shelter located in Palm Springs).
- The District/Foundation's Previous Financial Obligations to Homeless Matching Program are recapped as follows:
2017-18 Matching: \$103,000 (6 cities and CVAG) = \$721,000
2018-19 Matching: \$100,000 (7 cities) = \$700,000
2020 Matching: \$100,000 to City of Coachella from a 2018-19 commitment
- In October 2020 CVAG sent a formal letter requesting the District continue the funding match program for fiscal year 20/21. At that time, CVAG was advised to present their request for the matching funds to be in the form of a grant application, with the intent to warrant equity, fairness and transparency through the District's grantmaking process.
- In January 2021, the match grant request was postponed so that the request could be framed more in a healthcare lens – such as concentrating on the chronically homeless whether it be streamlining hospital discharges and respite issues; or the precariously housed (students and their families); or case managers needed for the clients entering Crisis Stabilization Units; or rapid resolution/diversion efforts.
- On February 23, 2021 CVAG's Executive Director, Tom Kirk, gave an update to the DHCD Board of Directors on the CV Housing First program and specifically the success that CVAG has demonstrated since transitioning the CV Housing First program from a contracted service to one that is operated by CVAG staff.
- The board provided positive feedback and many directors expressed their support to continue with District funding.
- As CVAG is a JPA (Joint Powers Authority) and the Desert Healthcare District is a voting member on the Homelessness Committee, it has been determined that a continuation of the MOU process between the two entities is the best means of allocating funding support for the current programming and also expand the much-needed services as outlined in the attached report.
- At the March 9, 2021 Program Committee, the MOU request was reviewed and members voted unanimously to move the MOU forward to the Board for approval.

Program Committee Recommendation: It is recommended that the Desert Healthcare District and CVAG create a MOU that commits the District's funding to the CV Housing First program in matching dollars in the amount of \$500,000 for the period of April 1, 2021 through June 30, 2022.

Fiscal Impact:

- N/A – Funds to be allocated from the Desert Healthcare Foundation's budgeted Homelessness Initiative.

CV Housing First Desert Healthcare District Funding Request

Background: Recognizing the links between mental health and homelessness, the Desert Healthcare District/ Foundation has been a longstanding partner with the Coachella Valley Association of Governments (CVAG) and the CV Housing First program. This program is based on a model that's proven successful nationwide, and is based on the philosophy is that once someone has a stable housing situation, they can then focus their attention on issues like maintaining employment and addressing addiction or mental health issues. The Coachella Valley's program includes an array of services like rapid re-housing and the use of crisis stabilization units, which are apartments rented under the contractor's name that allow CVAG to get someone under a roof almost immediately. The program also utilizes outreach strategies and focused case management to help clients.

Unlike previous regional programs to help the homeless, CV Housing First has had widespread and continued contributions from CVAG's members, which include the County of Riverside, Coachella Valley cities and tribal governments. This is in large part due to the fact that DHCD has, for the past two years, matched the contributions to CVAG for those jurisdictions who have allocated \$100,000 towards the CV Housing First program. The DHCD has matched those allocations dollar for dollar. This match has not only enabled CVAG to leverage additional funds from other revenue sources, but also inspired continued commitments from cities.

As then-Councilwoman Betty Sanchez said in a 2017 news release between DHCD and CVAG: "While the City of Coachella has been supportive of efforts to address homelessness, this is the first time that we've financially contributed to CVAG's programs. The Desert Healthcare District's match was a major influence in our decision. With the District's support, we know that our city's contribution will go twice as far to providing help to some of our valley's most vulnerable population."

With this staff report, it is recommended that the DHCD continue its partnership with CVAG in the form of a Memorandum of Understanding (MOU) similar to the one previously used for the matching program.

The CV Housing First program utilizes the housing first model to address homelessness in the Coachella Valley. The program utilizes crisis stabilization units – which are apartments and hotel rooms – to provide temporary supportive housing while case managers work with individuals to find a stable income or public benefits and then get them into permanent housing solutions. CV Housing First also provides rapid resolution to quickly address those needs of individuals who have recently entered homelessness. These solutions could mean help to fix their car, which then provides them the transportation they need between their housing and work in order to sustain the job that keeps them off the streets.

On February 23, 2021 CVAG's Executive Director, Tom Kirk, gave an update to the DHCD Board of Directors on the CV Housing First program and specifically the success that CVAG has demonstrated since transitioning the CV Housing First program from a

contracted service to one that is operated by CVAG staff. This transition has included a focus on what CVAG calls the CV 200, a by-name list of chronically homeless individuals who have been identified by local law enforcement and other program providers as the most familiar faces. These are the highest utilizers of public resources: the ones who most interacting with public safety and police; most commonly loitering in front of local businesses; and most frequently showing up in the local emergency rooms to use healthcare system resources. By identifying these individuals, CVAG is using outreach and case management to get them off the streets, and into housing – thereby reducing the total costs to the general public.

The District's funding allows CV Housing First to not only sustain its program but also expand its services and address the needs of more homeless individuals. The operations of CV Housing First align with the District's Strategic Focus Area by providing comprehensive homeless services that include outreach, temporary placement, case management, permanent housing, and rapid resolution.

At the same time, and as was highlighted to the Board in February, the District's continued support will help CVAG ensure the CV Housing First program is working in tandem with local health resources. The Board provided positive feedback to the proposal and seemed impressed with the progress to date. Many directors expressed their support to continue with District funding.

Under the MOU, CVAG and the District will develop metrics that further demonstrate how the CV Housing First program is helping address the impacts the chronically homeless have on our healthcare systems. Specifically, these could include:

- **Rapid Resolution:**

As the Coachella Valley continue to experience the health and economic impacts of the COVID 19 pandemic, the need for additional rapid resolution funds will continue and most likely increase as we move through economic recovery. Rapid resolution have proven to be quite effective in rescuing those who have fallen into homelessness or just need a small amount of assistance for deposits, credit checks and other incidentals to get them out of chronic homelessness. Moving forward, CVAG is working with healthcare providers to see how rapid resolution could assist in discharge efforts from hospital settings.

- **Hospital Frequent Flyers and Discharge Planning:**

As part of the CV Housing First program, CVAG has started working with local healthcare providers to see how to combine resources to address CV200 clients. While being sensitive to medical privacy, CVAG is working closely with law enforcement and the hospitals on discharge planning. This may include utilizing crisis units or providing greater case management, thereby preventing discharge to the street or a shelter and instead directly into a unit with the proper wrap around services. Additional funding, including the contribution from DHCD, would allow CVAG to acquire more crisis stabilization units and support the work

of case managers. CV Housing First could be an additional tool that local hospitals could utilize in their state mandated discharge plans.

- **Respite Care:**

In conjunction with proper hospital discharge planning, there is still a need for more respite care in the Coachella Valley. CVAG would work with DHCD to identify the gaps and offer some initiatives to create more respite care, particularly tied to helping the CV 200 clients. CVAG has also initiated conversations with local nurses about opportunities to leveraging programs and better serve clients.

CVAG is proposing that the District and CVAG create a MOU that commits the District's funding to the CV Housing First program in the amount of \$500,000 for the period of April 1, 2021 through June 30, 2022. Funding would not only help to support current programming and also expand these much-needed services, all under the terms outlined above. As previously noted, CVAG will work with the District to develop metrics that further demonstrate how the CV Housing First program is helping address the impacts the chronically homeless have on our healthcare systems

CVAG will continue to enhance its data gathering and metrics analyzation to identify program successes. CVAG will work to provide the District with quarterly updates on progress and challenges.

MEMORANDUM OF UNDERSTANDING
BETWEEN
COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS
AND
DESERT HEALTHCARE FOUNDATION

This Memorandum of Understanding ("MOU") is made and entered into this 23rd Day of March, 2021, by and between the Coachella Valley Association of Governments, a California joint powers agency ("CVAG") and the Desert Healthcare Foundation, a California 501(c) (3) public benefit corporation ("Foundation") for the purpose of the Foundation participating in the CV Housing First Program ("CV Housing First Program")

WHEREAS, in 2005, CVAG formed a Homeless Task Force in partnership with Riverside County Supervisor Roy Wilson which resulted in the creation of Roy's Desert Resource Center; and

WHEREAS, the Homeless Task Force evolved into a standing Homelessness Committee ("Homelessness Committee") within the CVAG committee structure, which works with Riverside County and CVAG member cities to combat homelessness through-out the Coachella Valley; and

WHEREAS, the Foundation is a member of the Homelessness Committee; and

WHEREAS, the Homelessness Committee has sponsored housing first programs in recent years that have also received substantial financial support from Riverside County, contributions by CVAG member cities and tribes, and grants from the Desert Healthcare District; and

WHEREAS, on December 31, 2020 CVAG terminated the agreement with Path of Life Ministries (Path of Life) and brought the CV Housing First programming in-house to provide Rapid Resolution, Crisis Stabilization Units and wrap-around case management continuing with the "Housing First" philosophy; and

WHEREAS, in 2017 the Desert Healthcare District ("District"), as part of its three-year strategic plan, challenged communities to partner in combating homelessness by providing matching funding opportunities through a collective fund of the Foundation for the program, then known as the West Valley Homelessness Initiative, that provided a dollar-for-dollar match to each CVAG member that contributed \$103,000 to the West Valley Housing Navigation Program; and

WHEREAS, in 2021 the Desert Healthcare District ("District"), has expressed its commitment to continue support of CV Housing First programming;

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained, the parties hereto agree as follows:

1. CVAG Responsibilities

CVAG will operate the CV Housing First program, providing rapid resolution, crisis stabilization housing, and wrap around services in the Coachella Valley within the District boundaries. CV Housing First will primarily focus on the CV 200, a list of chronically homeless individuals across the Coachella Valley who have been identified by local law enforcement and partnering agencies. This program will help address public health goals by addressing high utilizers of emergency room and medical services, assistance with hospital discharge planning and placement and working with partner organizations on increasing respite care services. CVAG will provide periodic quarterly reports and budget progress reports with measurable outcomes to the CVAG Executive Committee and CVAG Homelessness Committee, of which the District is a member.

2. Foundation Contribution

The Foundation will provide \$500,000 for the period of April 1, 2021 through June 30, 2022 for the CV Housing First Program. The Foundation funds will be paid upon satisfactory verification of a continued commitment of current funding levels from the CVAG member agencies. Funds shall only be used for the purposes of combating homelessness through rapid resolution, crisis

stabilization, and wrap-around case management services within the District boundaries. The Foundation intends to contribute in future years, but such contributions will be discretionary and conditioned on successful outcomes.

3. Deliverables

The CV Housing First program is operated by CVAG. The funds will be primarily used to help clients on the CV 200 list, who are chronically homeless individuals across the Coachella Valley who have been identified by local law enforcement and partnering agencies. CVAG and Foundation staff will coordinate on health-related program metrics that will be presented to the Board and tracked within the quarterly reports that are provided to CVAG's committees and the Foundation. These metrics will allow the program to focus on shifting the chronic homeless from the streets and camps into housing and connect with mental/ behavioral health and social services.

4. Restrictions and Reporting

The funds received by CVAG from the Foundation are designated only for the operations of the CV Housing First Program and shall be conditioned on the administration of the program being directed through CVAG staff and overseen by the CVAG Homelessness Committee and CVAG Executive Committee. CVAG will provide the Foundation with quarterly written reports and budget progress reports with measurable outcomes.

5. Cancellation

This MOU may be cancelled with or without cause by either party upon 45-days written notice to the other party.

6. Effective Date

The effective date of this **MOU** shall be April 1, 2021

7. Term

This MOU shall continue in effect until June 30, 2022 from the effective date or until terminated by either party.

8. Modification

This MOU may not be modified except by written agreement executed by duly authorized representatives of each party.

Desert Healthcare Foundation

Coachella Valley Association of Governments

By: _____

By: _____

Leticia De Lara, President

Glenn A. Miller, Chairman

DRAFT



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: March 23, 2021
To: Board of Directors
Subject: Coachella Valley air quality and health analysis - Update
Grant # 1046, Public Health Institute

Background:

- At the January 2020 meeting, the Board approved Grant # 1046 to Public Health Institute to conduct an Air Quality and Health Impact Analysis in the Coachella Valley.
- The funding, \$250,000 was allocated from the Avery Trust Fund.
- Enclosed is a copy of the progress report submitted by the Public Health Institute, and copies of two deliverables:
 - Air Pollution Trends in the Coachella Valley 2017-2019.
 - Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley. Analysis of Emergency Department and Hospitalization Data, 2016-2018.

