



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE
Program Committee Meeting
September 13, 2022
5:30 P.M.**

Or Immediately Following the Program Committee Desert Healthcare District Meeting

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

<https://us02web.zoom.us/j/81142814020?pwd=WGxnT2J1VENjd2xjeSt2SHVzdNkxZz09>

Password: 099175

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

Dial in #: **(669) 900-6833 or (833) 548-0276** To Listen and Address the Board when called upon:

Webinar ID: 811 4281 4020

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Vice-President Evett PerezGil, Committee Chairperson	
1-2	II. Approval of Agenda	Action
3-9	III. Meeting Minutes 1. July 12, 2022	Action
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
10-11	V. Old Business 1. Grant Payment Schedules 2. Coachella Valley Equity Collaborative a. Vaccination, Education, and Outreach	Information Information
12-50	3. Public Health Institute – Grant #1046 (Avery Trust Funds) August 2022 Report to the DHCD & F: <i>Respiratory & Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley</i>	Information
51	4. Behavioral Health Initiative - Update	Information



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52-61

5. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Update

Information

- a. Access to Healthcare – Borrego Health Foundation
- b. Black and African American Healthcare scholarship program

VI. Committee Member Comments

VII. Adjournment

Next Scheduled Meeting October 11, 2022

The undersigned certifies that on September 08, 2022, I posted a copy of this agenda in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California. I also caused a copy of this agenda to be posted in the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G100, Palm Desert, California.

If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org 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
PROGRAM COMMITTEE MEETING
MEETING MINUTES
July 12, 2022**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala	Conrado E. Bázquez, MD, Chief Executive Officer 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	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:35 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. June 14, 2022	Chair PerezGil asked for a motion to approve the June 14, 2022, meeting minutes.	Moved and seconded by President Borja and Director Zavala to approve the June 14, 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 of the grant payment schedules. Alejandro Espinoza, Chief of Community Engagement, provided an update on the onsite agricultural workers testing in collaboration with the California Farmworkers Foundation, and the school districts to provide COVID vaccinations and other required yearly immunizations.	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
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July 12, 2022**

<p>3. 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>4. Behavioral Health Initiative In response to the working group convenings of the Coachella Valley Behavioral Health Initiative and other outreach efforts, the Desert Healthcare District released a request for proposals (RFP) and sought applications that focused on <i>Improving Access to Behavioral Health Education and Prevention Services for Children (0-18 years) and Their Families</i> NTE \$500K/2 years. Specifically, the District</p>	<p>The committee discussed the number of uninsured patients with the most recent Borrego Health Foundation report, including the new mobile clinic commencing operations in the coming months.</p> <p>The students in the scholarship program are on summer hiatus but continuing to receive student support services over the summer.</p>	
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DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
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<p>sought applicants with projects targeting improved behavioral health access, awareness, availability, and education. Staff met with each organization in proposal conferences, resulting in...</p> <p>a. Consideration to forward to the board of directors approval of:</p> <p>1. Grant #1334 University of California Riverside (UCR) - \$500,000</p> <p>2. Grant #1336 Martha's Village & Kitchen - \$99,854</p>	<p>Chair PerezGil inquired with the committee about any questions concerning the University of California Riverside (UCR) \$500k grant request in response to the Behavioral Health Initiative RFP.</p> <p>The committee inquired about the budget line item for 20% effort as other grants are not similar to the amount of the annual salaries, which represents 20% of one full day devoted to the project as described by Donna Craig, Chief Program Officer.</p> <p>Public Comments: Kimberly Lakes, PhD, UCR, provided an overview of the salaries that includes the benefits, further outlining the 2-year grant application request with an onsite component and telehealth services.</p> <p>Chair PerezGil inquired with the committee about any questions</p>	<p>Moved and seconded by President Borja and Director Zavala to approve Grant #1334 University of California Riverside (UCR) - \$500,000 and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by President Borja and Director Zavala to approve Grant #1336 Martha's Village &</p>
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**DESERT HEALTHCARE FOUNDATION
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MEETING MINUTES
July 12, 2022**

