



**DESERT HEALTHCARE DISTRICT  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
Board of Directors  
September 09, 2021  
8:00 A.M.**

University of California Riverside – Palm Desert Campus  
Building B | Rooms B114-B117  
75080 Frank Sinatra Drive  
Palm Desert, CA

<i>Pages</i>	<b>AGENDA</b> <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	<b>A. CALL TO ORDER – President De Lara</b> Roll Call Director Zavala____Director Shorr____Director Zendle, MD____ Director PerezGil____Director Rogers, RN____ Vice-President/Secretary Borja____President De Lara	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-2	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENTS</b> At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> 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.	
3-4	<b>E. STRATEGIC PLANNING RETREAT</b> 1. Welcome and Introductory Comments – Conrado Bázquez, MD, CEO	Information
5-19	2. Community Health Needs Assessment Presentation – Meghan Kane, MPH, Senior Program Officer	Information
	3. Retreat Objectives – Mark Dubow, MSPH, MBA, Director, Veralon	Information
	4. Review and Discuss Situation Assessment Highlights – Mark Dubow, MSPH, MBA, Director, Veralon	Information
	5. Identification of Financial Parameters – Steve Valentine, MPA, Valentine Health Advisers	Information
	6. Discussion on the District and Foundation Mission and Vision – Mark Dubow, MSPH, MBA, Director, Veralon	Information
	7. Preliminary Review of Critical Planning Issues – Steve Valentine, MPA, Valentine Health Advisers	Information



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**F. ADJOURNMENT**

*If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 567-0298 at least 24 hours prior to the meeting.*



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: September 9, 2021  
To: Board of Directors  
Subject: Strategic Planning Retreat

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**Background:**

- Historically, the Desert Healthcare District and Foundation boundaries encompassed the western Coachella Valley. In 2018, eastern Coachella Valley voters approved extending the District boundaries to serve the entire Coachella Valley, more than doubling its coverage area. The expansion created a new demographic and geographic landscape, with subsequent changes in health priorities.
- To better understand the needs of the newly expanded District and to effectively allocate resources to meet the most pressing health needs of its residents, the District commissioned a Community Health Needs Assessment (CHNA), which was approved by the Board in January 2020.
- Health Assessment & Research for Communities (HARC) was the contractor selected to implement all phases of Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).
- This resident-driven CHNA process was designed to help DHCD Board assess the needs of the newly expanded district, recognize the impact of social determinants of health in our catchment area, uplift inequities, and aid in the development of a comprehensive, collective, and cross-sector approach to advancing the health and well-being of residents.
- In February 2021, the District released a Request for Proposal to retain the services of a strategic planning consultant to assist with developing the five-year strategic plan.
- In March 2021, the Strategic Planning Committee reviewed the proposals with recommendation to the Board for the consideration of Veralon, Inc. and Valentine Health Advisers to assist the Board with developing the five-year strategic plan, which the Board approved.
- In April 2021, the Board was presented with the findings from the CHNA, and CHIP at a workshop facilitated by HARC. The top five health priorities selected by community members were listed:
  - access to healthcare
  - economic stability
  - education
  - the environment, and
  - mental health
- A copy of the CHNA, including the CHIP can be found here:  
[https://www.dhcd.org/media/1620/DHCD%20CHNA%20Report\\_Final%20090221.pdf](https://www.dhcd.org/media/1620/DHCD%20CHNA%20Report_Final%20090221.pdf)

- With District-wide data and community input to help guide the strategic direction of the District, we are moving into the Strategic Planning retreat.

**Strategic Planning Retreat:**

- Strategic planning is the process of defining the District’s strategic direction, and making decisions on allocating its resources to pursue this strategy.
- Facilitated by Mark Dubow, MSPH, MBA, Director, Veralon, Inc., and Steve Valentine, MPA, Valentine Health Advisers, the two-day Strategic Planning Retreat will affirm or modify the District and Foundation mission and vision, highlight the CHNA and CHIP findings, explore the social determinants of health (SDOH) impact on local health outcomes, and identify the role of the District in addressing them.
- The Board, with staff’s input, will discuss current and potential future sources of funding, establish a framework for strategic decisions, deliberate and agree on significant planning issues, identify preliminary goals, and discuss strategies for each goal to engage in an intricate strategic direction for adequately responding to the needs of traditionally underserved and underrepresented populations, and to explore prospective community-oriented strategic health initiatives.
- Additionally, the Board will determine the District and Foundation’s unique and distinctive value and role in meeting the community needs identified by the CHNA and set forth objectives for strategic achievements.
- This is a valuable opportunity for the Desert Healthcare District to make decisions to promote health equity and support a more equitable, more nurturing, and healthier environment for all Coachella Valley residents.