Highlights on Air Pollution Trends Report:

- The Air Pollution Trends Report shows that the South Coast Air Quality Management District has classified the Coachella Valley’s ozone pollution as “extreme.” It finds that Ozone levels peak in the summer, and while the number of days exceeding the CA 0.070 ppm ozone standard has decreased, the most recent data shows that the area still exceeds standards about 20 days per year.
- There are vulnerable populations in the Valley which do not have an existing monitoring station near where they live, work, and recreate.
- Policy recommendations for reducing ozone and particulate matter sources and exposures will be covered in a future report.

Highlights on Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley:

- Coachella Valley residents had rates of respiratory and cardiovascular disease (CVD) emergency department (ED) visits and hospitalizations that were, on average, similar or slightly better than the California average.
- However, when an equity lens was applied, a different picture emerged:
- Hospitalization and ED visit rates in the Coachella Valley were higher across multiple health outcomes in ZIP codes with poverty rates $\geq 20\%$ when compared to ZIP codes with poverty rates $< 20\%$.
- These findings highlight profound inequities in our region.
- Staff is working with the grantee to organize a community presentation and community dialogue to explore findings and continue this work.

Fiscal Impact:

- \$250,000 Board approved allocation (1/28/2020) from the \$1M Avery Trust Fund.

Progress Report

Public Health Institute, Grant#: 1046

Coachella Air Quality and Health Analysis

Reporting Period: 9/1/20 to 2/30/21

Paul English

Tel: (510) 620-3684

paul.english@cdph.ca.gov

Grant Information

Grant Amount: \$250,000

Paid to date: \$75,000

Balance: \$175,000

Due Date: 3/01/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by (2/28/2023):

This project evaluation plan emphasizes assessing the reach and effectiveness of outreach and engagement of target audiences in project activities. An outreach log will track activities to engage survey respondents, monitor hosts, and other target participants and stakeholders in the project. Example activities include presenting and distributing informational materials at health fairs and screening events, clinics, schools, senior centers, community meetings, and other venues.

Proposed evaluation activities for qualitative assessment of this project include:

- 1) Conduct testing of the sample survey instrument by community-based organization staff not involved in the project in both English and Spanish prior to distributing it to respondents, and ensure that questions included are appropriate and understandable for target audiences;
- 2) Debrief with project team members on project planning calls to obtain feedback on efficacy of project outreach and communications activities and materials, such as draft project fact sheets and written summaries of survey and analysis results;
- 3) Conduct informal interviews with project team members, monitor hosts, and/or other project participants to solicit their feedback on project progress and results;
- 4) Document and incorporate feedback received from project team members and

Progress Report

other project stakeholders into ongoing project planning and implementation.

Proposed evaluation activities for quantitative assessment of this project include:

- 1) Develop and maintain an outreach log to track number of people reached and number of informational materials distributed to target audiences;
- 2) Develop and maintain a performance evaluation and monitoring spreadsheet to track data collected on specific evaluation metrics as listed below;
- 3) Analyze and summarize evaluation data to inform project implementation;
- 4) Share evaluation data with project team to inform required reporting and other communications about project results;
- 5) Incorporate evaluation results for the project into grant reporting and other communications about the project to key stakeholders, as appropriate.

Proposed number of District residents to be served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or more: 32,850

Proposed geographic area(s) served:

All District Areas

Progress This Reporting Period

Progress Outcomes: During the reporting period, we have accomplished the following in relation to our proposed goals and evaluation plan:

Goal #1:

In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.

Accomplishments: We have consulted with Ryan Sinclair at Loma Linda University, who had conducted a sample survey of vulnerable populations in the Coachella Valley and

Progress Report

was able to brief us on his study's methods and challenges. He has convinced us that to reach these populations in the Valley it is necessary to conduct the surveys in person. Therefore, we have abandoned plans to investigate conducting the survey by mobile phone or by the internet or other remote means. Dr. Sinclair also told us of surprising findings of low prevalence rates of asthma in the adults who responded to his survey. We have decided to revisit our survey questions as we are now questioning whether the standard asthma questions may need to be revised based on different cultural and/or language differences in understanding the concept of asthma. We will be conducting a focus group with residents and other impacted individuals in the area remotely with assistance from the Asthma Leadership Academy staff at Comite Civico Del Valle. The purpose of the focus group will be to obtain information on how residents in this area may have different definitions or interpretations which are culturally defined of asthma and respiratory disease and how we may revise our survey accordingly. Once the focus group has taken place, we will revise the survey as needed and prepare for pilot testing.

Goal #2:

In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.

Accomplishments: This analysis of hospitalization and emergency room visits for the Coachella Valley by ZIP code, including diagnoses of asthma, COPD, bronchitis, pneumonia, heart disease, and myocardial infarction has been completed and submitted to DHCF for review.

Goal #3:

In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances, and health benchmarks.

Accomplishments: We have completed a draft of this report and it is currently in review. We expect to submit this deliverable to DHCF for review in a few weeks.

Goal #4:

During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12-month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10

Progress Report

measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.

Accomplishments: The project partner, Berkeley Air Monitoring Group, installed ASPEN gravimetric samplers at the Indio Jackson SCAQMD air quality monitoring site in December, 2020, which allows for comparison and validation of air pollution data, and safe housing of the instrumentation. As of February 2021 the team has collected 16 48-hour samples of PM2.5 and PM10 using the selected ASPEN samplers. Filters have been shipped to contracted laboratories for analysis, and results of the first batch of 12 samples are forthcoming. The protocols that have been developed for sustained successful sampling are being adhered to, and data analysis pathways have been generated to allow for high quality data and redundant checks to the data. We anticipate continuing with our every sixth day sampling schedule until December, 2021, and still plan to conduct our supplemental sampling at locations of interest during periods of high expected pollution such as the summertime period.

Goal #5:

By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.

Accomplishments: We have not started working on this goal at present.

Progress on the number of District residents served:

0-5: 10,845

6-17: 44,304

18-24: 15,358

25-64: 94,833

65 or older: 32,850

Geographic area(s) served during this reporting period:

All District Areas

Progress Report

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Goals 2 and 3 (analysis of patient data and air pollution data) are on track. We anticipate delays in conducting the survey (Goal 1) due to pandemic-related prohibitions on work in the field and travel from the Public Health Institute. We therefore are planning on moving this activity to Year 2. Goal #4 (source apportionment) is now on track.

- *What is the course correction if the project/program is not on track?*

If we are unable to get out in the field this calendar year due to COVID-19, we are planning on moving the activities for Goal 1 to Year 2.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

We have been receiving support from the South Coast AQMD to help on the source apportionment activities.



Air Pollution Trends in the Coachella Valley – 2017-2019

March 2021

Air Pollution Trends in the Coachella Valley – 2017-2019

March 2021

Lead Authors:

Paul English, *California Department of Public Health*

Catherine Carpenter, *Tracking California*

About Tracking California

Tracking California is a program of the Public Health Institute, in partnership with the California Department of Public Health and the Centers for Disease Control's (CDC) National Environmental Public Health Tracking Program. Tracking California works to make environmental health data and information accessible through the development of a web-based data query system, state-of-the-art data displays, and innovative web tools and services.



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Acknowledgements

This report was funded by the Desert Healthcare Foundation, and authored by Tracking California.

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Air Pollution in the Coachella Valley

The Coachella Valley, located in Riverside County, CA, extends 45 miles from the San Geronio Pass to the Salton Sea, and is approximately 15 miles wide. The primary pollutants of concern in the Valley are ozone, respirable particulate matter (PM₁₀ or particulate matter with diameter of 10 microns or less), and fine particulate matter (PM_{2.5} or particulate matter with diameter of 2.5 microns or less). The Coachella Valley is designated a nonattainment area for both 8-hour ozone and PM₁₀ (U.S. EPA, 2021).

Ozone is created by the reaction of volatile organic compounds (VOCs) with oxides of nitrogen (NO_x) in the presence of sunlight. Precursors to ozone include pollutants from vehicles, industrial emissions, fossil fuels, and consumer and industrial products. Hot and sunny days promote the formation of ozone.

Exposure to ozone causes airway inflammation and chronic obstructive pulmonary disease (COPD), exacerbates asthma attacks, and is associated with premature mortality. Ozone exposure is related to decreased lung function, increased airway hyperresponsiveness, and enhanced response to allergens (Fry et al., 2012). Ozone exposure is also associated with an increase in hospital admissions and emergency department visits for asthma and respiratory infections, and school-age children are especially vulnerable (U.S. EPA, 2020).

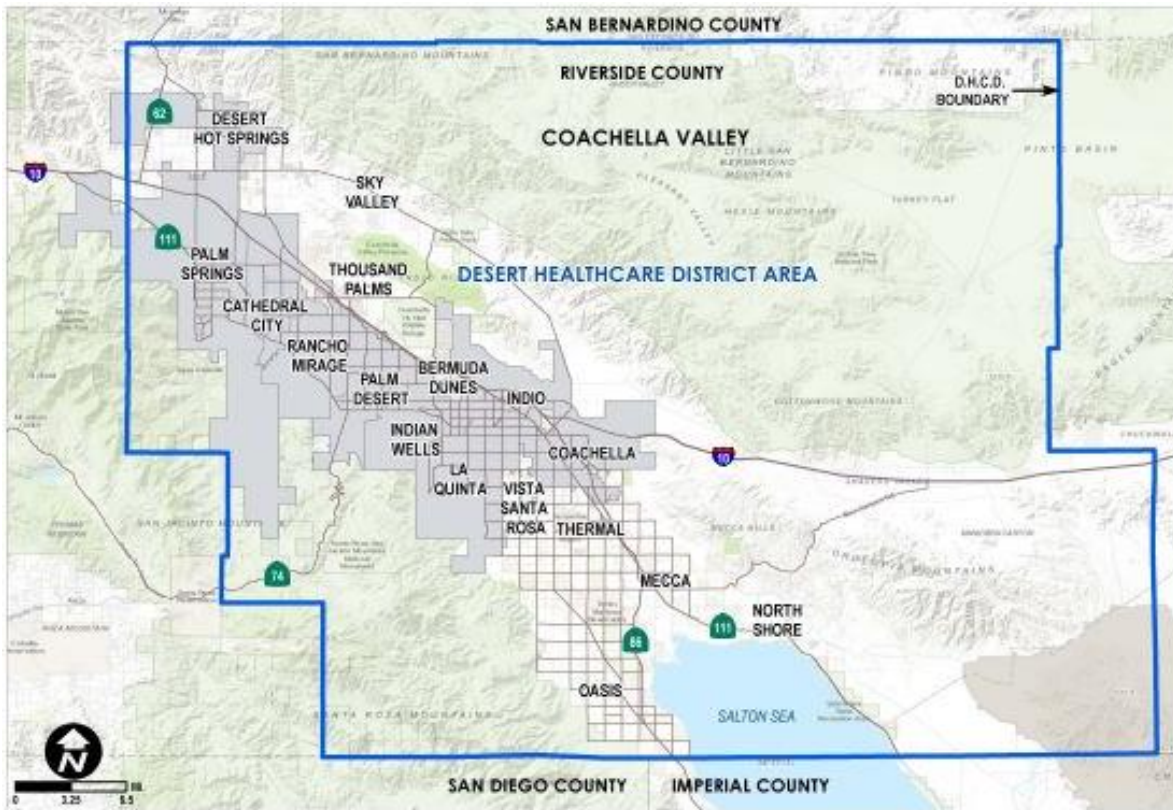
Airborne particulate matter (PM) is a complex mixture of solid particles and aerosols that vary in size, shape, and chemical composition. Sources of PM include both anthropogenic (e.g., vehicle emissions and agriculture) and natural (e.g., dust and pollen) sources, and may be emitted directly from the source or formed in the atmosphere through chemical reactions. Particulate matter is defined by its size, and particulate matter small enough to be inhaled into the lungs is of greatest concern for public health.

Particles with a diameter of 10 or less microns—PM₁₀—are inhalable and can lead to poor health outcomes. Short-term exposures to PM₁₀ have been associated with respiratory diseases like asthma and chronic obstructive pulmonary disease (COPD), leading to hospitalizations and emergency department visits (CARB, 2020). Long-term exposure to PM₁₀ is associated with premature mortality. High levels of coarse particulate matter may adversely affect heart rate variability in older adults with pre-existing coronary artery disease (Lipsett et al., 2009). The California Environmental Protection Agency conducted a series of studies in the Coachella Valley investigating health effects of PM₁₀, finding that a 10 µg/m³ change in daily PM₁₀ levels was associated with a 1% increase in mortality (Ostro et al., 1999). A follow-up study found that, more specifically, a 10 µg/m³ increase in PM₁₀ was associated with a 1.1% increase in cardiovascular mortality (Ostro et al., 2000).