<p>3. Grant #1339 Innercare AKA Clinicas De Salud Del Pueblo - \$150,000</p>	<p>concerning Martha’s Village & Kitchen \$99k grant request.</p> <p>Chair PerezGil inquired with the committee about any questions concerning Innercare AKA Clinicas De Salud Del Pueblo’s \$150k grant request.</p>	<p>Kitchen - \$99,854 and forward to the Board for approval. Motion passed unanimously.</p> <p>Moved and seconded by President Borja and Director Zavala to approve Grant #1339 Innercare AKA Clinicas De Salud Del Pueblo - \$150,000 and forward to the Board for approval. Motion passed unanimously.</p>
<p>4. Grant #1340 Desert Sands Unified School District - \$296,194</p>	<p>Chair PerezGil inquired with the committee about any questions concerning the Desert Sands Unified School District \$296k grant request. Donna Craig, Chief Program Officer, explained that the proposal expands the current work of nurses and mental health providers that travel throughout the school district.</p> <p>Public Comment: Laura Fisher, Assistant Superintendent of Student Support Services, Desert Sands Unified School District, provided a summary of the mental health program. Ms. Fisher thanked Alejandro Espinoza, Chief Program Officer, and Sergio Rodriguez, Program Assistant for their efforts in the school district related to COVID.</p>	<p>Moved and seconded by President Borja and Director Zavala to approve Grant #1340 Desert Sands Unified School District - \$296,194 and forward to the Board for approval. Motion passed unanimously.</p>
<p>5. Grant #1346 Transgender Health and Wellness Center - \$129,769</p>	<p>Chair PerezGil inquired with the committee about any questions concerning the Transgender Health and Wellness Center \$296k grant request.</p>	<p>Moved and seconded by President Borja and Director Zavala to approve Grant #1346 Transgender Health and Wellness Center - \$129,769 and forward to the Board for approval. Motion passed unanimously.</p>

DESERT HEALTHCARE FOUNDATION
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<p>b. The following organizations that responded to the RFP are not being considered for funding:</p> <ol style="list-style-type: none"> 1. Cal State University San Bernardino – project/program not specific to the parameters as outlined in the RFP 2. Alianza Coachella Valley – encouraged to visit the District’s website and review the general application process 3. Desert Recreation District – project/program not specific to the parameters as outlined in the RFP 4. Boys & Girls Club Palm Springs – project/program not specific to the parameters as outlined in the RFP <p>c. The following organizations were initially declined due to:</p> <ol style="list-style-type: none"> 1. JFK Foundation – did not submit a 2-year grant as specified in the RFP; however, encouraged to visit the District’s website and review 	<p>Chair PerezGil described the proposals that were not considered for funding with the committee discussing the general application process for these agencies.</p> <p>Public Comment: Marcos Coronel, Jr., Board Member, Desert Recreation District, inquired on establishing a meeting to discuss their proposal and provide feedback.</p> <p>Chair PerezGil described the proposals that were initially declined and encouraged to visit the District’s website to review the general application process.</p>	
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DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
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<p>the general application process</p> <ol style="list-style-type: none"> 2. Jewish Family Service of the Desert - did not submit a 2-year grant as specified in the RFP; however, encouraged to visit the District's website and review the general application process 3. Foundation of Palm Springs Unified School District - did not submit a 2-year grant as specified in the RFP; however, encouraged to visit the District's website and review the general application process 4. Volunteer Center of Riverside County – does not have audited financials 5. Autism Society of Inland Empire - does not have audited financials 6. Cielo Vista Charter School - does not have audited financials 		
<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 6:10 p.m.</p>	<p><i>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</i></p>