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STRATEGIC PLANNING RETREAT

SEPTEMBER 9, 2021

# Commissioning a CHNA and CHIP

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- 2018 District expansion created a new demographic and geographic landscape, with subsequent changes in health priorities.
- CHNA commissioned to better understand health needs and effectively allocate resources.
- This resident-driven report aims at helping us understand:
  - Impact of social determinants of health in our catchment area
  - Uplift inequities
  - Aid in the development of a comprehensive, collective, and cross-sector approach to advancing the health and well-being of residents

# Prioritizing Health Needs → 5 Top Health Needs Identified

3 sources of information utilized for prioritization:

**Data Report**

- **80+** data indicators
- **6** internal/ external raters

**Community Focus Groups**

- **40** focus groups
- **205** community members
- *English and Spanish*

**Focus Groups with Leaders**

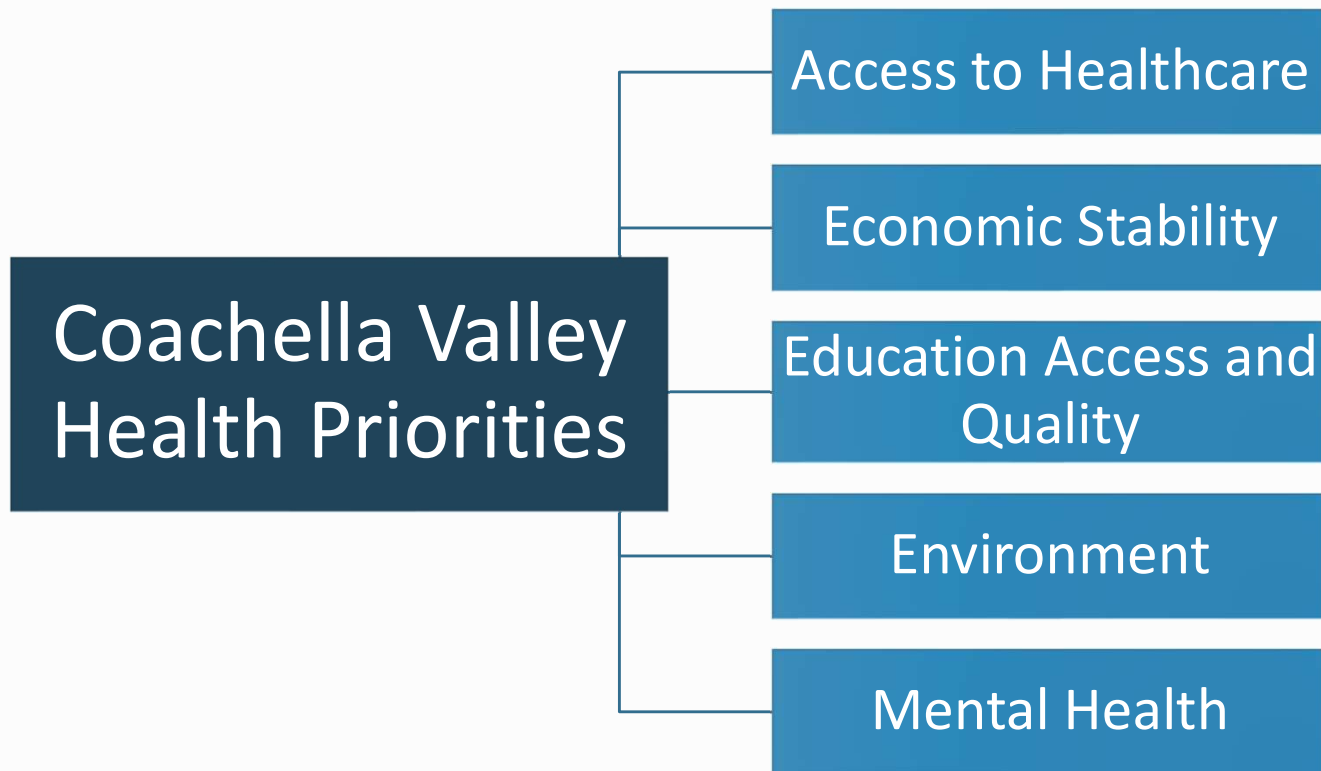
- **8** focus groups with leaders
- **31** leaders joined

*Community Engagement*

Top priorities were identified for each source, then merged to form **one final list of top health issues** in our community. The **voice of our community** is central to the entire process.