Fine particulate matter, or PM_{2.5}, is particulate matter with a diameter of 2.5 microns or less. It can be inhaled deep into the lungs and has been associated with exacerbations of asthma and chronic obstructive pulmonary disease, cardiovascular disease mortality, and lung cancer (Khreis et al., 2017; Atkinson et al., 2014; Brook et al., 2010; Turner et al., 2011).

To assess recent air pollution trends in the Coachella Valley, we analyzed air pollution data from 2017-2019 for ozone and respirable and fine particulate matter, using data from all air monitors within the Desert Healthcare District boundaries (Figure 1).

Figure 1. The Desert Healthcare District Area in the Coachella Valley, CA



Source: Desert Healthcare District



Methods

We accessed data on ozone, PM₁₀, and PM_{2.5} from the U.S. EPA and CARB for 2017-2019. For ozone, we analyzed daily ozone 8-hr averages based on 17 observations per day. There were 99.7% complete days in 2017, 2018, and 2019. For PM₁₀ and PM_{2.5}, we analyzed daily 24-hr averages based on 1 observation per day. All years had 100% of days with complete observations. Exceptional events that may impact air quality (e.g., wildfire smoke or high winds) were included if present. We computed the number of days exceeding the California Ambient Air Quality Standard (CAAQS) for 8-hour average of ozone of 0.070 ppm, the days that exceeded the National Ambient Air Quality Standard (NAAQS) for 24-hour average of PM_{2.5} of 35 µg/m³, and the days that exceeded the CAAQS for 24-hour average of PM₁₀ of 50 µg/m³. The complete list of monitor sites used in this analysis is shown in Table 1.

Table 1. Location of air monitors in the Coachella Valley measuring ozone, PM_{2.5}, or PM₁₀

Site Name	Address	County	AQS id	Reporting agency	Available measures
Joshua Tree NP - Cottonwood Visitor Center	Joshua Tree National Park	Riverside	060650010	National Park Service	Ozone PM _{2.5}
Indio-29 Palms Reservation	84245 Vista Del Norte, Indio, CA	Riverside	060650500	Twenty-Nine Palms Band of Mission Indians	Ozone PM ₁₀ PM _{2.5}
Indio-Jackson Street	46-990 Jackson St., Indio, CA	Riverside	060652002	South Coast Air Quality Management District	Ozone PM ₁₀ PM _{2.5}
Torres Martinez Administration Site	66725 Martinez Road Thermal, CA	Riverside	060651999	Torres-Martinez Cahuilla Indians, California	PM ₁₀
Cabazon Resource Recovery Park Station	90-333 Avenue 63	Riverside	060651010	Cabazon Band of Mission Indians	Ozone
Mecca (Saul Martinez)	65705 Johnson St., Mecca, CA	Riverside	060652005	South Coast Air Quality Management District	PM ₁₀
Palm Springs-Fire Station	FS-590 Racquet Club Ave., Palm Springs, CA	Riverside	060655001	South Coast Air Quality Management District	Ozone PM ₁₀ PM _{2.5}
Banning Airport	200 S. Hathaway St., Banning, CA	Riverside	060650012	South Coast Air Quality Management District	Ozone PM ₁₀
Morongo Air Monitoring Station	12160 Santiago Rd. Banning, CA	Riverside	060651016	Morongo Band of Mission Indians	Ozone PM _{2.5}
Salton Sea Park	100-225 State Park Rd., North Shore, CA	Riverside	N/A	Imperial Irrigation District	PM ₁₀ PM _{2.5}



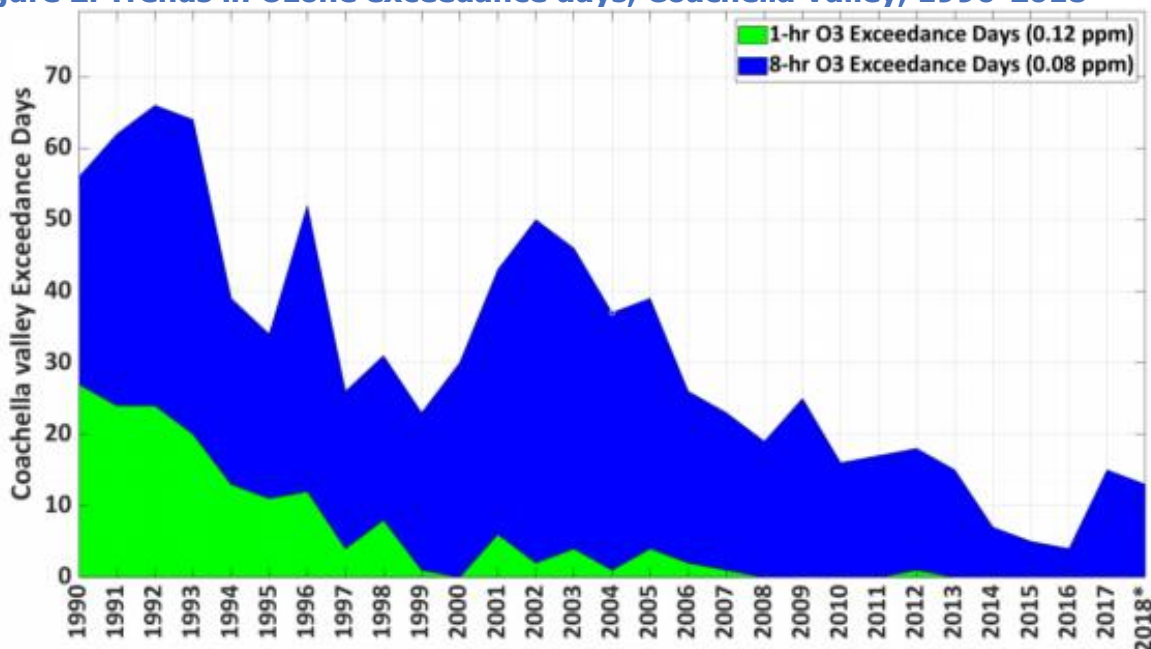
Air Pollution Data – 2017-2019

Ozone

Ozone is transported to the Coachella Valley from the metro areas of the South Coast Air Basin via the San Geronio Pass. It is also formed in the Valley from volatile organic compound precursors, such as transportation emissions and consumer products, which again primarily come from the South Coast metro areas, and combine with oxides of nitrogen on sunny days to produce ozone. According to the South Coast Air Quality Management District, local emission sources in the Valley have limited impact on ozone levels (SCAQMD, 2019).

Ozone levels have been decreasing over the last several decades in the Coachella Valley, and the number of days exceeding the 8-hour standard have decreased over time (Figure 2). However, in the last few years, the number of days exceeding the 8-hour standard have increased. The U.S. Environmental Protection Agency, at the request of the California Air Resources Board and the South Coast Air Quality Management District (SCAQMD) recently downgraded the Coachella Valley’s ozone pollution classification from “severe” to “extreme.” District air officials have pointed to meteorological conditions, in particular record-breaking heat and stagnant air masses, as causes for recent increases in ozone levels.

Figure 2. Trends in Ozone exceedance days, Coachella Valley, 1990-2018



Source: South Coast Air Quality Management District

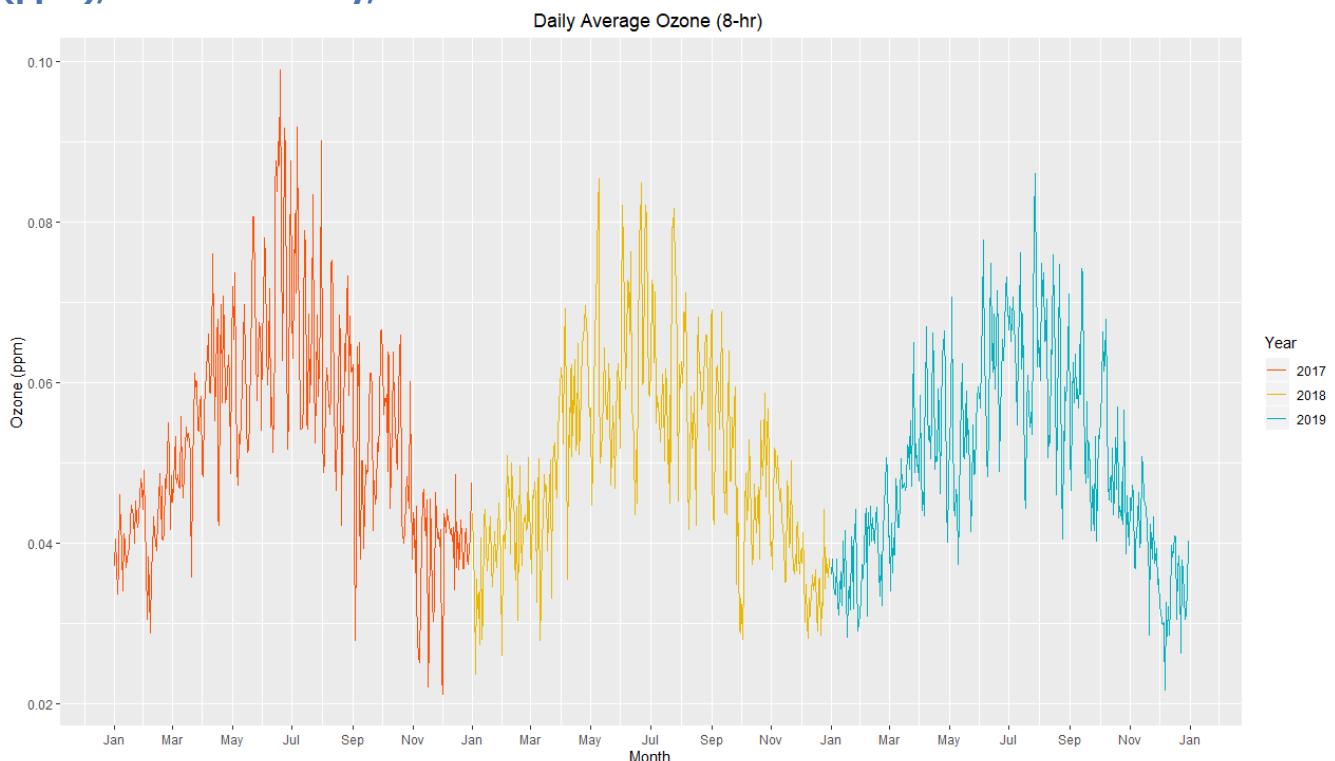
Table 2 shows data for the annual daily 8-hour average concentrations (ppm) of ozone, calculated using data from the monitor with the highest average reading each day (7 monitoring stations each provide a daily average based on 17 observations per day). 2017 had the most days (36) exceeding the CAAQS/NAAQS of 0.070 ppm (8-hour average), with the number of days decreasing in subsequent years. Figure 3 shows the seasonal distribution of ozone using the daily 8-hour average concentration (ppm); ozone levels peak each year during the summer. The Coachella Valley is a nonattainment area for the NAAQS for 8-hour ozone.

