



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
September 27, 2022
6:30 P.M.**

Immediately Following the Adjournment of the Desert Healthcare District Board Meeting

In accordance with new authorization signed by the Governor – Executive Order N-17-21 on September 16, 2021 - (AB 361 - Government Code 54953 effective until January 1, 2024), which extends the provisions of the Governor's Executive Order N-29-20 of March 12, 2020, revised on March 18, 2020, and Board-approved Resolution #21-04 on September 26, 2021, 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 can participate by webinar by using the following link:

<https://us02web.zoom.us/j/84996773983?pwd=MWdHaUN1NTBpd24vY2xHR3J1dFdLZz09>

Password: 037039

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 or Toll Free (833) 548-0282 To Listen and Address the Board when called upon:

Webinar ID: 849 9677 3983

Password: 037039

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 09/27.

Page(s)	AGENDA	Item Type
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Any item on the agenda may result in Board Action

A. CALL TO ORDER – President Borja

Roll Call

Director De Lara____Director Zendle, MD____

Director Rogers, RN____Director Shorr____

Secretary Zavala____Vice-President PerezGil____President Borja

1-3	B. APPROVAL OF AGENDA	Action
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C. PUBLIC COMMENT

At this time, comments from the audience may be made on items not 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		
	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>	Action
	1. BOARD MINUTES	
4-7	a. Board of Directors Meeting – July 26, 2022	
	2. FINANCIALS	
8-18	a. Approval of the July & August 2022 Financial Statements – F&A Approved September 13, 2022	
	3. RESOLUTIONS	
19-21	a. Subsequent Emergency Resolution #22-24 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
E. DESERT HEALTHCARE FOUNDATION CEO REPORT		
	– Conrado E. Bárzaga, MD, Chief Executive Officer	
22-57	1. Public Health Institute August 2022 Report – Respiratory & Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley	Information
58-59	2. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution	Information
60-61	3. CONCUR, Inc. – Emergency Response Communication Plan/Environmental Justice and Salton Sea Health Effects	Information
62-63	4. South Coast Air Quality Management District (SCAQMD) – Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley	Information
64	F. BEHAVIORAL HEALTH INITIATIVE UPDATE	Information
G. COMMITTEE MEETINGS		
	1. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr, President Karen Borja, and Director Les Zendle, MD	
65-66	1. Draft Meeting Minutes – September 13, 2022	Information



	2. PROGRAM COMMITTEE – Chair/Vice-President Evelt PerezGil, President Karen Borja, and Secretary Carmina Zavala	
67-70	1. Draft Meeting Minutes – September 13, 2022	Information
71-72	2. Grant Payment Schedules	Information
	3. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley	Information
73-82	a. Access to Healthcare – Borrego Health Foundation Monthly Report	

H. ADJOURNMENT

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability which requires an accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, ahayles@dhcd.org or call (760) 567-0298 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
July 26, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN, Director Leticia De Lara, MPA	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Will Dean, Marketing and Communications Director Jana Trew, Senior Program Officer Meghan Kane, Programs and Research Analyst Andrea S. Hayles, Board Relations Officer <u>Legal Counsel</u> Jeff Scott	Vice- President/Secretary Evett PerezGil Director Les Zendle, MD

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 7:06 p.m. The Clerk of the Board called the roll with all directors present except Vice-President PerezGil and Director Zendle.	
B. Approval of Agenda	President Borja asked for a motion to approve the agenda.	#19-32 MOTION WAS MADE by Director De Lara seconded by Director Shorr to approve the agenda. Motion passed 5-2. AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara NOES – 0 ABSENT – 2 Vice-President PerezGil & Director Zendle
C. Public Comment	There were no public comments.	

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
July 26, 2022**

<p>D. Consent Agenda</p> <p>1. BOARD MINUTES a. Board of Directors Meeting – June 28, 2022</p> <p>2. FINANCIALS 1. Approval of the June 2022 Preliminary Financial Statements – F&A Approved July 12, 2022</p> <p>3. GRANT AWARDS TOTALING \$1,175,817 – BEHAVIORAL HEALTH INITIATIVE REQUEST FOR PROPOSALS (RFP) a. Grant #1334 University of California Riverside (UCR) - \$500,000 b. Grant #1336 Martha's Village & Kitchen - \$99,854 c. Grant #1339 Inncare AKA Clinicas De Salud Del Pueblo - \$150,000 d. Grant #1340 Desert Sands Unified School District - \$296,194 e. Grant #1346 Transgender Health and Wellness Center - \$129,769</p> <p>4. RESOLUTIONS a. Subsequent Emergency Resolution #22-19 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</p>	<p>President Borja asked for a motion to approve the consent agenda.</p> <p>Director De Lara requested pulling item 3.c. – Grant #1339 to recuse herself from the vote, with the item pulled from the agenda.</p>	<p>#19-33 MOTION WAS MADE by Director Shorr seconded by Director De Lara to approve the consent agenda removing item 3.c. Motion passed 5-2. AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara NOES – 0 ABSENT – 2 Vice-President PerezGil & Director Zendle</p> <p>#19-34 MOTION WAS MADE by Director Rogers seconded by President Borja to approve item 3.c. of the consent agenda. Motion passed 4-2. AYES – 4 President Borja, Secretary Zavala, Director Shorr, and Director Rogers NOES – 0 ABSENT – 2 Vice-President PerezGil & Director Zendle ABSTAIN – 1 Director De Lara</p> <p>#19-35 MOTION WAS MADE by Director Shorr seconded by Director Rogers to approve the consent agenda. Motion passed 5-2. AYES – 5 President Borja, Secretary Zavala, Director Shorr, Director Rogers, and Director De Lara NOES – 0 ABSENT – 2 Vice-President PerezGil & Director Zendle</p>
<p>E. Desert Healthcare District CEO Report</p>		

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
July 26, 2022**

<p>1. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution</p>	<p>Alejandro Espinoza, chief of community engagement, provided an overview of the strategies for testing with the agricultural workers in partnership with the California Farm Workers Foundation (CFF), the vaccination clinics with the school districts before students return to class for the fall, and other incentives for vaccinations. Mr. Espinoza thanked Will Dean, communications and marketing director, Consuelo Martinez, communications assistant, and Sergio Rodriguez, program assistant. Mr. Dean provided a brief introduction of the communications assistant, although she could not attend the meeting. Mr. Dean described the new messaging about the vaccinations and other communications updates, including the recent Spanish language radio show.</p>	
<p>F.1. F&A Committee</p> <p>1. Draft Meeting Minutes – July 12, 2022</p> <p>F.2. Program Committee</p>	<p>President Borja inquired on any questions concerning the July F&A Committee meeting minutes.</p>	

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
July 26, 2022**

<p>1. Draft Meeting Minutes – July 12, 2022</p> <p>2. Grant Payment Schedules</p> <p>3. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</p> <p>a. Access to Healthcare – Borrego Health Foundation Monthly Report</p>	<p>President Borja inquired on any questions concerning the July Program Committee meeting minutes.</p>	
<p>G. Behavioral Health Initiative</p>	<p>Jana Trew, senior program officer, behavioral health, provided a brief overview of the request for proposals and grant awards, and explained that the Clear Impact Results Based Accountability measurements to track the progress of each grantee’s scope of work.</p>	
<p>H. Adjournment</p>	<p>President Borja adjourned the meeting at 7:55 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Carmina Zavala, PsyD, Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE FOUNDATION					
JULY/AUGUST 2022 FINANCIAL STATEMENTS					
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Statement of Operations					
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Schedule of Grants					

Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July through August 2022

	MONTH			MONTH			TOTAL		
	Jul 22	Budget	\$ Over Budget	Aug 22	Budget	\$ Over Budget	Jul - Aug 22	Budget	\$ Over Budget
Income									
4000 • Gifts and Contributions	8,310	4,167	4,143	31,798	4,167	27,631	40,108	8,334	31,774
4003 • Grants	0	179,167	(179,167)	79,772	179,167	(99,395)	79,772	358,334	(278,562)
4116 • Bequests - Frederick Lowe	6,937	5,000	1,937	7,229	5,000	2,229	14,166	10,000	4,166
4130 • Misc. Income	0	83	(83)	0	83	(83)	0	166	(166)
8015 • Investment Interest Income	4,419	12,500	(8,081)	10,770	12,500	(1,730)	15,189	25,000	(9,811)
8030 • Change in Value of CRT's	0	0	0	0	0	0	0	0	0
8040 • Restr. Unrealized Gain/(Loss)	194,584	(8,333)	202,917	(111,383)	(8,333)	(103,050)	83,201	(16,666)	99,867
Total Income	214,250	192,584	21,666	18,186	192,584	(174,398)	232,436	385,168	(152,732)
Expense									
5001 • Accounting Services Expense	958	1,375	(417)	958	1,375	(417)	1,916	2,750	(834)
5035 • Dues & Memberships Expense	0	42	(42)	0	42	(42)	0	84	(84)
5057 • Investment Fees Expense	3,584	4,167	(583)	3,725	4,167	(442)	7,309	8,334	(1,025)
5065 • Legal Costs Ongoing Expense	0	83	(83)	0	83	(83)	0	166	(166)
5101 • DHCD-Exp Alloc Wages& benefits	15,200	15,376	(176)	15,200	15,376	(176)	30,400	30,752	(352)
5102 • DHCD-Expenses - CVEC	19,664	25,613	(5,949)	14,392	25,613	(11,221)	34,056	51,226	(17,170)
5106 • Marketing & Communications	94	2,917	(2,823)	26	2,917	(2,891)	120	5,834	(5,714)
5110 • Other Expenses	356	417	(61)	344	417	(73)	700	834	(134)
5115 • Postage & Shipping Expense	0	8	(8)	0	8	(8)	0	16	(16)
5120 • Professional Fees Expense	0	83	(83)	0	83	(83)	0	166	(166)
8051 • Major grant expense	0	145,833	(145,833)	74,772	145,833	(71,061)	74,772	291,666	(216,894)
8052 • Grant Expense - Collective/Mini	0	2,500	(2,500)	0	2,500	(2,500)	0	5,000	(5,000)
Total Expense Before Social Services	39,856	198,414	(158,558)	109,417	198,414	(88,997)	149,273	396,828	(247,555)
5054 • Social Services Fund	0	5,000	(5,000)	0	5,000	(5,000)	0	10,000	(10,000)
Net Income	174,394	(10,830)	185,224	(91,231)	(10,830)	(80,401)	83,163	(21,660)	104,823

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of August 31, 2022

					Aug 31, 22	Aug 31, 21
ASSETS						
	Current Assets					
	Checking/Savings					
	100 - CASH					
				150 - Petty Cash	200	200
				151 - Checking - Union Bank 7611	2,184,066	1,043,318
				152 - Checking - Union Bank 8570	120,280	50,000
				Total Checking/Savings	2,304,546	1,093,518
				Total Accounts Receivable	106,976	150,000
	Other Current Assets					
				316 - Accrued Revenue	0	622,500
				476-486 - INVESTMENTS		
				477 - Morgan Stanley-Investments		
				477.2 - Unrealized Gain/(Loss)	(189,311)	118,882
				477 - Morgan Stanley-Investments - Other	2,052,959	3,116,741
				Total 477 - Morgan Stanley-Investments	1,863,648	3,235,623
				486 - Merrill Lynch		
				486.1 - Merrill Lynch Unrealized Gain	559,486	899,541
				486 - Merrill Lynch - Other	1,969,170	1,803,758
				Total 486 - Merrill Lynch	2,528,656	2,703,299
				Total 476-486 - INVESTMENTS	4,392,304	5,938,922
				500 - CONTRIBUTIONS -RCVB -CRTS		
				515 - Contrib RCVB-Pressler CRT	62,367	74,787
				530 - Contrib RCVB-Guerts CRT	126,022	126,022
				Total 500 - CONTRIBUTIONS -RCVB -CRTS	188,389	200,809
				601 - Prepaid Payables	6,360	6,583
				Total Other Current Assets	4,587,053	6,768,814
				TOTAL ASSETS	6,998,575	8,012,332

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of August 31, 2022

						Aug 31, 22	Aug 31, 21
LIABILITIES & EQUITY							
	Liabilities						
	Current Liabilities						
	Accounts Payable						
				1000 · Accounts Payable		35,154	16,440
				1052 · Account payable-DHCD Exp Alloc		90,249	143,319
				Total Accounts Payable		125,403	159,759
	Other Current Liabilities						
				2183 · Grants Payable-COVID-CARES PHI		94,895	974,099
				2190 · Current - Grants payable		2,507,667	3,362,118
				Total Other Current Liabilities		2,602,562	4,336,217
	Total Current Liabilities					2,727,965	4,495,976
	Long Term Liabilities						
				2186 · Grants payable		3,600,000	1,600,000
	Total Liabilities					6,327,965	6,095,976
	Equity						
				3900 · Retained Earnings		587,445	1,834,713
				Net Income		83,163	81,643
	Total Equity					670,608	1,916,356
	TOTAL LIABILITIES & EQUITY					6,998,575	8,012,332