## 5 Top Health Needs Identified (listed alphabetically)

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# Access to Healthcare (resident input)



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<i>Subtopic</i>	<i>Description of Subtopic</i>
<b>Access to Information/Navigation</b>	<ul style="list-style-type: none"> <li>• Assistance needed for navigating access to care</li> </ul>
<b>East Valley Access</b>	<ul style="list-style-type: none"> <li>• Less access in the East Valley</li> <li>• Transportation issues in the East Valley</li> </ul>
<b>Expensive</b>	<ul style="list-style-type: none"> <li>• Healthcare services, insurance, and prescriptions</li> </ul>
<b>Language Barrier</b>	<ul style="list-style-type: none"> <li>• Increased need for translators</li> <li>• Indigenous Mexicans do not speak Spanish and have less access to resources</li> </ul>
<b>More Resources Needed</b>	<ul style="list-style-type: none"> <li>• Need care facilities at schools</li> <li>• Resources needed in underserved communities (medical, onsite school care)</li> </ul>
<b>Physician Shortage</b>	<ul style="list-style-type: none"> <li>• Not enough doctors/specialists, Medi-Cal doctors, or adequate time with the doctor</li> </ul>
<b>Quality of Care</b>	<ul style="list-style-type: none"> <li>• Need better quality of care</li> <li>• Doctors lack empathy and care and hard to get an accurate diagnosis</li> </ul>
<b>Resources for Undocumented</b>	<ul style="list-style-type: none"> <li>• Undocumented need health resources</li> <li>• Immigrants lack health insurance</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Transportation challenges makes it difficult to get care</li> </ul>
<b>Uninsured</b>	<ul style="list-style-type: none"> <li>• Many are uninsured</li> </ul>

# Estimated percent of adults reporting to have a personal doctor or health care provider in 2018.

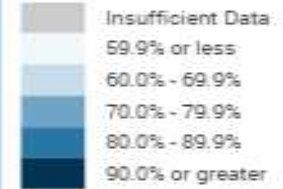


Hospitals  
Source: HRSA

District Boundary  
Source: Desert Healthcare District

Community Health Centers (FQHCs)  
Source: HRSA

Percent of Adults Reporting to Have a Personal Doctor or Health Care Provider  
Source: PolicyMap & CDC BRFS  
Year: 2018