Table 2. Days exceeding the CAAQS/NAAQS 0.070 ppm ozone (8-hour) standard, Coachella Valley, 2017 - 2019

Year	Number of days	Annual Ozone (8-hr) (ppm)							Exceedance days
		Mean	Standard deviation	Min	Q1	Median	Q3	Max	
2017	364	0.053	0.014	0.021	0.043	0.052	0.062	0.099	36
2018	364	0.050	0.013	0.024	0.041	0.049	0.059	0.085	25
2019	364	0.050	0.012	0.022	0.041	0.048	0.059	0.086	20
2017-2019	1092	0.051	0.013	0.021	0.041	0.050	0.060	0.099	81

Source: U.S. Environmental Protection Agency

Figure 3. Seasonal distributions of ozone using the daily 8-hour average concentration (ppm), Coachella Valley, 2017-2019



Source: U.S. Environmental Protection Agency

Fine particulate matter – PM2.5

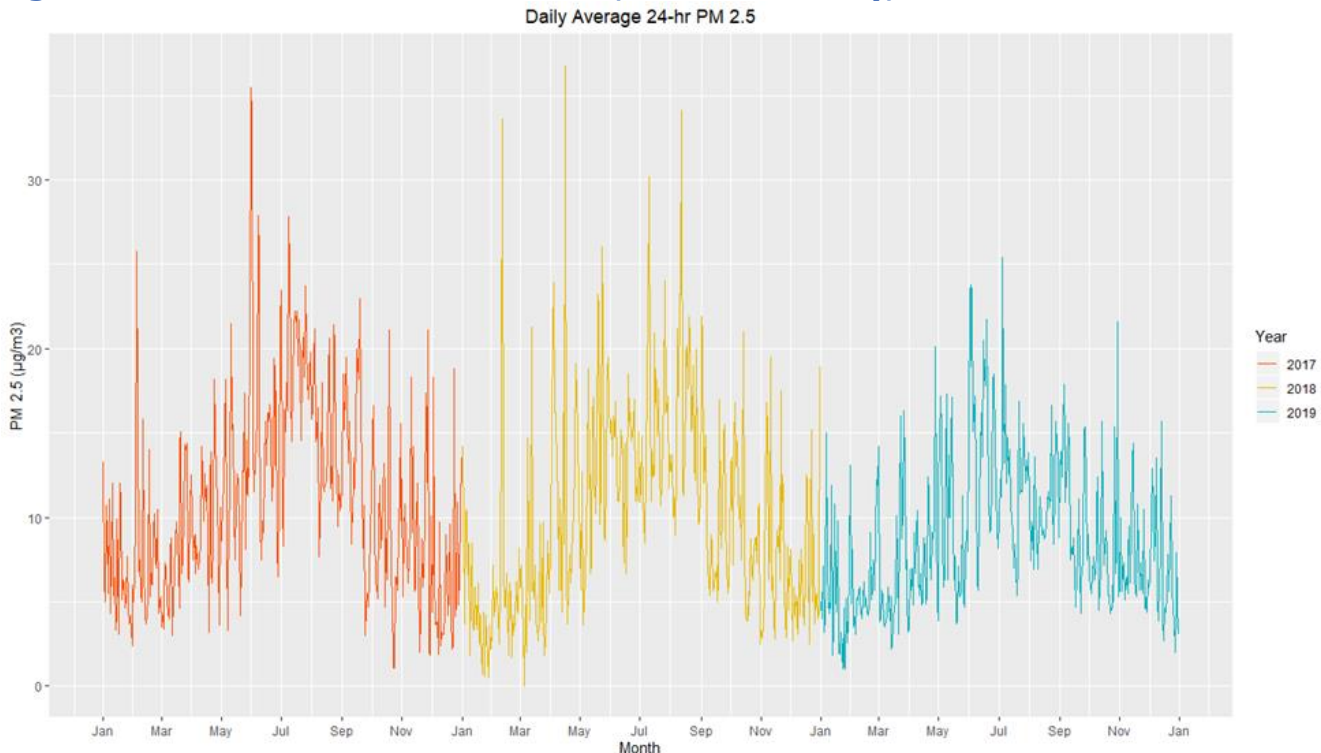
Table 3 shows data for the annual PM_{2.5} 24-hour average concentration (µg/m³), 2017-2019, based on the highest daily observation from all monitors. There were only 2 exceedances over the NAAQS during this time period. Figure 4 shows the seasonal distributions of PM_{2.5}. In general, PM_{2.5} peaks during the summer months, with several exceptional peaks during other times in the year.

Table 3. Days exceeding the NAAQS of 35 µg/m³ PM_{2.5} (24-hour), Coachella Valley, 2017 - 2019

Year	Number of days	Annual PM _{2.5} (24-hr) (µg/m ³)							Exceedance days
		Mean	Standard deviation	Min	Q1	Median	Q3	Max	
2017	365	10.9	5.8	1.1	6.3	10.2	14.5	35.5	1
2018	365	10.1	6.0	0.0	5.5	8.9	14.2	36.8	1
2019	365	8.8	4.5	1.0	5.3	7.7	11.5	25.4	0
2017-2019	1095	10.0	5.5	0.0	5.6	8.9	13.4	36.8	2

Source: U.S. Environmental Protection Agency and California Air Resources Board

Figure 4. Seasonal distributions of PM_{2.5}, Coachella Valley, 2017-2019



Source: U.S. Environmental Protection Agency and California Air Resources Board

Fine particulate matter – PM10

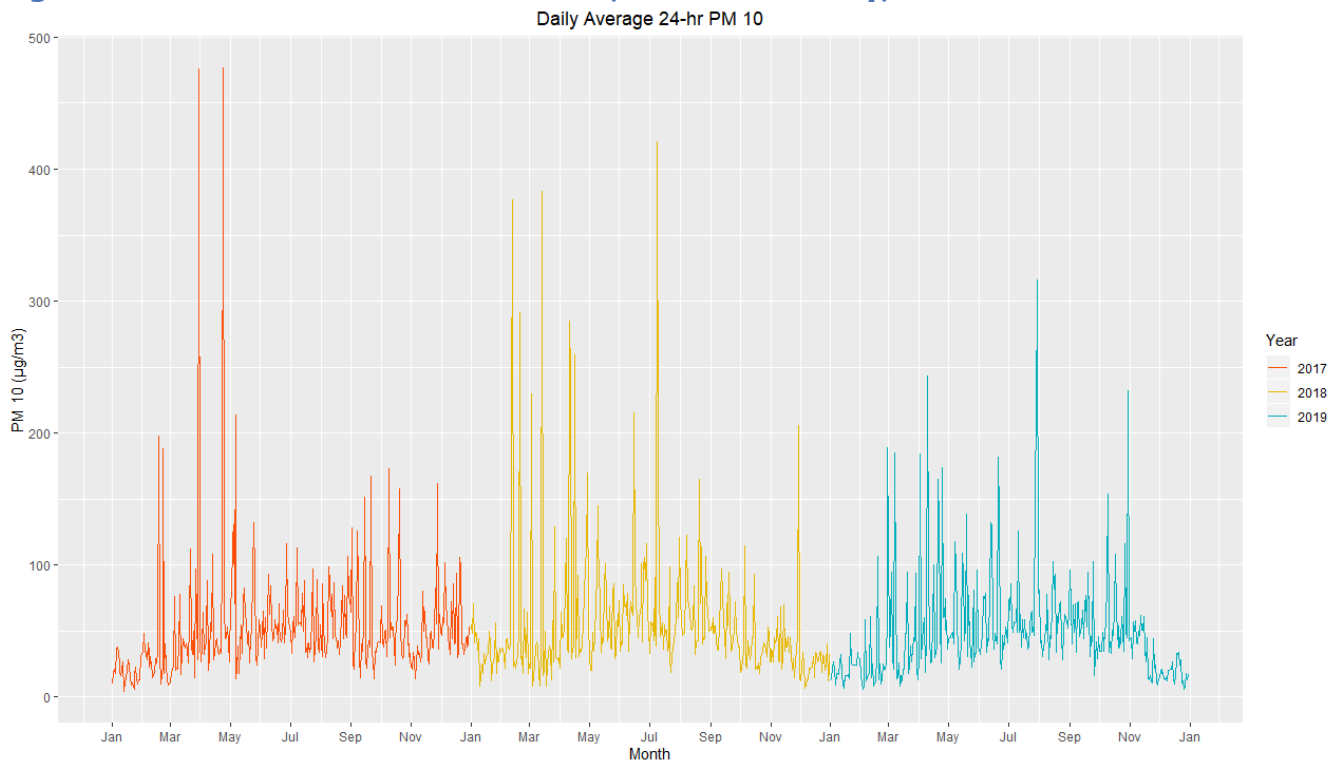
Table 4 shows data for the PM₁₀ 24-hour average concentrations (µg/m³), 2017-2019, based on the highest daily observation from all monitors. Monitored levels of PM₁₀ exceed the CAAQS of 50 µg/m³ (24-hour average) approximately one-third of each year. Figure 5 shows the seasonal distributions of PM₁₀. PM₁₀ generally starts peaking during the spring and extends into the summer.

Table 4. Days exceeding the CAAQS of 50 µg/m³ PM₁₀ (24-hour), Coachella Valley, 2017 - 2019

Year	Number of days	Annual PM ₁₀ (24-hr) (µg/m ³)							Exceedance days
		Mean	Standard deviation	Min	Q1	Median	Q3	Max	
2017	365	50.8	44.0	4.0	31.0	41.0	57.0	477.0	125
2018	365	53.9	50.0	7.0	29.7	41.0	60.0	421.0	128
2019	365	48.6	38.8	6.0	24.0	42.0	58.0	316.0	122
2017-2019	1095	51.1	44.5	4.0	28.0	41.0	58.0	477.0	375

Source: U.S. Environmental Protection Agency and California Air Resources Board

Figure 5. Seasonal distributions of PM₁₀, Coachella Valley, 2017-2019



Source: U.S. Environmental Protection Agency and California Air Resources Board



Conclusion

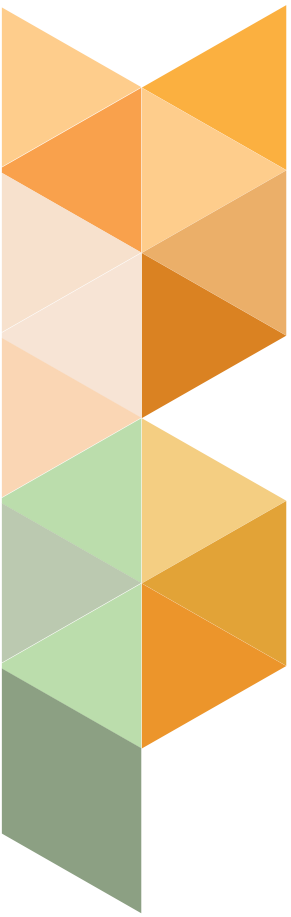
The results of this analysis show that ozone and PM₁₀ are the pollutants of most concern for residents living in the Desert Healthcare District. The South Coast Air Quality Management District has classified the Coachella Valley's ozone pollution as "extreme." Ozone levels peak in the summer, and while the number of days exceeding the CA 0.070 ppm ozone standard has decreased, the most recent data shows that the area still exceeds standards about 20 days per year.

Respirable particulate matter (PM₁₀) pollution is arguably of larger concern than ozone, as monitored levels of PM₁₀ exceed the CA 24-hour standard of 50 µg/m³ approximately one-third of each year. Information on the source of this PM₁₀ is currently being collected as part of our source ascertainment activities funded under this contract.

There are several limitations to this analysis. We were only able to analyze data from existing monitoring stations. To fully understand the potential of air pollution to impact health, a more accurate assessment of exposure would include other factors, such as daily commute patterns or individual exposure risks (e.g., occupation) or respiratory levels (e.g., during exercise). In addition, there are vulnerable populations in the Valley which do not have an existing monitoring station near where they live, work, and recreate. New low-cost monitoring stations are being implemented in the Coachella Valley through the IVAN monitoring system; these monitors will begin to accumulate data that can be analyzed in the near future (<https://www.ivan-coachella.org/air/map>). Policy recommendations for reducing ozone and particulate matter sources and exposures will be covered in a future report.

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Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley

Analysis of Emergency Department and Hospitalization Data, 2016-2018

January 2021

Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley

Analysis of Emergency Department and Hospitalization Data, 2016-2018

January 2021

Lead Authors:

Paul English, *California Department of Public Health*

Catherine Carpenter, *Tracking California*

Sophia Horiuchi, *Tracking California*

Jackie Valle, *Tracking California*

About Tracking California

Tracking California is a program of the Public Health Institute, in partnership with the California Department of Public Health and the Centers for Disease Control's (CDC) National Environmental Public Health Tracking Program. Tracking California works to make environmental health data and information accessible through the development of a web-based data query system, state-of-the-art data displays, and innovative web tools and services.



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Summary

Residents of the Coachella Valley had rates of respiratory and cardiovascular disease emergency department (ED) visits and hospitalizations that were, on average, similar or slightly better than the California average according to 2016-2018 patient encounter data collected by the State of California (the latest years for which data are available). However, when examining disease rates stratified by ZIP-code level rates of poverty, a different picture emerges. Hospitalization and ED rates in the Coachella Valley were higher across multiple health outcomes in ZIP codes with poverty rates $\geq 20\%$ when compared to ZIP codes with poverty rates $< 20\%$.

- > ED visits and hospitalizations for chronic obstructive pulmonary disease (**COPD**) were 70% and 85% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations for **asthma** were 18% and 27% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations and ED visits for **heart disease** were both 26% higher in higher-poverty ZIP codes compared to lower-poverty ZIP codes.
- > ED visits and hospitalizations for **myocardial infarctions** were 41% and 44% higher, respectively, in higher-poverty ZIP codes compared to lower-poverty ZIP codes.