DESERT HEALTHCARE FOUNDATION						
BALANCE SHEET 08/31/22						
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES						
			T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS						
	150 · Petty Cash		200	200	-	
	151 · Checking - Union Bank 7611*		2,184,066	475,657	1,708,409	-
	152 · Checking - Union Bank 8570*		120,280		120,280	
Total 100 · CASH - UNRESTRICTED			2,304,546	475,857	1,828,689	-
Accounts Receivable						
	321 - Accounts Receivable - Other		106,976	-	106,976	
Total Accounts Receivable			106,976	-	106,976	-
477 · Invt-Morgan Stanley						
	477.2 · Unrealized Gain		(189,311)	-	(189,311)	-
	477 · Invt-Morgan Stanley		2,052,959	-	2,052,959	-
Total 477 · Invt-Morgan Stanley			1,863,648	-	1,863,648	-
6441	486.1 · Merrill Lynch Unrealized Gain		559,486	-	559,486	-
	486 · Merrill Lynch		1,969,170	-	1,969,170	-
Total 486 · Merrill Lynch			2,528,656	-	2,528,656	-
	515 · Contrib RCVB-Pressler CRT		62,367	-	-	62,367
	530 · Contrib RCVB-Guerts CRT		126,022	-	-	126,022
	601 · Prepaid payables		6,360	6,360	-	-
Total Current Assets			6,998,575	482,217	6,327,969	188,389
TOTAL ASSETS			6,998,575	482,217	6,327,969	188,389
LIABILITIES & EQUITY						
Liabilities						
Current Liabilities						
Accounts Payable						
	1000 · Accounts Payable		35,154	-	35,154	-
	1052 · Account Payable - DHCD - Alloc Expenses		90,249	-	90,249	-
	2183 · Grants Payable-COVID-CARES PHI		94,895		94,895	
	2190 · Grants Payable - Current Portion		2,507,667	-	2,507,667	-
Total Current Liabilities			2,727,965	-	2,727,965	-
	2186 · Grant Payable - Long Term		3,600,000	-	3,600,000	-
Total Liabilities			6,327,965	-	6,327,965	-
Equity						
	3900 · Retained Earnings		587,445	399,056		188,389
	Net Income		83,163	83,163	-	-
Total Equity			670,608	482,217	-	188,389
TOTAL LIABILITIES & EQUITY			6,998,575	482,217	6,327,969	188,389
* Restricted funds include Pass-Through Funds and Accounts Payable						

Desert Healthcare Foundation
Deposit Detail
July through August 2022

Type	Date	Name	Account	Amount
Deposit	07/15/2022		152 - Checking - Union Bank 8570	114,938
Payment	07/15/2022	Riverside County - Public Health	1499 - Undeposited Funds	(114,938)
TOTAL				(114,938)
Deposit	07/26/2022		151 - Checking - Union Bank 7611	6,947
		Music Theater International	4116 - Bequests - Frederick Lowe	(2,668)
		American Society of Composers	4116 - Bequests - Frederick Lowe	(4,269)
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(6,947)
Deposit	07/28/2022		151 - Checking - Union Bank 7611	2,000,000
Payment	07/28/2022	Desert Healthcare Dist.	1499 - Undeposited Funds	(2,000,000)
TOTAL				(2,000,000)
Deposit	08/03/2022		151 - Checking - Union Bank 7611	5,188
Payment	08/03/2022	Inland Empire Health Plan	1499 - Undeposited Funds	(5,188)
TOTAL				(5,188)
Deposit	08/10/2022		152 - Checking - Union Bank 8570	5,701
Payment	08/10/2022	Riverside County - Public Health	1499 - Undeposited Funds	(5,701)
TOTAL				(5,701)
Deposit	08/11/2022		151 - Checking - Union Bank 7611	15,000
		Elynor Falk Marital Trust	4000 - Gifts and Contributions	(10,000)
		Bagne Family Foundation	4003 - Grants	(5,000)
TOTAL				(15,000)
Deposit	08/15/2022		152 - Checking - Union Bank 8570	80,966
Payment	08/15/2022	Riverside County - Public Health	1499 - Undeposited Funds	(80,966)
TOTAL				(80,966)

Desert Healthcare Foundation
Deposit Detail
 July through August 2022

Type	Date	Name	Account	Amount
Deposit	08/18/2022		151 - Checking - Union Bank 7611	7,229
		American Society of Composers	4116 - Bequests - Frederick Lowe	(7,229)
TOTAL				(7,229)
Deposit	08/24/2022		151 - Checking - Union Bank 7611	8,300
Payment	08/24/2022	Inland Empire Health Plan	1499 - Undeposited Funds	(8,300)
TOTAL				(8,300)
Deposit	08/30/2022		151 - Checking - Union Bank 7611	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
			TOTAL	2,244,279

Desert Healthcare Foundation
Check Register
As of August 31, 2022

Type	Date	Num	Name	Amount
100 - CASH				
151 - Checking - Union Bank 7611				
Bill Pmt -Check	07/01/2022	5342	Alejandro Espinoza - Expense Reimbursement	(231)
Bill Pmt -Check	07/01/2022	5343	Desert Regional Medical Ctr Aux - Social Services Payment	(6,000)
Bill Pmt -Check	07/08/2022	5344	Union Bank	(3,538)
Bill Pmt -Check	07/12/2022	5345	Maria Cristina Mendez - Translation Services	(1,378)
Check	07/25/2022		Bank Service Charge	(356)
Bill Pmt -Check	07/29/2022	ACH 080222	CONCUR, INC.	(15,659)
Bill Pmt -Check	08/03/2022	5346	Alejandro Espinoza - Expense Reimbursement	(75)
Bill Pmt -Check	08/08/2022	5347	Union Bank	(7,975)
Bill Pmt -Check	08/15/2022	5348	Clinicas De Salud Del Pueblo Inc. - Grant Payment	(33,750)
Bill Pmt -Check	08/18/2022	5349	Regents of UC Riverside - Grant Payment	(112,500)
Bill Pmt -Check	08/22/2022	ACH 082422	CONCUR, INC.	(8,260)
Bill Pmt -Check	08/23/2022	5350	Coachella Valley Accounting & Auditing	(3,000)
Check	08/25/2022		Bank Service Charge	(344)
Total 151 - Checking - Union Bank 7611				(193,066)
152 - Checking - Union Bank 8570				
Bill Pmt -Check	07/01/2022	1051	Alejandro Espinoza - Expense Reimbursement	(744)
Bill Pmt -Check	08/02/2022	1052	Verizon Wireless	(128)
Bill Pmt -Check	08/03/2022	1053	Alejandro Espinoza - Expense Reimbursement	(141)
Bill Pmt -Check	08/03/2022	1054	Sergio Rodriguez - Expense Reimbursement	(390)
Bill Pmt -Check	08/08/2022	1055	El Sol Neighborhood Educational Center - Grant Payment	(32,312)
Bill Pmt -Check	08/08/2022	1056-VOID	Galilee Center	0
Bill Pmt -Check	08/08/2022	1057	Todec Legal Center Perris - Grant Payment	(16,544)
Bill Pmt -Check	08/09/2022	1058	Galilee Center - Grant Payment	(19,446)
Bill Pmt -Check	08/15/2022	1059	Alianza Coachella Valley - Grant Payment	(6,901)
Bill Pmt -Check	08/15/2022	1060	El Sol Neighborhood Educational Center - Grant Payment	(7,993)
Bill Pmt -Check	08/15/2022	1061	Galilee Center - Grant Payment	(17,698)
Bill Pmt -Check	08/15/2022	1062	Todec Legal Center Perris - Grant Payment	(32,144)
Bill Pmt -Check	08/15/2022	1063	Youth Leadership Institute - Grant Payment	(5,153)
Bill Pmt -Check	08/23/2022	1064	Coachella Valley Accounting & Auditing	(3,500)
Bill Pmt -Check	08/30/2022	1065	Verizon Wireless	(145)
Total 152 - Checking - Union Bank 8570				(143,239)
TOTAL				(336,305)

Desert Healthcare Foundation						
Details for Credit Card Expenditures						
Credit card purchases - July 2022 - Paid August 2022						
Number of credit cards held by Foundation personnel - 3						
Credit Card Limit - \$25,000						
Credit Card Holders:						
Conrado Bárzaga - Chief Executive Officer						
Chris Christensen - Chief Administration Officer						
Alejandro Espinoza - Chief of Community Engagement						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
	Statement					
	Month	Total		Expense		
Year	Charged	Charges		Type	Amount	Purpose
		\$ 7,974.86				
Monthly Statement:						
2022	July	\$ 7,974.86		Foundation		
				5106	\$ 10.99	cvHIP.com hosting
				5106	\$ 14.99	Desert Sun subscription - marketing
				5106	\$ 67.99	cvHIP.com SSL Certificate
				5102	\$ 2,026.79	Enterprise - rental truck July 2022
				5102	\$ 234.94	Facebook advertising for CV Collaborative
				5102	\$ 215.00	Stor-N-Lock - storage for CV Collaborative supplies
				5102	\$ 30.00	Calendly - software for CV Collaborative
				5102	\$ 139.74	G&M Oil - fuel for rental truck
				5102	\$ 119.23	Agua Caliente Fuel - fuel for rental truck
				2190	\$ 177.29	Panera Bread - food for 7/12/22 Concur Meeting
				5102	\$ 81.09	Valley Market - food, refreshments & supplies for CV Collaborative
				5102	\$ 125.69	Oak Valley 76 - fuel for rental truck
				5102	\$ 2,004.95	Food4Less - gift cards for vaccination clinics
				5102	\$ 111.77	Staples - cleaning and office supplies for RAP office (to be transferred to District)
				601	\$ 2,484.00	Stor-N-Lock - storage for CV Collaborative supplies - prepaid 08/22 - 7/23
				5102	\$ 130.40	Amazon - supplies for CV collaborative
					\$ 7,974.86	

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
A/C 2190 and A/C 2186-Long term			6/30/2022 Open	New Grants Current Yr	Total Paid	8/31/2022 Open	
Grant ID Nos.	Name		BALANCE	2022-2023	July-June	BALANCE	
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF		\$ 67,117		\$ 6,349	\$ 60,768	HP-cvHIP
BOD - 04/24/18 & 06/28/22	Behavioral Health Initiative Collective Fund + Expansion		\$ 3,297,169		\$ 194,669	\$ 3,102,500	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		\$ 720,282		\$ 24,096	\$ 696,186	Avery Trust
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		\$ 94,057		\$ -	\$ 94,057	Homelessness
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs		\$ 65,000		\$ -	\$ 65,000	
BOD - 07/27/21 BOD (#1288)	* Borrego Community - Improving Access to Healthcare - 3 yrs		\$ 545,000		\$ -	\$ 545,000	
F&A - 6/11/19, 6/09/20, 6/22/21 Res. NO. 21-02,22-17	Prior Year Commitments & Carry-Over Funds		\$ 1,544,156		\$ -	\$ 1,544,156	
TOTAL GRANTS			\$ 6,332,781	\$ -	\$ 225,114	\$ 6,107,667	
Summary: As of 08/31/2022		Uncommitted & Available			A/C 2190	\$ 2,507,667	
Health Portal (CVHIP):	\$ 60,768	\$ 60,768			A/C 2186	\$ 3,600,000	<=\$2,400,000 BH
Behavioral Health Initiative Collective Fund	\$ 3,102,500	\$ 1,968,040			Total	\$ 6,107,667	\$1,000,000 Carry Over
Avery Trust - Pulmonary Services	\$ 696,186	\$ 517,944			Diff	\$ (0)	\$200,000 Borrego
West Valley Homelessness Initiative	\$ 94,057	\$ 71,557					
Healthcare Needs of Black Communities	\$ 610,000	\$ -					
Prior Year Commitments & Carry-Over Funds	\$ 1,544,156	\$ 1,544,156					
Total	\$ 6,107,667	\$ 4,162,465					
Amts available/remaining for Grant/Programs - FY 2022-23:		FY23 Grant Budget			Social Services Fund #5054		
Amount budgeted 2022-2023		\$ 530,000	\$ 500,000		Budget	\$ 60,000	
Amount granted year to date		\$ -	\$ 30,000		DRMC Auxiliary	\$ -	Spent YTD
Mini Grants:					Balance Available	\$ 60,000	
Net adj - Grants not used:							
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds	FY19-20 \$284,156; FY20-21 \$730,000; FY21-22 \$530,000	\$ 1,544,156					
Balance available for Grants/Programs		\$ 2,074,156					

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
FISCAL YEAR ENDING JUNE 30, 2023						8/31/2022	
A/C 2183			TOTAL	6/30/2022		ELC3 Funds	ELC3 Funds
			Grant	Open	Total Paid/Accrued	Payable	Remaining
Grant ID Nos.	Name			BALANCE	July-June	BALANCE	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 - \$2.4 Million (\$1,960,000 for grants)						
BOD - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		\$ 125,000	\$ 35,000	\$ -	\$ 35,000	
BOD - 04/26/22 - Contract Amendment*	Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$750,000 (\$625,000 for grants) (Reimbursement Grant)						
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		\$ 150,000	\$ 40,305	\$ 40,305	\$ 15,234	\$ 94,461
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		\$ 35,000	\$ 6,901	\$ 6,901	\$ -	\$ 28,099
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services		\$ 70,000	\$ 37,144	\$ 37,144	\$ 9,210	\$ 23,646
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative		\$ 35,000	\$ 5,153	\$ 5,153	\$ 278	\$ 29,569
BOD - 03/23/21 (#1273)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		\$ 35,000	\$ -	\$ -	\$ -	\$ 35,000
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion		\$ 300,000	\$ 48,688	\$ 48,688	\$ 35,174	\$ 216,138
TOTAL GRANTS			\$ 625,000	\$ 173,191	\$ 138,191	\$ 94,895	
ELC Amendment	Passthrough to Community Based Organizations		\$ 625,000	\$ 138,191	\$ 138,191	\$ 59,895	\$ 426,914
	CARES/ELC Administrative Costs		\$ 125,000	\$ 30,414	\$ 14,876	\$ 14,876	\$ 79,710
Total ELC Amendment			\$ 750,000	\$ 168,605	\$ 153,067	\$ 74,772	\$ 506,623
					Account 2183	\$ 94,895	
Amts available/remaining for Grant/Programs - FY 2022-23:						\$ -	
Amount granted year to date		\$ 59,895				Grant Funds	
Foundation Administration Costs		\$ 14,876				CARES/ELC	ELC Amend
Contributions / Additional Funding	ELC3 Amendment \$750,000	\$ (74,772)			\$ 2,400,000	\$ 750,000	
Balance available for Grants/Programs		\$ -			\$ 2,389,583	\$ 168,605	
*Contract #21-024 Amendment is on a reimbursement basis and will reflect expenses as they are invoiced and receivable from County of Riverside.					\$ 10,417	\$ 581,395	

RESOLUTION NO. 22-24

RESOLUTION OF THE BOARD OF DIRECTORS OF DESERT HEALTHCARE FOUNDATION RE-RATIFYING THE STATE OF EMERGENCY AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS

WHEREAS, Desert Healthcare Foundation (“Foundation”) is committed to preserving and fostering access and participation in meetings of its Board of Directors; and

WHEREAS, Government Code section 54953(e) makes provisions for remote teleconferencing participation in meetings by members of a legislative body without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain emergency conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the Foundation’s boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote vaccines, masking, and social distancing, and that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted Resolution No. 21-03 on September 28, 2021, finding that the requisite conditions exist for the Board of Directors of the Foundation to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the Foundation, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the Foundation and vaccine compliance, masking, and social distancing measures are required to be followed for the continued health and safety of the Foundation Board, staff, and the public; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the Foundation shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e);

THEREFORE, BE IT RESOLVED by the Desert Healthcare Foundation Board of Directors as follows:

Section 1: Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2: Affirmation that a Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the Foundation and proclaims that a local emergency persists throughout the Foundation.