Shaded by: Census Tract, 2010



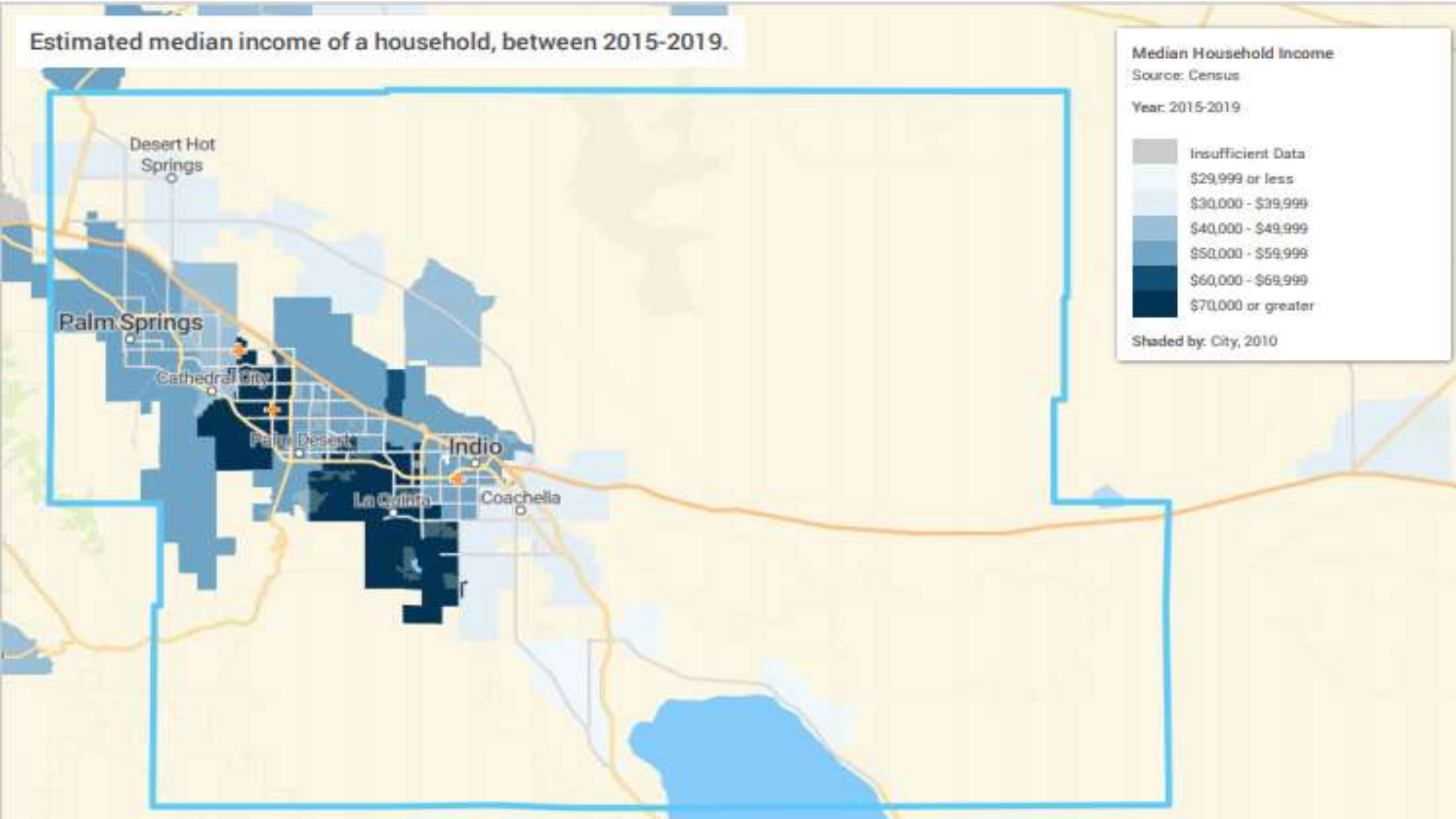
# Economic Stability (resident input)



**DESERT HEALTHCARE**  
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<i>Subtopic</i>	<i>Description of Subtopic</i>
<b>Affordable Housing</b>	<ul style="list-style-type: none"> <li>• More affordable housing is needed</li> <li>• All income is going towards rent</li> </ul>
<b>Higher Paying Jobs</b>	<ul style="list-style-type: none"> <li>• Wages are unlivable</li> <li>• Low wages</li> </ul>
<b>Homelessness</b>	<ul style="list-style-type: none"> <li>• An issue</li> </ul>
<b>Internet</b>	<ul style="list-style-type: none"> <li>• Lack of internet connection</li> </ul>
<b>Employment Opportunities</b>	<ul style="list-style-type: none"> <li>• Not enough jobs</li> <li>• Unemployment</li> </ul>
<b>Poverty</b>	<ul style="list-style-type: none"> <li>• Many families experiencing poverty</li> </ul>
<b>Substandard Housing</b>	<ul style="list-style-type: none"> <li>• Many living in poor conditions (e.g., missing gas for stoves, crowded housing)</li> </ul>
<b>Difficulties with Seniors Finding Employment</b>	<ul style="list-style-type: none"> <li>• Older adults are overqualified or not considered</li> </ul>
<b>Better Working Conditions</b>	<ul style="list-style-type: none"> <li>• Working conditions need improvement</li> <li>• Jobs leave little time to take care of health</li> </ul>
<b>Seasonal Employment</b>	<ul style="list-style-type: none"> <li>• Weather inhibits people from working causing challenges with earning</li> </ul>

Estimated median income of a household, between 2015-2019.