There are also health disparities by poverty among Coachella Valley youth, and disparities by sex among adults.

- > **Pneumonia** hospitalizations among youth < 18 years of age were 39% higher in higher-poverty ZIP codes compared to lower-poverty ZIP codes, and rates of **asthma** ED visits were 15% higher.
- > Within higher-poverty ZIP codes, females had higher rates of **COPD** hospitalizations (39% higher) and ED visits (33% higher) compared to males.
- > Within higher-poverty ZIP codes, females had higher rates of ED visits for **asthma** (26% higher) and **bronchitis** (49% higher) compared to males.
- > However, within higher-poverty ZIP codes, males had higher rates of hospitalizations (46% higher) and ED visits (44% higher) for **heart disease**, and higher **myocardial infarction** ED visit rates (66% higher) compared to females.

Patient ED visits and hospitalizations may indicate serious or poorly controlled illness, therefore this analysis cannot be used to assess any differences in symptoms, medication use, or other indicators of less serious or chronically managed disease. Nor does this analysis assess other potential contributors to severe illness, such as a lack of health insurance or lack of medication. A supplemental survey will be used to collect data on these conditions and illness symptoms, and we plan to conduct the survey during 2021.

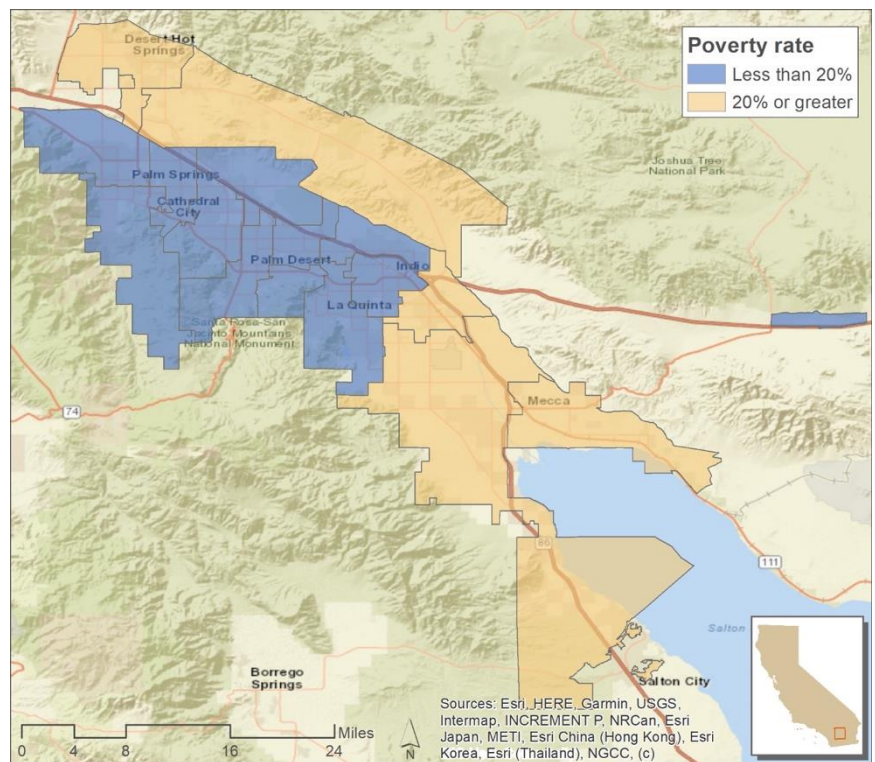


Introduction

The Coachella Valley has high levels of air pollution, including ozone, and concerns have been raised about levels of respiratory and cardiovascular disease (CVD) in the Valley.¹ This report presents data for emergency department (ED) visits and hospitalizations for conditions related to high levels of air pollution, including multiple respiratory conditions and CVD. Respiratory conditions include **asthma**, **bronchitis**, **chronic obstructive pulmonary disease**, and **pneumonia**. Cardiovascular disease includes **heart disease** and **myocardial infarction**.² Data presented here are from the Office of Statewide Health and Planning Development (OHSPD) for 2016-2018, the most recent years of data available.

Sixteen ZIP codes³ were included in this analysis when calculating rates of hospitalization and ED utilization. All hospitalization and ED rates were calculated using 2016-2018 ZIP code populations, and rates were age-adjusted to the 2000 U.S. standard population in order to control for differences in age distribution.⁴ Data from these ZIP codes were sorted into lower-poverty and higher-poverty categories, using a 20% poverty rate as the cut-off, in order to assess any community-level health disparities by poverty (Map 1 and Table 1).⁵

Map 1. Coachella Valley ZIP codes included in the analysis, by poverty rate



¹ Barboza, Tony. “Coachella Valley smog has gotten worse, and climate change could be to blame.” *Los Angeles Times*, 12 April 2019 <https://www.latimes.com/local/lanow/la-me-coachella-smog-climate-change-20190412-story.html>.

² Heart disease refers to several different heart conditions, the most common of which is coronary artery disease (CAD); myocardial infarction (MI), or a heart attack, occurs when a part of the heart does not receive enough blood. CAD is the main cause of MI.

³ The 16 ZIP codes included in this analysis fell within Desert Healthcare Foundation district boundaries. One ZIP code, 92292, was excluded because only a small portion overlapped with district boundaries.

⁴ Centers for Disease Control and Prevention. *Age Adjustment Using the 2000 Projected U.S. Population*. Healthy People 2010: Statistical Notes, Number 20. January 2001. Online at <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>, last accessed May 15, 2020.

⁵ The U.S. Census Bureau designates any census tract with a poverty rate of 20.0 percent or more as a “poverty area”: <https://www.census.gov/library/publications/2014/acs/acs-27.html>

Table 1. Coachella Valley ZIP codes and percent of population in poverty (2018 American Community Survey 5-year estimates and USPS ZIP Code Crosswalk Files-U.S. Department of Housing and Urban Development)

Lower-poverty ZIP codes (poverty rate <20%)			Higher-poverty ZIP codes (poverty rate ≥20%)		
ZIP	City	Poverty rate (%)	ZIP	City	Poverty rate (%)
92201	Indio	18.7	92236	Coachella	23.5
92203	Indio	11.9	92240	Desert Hot Springs	31.1
92210	Indian Wells	6.5	92241	Desert Hot Springs	23.1
92211	Palm Desert	9.3	92254	Mecca	34.4
92234	Cathedral City	18.7	92274	Thermal	34.0
92253	La Quinta	11.5			
92260	Palm Desert	13.7			
92262	Palm Springs	19.4			
92264	Palm Springs	14.8			
92270	Rancho Mirage	13.5			
92276	Thousand Palms	11.8			

The Coachella Valley has over 450,000 residents, and approximately 77% of the population is over 18 years of age. Compared to lower-poverty ZIP codes (Table 2), ZIP codes with a poverty rate ≥20% had a lower median household income (\$33,000 vs \$59,000), a larger percentage of Hispanic residents (78% vs 39%), a smaller percentage of White residents (48% vs 75%), and lower rates of health insurance (83% vs 91%) and education attainment (59% vs 86% with a high school degree or higher).

Table 2. Demographic characteristics of Coachella Valley ZIP codes, by poverty rate (2018 American Community Survey 5-year estimates & ESRI 2018 population estimates)

	ZIP codes with a poverty rate <20%	ZIP codes with a poverty rate ≥20%	All ZIP codes
Total population	334,028	133,645	467,673
Median household income	\$59,093	\$32,933	\$51,618
Hispanic	39.0%	78.1%	50.2%
Race			
White	75.4%	48.2%	67.6%
Black	2.6%	2.8%	2.7%
Asian	3.8%	1.0%	3.0%
Other	18.3%	48.1%	26.8%
Have health insurance	90.8%	82.7%	88.5%
High school graduate or higher (≥25 years old)	86.1%	59.2%	78.4%



Respiratory Disease

We analyzed ED visit (Figure 1) and hospitalization (Figure 2) rates of chronic obstructive pulmonary disease (COPD), asthma, bronchitis, and pneumonia. COPD is calculated for ages 25 years and older. Asthma, bronchitis, and pneumonia were calculated for all ages. All case counts, rates, and confidence intervals are included in Appendix.

COPD ED visit and hospitalization rates (age 25+) were lower, on average, in the Coachella Valley compared to California as a whole.

- > COPD ED visit rates in the Coachella Valley were 38.0/10,000 persons, compared to 49.0/10,000 persons for California.
- > COPD hospitalization rates were 12.9/10,000 persons in the Coachella Valley, compared to 14.6/10,000 for California.

Asthma ED and hospitalization rates (all ages) were lower, on average, in the Coachella Valley compared to California as a whole.

- > Asthma ED visit rates in the Coachella Valley were 33.5/10,000 persons, compared to 44.9/10,000 persons for California.
- > Asthma hospitalization rates were 4.0/10,000 persons in the Coachella Valley, compared to 4.6/10,000 persons for California.

Bronchitis ED visit rates (all ages) in the Coachella Valley were, on average, slightly lower compared to California as a whole; bronchitis hospitalizations (all ages), however, were slightly higher compared to statewide rates.

- > Bronchitis ED visit rates in the Coachella Valley were 24.3/10,000 persons, compared to 25.8/10,000 persons in California.
- > Bronchitis hospitalization rates were 1.4/10,000 persons in the Coachella Valley, compared to 0.9/10,000 In California.

Pneumonia ED and hospitalization rates (all ages) were slightly higher, on average, in the Coachella Valley compared to California as a whole.

- > Pneumonia ED visit rates in the Coachella Valley were 35.7/10,000 persons, compared to 37.4/10,000 persons for California.
- > Pneumonia hospitalization rates were 13.9/10,000 persons in the Coachella Valley, compared to 13.0/10,000 persons for California.

Figure 1. Age-adjusted respiratory disease ED visit rates per 10,000 in the Coachella Valley and California, 2016-2018. COPD is calculated for 25+; all other conditions are all ages. Includes 95% confidence intervals.

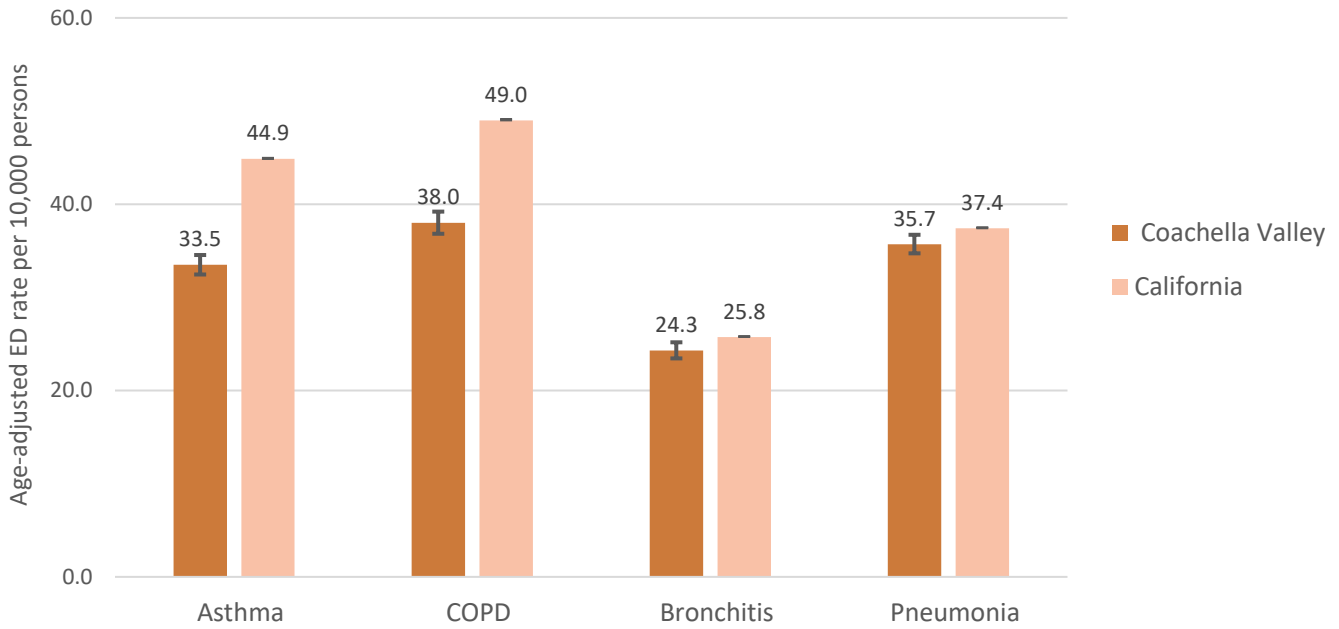
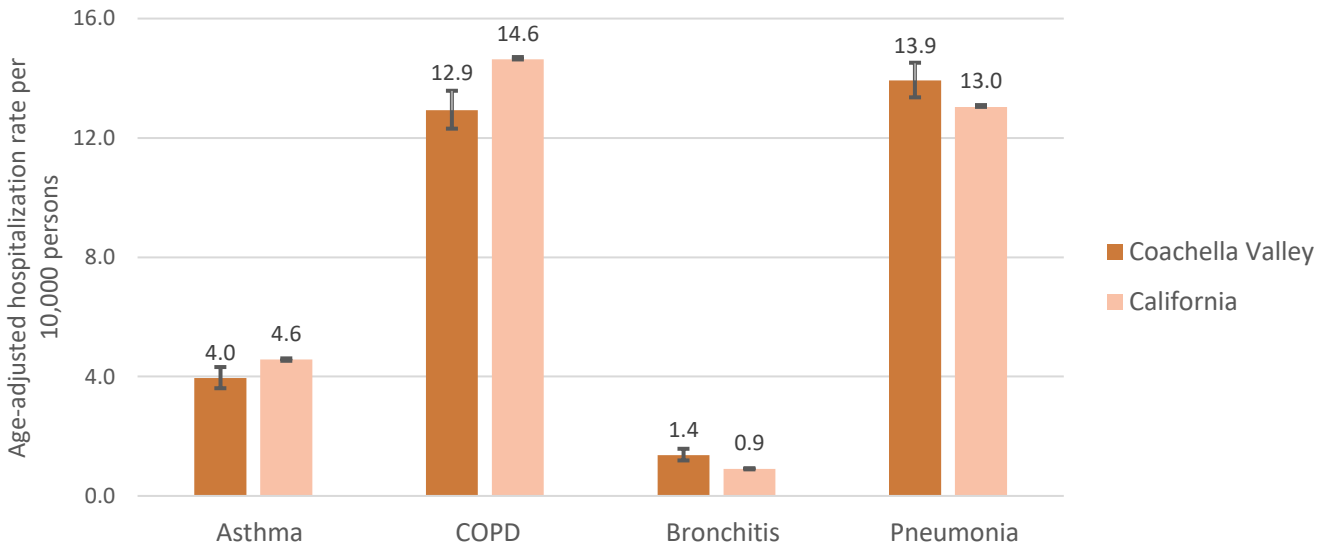