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
July 12, 2022**

ATTEST: _____
Evelt 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	New Grants		8/31/2022	
Grant ID Nos.	Name		Open	Current Yr	Total Paid	Open	
			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			
Health Portal (CVHIP):	\$ 60,768	\$ 60,768		A/C 2190	\$ 2,507,667		
Behavioral Health Initiative Collective Fund	\$ 3,102,500	\$ 1,968,040		A/C 2186	\$ 3,600,000	<<\$2,400,000 BH	
Avery Trust - Pulmonary Services	\$ 696,186	\$ 517,944		Total	\$ 6,107,667	\$1,000,000 Carry Over	
West Valley Homelessness Initiative	\$ 94,057	\$ 71,557		Diff	\$ (0)	\$200,000 Borrego	
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									
				TOTAL	6/30/2022	8/31/2022			
A/C 2183				Grant	Open	Total Paid/Accrued	ELC3 Funds	ELC3 Funds	
Grant ID Nos.	Name			BALANCE	July-June	BALANCE	Payable	Remaining	
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				\$ 625,000	\$ 138,191	\$ 138,191	\$ 59,895	\$ 426,914	
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	
Amts available/remaining for Grant/Programs - FY 2022-23:						Account 2183	\$ 94,895		
Amount granted year to date				\$ 59,895			\$ -		
Foundation Administration Costs				\$ 14,876					
Contributions / Additional Funding				\$ (74,772)					
ELC3 Amendment \$750,000						\$ 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		



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: September 13, 2022

To: PROGRAM COMMITTEE

Subject: Grant #1046 Public Health Institute – *Coachella Valley Air Quality And Health Analysis* - Report to DHCD/F

Staff Recommendation: Information only

History/Background:

- The Desert Healthcare Foundation Board of Directors approved, at their January 28, 2020 meeting, Grant #1046 to the Public Health Institute for a project to gather and analyze data on air quality and health concerns in the Coachella Valley.
- The three-year grant award was for \$250,000 with a project period of 3/1/20 to 2/28/23.
- The funds were allocated from The Avery Trust – Pulmonary Services
- Please see attached the 4th Progress report that outlines the goals that have been accomplished.
- This report, titled *Respiratory and Cardiovascular Symptom Survey Among Adults in Vulnerable Populations in the Coachella Valley*, is the accomplishment of:
 - Goal #5: 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.

Fiscal Impact: None

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 Comite 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



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.



850 Marina Bay Parkway, P-3
Richmond, CA 94804

Tel: (510) 620-3038

www.trackingcalifornia.org

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 Comite 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 Comite 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 síntomas 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 Comite 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 Comite 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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 13, 2022
To: PROGRAM COMMITTEE
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).
- 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



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	<p>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>	<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 las 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 Maclsaac – 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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="6" style="text-align: center;">Year 1</th> </tr> <tr style="background-color: #800000; color: white;"> <th style="width: 15%;">Month</th> <th style="width: 15%;">Number of Patients Served</th> <th style="width: 15%;">Number of Visits</th> <th style="width: 15%;">Medical Visits</th> <th style="width: 15%;">Dental Visits</th> <th style="width: 15%;">Total Uninsured</th> </tr> </thead> <tbody> <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 style="background-color: #800000; color: white;"><td>Total</td><td>570</td><td>683</td><td>683</td><td>0</td><td>160</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="6" style="text-align: center;">Year 2</th> </tr> <tr style="background-color: #800000; color: white;"> <th style="width: 15%;">Month</th> <th style="width: 15%;">Number of Patients Served</th> <th style="width: 15%;">Number of Visits</th> <th style="width: 15%;">Medical Visits</th> <th style="width: 15%;">Dental Visits</th> <th style="width: 15%;">Total Uninsured</th> </tr> </thead> <tbody> <tr><td>July</td><td>14</td><td>15</td><td>15</td><td>0</td><td>4</td></tr> <tr style="background-color: #800000; color: white;"><td>Total</td><td>14</td><td>15</td><td>15</td><td>0</td><td>4</td></tr> </tbody> </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 border="1" data-bbox="726 954 2005 1495"> <thead> <tr> <th colspan="5" style="background-color: #cccccc;">Year 1</th> </tr> <tr style="background-color: #800000; color: white;"> <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> </thead> <tbody> <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 style="background-color: #cccccc;"><td>Total</td><td>597</td><td>683</td><td>163</td><td>114</td></tr> </tbody> </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

RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																				
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5. Teen Health	<p>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>	<p>During this reporting period, six (6) teens were served between the ages of twelve (12) to nineteen (19) years of age.</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14">Year 1 -2021-2022</th> </tr> <tr style="background-color: #800000; color: white;"> <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> </thead> <tbody> <tr> <td style="text-align: left;">Number of Visits</td> <td style="text-align: center;">38</td> <td style="text-align: center;">36</td> <td style="text-align: center;">5</td> <td style="text-align: center;">15</td> <td style="text-align: center;">6</td> <td style="text-align: center;">10</td> <td style="text-align: center;">34</td> <td style="text-align: center;">6</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> <td style="text-align: center;">0</td> <td style="text-align: center;">21</td> <td style="text-align: center;">148</td> </tr> </tbody> </table> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14">Year 2 – 2022-2023</th> </tr> <tr style="background-color: #800000; color: white;"> <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> </thead> <tbody> <tr> <td style="text-align: left;">Number of Visits</td> <td style="text-align: center;">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 style="text-align: center;">6</td> </tr> </tbody> </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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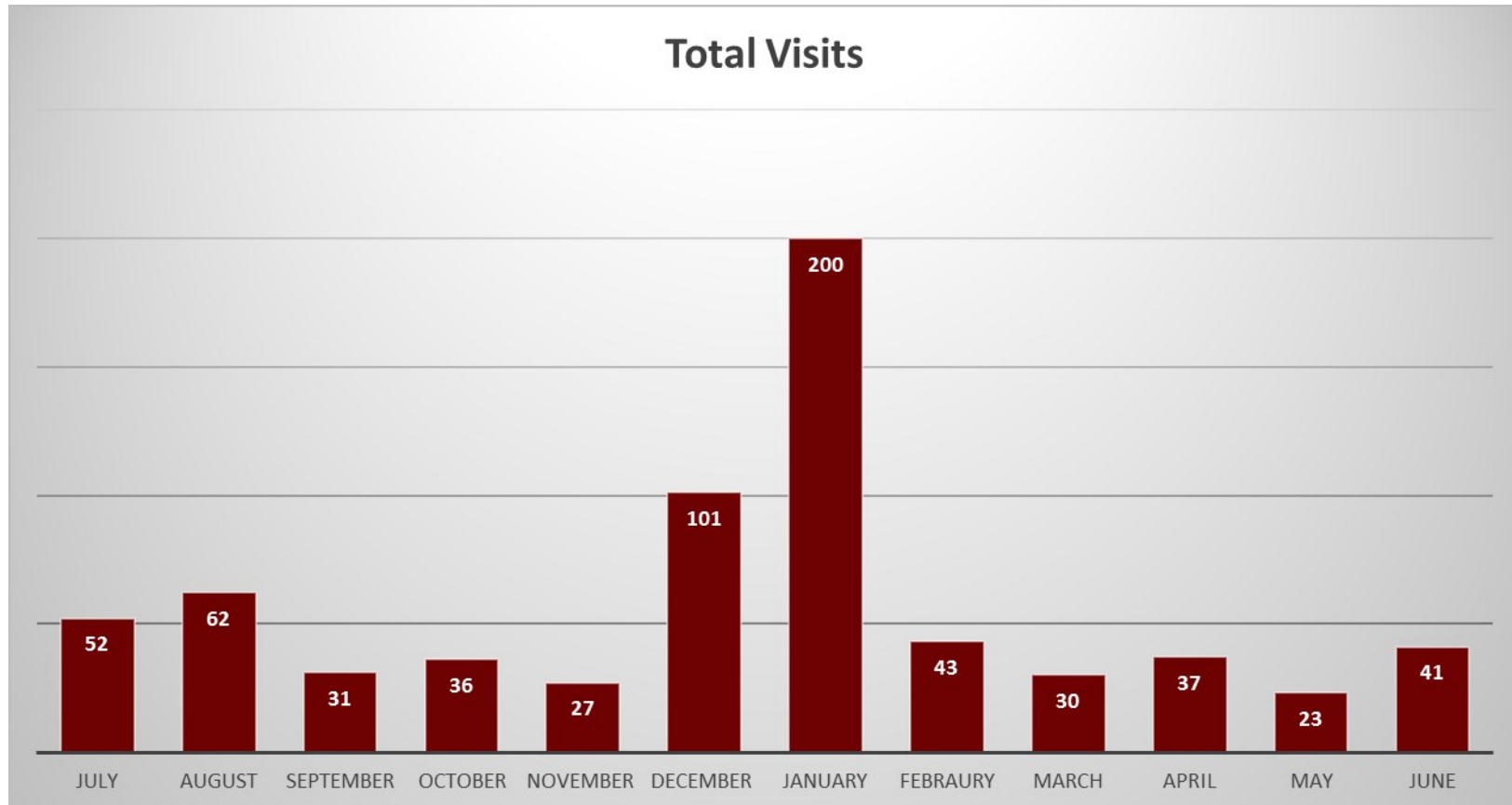
IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