# Education (resident input)



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<i>Subtopic</i>	<i>Description of Subtopic</i>
<b>Community Health Education</b>	<ul style="list-style-type: none"><li>• Increased awareness on health issues</li><li>• Community education on issues not presented in schools</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>• Education is a high priority</li></ul>
<b>Educational Attainment</b>	<ul style="list-style-type: none"><li>• More people need to go to college</li><li>• Differences in educational attainment across district</li></ul>
<b>Quality of Education</b>	<ul style="list-style-type: none"><li>• Better quality education</li><li>• More teachers who are passionate/care</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• More funding and resources (counselors, computers, tutoring, etc.)</li><li>• More scholarships</li><li>• EV is lacking in educational resources</li></ul>
<b>Vocational Education</b>	<ul style="list-style-type: none"><li>• More emphasis on vocational education</li><li>• Vocational training more readily available</li></ul>

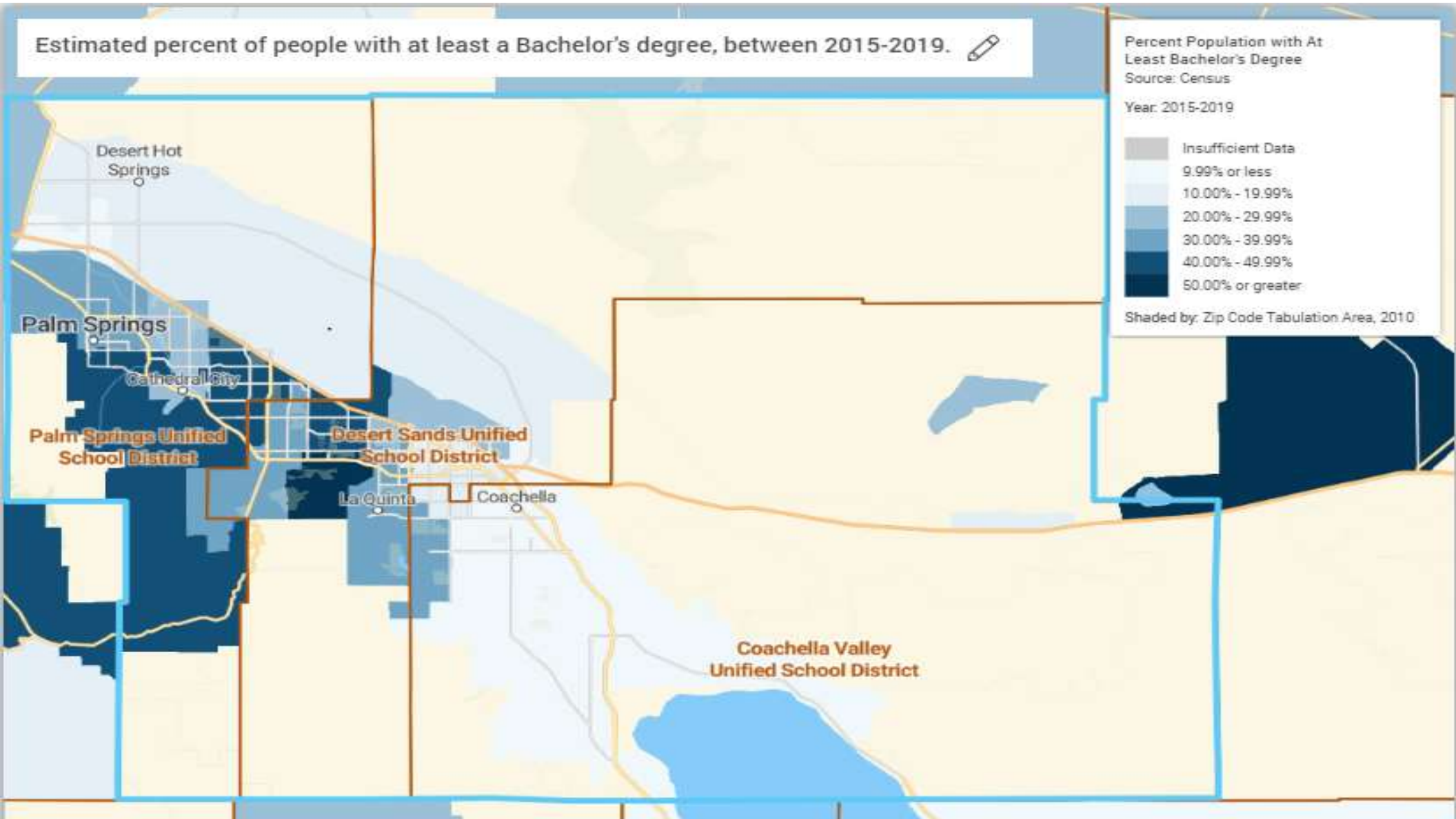
Estimated percent of people with at least a Bachelor's degree, between 2015-2019. 