Figure 2. Age-adjusted respiratory disease hospitalization rates per 10,000 for in the Coachella Valley and California, 2016-2018. COPD is calculated for 25+; all other conditions are all ages. Includes 95% confidence intervals.





Cardiovascular Disease

Age-adjusted rates of ED visits (Figure 3) and hospitalizations (Figure 4) for heart disease and myocardial infarction (MI). Heart disease is calculated for all ages; MI includes ages 35 years and older. All case counts, rates, and confidence intervals are included in Appendix.

- > ED visit rates for heart disease were lower in the Coachella Valley compared to California (74.0/10,000 vs. 81.7/10,000 persons). Heart disease hospitalization rates were also lower in the Coachella Valley compared to California (62.7/10,000 vs. 65.6/10,000 persons).
- > ED visit rates for MI were similar for the Coachella Valley compared to California (24.0/10,000 vs 25.0/10,000 persons). MI hospitalization rates were also similar in the Coachella Valley compared to California (24.3 vs. 24.6/10,000 persons).

Figure 3. Age-adjusted cardiovascular disease ED visit rates per 10,000 in the Coachella Valley and California, 2016-2018. Heart disease includes all ages; MI is calculated for age 35+. Includes 95% confidence intervals.

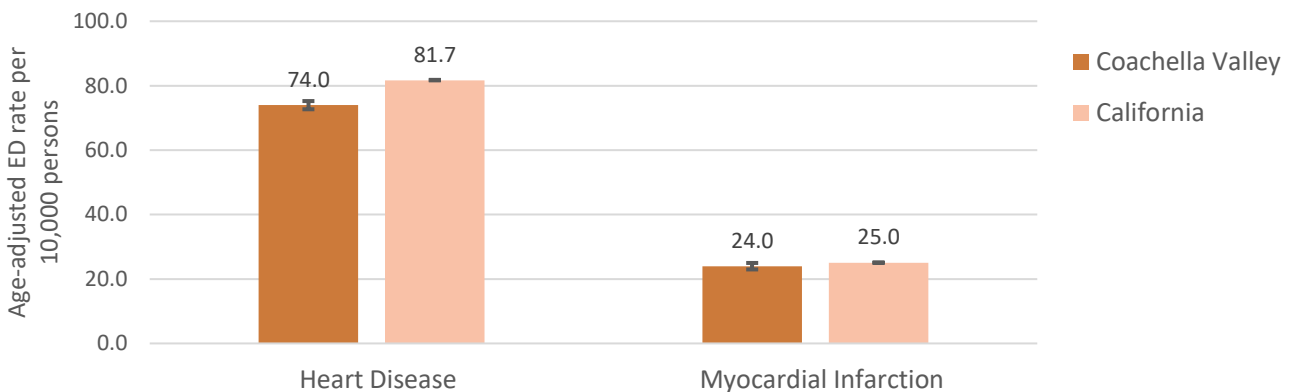
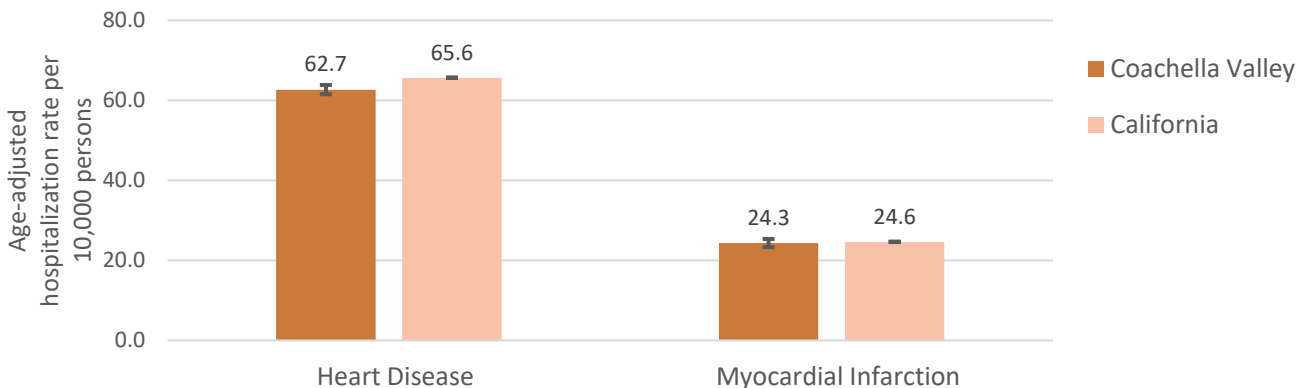


Figure 4. Age-adjusted cardiovascular disease hospitalization rates per 10,000 in the Coachella Valley and California, 2016-2018. Heart disease includes all ages; MI is calculated for age 35+. Includes 95% confidence intervals.



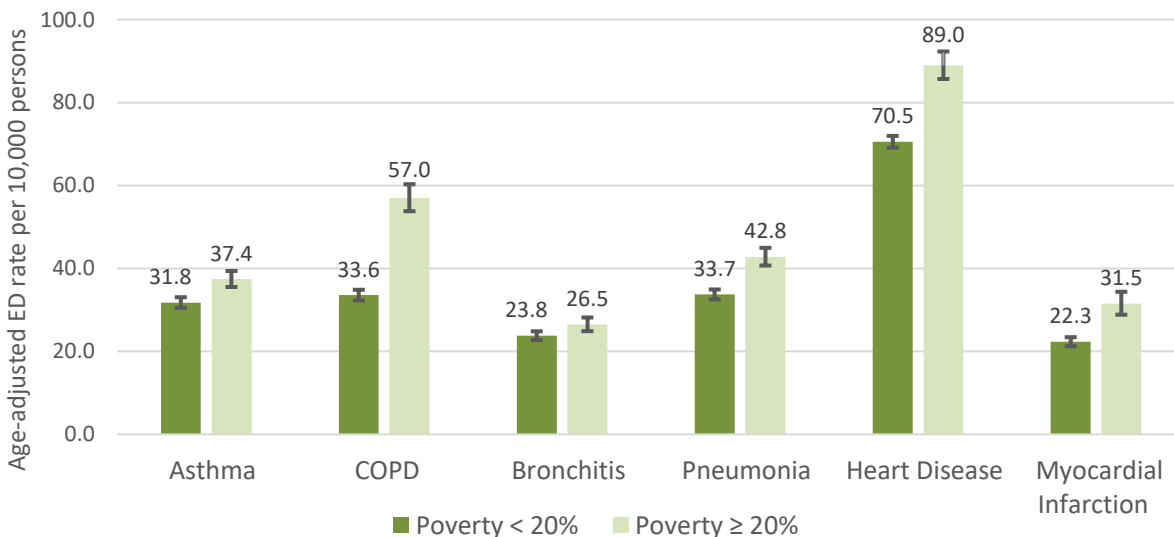


Analysis of Respiratory Illness and Cardiovascular Disease by Poverty

We compared ED visit and hospitalization rates for higher-poverty ZIP codes (poverty rate $\geq 20\%$) and lower-poverty ZIP codes (poverty rate $< 20\%$). ED visit rates for these respiratory and cardiovascular illnesses were higher in higher-poverty ZIP codes compared to lower-poverty ZIP codes (Fig 5).

- > ED visit rates for COPD (25+) were 70% higher in higher- vs lower-poverty ZIP codes (57.0/10,000 vs. 33.6/10,000 persons, respectively).
- > ED visit rates for pneumonia (all ages) were 27% higher in higher- vs. lower-poverty ZIP codes (42.8/10,000 vs. 33.7/10,000 persons, respectively).
- > ED visit rates for both heart disease (all ages) and MI (age 35+) were 26% and 41% higher, respectively, in higher- vs. lower-poverty ZIP codes.

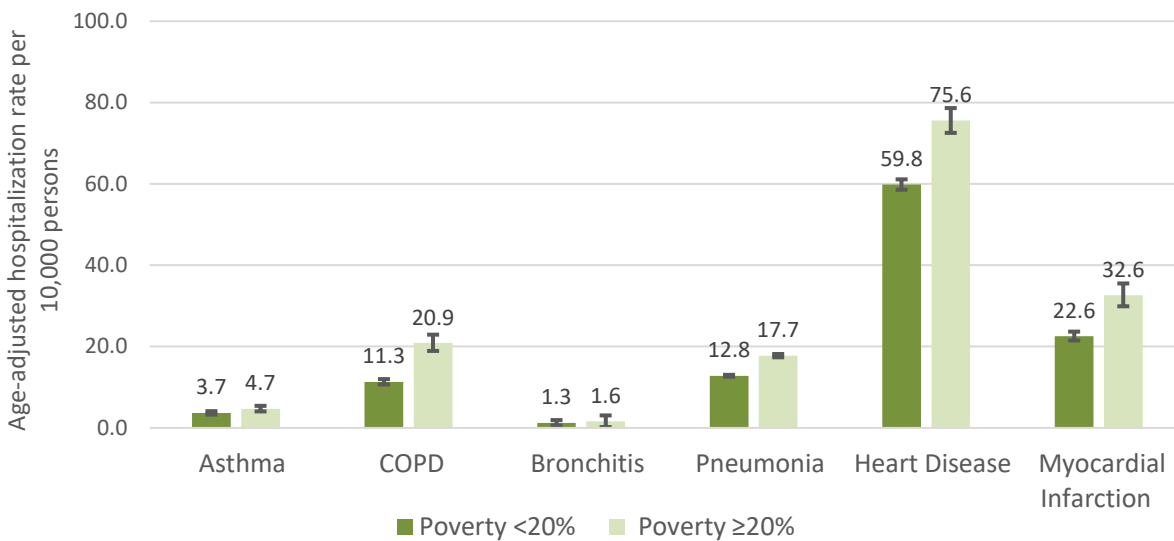
Figure 5. Age-adjusted ED visit rates per 10,000 for lower- and higher-poverty ZIP codes in the Coachella Valley, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.



Hospitalization rates for asthma, COPD, pneumonia, bronchitis, heart disease, and myocardial infarctions were also higher in higher-poverty ZIP codes compared to lower-poverty ZIP codes (Fig 6).