Section 3: Re-Ratification of the Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor's Proclamation of a State of Emergency.

Section 4. Remote Teleconference Meetings. The Foundation's Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare Foundation held on September 27, 2022, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

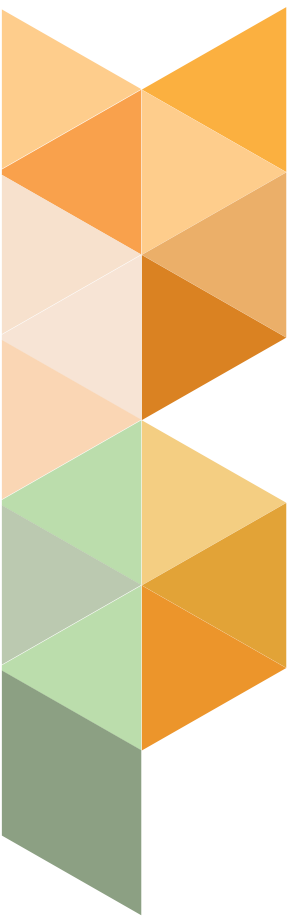
ABSTAIN: Directors_____

ABSENT: Directors_____

Karen Borja, President
Board of Directors

ATTEST:

Carmina Zavala, PsyD, Secretary
Board of Directors



Respiratory and Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley

**Report to the Desert Healthcare District and Foundation
August 2022**

Respiratory and Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley

Report to the Desert Healthcare District and Foundation

August 2022

Report Authored by Tracking California:

Paul English, Catherine Carpenter, Catalina Garzón-Galvis, Sophia Horiuchi, and Jackie Valle

Interviews and questionnaire Spanish translation by Comité Cívico Del Valle:

Esther Bejarano, Martha Ponce, Ana Luisa Pedrero, Agustin Martinez, Ricardo Romero, Stephanie Figueroa, Esther G. Vasquez, and Matthew Maldonado.

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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Summary

We interviewed 158 individuals from a convenience sample in 7 low-income communities in the Coachella Valley. Previous validated questions on respiratory disease were re-evaluated for culturally appropriate translation into Spanish by local asthma educators. Interviews were conducted in person and informed written consent was obtained from each respondent. Lifetime diagnosed asthma prevalence was estimated at 11%. However, 20% of the respondents who reported that they had not been diagnosed with asthma reported one or more respiratory symptoms typical of asthma. Among those who reported asthma symptoms, had diagnosed asthma, or used asthma medications, survey results indicated that their illness was poorly controlled. Prevalence of cardiovascular conditions was low. This study indicates that a higher proportion than thought of underserved populations in Coachella Valley communities are likely to be suffering from undiagnosed asthma and respiratory symptoms, which are not being properly controlled. We recommend that more outreach and resources be given to these communities to reduce barriers to care so that routine preventative care can be used to improve respiratory health.



Introduction

The Coachella Valley of California, with an estimated population of 450,000, has high levels of ozone and particulate matter pollution, both known to cause and/or exacerbate respiratory and cardiovascular illness. Many residents of the Coachella Valley live in ZIP codes with high poverty rates (>20%), with a median household income of approximately \$33,000 annually; 40% do not have a high school degree, and 78% of the residents are Hispanic. A previous review of emergency department visits and hospitalizations for asthma found that these outcomes were 18% and 27% higher, respectively, in higher-poverty ZIP codes (>20%) compared to lower-poverty ZIP codes (20% or less) in the Coachella Valley (Tracking California, 2021). Emergency room visits and hospitalizations only give a picture of the most severe asthma cases. To understand a full picture of asthma morbidity, surveys must be undertaken to assess both diagnosed and undiagnosed asthma (the latter based on symptoms). Sinclair et al. (2018) conducted a survey of 695 households with an adult or child in two towns in the Eastern Coachella Valley (Mecca and Coachella City). They found a prevalence of respiratory illness of 11% in adults and 17.5% in children (comparable to the 2016 CA Health Interview Survey estimate of 12.7% for both adults and children in the Eastern Coachella Valley) (Sinclair, et al 2018; CHIS, 2016). Yu et al (2004) have discussed the issues involved with translated questionnaires which include maintaining the original intent of the questionnaire, maximizing cultural relevancy, and comprehension. We hypothesize that adults in this area may actually have higher rates of respiratory illness than found by Sinclair, et al., possibly due to how survey questions were worded and translated into Spanish which may have limited the understanding of participants.



Methods

Location Selection

We identified all building parcels and associated household income of the parcels' census tract and building type (multifamily, etc.). in low-income areas of the Coachella Valley. We focused on households with \$20,000 or less median household income. The Desert Healthcare District and Foundation has seven zones covering the Coachella Valley. We originally planned on selecting at least one low-income area per zone, but low-income households were clustered in District 7. We selected 7 locations based on a low-income criteria and local socio-demographic conditions identified by the staff of Comité Civico Del Valle, who were contracted to conduct the survey (Table 1 and Map).

Map: The 7 locations where surveys were conducted, Coachella Valley, CA, 2022



Table 1. Location of Areas Surveyed for Respiratory and Cardiovascular Disease

Location	Boundary	DHCF zone
Coachella	Triangle boundary of 50th (N), Cesar Chavez (W), 52nd (S), and Hwy 111 (E)	7
Thermal	Airport Blvd. (N), 57th (S), Polk St. (W) , Hwy 111 (E)	7
Oasis	Pierce St. area	7
Mecca #1	Saul Martinez Elementary School area	7
Mecca #2	St. Anthony area (trailer park homes)	7
Desert Hot Springs	Pieron Ave. (N), Two Bunch Palms (S), West Dr. (W), Palm Dr. (E)	2
Indio	Hwy 43 (N); Hwy 44 (S), Sage Brush (W), Towne St. (E)	6

Sample Size and Participant Criteria

We initially planned on conducting the survey with a random sample. However, due to the COVID-19 pandemic, and logistic and resource issues, we were unable to conduct the study randomly. Further, we limited the survey to adults 18 years and older for the same reasons and to maintain a shorter survey. Instead, we selected a convenience sample by identifying the above 7 areas, and then went to door-to-door to collect survey results. All residents aged 18 and over who spoke either Spanish or English were eligible to participate.

Questionnaire Development

Questions were obtained from previous validated surveys (such as the International Survey on Allergies and Asthma in Children (ISAAC) and the Asthma Control Test) and modified to reflect culturally and linguistically appropriate language. We conducted a small focus group with community health educators who work locally and had expertise in culturally appropriate language issues in surveys. Specific wording was assessed and changed on the Spanish translation to reflect local understanding of terminology based on focus group feedback (e.g. we added a question in the survey about the use of home remedies for respiratory symptoms). Final questionnaires in Spanish and English are attached (Appendix 1).

Field Methods

A training manual was developed and a training of interviewers was conducted before surveying began. Interviewers were trained on in-field safety, personal protection (masks) were used to prevent COVID-19 spread, and all interviewers were fully vaccinated. All interviewers completed Collaborative Institutional Training Initiative (CITI) human subjects training. In-person surveys were collected in May and June of 2022. Respondents were given a fact sheet describing the purpose of the survey (available in Spanish and English) and if agreeable to participate were asked to complete a written informed consent form (available in Spanish and English, Appendix 2). In-person responses from participants were recorded electronically on iPads or in written form on paper printouts of the questionnaire based on respondent preference. For those participants who did not have time to answer the questionnaire orally, we prepared to arrange a time to call back when responses could be recorded by phone. All participants received a \$20 gift card to a local food market upon completion of the survey. A field manual and phone script was developed for the interviewers. Personal information was recorded on a log form, including names, addresses, and phone number. Each participant was assigned an ID number, and this was additionally recorded on the log form. After data entry, the log form and paper questionnaires were shredded. Electronic data was sent online via Google forms to a site which could only be accessed by the study team. The Human Subjects protocol used to conduct this survey was approved by the Public Health Institute's Institutional Review Board on April 10, 2022.



A total of 158 surveys were obtained. Approximately 60 individuals refused, due to not wanting to stand in heat, not interested, not wanting to give out any information, too busy, or lack of trust in interviewers. All surveys were conducted in person and there were no phone interviews. 74% of the surveys were conducted in Spanish and the remainder in English. The distribution of the participants by location was approximately equal (Table 2). The average age of the participants was 47, with a minimum age of 19 and a maximum age of 92. The majority of the respondents were aged 35-64 and 52% of the respondents were female (Table 2).

Table 2. Location, Age, and Sex of Respondents in the Coachella Valley, CA

	N	Percent
Location		
Coachella	22	14%
Desert Hot Springs	22	14%
Indio	26	16%
Mecca area #1	22	14%
Mecca area #2	22	14%
Oasis	22	14%
Thermal	22	14%
Age		
18-34yrs	41	26%
35-64yrs	85	53.8%
65+	32	20.3%
Total	158	100%
Sex		
Female	82	51.9%
Male	76	48.1%
Total	158	100%

Lifetime asthma prevalence was assessed by asking the question “Have you ever been told by a doctor or other health professional that you have asthma?” which approximately 11% (n=17) answered in the affirmative. Approximately 13% (n=20) responded that they had ever been prescribed medication for asthma. Since we were concerned about asthma prevalence, including undiagnosed asthma, we asked questions regarding the experience of symptoms (Table 3). Approximately 16% reported that they experienced wheezing or whistling in the chest in the past; 21% reported symptoms of shortness of breath or difficulty breathing; 15% reported chest tightness or pain; and 19% reported coughing at night. Among those reporting they had never been diagnosed with asthma, 20% reported at least one or more symptom.

Table 3. Questions on Asthma Prevalence (Symptoms)

Have you ever (at any time in the past) experienced any of the following symptoms?

	N	Percent
a. Wheezing or Whistling in the chest		
Yes	25	15.8%
No	130	82.3%
Not sure/ Can't recall	3	1.9%
Missing response	0	0.0%
b. Shortness of breath/Difficulty breathing		
Yes	33	20.9%
No	125	79.1%
Not sure/ Can't recall	0	0.0%
Missing response	0	0.0%
c. Chest tightness or pain		
Yes	23	14.6%
No	134	84.8%
Not sure/ Can't recall	0	0.0%
Missing response	1	0.6%
d. Frequent coughing, especially at night		
Yes	30	19.0%
No	128	81.0%
Not sure/ Can't recall	0	0.0%
Missing response	0	0.0%

Individuals who answered “yes” to the lifetime asthma prevalence, medication use, or any of the symptom questions (n=49) were prompted to answer follow-up questions which dealt with asthma control. Asthma control survey results are in Table 4. The asthma control questions asked about symptoms participants experienced in the past four weeks. 18.4% of respondents felt that their asthma or respiratory symptoms keep them from getting as much done at work, school or at home “most of the time” or “all of the time”; and over half (55.1%) felt this was true some of the time or more. 20.4% of the participants reported shortness of breath or difficulty breathing once a day or more, with over half (53.1%) reporting these symptoms once or twice in the last 4 weeks or more often. 45% of participants reported that their respiratory and asthma symptoms woke them up at night or earlier than usual in the morning two to three nights a week or more. 30.6% reported that they used a rescue inhaler or nebulizer medication 1-2 times a week or more.