RFP-20201001 - Monthly REPORT

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.



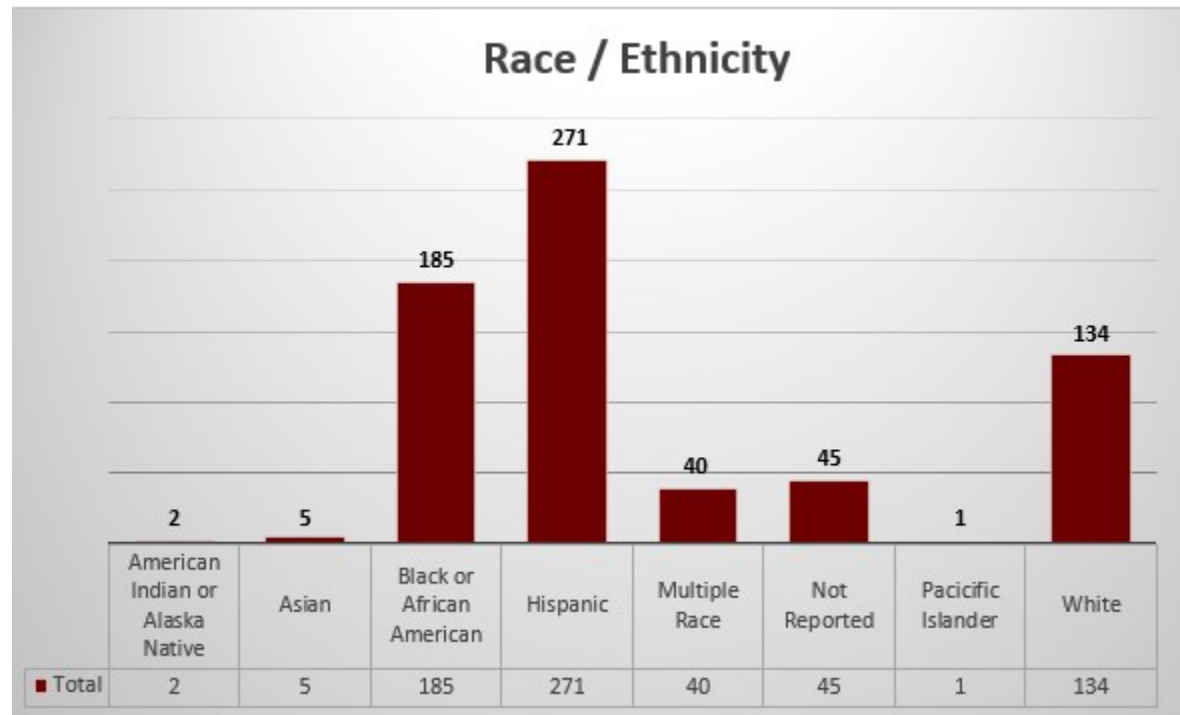
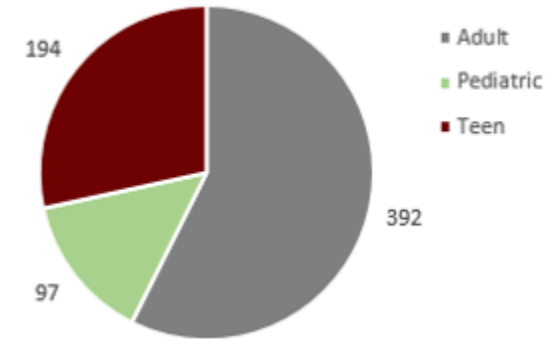
IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