- > COPD hospitalizations (ages 25+) were nearly two-fold in higher- vs. lower-poverty ZIP codes (20.9/10,000 vs. 11.3 /10,000 persons respectively).
- > Heart disease hospitalizations (all ages) were 26% higher in higher- vs. lower-poverty ZIP codes (75.6 vs. 59.8 /10,000, respectively).
- > MI hospitalizations (ages 35+) were 44% higher in higher- vs. lower-poverty ZIP codes (22.6/10,000 vs. 32.6/10,000 persons, respectively).

Figure 6. Age-adjusted hospitalization rates per 10,000 for lower-poverty and higher-poverty ZIP codes in the Coachella Valley, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.





Analysis of Youth Illness Rates (≤ 17 years of age) by Poverty

Among youth 17 years of age and younger, asthma ED visits were higher in higher- vs. lower-poverty areas (55.7/10,000 vs. 48.3/10,000 persons, respectively) (Figure 7). Differences in the remaining conditions were not statistically significant. Similarly, pneumonia hospitalizations were higher in higher- vs. lower-poverty ZIP codes (14.3/10,000 vs. 10.3/10,000 person, respectively) (Figure 8).

Figure 7. Age-adjusted ED visit rates per 10,000 lower- and higher-poverty ZIP codes for youth ≤ 17 years of age, 2016-2018. Includes 95% confidence intervals.

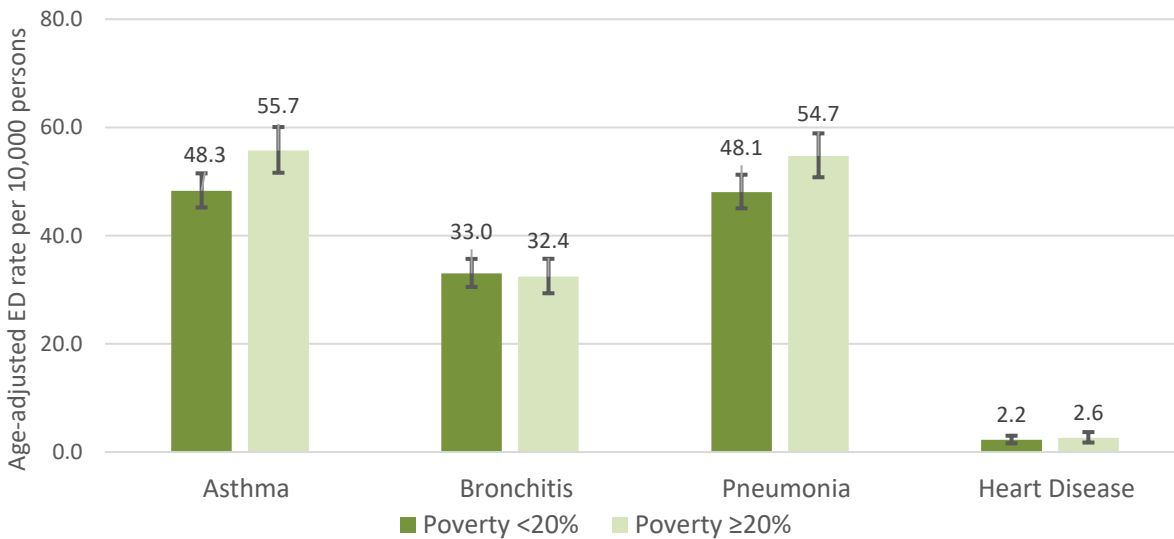
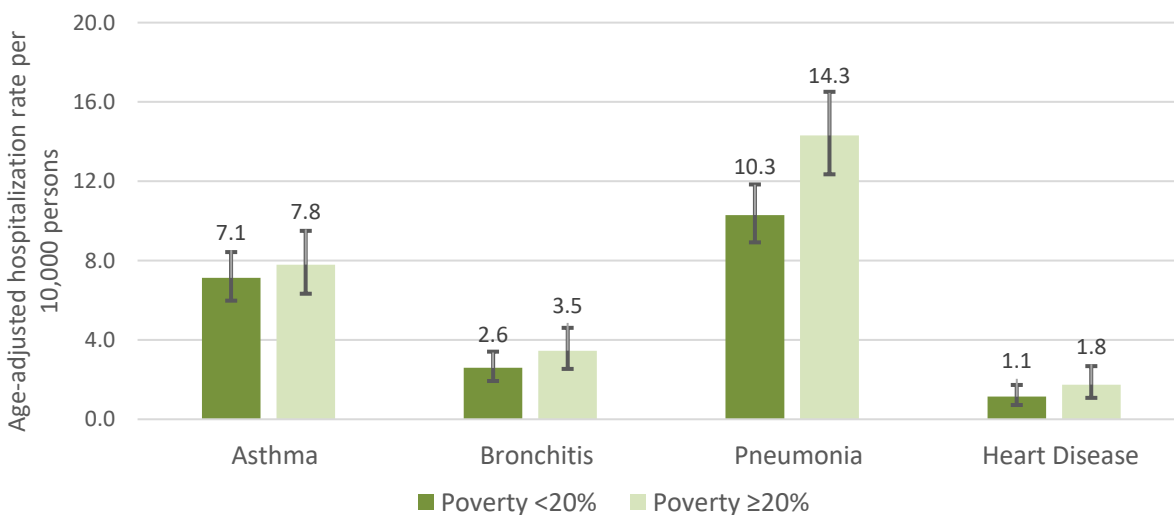


Figure 8. Age-adjusted hospitalization rates per 10,000 for lower- and higher-poverty ZIP codes for youth ≤ 17 years of age, 2016-2018. Includes 95% confidence intervals.





ED and Hospitalization Rates by Sex in Lower- and Higher-Poverty ZIP Codes

There were disparities by sex in ED visit and hospitalization rates within lower- and higher-poverty ZIP codes. Rate for COPD includes ages 25+ and rates for MI includes ages 35+; all other conditions are calculated for all ages.

- > In higher-poverty ZIP codes, females had higher rates of ED visits across respiratory diseases compared to males (Figure 9). Males had higher rates of ED visits for cardiovascular disease compared to females.
- > In higher-poverty ZIP codes, females had higher rates of hospitalization (Figure 10), compared to males, for COPD (24.3/10,000 vs. 17.5/10,000 persons) and asthma (5.2/10,000 vs. 4.2/10,000). Males had higher rates of hospitalization, compared to females, for heart disease (89.6/10,000 vs. 61.5/10,000 persons) and MI (40.7/10,000 vs. 24.5/10,000 persons).

Figure 9. Age-adjusted ED visit rates per 10,000 in higher-poverty ZIP codes in the Coachella Valley, by sex, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.

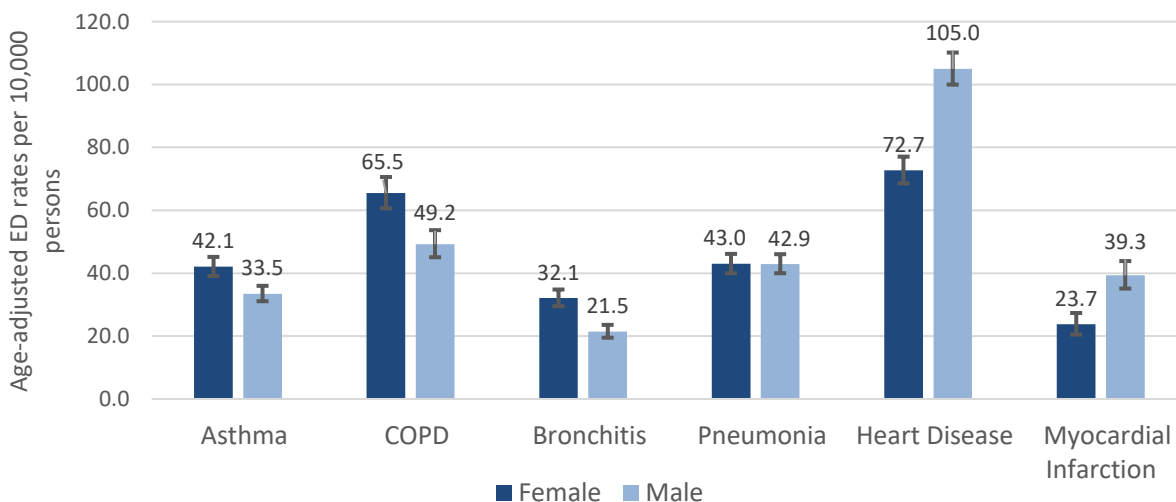
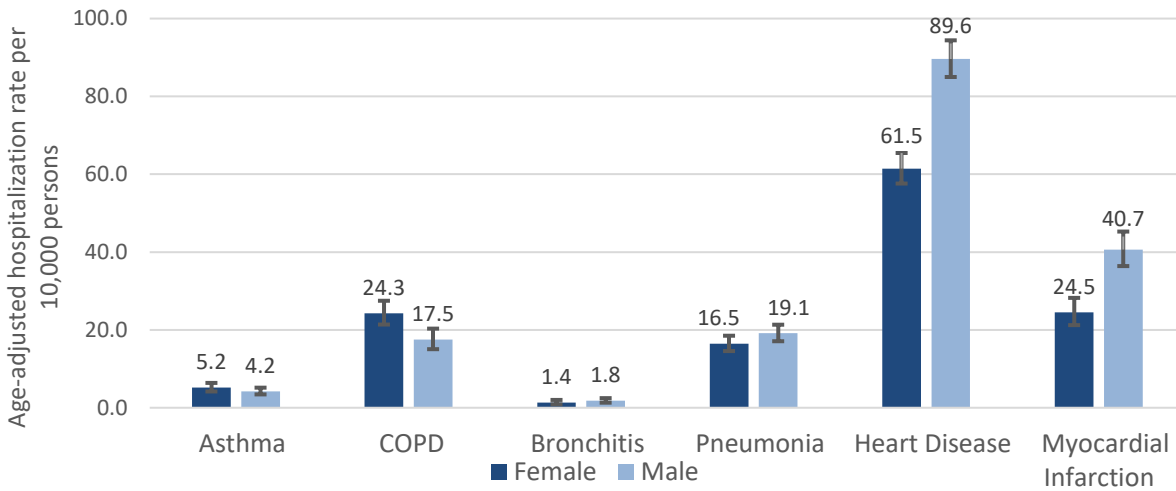


Figure 10. Age-adjusted hospitalization rates per 10,000 in higher-poverty ZIP codes in the Coachella Valley, by sex, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.



- In lower-poverty ZIP codes, females had higher rate of ED visits (Figure 11) for bronchitis (25.1/10,000 vs. 22.5/10,000 persons); males had higher ED visit rates for pneumonia (38.4/10,000 vs. 29.0/10,000 persons), heart disease (88.6/10,000 vs. 52.6/10,000 persons) and MI (31.1/10,000 vs. 13.6/10,000 persons).
- In lower-poverty ZIP codes, males had higher rates of hospitalizations (Figure 12) for all illnesses included in the analysis, compared to females, including pneumonia (15.1/10,000 vs. 10.6/10,000 persons), heart disease (78.5/10,000 vs. 41.5/10,000 persons) and MI (31.7/10,000 vs. 13.5/10,000 persons).

Figure 11. Age-adjusted ED Visit Rates per 10,000 in lower-poverty ZIP codes in the Coachella Valley, by sex, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.