Table 4. Asthma Control Questions

	N	Percent
During the past 4 weeks, how much of the time did your asthma and/or respiratory symptoms (wheezing, frequent coughing, shortness of breath or difficulty talking, chest tightness or pain) keep you from getting as much done at work, school or at home?		
All of the time	4	8.2%
Most of the time	5	10.2%
Some of the time	18	36.7%
None of the time	18	36.7%
Don't know	2	4.1%
Missing	2	4.1%
During the past 4 weeks, how often have you had shortness of breath or difficulty talking?		
More than once a day	7	14.3%
Once a day	3	6.1%
3 to 6 times a week	6	12.2%
Once or twice	10	20.4%
Not at all	20	40.8%
Don't know	1	2.0%
Missing	2	4.1%
During the past 4 weeks, how often did your asthma and/or respiratory symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?		
4 or more nights a week	11	22.5%
2 to 3 nights a week	11	22.5%
Once a week	3	6.1%
Less than once a week	4	8.2%
Not at all	15	30.6%
Don't know	3	6.1%
Missing	2	4.1%
During the past 4 weeks, how often have you used a rescue inhaler or nebulizer medication (such as albuterol)?		
3 or more times per day	3	6.1%
1 to 2 times per day	12	24.5%
2 or 3 times per week	2	4.1%
Not at all	21	42.9%
I don't have an inhaler or nebulizer medication	8	16.3%
Missing	3	6.1%

- > 40.8% of participants responded that they used home or store-bought remedies to treat their asthma or respiratory symptoms, including VICKS vapor rubs and manzanilla tea.

As far as cardiovascular symptoms (Table 5), only 4.4% had been told by a doctor or health professional that they had congestive heart failure, 5.1% said they had been told they had coronary heart disease, 5.7% said that they had been told angina, 2.5% reported they had suffered a heart

attack, 1.9% a stroke, 3.2% chronic bronchitis, and 1.3% chronic obstructive pulmonary disease (COPD). None reported emphysema.

Table 5. Cardiovascular Conditions: Has a doctor or health professional ever told you that you had any of the following conditions?

Condition	N	Percent
Total	158	100%
Congestive heart failure		
Yes	7	4.4
No	144	91.1
Don't know	4	2.5
Missing response	3	1.9
Coronary heart disease		
Yes	8	5.1
No	144	91.1
Don't know	3	1.9
Missing response	3	1.9
Angina (severe chest pain over your heart)		
Yes	9	5.7
No	145	91.8
Don't know	1	0.6
Missing response	3	1.9
Heart attack (also called myocardial infarction)		
Yes	4	2.5
No	150	94.9
Don't know	1	0.6
Missing response	3	1.9
A stroke		
Yes	3	1.9
No	151	95.6
Don't know	1	0.6
Missing response	3	1.9
Emphysema		
Yes	0	0.0
No	149	94.3
Don't know	6	3.8
Missing response	3	1.9
Chronic bronchitis		
Yes	5	3.2
No	148	93.7
Don't know	2	1.3
Missing response	3	1.9
Chronic Obstructive Pulmonary Disease (COPD)		
Yes	2	1.3



No	151	95.6
Don't know	1	0.6
Missing response	4	2.5



Discussion

In this survey of 158 adults in low-income areas of the Coachella Valley, we found that the prevalence of asthma, as defined by a diagnosis by a doctor or health professional, was 11%. Sinclair, et al (2018) in a survey of residents in two East Coachella Valley cities, Mecca and Coachella City, defined individuals as having respiratory illness if they answered “yes” to any of the following 5 questions: “(1) Have you ever been diagnosed with asthma?; (2) Are you currently being treated for asthma?; (3) Have you had an asthma attack severe enough to limit activity?; (4) Are you currently taking asthma medication?, and; (5) Do you have daily, weekly, or severe cough?” Using their definition, they also found a prevalence of respiratory illness of 11% in adults. This estimate is also comparable to the 2016 CA Health Interview Survey estimate of 12.7% for respiratory illness for both adults and children in the Eastern Coachella Valley (CHIS, 2016).

Due to concerns about degrading air quality from the receding playa of the Salton Sea, high emergency room visits for asthma in neighboring Imperial County (part of the same Salton Sea Air Basin), lack of health care access and high poverty, we hypothesized that the prevalence of respiratory symptoms in this population would be higher than asthma diagnosed by a health professional. We were also concerned that words used to define asthma and respiratory symptoms would not be completely understandable and culturally relevant in a Spanish translation. Therefore, we consulted with local asthma experts to review the Spanish translation of the survey questionnaire and to adjust the wording.

In this survey, we found that the prevalence of respiratory symptoms was indeed higher than the estimated prevalence of diagnosed asthma, in that 20% of respondents who had not been diagnosed with asthma reported asthma symptoms. Adding those additional 28 respondents would increase the estimate of those with either diagnosed asthma or reporting respiratory symptoms to 28% (45/158). Furthermore, we found evidence among those who reported asthma symptoms, had diagnosed asthma, or used asthma medications, that their illness was poorly controlled. Over half of respondents felt that their asthma or respiratory symptoms kept them from getting as much done at work, school or at home at least some of the time. Over half of the participants with symptoms reported shortness of breath or difficulty talking once or twice in the last 4 weeks or more often.

- > We found relatively low reported rates of diagnosed cardiovascular disease, with the highest rate of 5.7% for angina.
- > Diagnosed rates were 5.1% for coronary heart disease and 4.4% for congestive heart failure.

In a 2005 -2010 study for Riverside County, it was reported that more than 80,000 adults had been diagnosed with heart disease, and that one out of four Riverside County residents will die due of the condition (County of Riverside, 2010).

There are several limitations and strengths in this study. Although the interviewers were instructed to clarify among the respondents that any asthma or respiratory symptoms reported should be separate from any symptoms from seasonal allergies, colds, or COVID-19 illness, it is possible that some of these symptoms may have been inadvertently reported. The main limitation is that we were only able to obtain a convenience sample which was non-random, due to the logistical and resource difficulties in obtaining a responsive random sample in low-income communities. This means that the findings of this study cannot be considered representative of all low-income communities in the Coachella Valley. However, the study findings are suggestive that undiagnosed asthma is much more prevalent than diagnosed asthma

in this population. The development of culturally responsive wording used in the Spanish translation and having local community members conduct the interviews strengthened the study and helped respondents better understand the survey.

In conclusion, this study indicates that a high proportion of underserved populations in Coachella Valley communities are likely suffering from undiagnosed asthma and respiratory symptoms, which are not being properly controlled. We recommend that more outreach and resources be given to these communities so that barriers to care are reduced and routine preventative care can be used to improve respiratory health.



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Appendix

A1. English Questionnaire

Coachella Valley Respiratory and Cardiovascular Conditions Study

“Hi: My name is _____ and I am with Komite Civico Del Valle, a nonprofit out of Brawley. We are conducting a research study and would like to know if you would be interested in answering some questions about your health. It should only take 15-20 minutes, and you will receive a \$20 gift card from _____. People who are at least 18 years old and speak either Spanish or English can take part.”

If **yes**: proceed.

If **no**: “Thank you for your time.” (note refusal on address list).

“Before we begin, I would like you to review this consent form and receive your permission to ask our study questions of you” (get signature).

ID # _____

I Demographics

1. Can you tell me your age? _Years _____Months
Not sure ☐
Missing response ☐
2. Can you tell me your sex? _____Male_____Female _____Other
Not sure ☐
Missing response ☐

II Adult Asthma/Respiratory Symptoms Questions

Please note: Any asthma or respiratory symptoms reported should be separate from any symptoms from seasonal allergies, colds, or COVID-19 illness.

1. Have you ever been told by a doctor or other health professional that you have asthma?
 - a. Yes ☐
 - b. No ☐
 - c. Not sure/can't recall ☐
 - d. Missing response ☐
2. Have you ever been prescribed medication for asthma?
 - a. Yes ☐
 - b. No ☐
 - c. Not sure/can't recall ☐
 - d. Missing response ☐
3. Have you ever (at any time in the past) experienced any of the following symptoms?

Symptoms	Yes	No	Not sure/ can't recall	Missing response
a. Wheezing or Whistling in the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath/Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest tightness or pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Frequent coughing, especially at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If they answered yes to ANY of the above go to Q4. If they answered NO to all then skip to Question 12.

The following questions are about controlling your asthma and/or respiratory symptoms within the past 4 weeks.

4. During the past 4 weeks, how much of the time did your asthma and/or respiratory symptoms (wheezing, frequent coughing, shortness of breath or difficulty talking, chest tightness or pain) keep you from getting as much done at work, school or at home?
- a. All of the time ☐
 - b. Most of the time ☐
 - c. Some of the time ☐
 - d. None of the time ☐
 - e. Don't know ☐
 - f. Missing response ☐
5. During the past 4 weeks, how often have you had shortness of breath or difficulty talking?
- a. More than once a day ☐
 - b. Once a day ☐
 - c. 3 to 6 times a week ☐
 - d. Once or twice ☐
 - e. Not at all ☐
 - f. Don't know ☐
 - g. Missing response ☐
6. During the past 4 weeks, how often did your asthma and/or respiratory symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
- a. 4 or more nights a week ☐
 - b. 2 to 3 nights a week ☐
 - c. Once a week ☐
 - d. Less than once a week ☐
 - e. Not at all ☐
 - f. Don't know ☐
 - g. Missing response ☐
7. During the past 4 weeks, how often have you used a rescue inhaler or nebulizer medication (such as albuterol)?
- a. 3 or more times per day ☐
 - b. 1 to 2 times per day ☐
 - c. 2 or 3 times per week ☐
 - d. Once a week or less ☐
 - e. Not at all ☐
 - f. I don't have an inhaler or nebulizer medication ☐
 - g. Don't know ☐

h. Missing response ☐

8. Do you use any home remedies to treat your asthma and/or respiratory symptoms (such as Vicks VapoRub, massages, etc.)?

a. Yes ☐

b. No ☐

c. Don't know ☐

d. Missing response ☐

If YES, please specify: _____

The following questions are about controlling your asthma and/or respiratory symptoms within the past **12 months**.

9. During the past 12 months, have you had an unscheduled visit with a doctor or health professional (i.e., urgent care, community clinic, etc.) or had to visit the emergency room because you've had difficulty breathing?

- a. Yes ☐
- b. No ☐
- c. Don't know ☐
- d. Missing response ☐

10. In the past 12 months, how often, on average, have you had trouble sleeping or been awoken due to respiratory symptoms (wheezing, shortness of breath or difficulty talking, frequent coughing, chest tightness or pain, etc.)?

- a. One or more nights per week ☐
- b. Less than one night per week ☐
- c. Never ☐
- d. Don't know ☐
- e. Missing response ☐

11. In the past 12 months, have your respiratory symptoms (wheezing, shortness of breath, coughing, chest tightness or pain, etc.) been severe enough that you have had difficulty speaking or were unable to catch your breath?

- a. Yes ☐
- b. No ☐
- c. Don't know ☐
- d. Missing response ☐

III Adult Cardiovascular Symptoms

12. Has a doctor or health professional ever told you that you had any of the following conditions?

CONDITION	YES	NO	DON'T KNOW	MISSING RESPONSE
1. CONGESTIVE HEART FAILURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CORONARY HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ANGINA (SEVERE CHEST PAIN OVER YOUR HEART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HEART ATTACK (ALSO CALLED MYOCARDIAL INFARCTION)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A STROKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. CHRONIC BRONCHITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other: _____				

END OF SURVEY

A2. Spanish Questionnaire

Estudio de Condiciones Respiratorias y Cardiovasculares en el Valle de Coachella

“Hola: Mi nombre es _____ y estoy con el Comité Cívico Del Valle, una organización sin fines de lucro en Brawley. Estamos realizando un estudio de investigación y nos gustaría saber si le interesaría responder a algunas preguntas sobre su salud. Solo debería tomar de 15 a 20 minutos y recibirá una tarjeta de regalo de \$20 de _____. Pueden participar personas que tengan al menos 18 años y hablen español o inglés”.

Si responde sí: proceda.

Si responde no: "Gracias por su tiempo." (note la negativa en la lista de direcciones).

“Antes de comenzar, me gustaría que revise este formulario de consentimiento y reciba su permiso para hacerle las preguntas del estudio” (obtener firma).

ID # _____

I. Información Demográfica

- a. ¿Me puede decir su edad? _____ Años _____ Meses
No sé ☐
Ninguna respuesta ☐
2. ¿Me puede decir su sexo? _____ Hombre _____ Mujer _____ Otro
No sé ☐
Ninguna respuesta ☐

II. Preguntas Sobre el Asma en Adultos/Síntomas Respiratorios

Tenga en cuenta: cualquier síntoma de asma o respiratorio informado debe estar separado de cualquier síntoma de alergias estacionales, resfriados o enfermedad de COVID-19.

1. ¿Anteriormente, un medico u otro profesional de la salud le ha dicho que tiene asma?
- a. Si ☐
b. No ☐
c. No sé /No me acuerdo ☐
d. Ninguna respuesta ☐
2. ¿Alguna vez le han recetado algun medicamento por el asma?
- a. Si ☐
b. No ☐
c. No sé /No me acuerdo ☐
d. Ninguna respuesta ☐
3. ¿Alguna vez (en cualquier tiempo en el pasado) ha tenido o tiene alguno de los siguientes síntomas?

Sintomas	Si	No	No sé/ No me acuerdo	Falta respuesta
a. Silbido o chillido en el pecho <i>Wheezing or Whistling in the chest</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Falta de aire o sientes que no puedes respirar <i>Shortness of breath/ Difficulty breathing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dolor o rigidez en el pecho <i>Chest tightness or pain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tos frecuente, sobre todo de noche <i>Frequent coughing, especially at night</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Si respondió afirmativamente a CUALQUIERA de las anteriores, pase a la pregunta 4. Si respondieron NO a todas, salte a la pregunta 12.

Las proximas preguntas tratan sobre el control de tu asma/sintomas de respiración en las ultimas 4 semanas.

4. En las últimas 4 semanas, ¿cuánto tiempo le ha impedido su asma o sintomas respiratorios (silbido o chillido en el pecho, tos frecuente, falta de aire o dificultad al hablar, dolor o rigidez en el pecho) hacer todo lo que quería en el trabajo, en la escuela o en la casa?