Percent Population with At Least Bachelor's Degree  
Source: Census

Year: 2015-2019



Shaded by: Zip Code Tabulation Area, 2010



# Environment (resident input)



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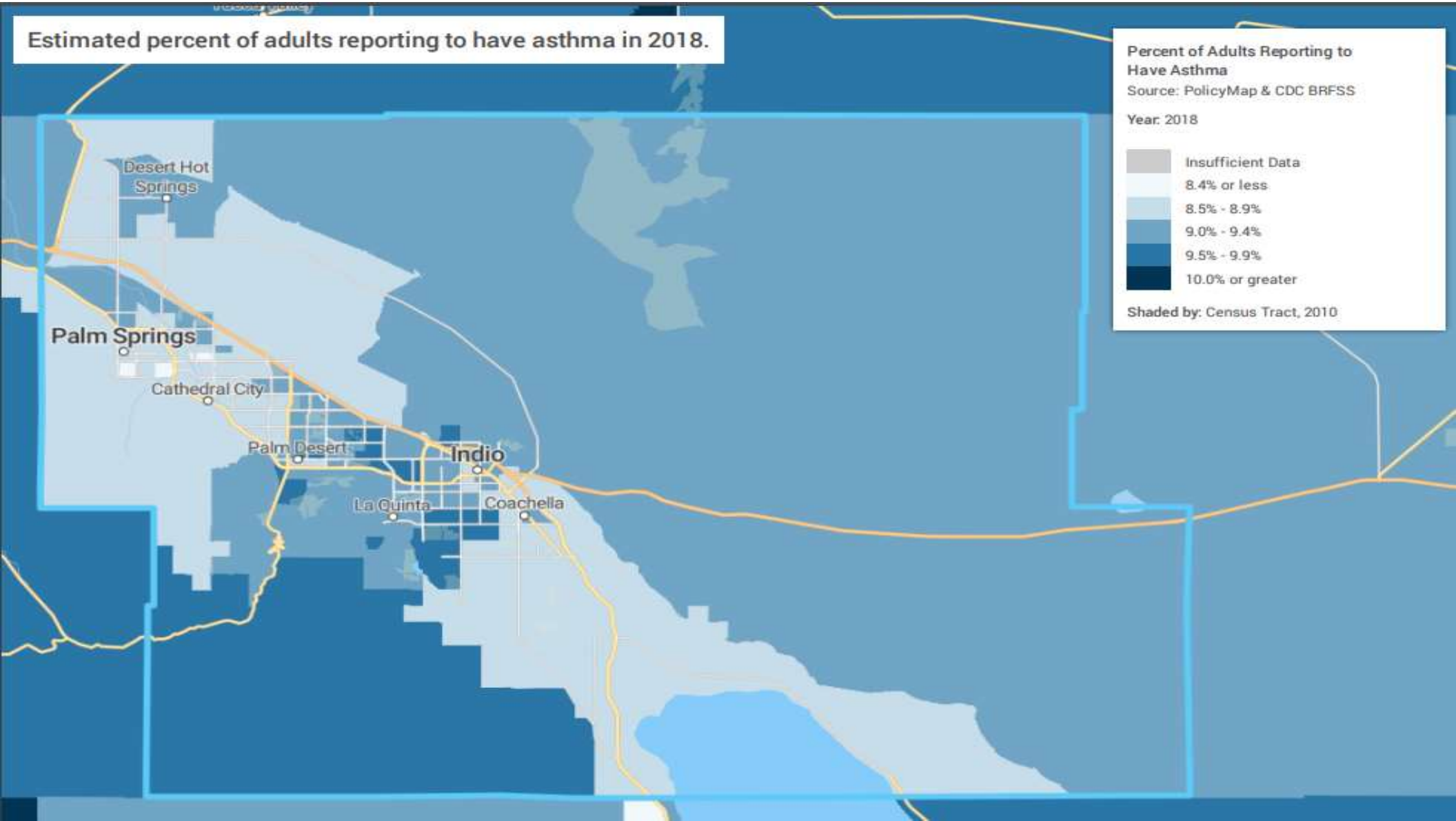
<i>Subtopic</i>	<i>Description of Subtopic</i>
<b>Air Quality</b>	<ul style="list-style-type: none"><li>• Air quality negatively affects all</li></ul>
<b>Allergies and Asthma</b>	<ul style="list-style-type: none"><li>• A lot of asthma and allergies</li></ul>
<b>Infrastructure in EV</b>	<ul style="list-style-type: none"><li>• No sidewalks and poor lighting</li><li>• Poor internet connectivity</li></ul>
<b>Heat</b>	<ul style="list-style-type: none"><li>• Heat related illnesses</li><li>• Air conditioners need to be readily available</li></ul>
<b>Pesticides</b>	<ul style="list-style-type: none"><li>• Pesticide exposure from fields</li><li>• Pesticide contamination is a problem</li></ul>
<b>Pollution</b>	<ul style="list-style-type: none"><li>• Overall pollution</li><li>• Trash dumping</li></ul>
<b>Water Quality</b>	<ul style="list-style-type: none"><li>• Access to clean water</li><li>• Lacking portable water</li></ul>
<b>Salton Sea</b>	<ul style="list-style-type: none"><li>• Salton seas is causing poor air quality in EV</li><li>• Harming health of residents (nosebleeds, colds, asthma)</li></ul>
<b>Transportation</b>	<ul style="list-style-type: none"><li>• Lack of transportation – specifically public</li><li>• Traffic has increased and needs attention</li></ul>
<b>Walkability</b>	<ul style="list-style-type: none"><li>• Poor walkability leads to poor community cohesion</li></ul>