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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

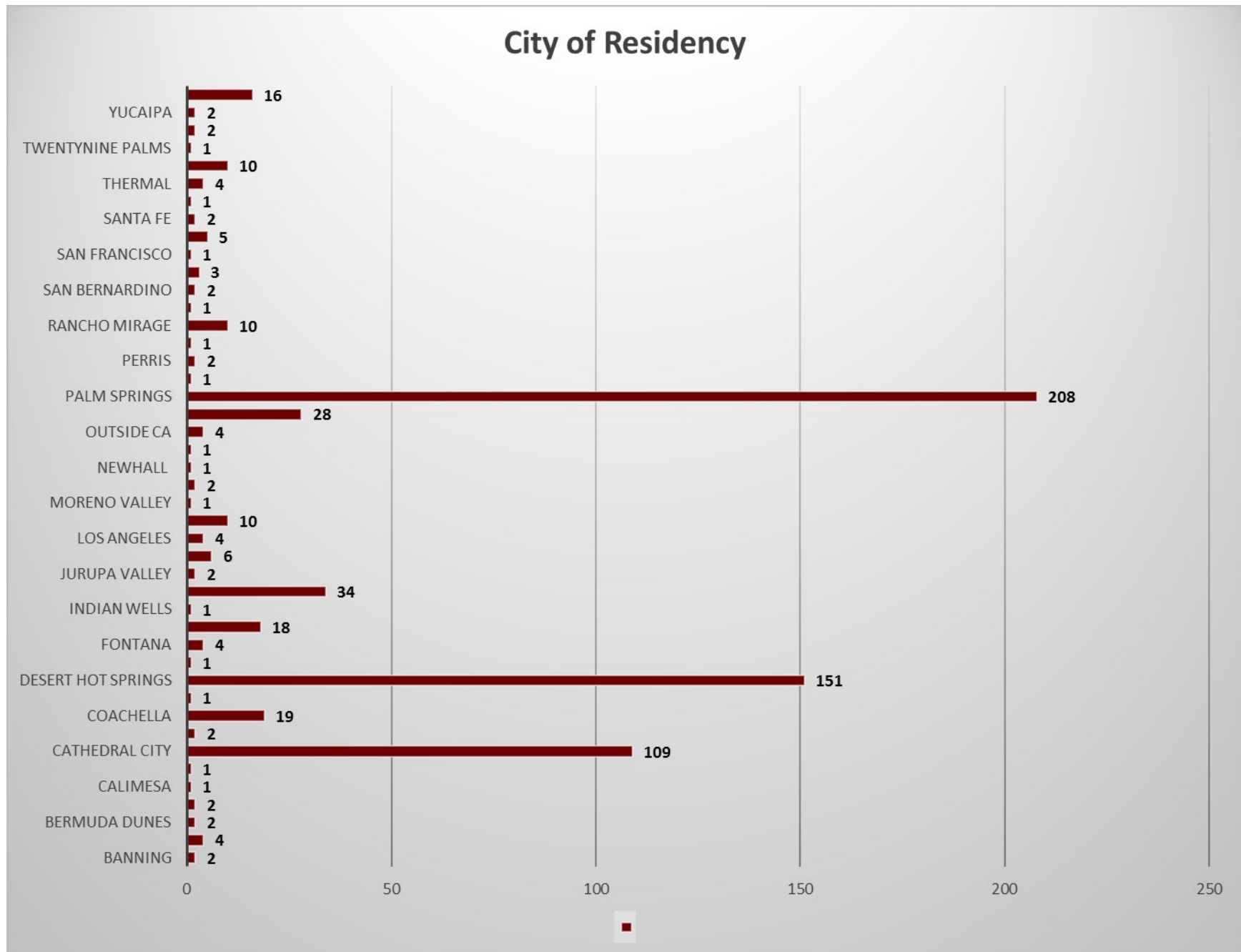
By Age Group		
Pediatric	1 – 11yrs	97
Teens	12yrs- 18yrs	194
Adults	19yrs +	392





IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

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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