- a. Todo el tiempo ☐
- b. La mayoría del tiempo ☐
- c. Algo del tiempo/aveces ☐
- d. Nunca ☐
- e. No sé ☐
- f. Ninguna respuesta

5. Durante las últimas 4 semanas, ¿con qué frecuencia le ha faltado el aire o ha tenido dificultad al hablar?

- a. Mas de una vez al dia ☐
- b. Una vez al dia ☐
- c. 3-6 veces al dia ☐
- d. Solamente una o dos veces ☐
- e. Nunca ☐
- f. No sé ☐
- g. Ninguna respuesta ☐

6. Durante las últimas 4 semanas, ¿con qué frecuencia (mas o menos) has tenido problemas para dormir o se ha despertado durante la noche o más temprano de lo usual en la mañana debido a su asma o síntomas respiratorios (silbido o chillido, falta de aire o dificultad al hablar, tos frecuente, etc.)?

- b. 4 or mas veces a la semana ☐
- c. 2-3 veces a la semana ☐
- d. Una vez a la semana ☐
- e. Menos de una vez a la semana ☐
- f. Nunca ☐
- g. No sé ☐
- h. Ninguna respuesta ☐

7. Durante las últimas 4 semanas, ¿con qué frecuencia ha usado su inhalador de rescate o medicamento en nebulizador (como albuterol)?

- a. 3 or mas veces al dia ☐
- b. 1-2 veces al dia ☐
- c. 2-3 veces a la semana ☐
- d. Menos de una vez a la semana ☐
- e. Nunca ☐
- i. No tengo un inhalador o medicación en nebulizador ☐
- j. No sé ☐
- k. Ninguna respuesta ☐

8. ¿Utiliza algún remedio casero para tratar su asma y / o síntomas respiratorios (como Vicks VapoRub, masajes, etc.)?

- a. Sí ☐
- b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

Si la respuesta es SI, favor de especificar: _____

Las proximas preguntas tratan sobre el control de tu asma/sintomas de respiración en los ultimos 12 meses.

9. Durante los ultimos 12 meses, ¿ha tenido una visita sin cita al doctor o ha tenido que visitar a la sala de emergencias porque ha tenido dificultad para respirar?

a. Si ☐

b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

10. Durante los últimos 12 meses, ¿con qué frecuencia (mas o menos) has tenido problemas para dormir o se ha despertado debido a síntomas respiratorios (silbido o chillido, falta de aire o dificultad para hablar, tos frecuente, etc.)?

a. Mas de una vez a la semana ☐

b. Menos de una vez a la semana ☐

c. Nunca ☐

d. No sé ☐

e. Ninguna respuesta ☐

11. Durante los últimos 12 meses, ¿alguna vez las sintomas respiratorios (silbido o chillido, falta de aire o dificultad para hablar, tos etc.) se ha agravado como para que le faltara el aire o solo pudiera decir una palabra a la vez entre respiraciones?

a. Si ☐

b. No ☐

c. No sé ☐

d. Ninguna respuesta ☐

III. Síntomas Cardiovasculares en Adultos

12. Un medico o professional de salud alguna vez le ha dicho que tiene unas de las siguientes condiciones?

CONDICIÓN	SI	NO	NO SÉ	FALTA RESPUESTA
1. INSUFICIENCIA CARDIÁCA CONGESTIVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ENFERMEDAD CORONARIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ANGINA (DOLOR SEVERO DE PECHO SOBRE SU CORAZÓN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ATAQUE AL CORAZÓN (TAMBIEN LLAMADO INFARTO DE MIOCARDIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DERRAME CEREBRAL (TAMBIEN LLAMADO ACCIDENTE CEREBROVASCULAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ENFISEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. BRONQUITIS CRÓNICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. AFECCIÓN PULMONAR OBSTRUCTIVA
CRÓNICA (CHRONIC OBSTRUCTIVE PULMONARY
DISEASE - COPD)**

☐☐☐☐

9. OTRA CONDICIÓN

☐☐☐☐

FIN DE ENCUESTA

A3. English Consent Form

Coachella Valley Respiratory and Cardiovascular Disease Study

Public Health Institute Consent to Participate in a Research Study

The purpose of this form is to ask for your voluntary participation in a research study. Please consider the following information carefully before you decide to participate.

Purpose of Study: The purpose of this study is assess the type and frequency of respiratory and cardiovascular symptoms among low income residents of the Coachella Valley. The study is directed by Paul English, PhD, of the Public Health Institute, which is an independent, non-profit research institution. Dr. English is working with Comit  Civico Del Valle, a non-profit advocacy organization, to conduct the study. The Desert Healthcare District and Foundation has funded this study. A member of Dr. English's research team will later transfer your answers to a password-protected data file accessible only through PHI's secure network. Your name, address, and phone will be deleted after the interview is conducted.

Study Procedures: If you agree to participate in this study, a staff person from Comit  Civico Del Valle will ask permission to interview you with a series of questions related to whether you have been diagnosed with respiratory and cardiovascular diseases, and whether you have any symptoms. The interview should last approximately 15 to 20 minutes. It will be conducted at your front door, or if the time is not convenient for you, we can schedule a time later when we can ask questions by phone.

Risks: The main risk to you participating in this study is a loss of confidentiality through inadvertent disclosure of your personal information, such as name, address, and telephone number. However, we are taking steps to ensure that your private data remains private. All paper interview data will be kept in locked files, and all electronic data will be kept on a secure, password-protected computer. Once we have conducted your interview, we will delete your name, address, and phone and your survey will be assigned an identification number. Any paper copies containing your personal information will be destroyed. We will only display data in summary form and it will be impossible to identify you in any reports or publications.

You may be uncomfortable discussing symptoms of your illness. If for any reason you feel uncomfortable during the survey, you are free to stop participating at any time.

Benefits: Participating in this study will not benefit you personally. However, the results of this research will add to scientific knowledge about respiratory and cardiovascular disease and may possibly benefit others with these conditions.

Payment for participation. You will receive a grocery market gift card of \$20 after your interview is completed. You will receive this payment in-person if the interview is conducted in-person, and if the interview is conducted by phone, we will mail the gift card to you at your home address.

Alternatives: Although there are no alternatives associated with this study, there is no penalty for non-participation.

Questions: If you have any questions about the study or your rights as a subject, you can write to Dr. English at the Public Health Institute, 555 12th St., Oakland, CA 94508 or call during business hours at 510-285-5500.

Alternatively, you can call Robert McLaughlin, J.D., PhD, Administrator of the Public Health Institute Institutional Review Board (the committee that oversees PHI’s research involving human subjects) at the same number.

Consent: Your participation in the study is voluntary. You can decide not to participate at any time. If you agree to participate, you should sign below. You will be given a copy of this consent form to keep.

I consent to participate in this study

Signature of Participant
Printed Name of Participant
Date

A4. Spanish Consent Form

Estudio de Condiciones Respiratorias y Cardiovasculares en el Valle de Coachella

Instituto de Salud Pública
Consentimiento para Participar en un
Estudio de Investigación

El propósito de este formulario es solicitar su participación voluntaria en un estudio de investigación. Considere la siguiente información detenidamente antes de decidirse a participar.

Propósito del estudio: El propósito de este estudio es evaluar el tipo y la frecuencia de los síntomas relacionados con las condiciones de salud que afectan los pulmones y el corazón entre los residentes de bajos ingresos del Valle de Coachella. El estudio está dirigido por Paul English, PhD, del Instituto de Salud Pública (PHI), que es una institución de investigación independiente sin fines de lucro. Dr. English está trabajando con Comité Cívico Del Valle, una organización de abogacía sin fines de lucro, para realizar el estudio. El Desert Healthcare District and Foundation ha financiado este estudio. Un miembro del equipo de investigación del Dr. English luego transferirá sus respuestas a un archivo de datos protegido con contraseña accesible solo a través de la red segura de PHI. Su nombre, dirección y teléfono se eliminarán después de que se lleve a cabo la entrevista.

Procedimientos del estudio: Si acepta participar en este estudio, un miembro del personal del Comité Cívico del Valle le pedirá permiso para entrevistarle con una serie de preguntas relacionadas con si le han diagnosticado síntomas relacionados con afecciones de salud que afectan sus pulmones y corazón, y si tiene algún síntoma relacionado con estas afecciones. La entrevista debe durar aproximadamente de 15 a 20 minutos. Se llevará a cabo en la puerta de su casa, o si el tiempo no es conveniente para usted, podemos programar un horario más tarde para hacer preguntas por teléfono.

Riesgos: El principal riesgo para usted al participar en este estudio es la pérdida de privacidad sobre su estado de salud al compartir información personal, tal como su nombre, dirección y número de teléfono. Sin embargo, estamos tomando medidas para garantizar que sus datos privados sigan siendo privados. Todos los datos impresos de las entrevistas se guardarán en archivos bloqueados y todos los datos electrónicos se guardarán en una computadora segura y protegida con contraseña. Una vez que hayamos realizado su entrevista, eliminaremos su nombre, dirección y teléfono y se le asignará un número de identificación a su encuesta. Se destruirá cualquier copia en papel que contenga su información personal. Solo mostraremos datos en forma resumida y será imposible identificarlo en ningún informe o publicación.

Es posible que se sienta incómodo al hablar sobre los síntomas de estas afecciones. Si por alguna razón se siente incómodo durante la encuesta, puede dejar de participar en cualquier momento.

Beneficios: Participar en este estudio no lo beneficiará personalmente. Sin embargo, los resultados de esta investigación se sumarán al conocimiento científico sobre las condiciones de salud que afectan sus pulmones y corazón y posiblemente beneficien a otras personas con estas condiciones.

Pago por participación: Recibirá una tarjeta de regalo del mercado de comestibles de \$20 después de que finalice su entrevista. Recibirá este pago en persona si la entrevista se realiza en persona, y si la entrevista se realiza por teléfono, le enviaremos la tarjeta de regalo a su domicilio.

Alternativas: Aunque no existen alternativas asociadas con este estudio, no hay penalización por no participar.

Preguntas: Si tiene alguna pregunta sobre el estudio o sus derechos como sujeto, puede escribir al Dr. English del Instituto de Salud Pública, 555 12th St., Oakland, CA 94508 o llamar durante el horario

comercial al 510-285-5500. Alternativamente, puede llamar a Robert McLaughlin, J.D., PhD, Administrador de la Junta de Revisión Institucional del Instituto de Salud Pública (el comité que supervisa la investigación de PHI que involucra seres humanos) al mismo número.

Consentimiento: Su participación en el estudio es voluntaria. Puedes decidir no participar en cualquier momento. Si acepta participar, debe firmar a continuación. Se le dará una copia de este formulario de consentimiento para que la guarde en sus registros.

Doy mi consentimiento para participar en este estudio

Firma del Participante
Nombre Impreso del Participante
Fecha

Progress Report

Public Health Institute, Grant#: 1046

Coachella Air Quality and Health Analysis

Reporting Period: 9/1/21 to 2/28/22

Paul English

Tel: (510) 620-3684

paul.english@cdph.ca.gov

Grant Information

Grant Amount: \$250,000

Paid to date: \$150,000

Balance: \$100,000

Due Date: 3/1/2022

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 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

Progress Report

- 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 compiled and reviewed relevant survey questions on respiratory and cardiovascular symptoms from validated and field-tested questionnaires. We then conducted focus groups with a small group of discussants in the Imperial and Coachella Valleys who are familiar with issues regarding respiratory and cardiovascular symptoms and who are knowledgeable about cultural/translation issues in interpretation.

Following this meeting, the survey was revised in English and translated into Spanish with review. Due to COVID-19 and resource restrictions, initiation of the survey was further delayed. We have decided that we will interview a convenience sample of approximately 140 participants in several vulnerable communities, which include the areas of Coachella, Thermal, Oasis, Mecca, Desert Hot Springs, and Indio. We

Progress Report

developed a human subjects protocol and it was submitted to the Public Health Institute (PHI) Institutional Review Board (IRB), along with the draft survey instrument and consent forms for approval. We received a conditional approval from PHI on 1/24/22. Full approval was contingent on survey, consent forms and protocol revisions and human subject training of Comité Civico Del Valle staff, who will be having contact with human subjects. Revisions were made to the forms and protocol, and human subject training was completed. We now are submitting the IRB package back to PHI and expect full approval in 1-2 weeks. We are now preparing training materials for the interviewers and expect to go out in the field for data collection in late April/early May.

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 goal has been completed.

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: This goal has been completed.

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 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. ASPEN box instrumentation collects PM2.5 and PM10 on Teflon and quartz filters, the two different types of filters that allow us to conduct gravimetric/elemental, and EC/OC/organics, respectively. 4 community samples were also collected at the Ave 52 community monitoring site in Coachella. Air pollution sampling was completed in January 2022.

Elemental and gravimetric analyses have now been completed on the PM collected on the Teflon filters, while EC/OC/organics analysis (using PM collected on quartz filters) is currently ongoing with collaborators at the University of Colorado, Boulder campus. Source apportionment analysis is currently under way and will be completed once EC/OC analysis is finished. The source apportionment will allow comparison of the collected samples with existing source profiles nationally, as well as regionally.

Progress Report

Interpretation of the results will include meteorological data such as wind speed and direction, temperature, and humidity, to better understand causal and possible mitigating effects of each source's contributions.

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

Program/Project Tracking:

- *Is the project/program on track?* Yes
- *Please describe any specific issues/barriers in meeting the desired outcomes:*
Goal 1 (survey administration) has been delayed due to COVID-19 infections in the community and the inability of staff to perform in-person interviews due to company policy.