Estimated percent of adults reporting to have asthma in 2018.

**Percent of Adults Reporting to Have Asthma**  
Source: PolicyMap & CDC BRFSS  
Year: 2018

Insufficient Data	8.4% or less
8.5% - 8.9%	9.0% - 9.4%
9.5% - 9.9%	10.0% or greater

Shaded by: Census Tract, 2010





# Mental Health (resident input)



**DESERT HEALTHCARE**  
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<i>Subtopic</i>	<i>Description of Subtopic</i>
<b>Cultural issues/Stigma</b>	<ul style="list-style-type: none"><li>• Need for education and awareness that is culturally sensitive</li><li>• Mexican culture does not talk about it</li></ul>
<b>Depression</b>	<ul style="list-style-type: none"><li>• An issue</li></ul>
<b>Expensive</b>	<ul style="list-style-type: none"><li>• Affordable mental health care is needed</li></ul>
<b>Gambling Addiction</b>	<ul style="list-style-type: none"><li>• An area of concern</li></ul>
<b>Homeless</b>	<ul style="list-style-type: none"><li>• Challenges around homeless and suffering from MH issues</li></ul>
<b>Isolation</b>	<ul style="list-style-type: none"><li>• Many are alone and in need of connection</li></ul>
<b>Lack of Providers</b>	<ul style="list-style-type: none"><li>• Lack of mental health providers</li></ul>
<b>Mental Health</b>	<ul style="list-style-type: none"><li>• An important issue</li></ul>
<b>More Education/Awareness</b>	<ul style="list-style-type: none"><li>• People should know more about it</li><li>• People do not know how to get help</li></ul>
<b>More Services/Resources</b>	<ul style="list-style-type: none"><li>• Need more mental health clinics/resources</li></ul>

Estimated percent of adults reporting fourteen or more days of poor mental health in the past 30 days in 2018.