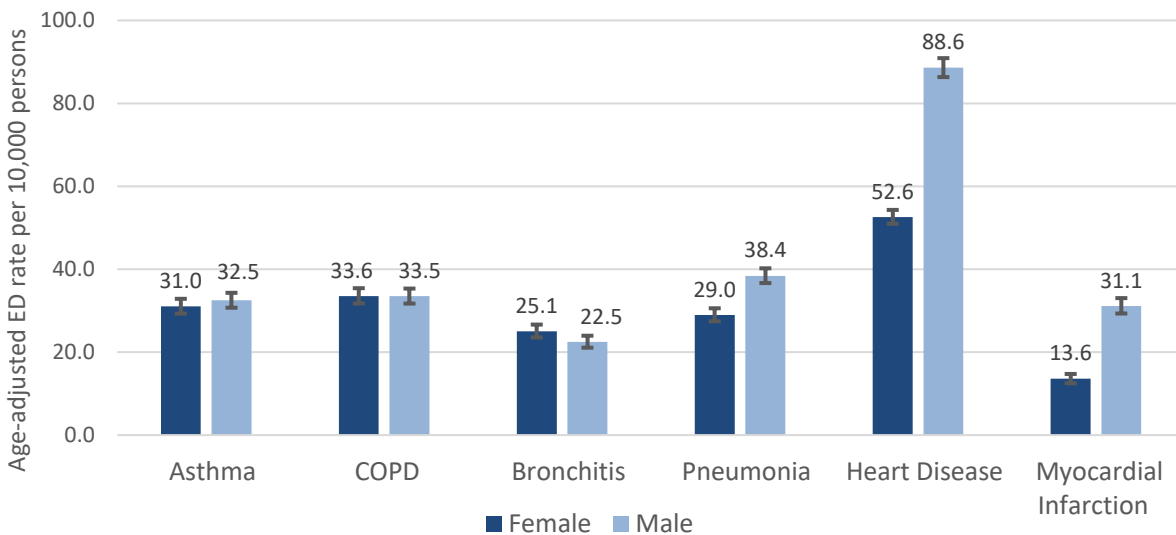
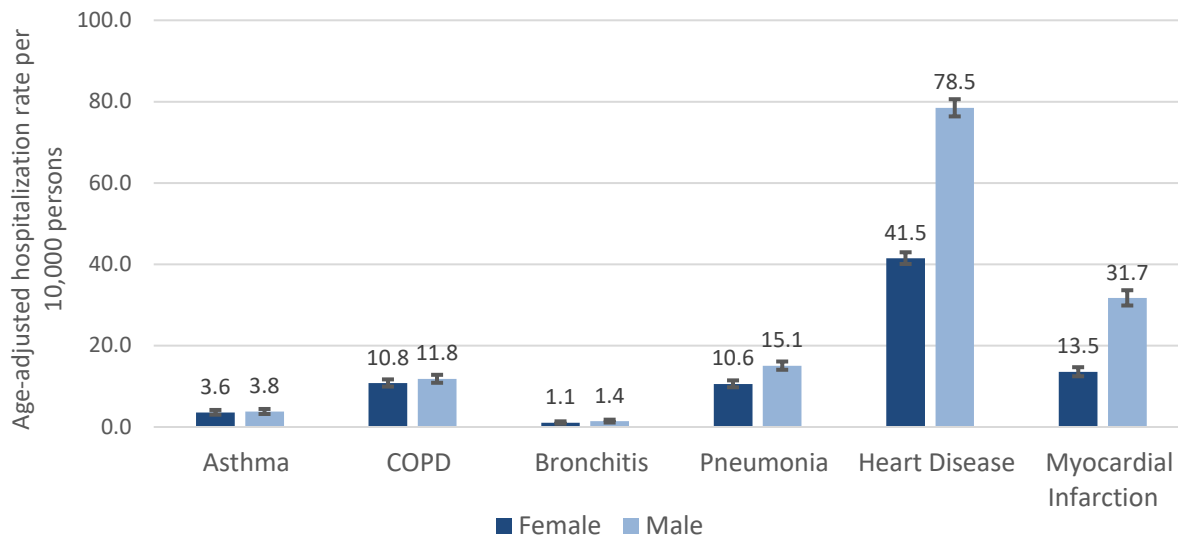


Figure 12. Age-adjusted hospitalization rates per 10,000 in lower-poverty ZIP codes in the Coachella Valley, by sex, 2016-2018. COPD includes ages 25+ and MI includes ages 35+; all other conditions are all ages. Includes 95% confidence intervals.





Discussion

In this analysis, we found disparities by poverty, by sex, and among youth in respiratory and cardiovascular disease patient encounter data for the Coachella Valley. Emergency department visits and hospitalizations may indicate serious disease, and this analysis does not assess any differences in symptoms, medication use, or other indicators of less serious or chronically managed illness. During 2021, we will conduct a sample survey on these conditions, including illness symptoms.

The denominator data used for this analysis only represents permanent residents of the Coachella Valley. Seasonal residents may have different disease profiles than permanent residents and may also utilize local health care services. The numerator used in these analyses is based on the patient's address as reported to OSHPD, and it is possible that the numerator may include seasonal residents. Therefore, the data presented may overestimate the true disease burden if seasonal residents are included in the numerator but excluded from the denominator.

Appendix

Data are included for emergency department (ED) visits and hospitalizations for **asthma, chronic obstructive pulmonary disease (COPD), pneumonia, bronchitis, heart disease, and myocardial infarction**. Data were collected based on the following ICD-10 codes, for all ages unless otherwise noted.

Health condition	ICD-10: Primary diagnosis
Asthma	J45
COPD (≥25 years)	J40-J44
Pneumonia	J12-J18
(Acute) Bronchitis	J20
Heart disease	I00-I09, I11, I13, I20-I51
Myocardial infarction (≥35 years)	I21-I22

ED and hospitalization data were collected from the Office of Statewide Health and Planning Development (OHSPD) for 16 ZIP codes overlapping Desert Healthcare Foundation district boundaries. Data are from 2016-2018, the most recent years available. The following tables include all counts, rates, and confidence intervals. All hospitalization and ED rates were calculated using 2016-2018 ZIP code populations, and rates were age-adjusted to the 2000 U.S. standard population in order to control for differences in age distribution. Data are for all ages, unless otherwise noted.

A1. Respiratory and Cardiovascular Disease in the Coachella Valley

Emergency Department Visit Rates: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018								
	Coachella Valley				California			
	Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	4,165	33.5	32.5	34.6	516,906	44.9	44.9	45.0
COPD (≥25 years)	4,495	38.0	36.8	39.2	417,039	49.0	49.0	49.2
Pneumonia	5,544	35.7	34.7	36.7	456,249	37.4	37.4	37.5
Bronchitis	3,311	24.3	23.5	25.2	306,436	25.8	25.8	25.9
Heart disease	14,556	74.0	72.7	75.2	1,080,095	81.7	81.7	81.8
Myocardial infarction (≥35 years)	2,470	24.0	23.0	25.0	172,056	25.0	25.0	25.1

Hospitalization Rates: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018								
	Coachella Valley				California			
	Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	528	4.0	3.6	4.3	52,914	4.6	4.5	4.6
COPD (≥25 years)	1,743	12.9	12.3	13.6	128,740	14.6	14.6	14.7
Pneumonia	2,505	13.9	13.4	14.5	166,795	13.0	13.0	13.1
Bronchitis	214	1.4	1.2	1.6	11,706	0.9	0.9	0.9
Heart disease	12,597	62.7	61.5	63.9	872,575	65.6	65.6	65.7
Myocardial infarction (≥35 years)	2,512	24.3	23.3	25.4	169,336	24.6	24.6	24.7

A2. Respiratory and Cardiovascular Disease in the Coachella Valley, by Poverty

Coachella Valley Emergency Department Visit Rates for Lower- and Higher-Poverty ZIP codes: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018								
	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
	Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	2,617	31.8	30.5	33.1	1,548	37.4	35.5	39.4
COPD (≥25 years)	3,254	33.6	32.3	34.9	1,241	57.0	53.8	60.3
Pneumonia	3,866	33.7	32.6	34.9	1,678	42.8	40.7	45.0
Bronchitis	2,241	23.8	22.7	24.8	1,070	26.5	24.9	28.2
Heart disease	11,652	70.5	69.1	72.0	2,904	89.0	85.7	92.3
Myocardial infarction (≥35 years)	1,939	22.3	21.2	23.4	531	31.5	28.8	34.4

Coachella Valley Hospitalization Rates for Lower- and Higher-Poverty ZIP codes: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018								
	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
	Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	331	3.7	3.3	4.1	197	4.7	4.1	5.4
COPD (≥25 years)	1,300	11.3	10.7	12.0	443	20.9	18.9	22.9
Pneumonia	1,861	12.8	12.2	13.5	644	17.7	16.3	19.2
Bronchitis	144	1.3	1.0	1.5	70	1.6	1.2	2.0
Heart disease	10,135	59.8	58.6	61.1	2,462	75.6	72.5	78.7
Myocardial infarction (≥35 years)	1,963	22.6	21.5	23.7	549	32.6	29.9	35.5

A3. Respiratory and Cardiovascular Disease in the Coachella Valley, by Poverty and by Age

Coachella Valley Emergency Department Visit Rates for Low and High Poverty ZIP codes by Age: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018									
	Age	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
		Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	0-17	916	48.3	45.2	51.5	684	55.7	51.6	60.1
	18+	1,701	26.0	24.7	27.4	864	31.1	29.0	33.3
Pneumonia	0-17	935	48.1	45.0	51.3	718	54.7	50.8	58.9
	18+	2,931	28.7	27.6	29.9	960	38.7	36.2	41.2
Bronchitis	0-17	635	33.0	30.5	35.7	412	32.4	29.4	35.7
	18+	1,606	20.5	19.5	21.7	658	24.4	22.6	26.4
Heart disease	0-17	43	2.2	1.6	3.0	31	2.6	1.8	3.7
	18+	11,609	94.3	92.4	96.2	2,873	118.9	114.6	123.5

Coachella Valley Hospitalization Rates for Low and High Poverty ZIP codes by Age: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018									
	Age	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
		Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	0-17	136	7.1	6.0	8.4	99	7.8	6.3	9.5
	18+	195	2.5	2.1	2.9	98	3.6	2.9	4.5
Pneumonia	0-17	200	10.3	8.9	11.8	190	14.3	12.4	16.5
	18+	1,661	13.7	13.0	14.4	454	18.9	17.2	20.8
Bronchitis	0-17	51	2.6	1.9	3.4	47	3.5	2.5	4.6
	18+	93	0.8	0.6	1.0	23	1.0	0.6	1.4
Heart disease	0-17	22	1.1	0.7	1.7	21	1.8	1.1	2.7
	18+	10,113	80.2	78.5	81.9	2,441	101.2	97.1	105.4

A4. Respiratory and Cardiovascular Disease in the Coachella Valley, by Poverty and by Sex

Coachella Valley Emergency Department Visit Rates for Lower- and Higher-Poverty ZIP codes by Sex: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018									
	Sex	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
		Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	Female	1,283	31.0	29.3	32.9	784	42.1	39.1	45.2
	Male	1,334	32.5	30.7	34.3	764	33.5	31.1	36.0
COPD (≥25 years)	Female	1,663	33.6	31.8	35.4	700	65.5	60.6	70.6
	Male	1,591	33.5	31.7	35.3	541	49.2	45.1	53.7
Pneumonia	Female	1,682	29.0	27.5	30.6	815	43.0	40.0	46.1
	Male	2,184	38.4	36.7	40.2	863	42.9	40.0	46.0
Bronchitis	Female	1,186	25.1	23.6	26.7	606	32.1	29.5	34.8
	Male	1,055	22.5	21.1	24.0	464	21.5	19.5	23.6
Heart disease	Female	4,710	52.6	51.0	54.3	1,172	72.7	68.6	77.1
	Male	6,938	88.6	86.3	90.9	1,732	105.0	100.0	110.2
Myocardial infarction (≥35 years)	Female	662	13.6	12.5	14.8	196	23.7	20.5	27.4
	Male	1,275	31.1	29.3	33.0	335	39.3	35.1	43.9

Coachella Valley Hospitalization Rates for Lower- and Higher-Poverty ZIP codes by Sex: Age-adjusted rates per 10,000 and 95% confidence interval, 2016-2018									
	Sex	Lower-poverty ZIP codes with <20% poverty				Higher-poverty ZIP codes with ≥20% poverty			
		Count	Rate	Lower 95% limit	Upper 95% limit	Count	Rate	Lower 95% limit	Upper 95% limit
Asthma	Female	174	3.6	3.0	4.2	95	5.2	4.2	6.4
	Male	157	3.8	3.2	4.4	102	4.2	3.4	5.2
COPD (≥25 years)	Female	660	10.8	9.9	11.7	258	24.3	21.4	27.5
	Male	640	11.8	10.9	12.8	185	17.5	15.1	20.3
Pneumonia	Female	804	10.6	9.8	11.5	292	16.5	14.6	18.5
	Male	1,057	15.1	14.1	16.1	352	19.1	17.1	21.3
Bronchitis	Female	69	1.1	0.8	1.4	26	1.4	0.9	2.0
	Male	75	1.4	1.1	1.8	44	1.8	1.3	2.5
Heart disease	Female	3,844	41.5	40.1	43.0	985	61.5	57.6	65.5
	Male	6,289	78.5	76.4	80.6	1,477	89.6	85.0	94.4
Myocardial infarction (≥35 years)	Female	664	13.5	12.5	14.7	202	24.5	21.2	28.2
	Male	1,297	31.7	29.9	33.6	347	40.7	36.4	45.3