We have delayed administration of the surveys (Goal 1) until late April/early May due to COVID restrictions on in-person interactions. We have also decided to reduce the number of participants and conduct a convenience sample due to resource limitations.

- *What is the course correction if the project/program is not on track?*
Delay of the survey will not affect the timetable of the final deliverables within the grant period.
- *Describe any unexpected successes during this reporting period other than those originally planned:* none



Date: September 27, 2022
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 received \$1.2 million from the County of Riverside and \$500,00 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 in services and/or outreach.

COVID-19 Testing Update:

- The CVEC has continued to coordinate multiple COVID-19 testing events that have been hosted throughout the Coachella Valley. The tests include both rapid testing (BiNex Now & iHealth) and PCR testing (Primary Health) if needed.
- The CVEC Promotoras have continued the weekly COVID-19 testing at DSUSD every Monday, Wednesday, and Friday at the DSUSD offices in La Quinta.
- The TODEC offices in Coachella continue to provide access to community residents in the Eastern Coachella Valley to free and rapid testing every Monday from 10am to 4pm.
- A partnership with the California Farmworker Foundation and Growing CV has allowed CVEC Promotoras to provide COVID-19 testing for farmworkers and their families at packing and distribution centers, agricultural fields, and trailer parks. All testing participants receive a \$20 gift card as part of the CA Dept. of Public Health program to promote and increase COVID-19 testing.

- The CVEC has been approved by the CA Dept of Public Health to launch an incentivized COVID-19 testing program. This 6-week program will provide District residents a \$20 gift card at the point of testing. October 3rd will be the launch of this program.
- To date, a total of **244** COVID-19 testing clinics resulting in roughly **17,300** COVID-19 tests have been provided at events organized by the CVEC and its partners. In addition, more than **6,336** COVID-19 at-home tests have been provided at COVID-19 testing and community events.

COVID-19 Vaccination Update

- In the last couple of months, COVID-19 testing and vaccination events have seen a decline in participants throughout the county and here in the Coachella Valley.

A change in strategy will be implemented to reduce the number of vaccination and testing clinics and increase the community-based outreach that includes, door-to-door outreach and informational tables to selectively target community members. In addition, 400 gift cards of \$20 have been purchased and will be provided as an incentive to those who receive a vaccine at one of the CVEC-organized vaccination clinics.

- In partnership with the San Bernardino Catholic Diocese, monthly incentivized vaccination clinics have been hosted at Our Lady of Soledad in Coachella, CA, and Our Lady of Guadalupe in Mecca, CA with great results. Plans are in place to host additional incentivized vaccination clinics in Cathedral City and Desert Hot Springs.
- Monthly incentivized vaccination clinics in partnership with CVUSD and DSUSD have been hosted with good attendance. Ongoing vaccination clinics are planned until the end of the year.
- The CVEC Promotoras will be hosting a COVID-19 vaccination clinic at the Flying Doctors event on Saturday, September 24th from 8am to 12pm. Gift cards will be provided to those who receive a vaccine.
- To date, a total of **316** COVID-19 vaccination clinics resulting in **46,124** COVID-19 vaccines have been provided to District residents in vaccination clinics hosted by the CVEC in partnership with the RUHS-Department of Public Health and Rite-Aid pharmacies and Borrego Health.

Fiscal Impact:

Riverside County Contract: \$2,400,000, of which \$440,000 will support/compensate DHCF staff.

Public Health Institute grant: \$725,000, of which \$90,000 will support/compensate DHCF staff



Date: September 27, 2022
To: Board of Directors
Subject: CONCUR: Air Quality Emergency Communication Plan Updates

Staff Recommendation: Informational item only.

Background:

- On October 14, 2019, an illegal fire in Thermal was reported in the news that severely impacted the eastern Coachella valley for several weeks.
- At the District Board meeting on October 22, 2019. Thermal residents and school officials provided public comment on the impact the illegal mulch fire. As a result, staff was instructed to identify and recommend possible solutions to the problem.
- At the District Board meeting on February 25, 2020, the Board approved a service agreement with CONCUR, Inc, to develop an air quality emergency communication plan, which will include input from local organizations and residents.
- Since the approval of the service agreement, CONCUR, Inc has been successful in connecting with key stakeholders at the federal, state, and local level to gather information on the Thermal fires, tribal land use issues, and current emergency response procedures. Those key stakeholders include:
 - Congressman Raul Ruiz
 - United States Environmental Protection Agency
 - Bureau of Indian Affairs
 - California Air Resources Board
 - California Environmental Protection Agency
 - South Coast Air Quality Management District
 - Riverside County Department of Environmental Health
 - Torres-Martinez Environmental Protection Agency
- CONCUR, Inc finalized a briefing paper with information gathered from various meetings and research. The briefing paper includes:
 - Eastern Coachella Valley environmental justice issues
 - Chronology of the Thermal fires
 - Tribal land use and jurisdiction problems
 - The breakdown in communication and response
 - Initial list of key stakeholder entities and potential representatives
- On June 16, 2021, CONCUR and DHCD met with Congressman Ruiz, tribal members from Torres Martinez and Cabazon Band of Mission Indians, along with representatives from the offices of Supervisors Perez and Assemblyman Garcia to review the briefing paper, and discuss the next steps in the development of the emergency communication plan.
- The next steps will be to convene a series of six collaborative meetings with key stakeholders to establish a clear problem statement, improve communication amongst agencies and other collaborative members, identify proactive steps to reduce the risk of toxic waste burning and develop an agreed-upon emergency communication plan.

Update

- Since the initial meeting on June 16, 2021, and due to COVID-19 some activities related to the Air Quality Emergency Communication Plan project had to be placed on hold. However, activities resumed on April 26, 2022, with the first key stakeholder meeting.
- A total of four key stakeholder meeting has been held on the dates listed below with key stakeholders to develop and modify components of the Air Quality Emergency Communication Plan.
 - April 26, 2022
 - June 9, 2022
 - July 14, 2022
 - September 8, 2022
- Active in these key stakeholder meetings are representatives from:
 - CVUSD
 - CalFire
 - RivCo Fire
 - BIM Fire Department
 - Office of Assemblyman Garcia
 - Office of Congressman Ruiz
 - Office of Riverside County Supervisor Perez
 - South Coast Air Quality Management District
 - Leadership Counsel
 - Alianza Coachella Valley
 - Pueblo Unido CDC

Fiscal Impact:

CONCUR: NTE \$191,573 – Board approved allocation from the \$1M Avery Trust Funds.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 27, 2022
To: Board of Directors
Subject: SCAQMD: Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley

Staff Recommendation:
Informational item only

Background:

- In response to the US Environmental Protection Agency State Environmental Justice Cooperative Agreement Programs: Request For Applications, a collaborative project between the South Coast Air Quality Management District, Twenty-Nine Palms Band of Mission Indians, Health Assessment and Research for Communities, and the Desert Healthcare District & Foundation were submitted, approved, and funded in the amount of \$200,000.
- This project establishes an Air Quality Academy to provide resources and training that will improve environmental literacy and air quality data. The Academy will include community health workers and other community members and provide training on how to use the data to help make informed decisions. The three objectives for this project are:
 1. *Air Quality Training*: Provide training on the Air Quality Index and actions to reduce indoor and outdoor air pollution exposure.
 2. *Air Pollution Sensors Training*: Provide training about air pollution measurement, and how to get local air quality information from a blended AQI map, which uses both regulatory monitoring and sensor data.
 3. *Community Environmental Health Report*: Publish a report on environmental health metrics in the Eastern Coachella Valley, including statistics on environmental hazards, social vulnerabilities, and public health metrics.
- The Desert Healthcare District and Foundation received \$27,000 and match with an additional \$27,000 totaling \$54,000 of which \$40,000 was awarded by the DHCD Board of Directors on April, 26, 2022 to Alianza Coachella Valley, a local community-based organization with a proven track record of environmental health.

Update

- Due to staffing changes at the SCAQMD the launch of the program was delayed, however, DHCD staff has been able to meet Alianza CV staff to discuss the development of the Air Quality Academy training modules.
- Alianza CV staff have begun the process of identifying community members and Promotoras who will participate in the Air Quality Academy.

- On August 12, 2022 a feedback session with SCAQMD air sensor technology staff was held with Dr. Will Porter from UC Riverside, Dr. Ryan Sinclair from Loma Linda University, Alianza CV staff, and DHCD staff to discuss the capacity of the air monitors selected for the program.
- A project kickoff meeting between staff from SCAQMD, EPA, Alianza CV, and DHDC has been scheduled for September 22, 2022.

Fiscal Impact:

\$27,000 matching funds to be allocated from the Avery Trust Fund



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 27, 2022

To: BOARD OF DIRECTORS

Subject: Behavioral Health Initiative Informational Update

Staff Recommendation: Information only

History/Background:

- The grantee organizations that were part of the released Desert Healthcare District and Foundation's Request for Proposal (RFP) Improving Access to Behavioral Health Education and Prevention Services to Children (0-18yrs) and Their Families will be introduced to the District's Results Based Accountability (RBA) structure which will measure the impact of the services provided in alignment with the District Strategic Plan Goals (2021-2026). This meeting is scheduled for October 14, 2022.
- The work of the Behavioral Health Initiative working groups is moving into its next phase. Meetings with the working group chairs will identify the priority focus areas for development to be presented to the Steering Committee Chairs, Dr. Matthew Chang and Dr. Conrado Bárzaga for consideration and input. Future working group convenings will incorporate this updated direction.
- Continued outreach to Coachella Valley behavioral health stakeholders will assist with informing future District RFP development and partnership coordination.

Fiscal Impact: None



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
September 13, 2022

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Karen Borja Director Les Zendle, MD Director Leticia De Lara	Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Andrea S. Hayles, Board Relations Officer	Chair/Treasurer Arthur Shorr Conrado E. Bárzaga, MD, Chief Executive Officer

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	President Borja called the meeting to order at 4:05 p.m. in chair Shorr's absence. Director De Lara attended the meeting in chair Shorr's absence.	
II. Approval of Agenda	President Borja asked for a motion to approve the agenda.	Moved and seconded by Director Zendle and Director De Lara to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment	
IV. Approval of Minutes 1. Minutes – Meeting July 12, 2022	President Borja asked for a motion to approve the minutes of the July 12, 2022, F&A Committee meeting.	Moved and seconded by Director Zendle and President Borja to approve the July 12, 2022, meeting minutes. Director De Lara abstained from the vote since she did not attend the July 12 F&A Committee meeting. Motion passed unanimously.
V. CEO Report	There was no CEO Report.	
VI. Financial Report 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	Chris Christensen, CAO, reviewed the financials with the committee highlighting the balance sheet general and restricted funds grants current liabilities, deposit details, check register, and a detailed overview of the grant payment schedule. The committee requested the inclusion of the distinction between the Union Bank accounts (7611 & 8570) for the Coachella Valley Equity	Moved and seconded by Director Zendle and Director De Lara to approve the July and August 2022 Preliminary financials and forward to the board for approval. Motion passed unanimously.



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
September 13, 2022

	Collaborative on the check register.	
VII. Other Matters	There were no other matters to report.	
VIII. Adjournment	President Borja adjourned the meeting at 4:32 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____

Karen Borja, President, Board of Directors
Finance & Administration Committee
Desert Healthcare Foundation Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DRAFT



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala	Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Meghan Kane, Senior Program Officer Jana Trew, Senior Program Officer, Behavioral Health Andrea S. Hayles, Board Relations Officer	Conrado E. Bárzaga, MD, Chief Executive Officer

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:45 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by President Borja and Director Zavala to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. July 12, 2022	Chair PerezGil asked for a motion to approve the July 12, 2022, meeting minutes.	Moved and seconded by President Borja and Director Zavala to approve the July 12, 2022, meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. Old Business 1. Grant Payment Schedules 2. Coachella Valley Equity Collaborative a. Vaccination, Education, and Outreach	Chair PerezGil inquired with the committee concerning any questions about the grant payment schedules. The committee briefly discussed the Behavioral Health Initiative grants awards. Alejandro Espinoza, Chief of Community Engagement, provided an update on the Coachella Valley Equity Collaborative and the incentive-based testing in the East Valley, concluding the week of September 12th. The California Department of Public Health (CDPH) testing task force has	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

	<p>approved the district to continue the 6-week incentive-based testing commencing on October 3rd in the Western portion of the Valley. Additional updates included incentive-based testing and partnerships with the Diocese of San Bernardino, vaccination clinics with a local pharmacy in Coachella and Mecca, and continued collaborations with the school districts.</p>	
<p>3. Public Health Institute – Grant #1046 (Avery Trust Funds) August 2022 Report to the DHCD & F: Respiratory & Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley</p>	<p>Donna Craig, Chief Program Officer, explained a modification to the staff report concerning the white paper, which does not relate to goal #5.</p> <p>Alejandro Espinoza, Chief of Community Engagement, described the data sets that are useful with the community-based partners on poor air quality for residents in the vicinity of the Salton Sea and collaborative partnerships to address the respiratory needs of vulnerable populations.</p>	
<p>4. Behavioral Health Initiative Update</p>	<p>Jana Trew, Senior Program Officer, described the Behavioral Health Initiative Request for Proposals (RFP) awardees and monitoring the outcomes that align with the strategic plan using the Results Based Accountability (RBA) structure. Mrs. Trew updated the committee on the next phase of the Initiative working groups.</p>	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