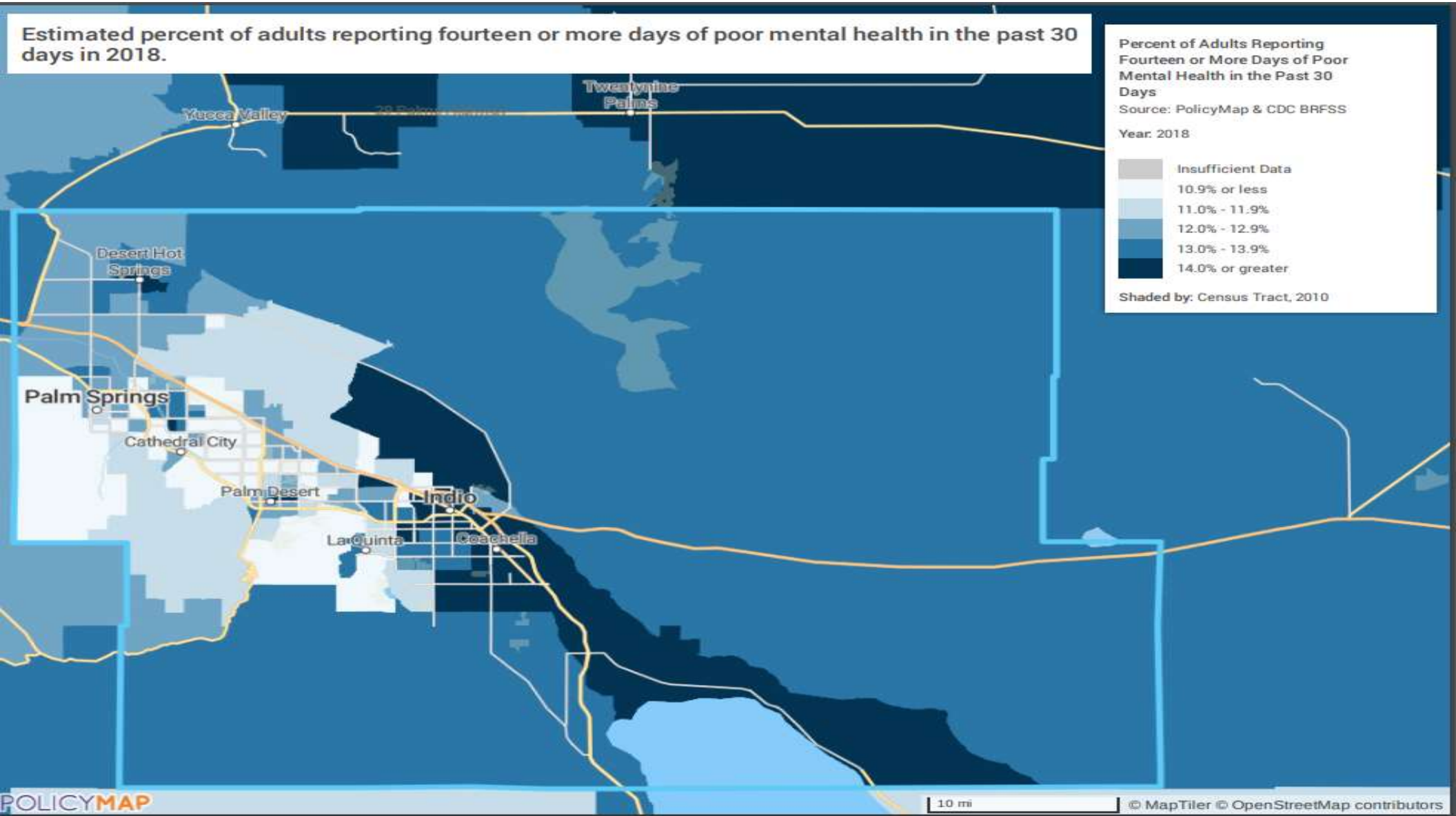
Percent of Adults Reporting Fourteen or More Days of Poor Mental Health in the Past 30 Days

Source: PolicyMap & CDC BRFSS

Year: 2018



Shaded by: Census Tract, 2010



# Next Steps

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- With the report complete, we want to move forward to:
  - Address the 5 prioritized areas by targeting resources to identified gaps and related disparities, both geographically and demographically.
  - Further uplift inequities
  - Continue developing initiatives/products that focus on a comprehensive, collective, and cross-sector approach to advancing the health and well-being of residents
- Apply an equity lens across all our work - take additional steps to uplift health disparities faced across the valley and identify the best means to promote equity.
- Utilize the findings of the CHNA to inform its strategic planning, advance its initiatives, and target future funding directions.