<p>5. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Update</p> <p>a. Access to Healthcare – Borrego Health Foundation</p> <p>b. Black and African American Healthcare scholarship program</p>	<p>Donna Craig, Chief Program Officer, explained that although Borrego Community Health Foundation is in chapter 11 bankruptcy, the organization is continuing the services of the mobile unit, with the district developing a contingency plan to prevent any gaps in service.</p> <p>The committee discussed the possibility of staff meeting with the Desert Highland Gateway Estates community health committee members involved in the deployment of the mobile unit concerning any questions to reassure the residents concerning any gaps in coverage.</p> <p>Donna Craig, Chief Program Officer, explained that the scholarship program group is monitoring and assisting the students in their second year while collaborating with OneFuture Coachella Valley on their grant request to support the scholarship program.</p>	
<p>VII. Committee Member Comments</p>	<p>There were no committee member comments.</p>	
<p>VIII. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 6:11 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 13, 2022**

ATTEST: _____
Evet PerezGil, Chair/Vice-President, Board of Directors
Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DRAFT

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
A/C 2190 and A/C 2186-Long term			6/30/2022 Open	New Grants Current Yr	Total Paid	8/31/2022 Open	
Grant ID Nos.	Name		BALANCE	2022-2023	July-June	BALANCE	
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF		\$ 67,117		\$ 6,349	\$ 60,768	HP-cvHIP
BOD - 04/24/18 & 06/28/22	Behavioral Health Initiative Collective Fund + Expansion		\$ 3,297,169		\$ 194,669	\$ 3,102,500	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		\$ 720,282		\$ 24,096	\$ 696,186	Avery Trust
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		\$ 94,057		\$ -	\$ 94,057	Homelessness
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs		\$ 65,000		\$ -	\$ 65,000	
BOD - 07/27/21 BOD (#1288)	* Borrego Community - Improving Access to Healthcare - 3 yrs		\$ 545,000		\$ -	\$ 545,000	
F&A - 6/11/19, 6/09/20, 6/22/21 Res. NO. 21-02,22-17	Prior Year Commitments & Carry-Over Funds		\$ 1,544,156		\$ -	\$ 1,544,156	
TOTAL GRANTS			\$ 6,332,781	\$ -	\$ 225,114	\$ 6,107,667	
Summary: As of 08/31/2022		Uncommitted & Available			A/C 2190	\$ 2,507,667	
Health Portal (CVHIP):	\$ 60,768	\$ 60,768			A/C 2186	\$ 3,600,000	<=\$2,400,000 BH
Behavioral Health Initiative Collective Fund	\$ 3,102,500	\$ 1,968,040			Total	\$ 6,107,667	\$1,000,000 Carry Over
Avery Trust - Pulmonary Services	\$ 696,186	\$ 517,944			Diff	\$ (0)	\$200,000 Borrego
West Valley Homelessness Initiative	\$ 94,057	\$ 71,557					
Healthcare Needs of Black Communities	\$ 610,000	\$ -					
Prior Year Commitments & Carry-Over Funds	\$ 1,544,156	\$ 1,544,156					
Total	\$ 6,107,667	\$ 4,162,465					
Amts available/remaining for Grant/Programs - FY 2022-23:		FY23 Grant Budget			Social Services Fund #5054		
Amount budgeted 2022-2023		\$ 530,000	\$ 500,000		Budget	\$ 60,000	
Amount granted year to date		\$ -	\$ 30,000		DRMC Auxiliary	\$ -	Spent YTD
Mini Grants:					Balance Available	\$ 60,000	
Net adj - Grants not used:							
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds	FY19-20 \$284,156; FY20-21 \$730,000; FY21-22 \$530,000	\$ 1,544,156					
Balance available for Grants/Programs		\$ 2,074,156					

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE							
August 31, 2022							
FISCAL YEAR ENDING JUNE 30, 2023						8/31/2022	
			TOTAL	6/30/2022		ELC3 Funds	ELC3 Funds
A/C 2183			Grant	Open	Total Paid/Accrued	Payable	Remaining
Grant ID Nos.	Name			BALANCE	July-June	BALANCE	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 - \$2.4 Million (\$1,960,000 for grants)						
BOD - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		\$ 125,000	\$ 35,000	\$ -	\$ 35,000	
BOD - 04/26/22 - Contract Amendment*	Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$750,000 (\$625,000 for grants) (Reimbursement Grant)						
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		\$ 150,000	\$ 40,305	\$ 40,305	\$ 15,234	\$ 94,461
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		\$ 35,000	\$ 6,901	\$ 6,901	\$ -	\$ 28,099
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services		\$ 70,000	\$ 37,144	\$ 37,144	\$ 9,210	\$ 23,646
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative		\$ 35,000	\$ 5,153	\$ 5,153	\$ 278	\$ 29,569
BOD - 03/23/21 (#1273)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		\$ 35,000	\$ -	\$ -	\$ -	\$ 35,000
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion		\$ 300,000	\$ 48,688	\$ 48,688	\$ 35,174	\$ 216,138
TOTAL GRANTS			\$ 625,000	\$ 173,191	\$ 138,191	\$ 94,895	
ELC Amendment	Passthrough to Community Based Organizations		\$ 625,000	\$ 138,191	\$ 138,191	\$ 59,895	\$ 426,914
	CARES/ELC Administrative Costs		\$ 125,000	\$ 30,414	\$ 14,876	\$ 14,876	\$ 79,710
Total ELC Amendment			\$ 750,000	\$ 168,605	\$ 153,067	\$ 74,772	\$ 506,623
					Account 2183	\$ 94,895	
Amts available/remaining for Grant/Programs - FY 2022-23:						\$ -	
Amount granted year to date		\$ 59,895				Grant Funds	
Foundation Administration Costs		\$ 14,876				CARES/ELC	ELC Amend
Contributions / Additional Funding	ELC3 Amendment \$750,000	\$ (74,772)			\$ 2,400,000	\$ 750,000	
Balance available for Grants/Programs		\$ -			\$ 2,389,583	\$ 168,605	
*Contract #21-024 Amendment is on a reimbursement basis and will reflect expenses as they are invoiced and receivable from County of Riverside.					\$ 10,417	\$ 581,395	



IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT

Report Period: 07/01/2022 – 07/31/2022
(Monthly report due the 15th of each month)

Report by: Heidi Galicia, Dir. School Base Health / Mobile Services

Program/Project Information:

Grant # 1288

Project Title: Improving Access to Healthcare in Desert Highland Gateway Estates

Start Date: 07/01/2021

End Date: 06/30/2024

Term: 36 Months

Grant Amount: \$575,000

Executive Summary: Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent health care program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part-time mobile services in the community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
1. Collaboration	Through a multifaceted approach, Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstanding.	<p>Borrego leadership continued to meet with the Desert Highland Gateway Estates Wellness committee to provide updates regarding the utilization of services, activities, and challenges. The goal is to encourage support, seek input and ideas from the neighborhood/community leaders to improve awareness and utilization of available services.</p> <p>During this reporting period, one meeting took place on July 15th, 2022.</p> <p>Attendees included:</p> <p>Desert Highland Gateway Wellness Committee: Dieter Crawford</p> <p>Borrego Health: Heidi Galicia, Director of School Base Health and Mobile Services</p> <p>Other attendees invited by the Wellness Committee and or Borrego Health: Meghan Kane Senior Program Officer for the Desert Health Care District, Donna Craig – Chief Program Officer</p> <p>Meeting highlights for this reporting period:</p> <ul style="list-style-type: none">• Review of the overall patient visit since the launch of the project on July 12th 2021.• Review of the total visits for last month, June 2022.• Summary for year one (1) total visits, July 1st, 2021 – June 30th, 2022 (696 total medical



IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		<p>visits, 0 dental visits)</p> <ul style="list-style-type: none">• Heidi shared that a more comprehensive 1st year data report would be presented in the next monthly meeting to reflect the total number of visits vs total number of patients served by Ethnicity, Race, Age, Sex, Insurance status and City of residency.• Heidi shared some organization updates:<ul style="list-style-type: none">• Changes in executive team to include, Rose MacIsaac – New Interim CEO. Kenneth Soda, New Chief Medical Officer. Cynthia Preciado no longer with Borrego Health and in the Interim her role with this project will be covered by Stephanie Smith, Manager of Program Development.• The New Coachella Valley Community Health Center has started to see patients, the ribbon cutting is scheduled for August 18 2022, invitations have one out.• Borrego Health has ceased operations in the San Bernardino County, closure of D Street Medical Center and Barstow Medical Center. Goal is to gear focus on services in the Eastern Riverside and San Diego regions.• Borrego has launched its brand new Coachella Mobile Clinic, which will provide services throughout the Coachella Valley including the Desert Highland Gateway community.• Shuttle Services are no longer available to and from Borrego Clinics, instead Borrego Health has partnered with Uber Health to continue to offer free transportation to all Borrego patients to and from the brick and mortar locations.• Donna Craig requested Borrego Health's new Interim CEO to provide a presentation to the Desert Health District Board in the next few board meetings to highlight the progress on this project and Borrego updates as we are concluding year 1 of this project. Heidi will check on Rose's availability and coordinate with Donna to add to board's agenda.• Meghan shared that she will be on maternity leave, returning in October.• Desert Health Care District going dark for the month of August, therefore the next meeting will be September 16th, 2022



IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																																																		
2. Services	By June 30, 2024, a minimum of 2053 patient care medical visits and 860 dental visits will be provided.	<p>During this month, Medical Mobile Services continued to be promoted thru social media and marketed thru flyer distribution at local businesses, apartment complexes, churches, and at the James O Jessie Unity Center. Additionally, Palm Springs Unified also shared the flyer thru Peach Jar, their online distribution method. The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period.</p> <table><tr><th colspan="6">Year 1</th></tr><tr><th>Month</th><th>Number of Patients Served</th><th>Number of Visits</th><th>Medical Visits</th><th>Dental Visits</th><th>Total Uninsured</th></tr><tr><td>July</td><td>51</td><td>52</td><td>52</td><td>0</td><td>8</td></tr><tr><td>August</td><td>59</td><td>62</td><td>62</td><td>0</td><td>19</td></tr><tr><td>September</td><td>28</td><td>31</td><td>31</td><td>0</td><td>5</td></tr><tr><td>October</td><td>33</td><td>36</td><td>36</td><td>0</td><td>13</td></tr><tr><td>November</td><td>24</td><td>27</td><td>27</td><td>0</td><td>14</td></tr><tr><td>December</td><td>91</td><td>101</td><td>101</td><td>0</td><td>31</td></tr><tr><td>January</td><td>171</td><td>200</td><td>200</td><td>0</td><td>52</td></tr><tr><td>February</td><td>24</td><td>43</td><td>43</td><td>0</td><td>4</td></tr><tr><td>March</td><td>10</td><td>30</td><td>30</td><td>0</td><td>2</td></tr><tr><td>April</td><td>28</td><td>37</td><td>37</td><td>0</td><td>6</td></tr><tr><td>May</td><td>14</td><td>23</td><td>23</td><td>0</td><td>3</td></tr><tr><td>June</td><td>37</td><td>41</td><td>41</td><td>0</td><td>6</td></tr><tr><td>Total</td><td>570</td><td>683</td><td>683</td><td>0</td><td>160</td></tr></table> <table><tr><th colspan="6">Year 2</th></tr><tr><th>Month</th><th>Number of Patients Served</th><th>Number of Visits</th><th>Medical Visits</th><th>Dental Visits</th><th>Total Uninsured</th></tr><tr><td>July</td><td>14</td><td>15</td><td>15</td><td>0</td><td>4</td></tr><tr><td>Total</td><td>14</td><td>15</td><td>15</td><td>0</td><td>4</td></tr></table> <p>Due to the ever-changing situation related to the 2019 Novel Coronavirus (COVID-19) dental professionals continue to be considered of increased occupational risk because of their routine exposure to patient's airways and performance of the aerosol-generating procedure. Due to the confined space of mobile clinics and the risk to our dental staff, Borrego Health has not launch dental services during this reporting period. Instead, patients encountered during the medical mobile days were assessed for dental-related needs and referred to Borrego's nearest dental clinic, at either Centro Medico Cathedral City or DHS Health and Wellness Center depending on patient preference. Shuttle services continue to be provided to and from our dental clinic as needed for patients who lack transportation. Borrego Health will continue to monitor data from the Riverside County of Public Health and recommendations from the CDC and ADA to determine the best time to launch mobile dental services at DHG. The DHG Wellness Committee and DHCD will be kept informed as things continue to develop.</p>	Year 1						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	51	52	52	0	8	August	59	62	62	0	19	September	28	31	31	0	5	October	33	36	36	0	13	November	24	27	27	0	14	December	91	101	101	0	31	January	171	200	200	0	52	February	24	43	43	0	4	March	10	30	30	0	2	April	28	37	37	0	6	May	14	23	23	0	3	June	37	41	41	0	6	Total	570	683	683	0	160	Year 2						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	14	15	15	0	4	Total	14	15	15	0	4
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IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																											
3. Community Education Event	Conduct community education events and activities to address health care and other wellness topics	<ul style="list-style-type: none">No events to report during this month.																																																																											
4. Enabling Services	By June 30, 2024, provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or enabling services.	<p>During this reporting period, Borrego Health’s Mobile Services team provided medical services to four (4) uninsured patients.</p> <p>Pediatric patients who needed routine physical exams and or immunizations were granted temporarily Medi-cal thru the Child Health Disability Prevention program and referred to our Care Coordinator Specialist (CCS) for permanent insurance enrollment assistance.</p> <p>Adult and pediatric patients seen during this period who needed COVID-related services, testing, or vaccines were provided care at no cost. Adult uninsured patients were also referred to our CCS for program or insurance enrollment.</p> <p>The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period who lacked insurance coverage and were successfully enrolled in a health program or insurance.</p> <table><tr><th colspan="5">Year 1</th></tr><tr><th>Month</th><th>Total Patients Served (insured + Uninsured)</th><th>Total Visits (Insured + Uninsured)</th><th>Total Patient seen -Uninsured</th><th>Patients Enrolled in Health Insurance</th></tr><tr><td>July</td><td>51</td><td>52</td><td>8</td><td>0</td></tr><tr><td>August</td><td>59</td><td>62</td><td>19</td><td>12</td></tr><tr><td>September</td><td>28</td><td>31</td><td>5</td><td>8</td></tr><tr><td>October</td><td>33</td><td>36</td><td>13</td><td>11</td></tr><tr><td>November</td><td>24</td><td>27</td><td>14</td><td>7</td></tr><tr><td>December</td><td>91</td><td>101</td><td>31</td><td>7</td></tr><tr><td>January</td><td>171</td><td>200</td><td>52</td><td>16</td></tr><tr><td>February</td><td>35</td><td>43</td><td>4</td><td>14</td></tr><tr><td>March</td><td>20</td><td>30</td><td>2</td><td>6</td></tr><tr><td>April</td><td>28</td><td>37</td><td>6</td><td>13</td></tr><tr><td>May</td><td>21</td><td>23</td><td>3</td><td>9</td></tr><tr><td>June</td><td>36</td><td>41</td><td>6</td><td>11</td></tr><tr><td>Total</td><td>597</td><td>683</td><td>163</td><td>114</td></tr></table>	Year 1					Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patient seen -Uninsured	Patients Enrolled in Health Insurance	July	51	52	8	0	August	59	62	19	12	September	28	31	5	8	October	33	36	13	11	November	24	27	14	7	December	91	101	31	7	January	171	200	52	16	February	35	43	4	14	March	20	30	2	6	April	28	37	6	13	May	21	23	3	9	June	36	41	6	11	Total	597	683	163	114
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IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

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5. Teen Health	Include a teen health component that addresses risk behaviors. By June 30, 2024, 300 unduplicated teens will have participated in educational activities or received health care services.	<p>During this reporting period, six (6) teens were served between the ages of twelve (12) to nineteen (19) years of age.</p> <table><tr><th colspan="14">Year 1 -2021-2022</th></tr><tr><th></th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>Jun</th><th>Total</th></tr><tr><td>Number of Visits</td><td>38</td><td>36</td><td>5</td><td>15</td><td>6</td><td>10</td><td>34</td><td>6</td><td>1</td><td>10</td><td>0</td><td>21</td><td>148</td></tr></table> <table><tr><th colspan="14">Year 2 – 2022-2023</th></tr><tr><th></th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>Jun</th><th>Total</th></tr><tr><td>Number of Visits</td><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6</td></tr></table>	Year 1 -2021-2022															Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	38	36	5	15	6	10	34	6	1	10	0	21	148	Year 2 – 2022-2023															Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	6												6
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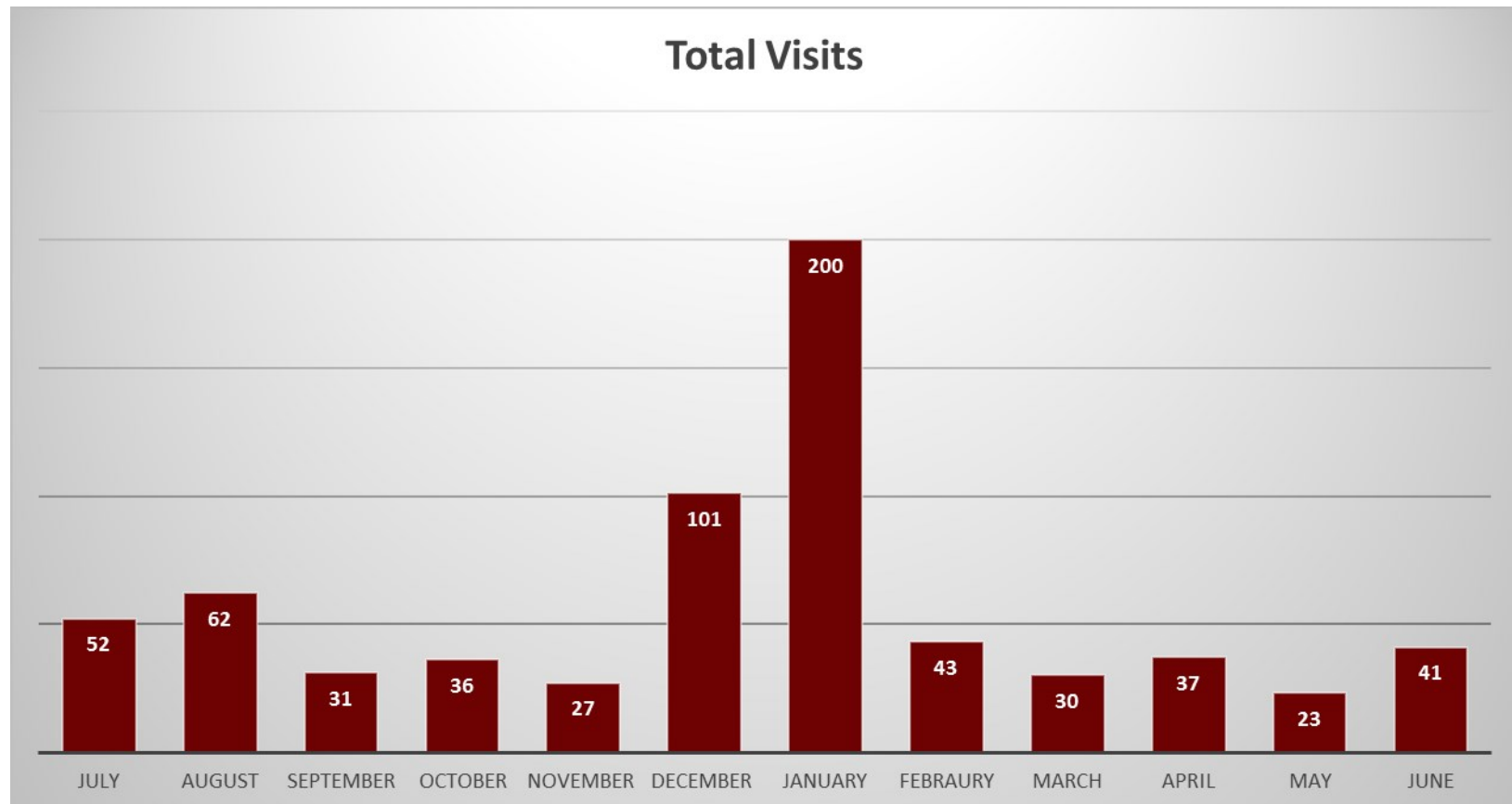
IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

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RFP - Desert Highland Gateway Estates (July 1, 2021 - June 30, 2022)

		12-Jul	19-Jul	26-Jul	4-Aug	11-Aug	18-Aug	25-Aug	1-Sep	8-Sep	15-Sep	22-Sep	29-Sep	6-Oct	13-Oct	20-Oct	27-Oct	3-Nov	10-Nov	17-Nov	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	29-Dec					
Total Peds	GOAL	3	17	23	24	10	14	9	14	4	1	1	0	4	1	3	14	5	0	4	0	0	1	2	4	12					
Total Adult	685	1	3	5	0	3	1	1	1	2	3	2	3	3	2	4	5	0	7	4	7	5	8	4	18	47					
Uninsured		0	3	5	5	6	5	4	1	2	1	1	1	0	0	1	12	2	5	4	2	1	4	1	7	18					
		July Total Served				52	AUG Total Served				62	September Total Served				31	October Total Served				36	November Total Served				27	December Total Served				101
		July Uninsured				8	AUG Uninsured				20	September Uninsured				6	October Uninsured				13	November Uninsured				14	December Uninsured				31

		5-Jan	12-Jan	19-Jan	26-Jan	2-Feb	9-Feb	16-Feb	2-Mar	9-Mar	16-Mar	23-Mar	30-Mar	6-Apr	13-Apr	20-Apr	27-Apr	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	Total	Combined Total				
Total Peds	GOAL	16	13	13	7	5	3	3	0	1	0	0	0	3	0	2	11	0	0	1	2	12	1	1	7	3	274	683				
Total Adult	685	52	50	36	13	11	14	7	4	5	6	7	7	4	6	3	8	2	10	6	2	0	6	4	4	3	409					
Uninsured		16	19	14	1	1	2	1	1	2	0	0	0	0	1	3	0	1	1	1	1	0	1	0	5	4	92					
		January Total Served				200	Feb Total				43	March Total Served				30	April Total Served				37	April Total Served				23	June Total Served				41	
		January Uninsured				50	Feb. Uninsured				4	March Uninsured				3	April Uninsured				4	April Uninsured				4	June Uninsured				10	





July 2021 – June 2022– Pts seen vs Pt Visits

Total Patients Seen = 286		Total # of Visits = 309	
Jul	51	Jul	52
Aug	59	Aug	59
Sep	28	Sep	32
Oct	33	Oct	38
Nov	24	Nov	27
Dec	91	Dec	101
Jan	171	Jan	200
Feb	35	Feb	43
Mar	20	Mar	30
Apr	28	Apr	37
May	21	May	23
Jun	36	Jun	41
Grand Total	597	Grand Total	683



Nurse Visits	226
Provider Visits	457

Uninsured	163
Enrolled Insured	114
Declined Assistance	37
Other Programs	12

*Please note that in many of these cases the insurance coverage was granted to other household members.

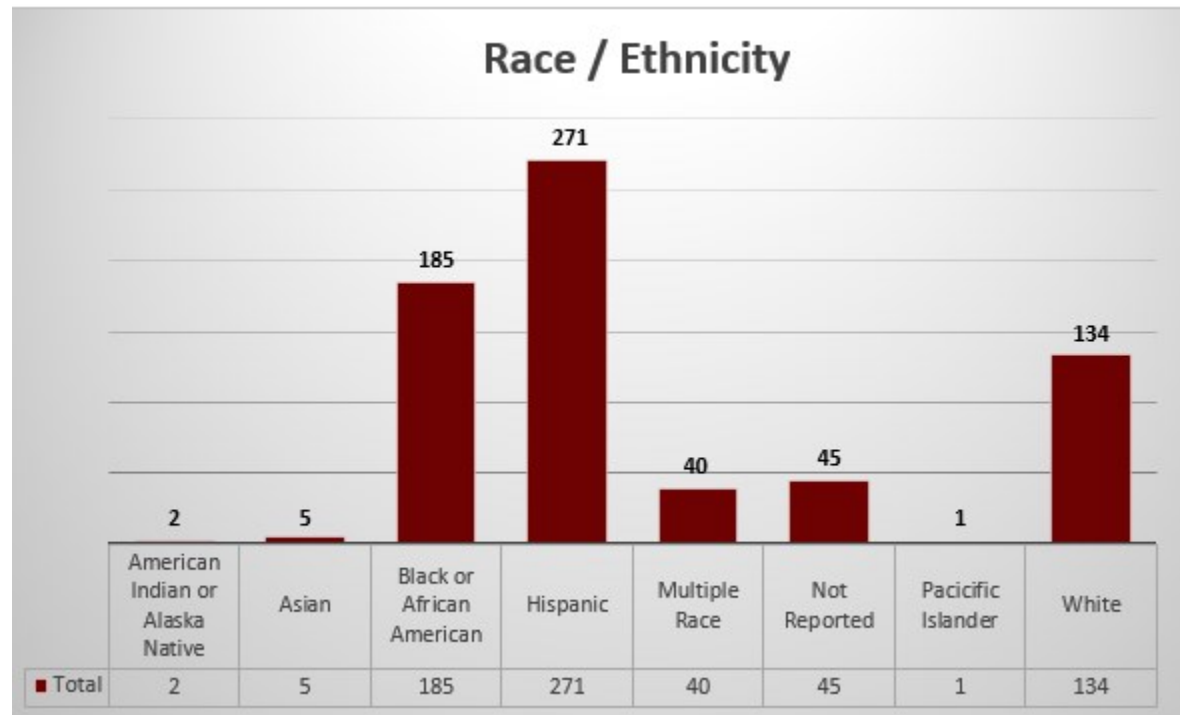
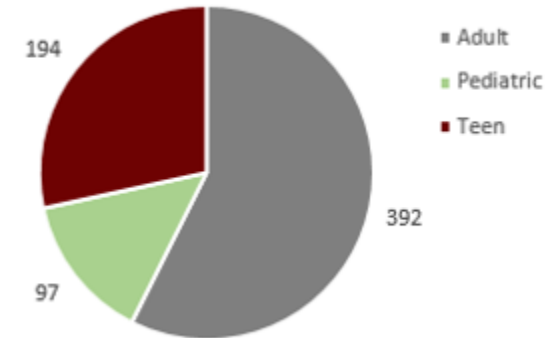


IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT

Services:

COVID Test	306
COVID Vaccine	131
Flu Vaccine	2
Follow up Visit	13
Immz	64
Labs	1
Physical Exam	24
Sick Visit	20
Sport Physical	5
Well Child Exam	117
Total	683

By Age Group		
Pediatric	1 – 11yrs	97
Teens	12yrs- 18yrs	194
Adults	19yrs +	392





IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT





July 2021 – June 2022 – Teen Health

COVID Test	41
COVID Vaccine	31
Follow up Visit	2
Immz	48
Sport Physical	4
Well Child Exam	67
Sick Visit	1
Total	194
Insurance Status	
Insured	154
Non Insured	40

