



**DESERT HEALTHCARE DISTRICT & FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS**

March 23-24, 2017

Jerry Stergios Building, 1st Floor

1140 N. Indian Canyon Drive, Palm Springs, California 92262

This meeting is handicapped-accessible.

AGENDA

March 23, 2017

- | | |
|---------------|--|
| 11:45 – Noon | Arrive for Lunch |
| Noon – 12:05 | Call to Order Desert Healthcare District/Foundation Special Board of Directors Meeting – President Rogers
Roll Call
___ Director Zende ___ Director Wortham ___ Director Matthews
___ Vice-President Hazen ___ President Rogers |
| 12:05 – 12:10 | Welcome, Introductions and Purpose of Special Session
Carole Rogers, Board President and Herb K. Schultz, District/Foundation CEO |
| 12:15 – 12:40 | Overview of Special Meeting Agenda and Review of District Vision Statement
Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Vision Statement for Desert Healthcare District and Foundation:
<i>“Connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.”</i> |
| 12:40 – 2:00 | Steve Valentine, Premier, Inc.
Discussion Facilitated by Bobbie Wunsch |
| 2:00 – 2:15 | Break |
| 2:15 – 3:45 | Jenna LeComte-Hinely, Ph.D., HARC
Discussion Facilitated by Bobbie Wunsch |
| 3:45 – 5:30 | Developing a Strategic Plan <ul style="list-style-type: none">• Information Gathering Interviews with Community Leaders and Partners• Planning Discussion to Define Strategic Plan Priorities Bobbie Wunsch and Rafael Gomez, Pacific Health Consulting Group |



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- | | |
|-------------|---|
| 5:30 – 6:15 | Meal Break |
| 6:15 – 7:00 | Continuation of Strategic Planning Session <ul style="list-style-type: none">• Planning Discussion to Refine Strategic Plan Priorities• Planning Discussion to Develop Potential Strategies to Move Priorities Forward Bobbie Wunsch and Rafael Gomez, Pacific Health Consulting Group |
| 7:00 – 8:00 | Public Comment |
| 8:00 | Adjourn to Continuance of the Special Meeting of the Board of Directors on March 24 th at 8:00 am at the Jerry Stergios Building, 1 st Floor – Room A & B. |



**DESERT HEALTHCARE DISTRICT & FOUNDATION
CONTINUATION OF SPECIAL MEETING OF THE BOARD OF DIRECTORS**

March 23-24, 2017

Jerry Stergios Building, 1st Floor
1140 N. Indian Canyon Drive, Palm Springs, California 92262

This meeting is handicapped-accessible.

AGENDA

March 24, 2017

- | | |
|---------------|---|
| 7:45 – 8:00 | Arrive for Breakfast |
| 8:00 – 8:15 | Call to Order Desert Healthcare District/Foundation Special Board of Directors Meeting – President Rogers
Roll Call
____ Director Zendle ____ Director Wortham ____ Director Matthews
____ Vice-President Hazen ____ President Rogers |
| 8:05 – 8:15 | Welcome and Review of March 23 Session
Carole Rogers, Board President and
Bobbie Wunsch, Pacific Health Consulting Group |
| 8:15 – 9:30 | Adam Probolsky, CV Strategies/Probolsky Research
Discussion Facilitated by Bobbie Wunsch |
| 9:30 – 9:45 | Break |
| 9:45 – 11:15 | Continuation of Strategic Planning Session <ul style="list-style-type: none">• Planning Discussion to Further Develop Strategies to Move Priorities Forward (continued from March 23 Session) Bobbie Wunsch and Rafael Gomez, Pacific Health Consulting Group |
| 11:15 – 11:30 | Next Steps in Strategic Planning <ul style="list-style-type: none">• Timeline for Completion of Draft Strategic Plan• Incorporation of Budget and Implementation Planning Bobbie Wunsch, Pacific Health Consulting Group |
| 11:30 – 11:55 | Public Comment |



**DESERT HEALTHCARE DISTRICT & FOUNDATION
CONTINUATION OF SPECIAL MEETING OF THE BOARD OF DIRECTORS
March 23-24, 2017**

Jerry Stergios Building, 1st Floor
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This meeting is handicapped-accessible.

11:55 – Noon	Final Comments Carole Rogers, Board President and Herb K. Schultz, District/Foundation CEO
Noon	Adjourn the Special Board Meeting of the Board of Directors



DESERT HEALTHCARE DISTRICT/FOUNDATION

STRATEGIC PLANNING SPECIAL MEETING OF THE BOARD OF DIRECTORS

Vision of District and Foundation

Connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

Mission



To achieve optimal health at all stages of life for all District residents.

Why do strategic planning?

- High level **plan** to achieve one or more goals under conditions of uncertainty
- **Roadmap** for future initiatives
- Provides Board, Staff and Community with **common focus and perspective**
- Focus on **members**

Characteristics of an Effective Strategic Plan

- Articulates the **unique role and strategic advantage** that the organization brings
- Identifies **trade-offs** and makes decisions about both **what to do** and what **NOT** to do
- Invites **participation and insights** of internal and external stakeholders
- **Uses information** about the community, external environment and internal strengths/performance to develop strategic direction
- Addresses financial **resources and sustainability**

Strategic Planning Process

February – March

Community Leaders and Partners Interviews

March 23, 24

Special Meeting of the Board of Directors to Develop Strategic Plan Priorities

April 1 – 15

Two Community Forums
(East and West Coachella Valley)

April 25

Strategic Planning Discussion at Regular Board Meeting

April 26 – May 22

Develop Implementation Workplan, Timeline and Budget Proposal

May 23

At Regular Board Meeting Present Final Strategic Plan for Approval
Present Implementation Workplan, Timeline and Budget Proposal

Perceptions of the District/Foundation

- Role
 - Major funder
 - Ensuring healthcare services and access
 - Convener/Facilitator

Organizational Strengths/ Opportunities for Improvement

- Funding/Grants
 - ▣ Consistent, reliable funder
 - ▣ Flexible funder open to diverse projects
 - ▣ Recommend more focused funding strategy
 - ▣ Expand grantee pool, reinforce impartiality

- Community Visibility and Understanding
 - ▣ Limited community awareness of role or contributions of the District/Foundation

Organizational Strengths/ Opportunities for Improvement

- Transparency and Community Engagement
 - ▣ Provide more opportunities for community feedback and engagement
 - ▣ More transparency in explanation of funding levels, formulas and strategies

- Hospital Performance
 - ▣ Mixed perspectives on hospital quality and facilities
 - ▣ Want service offerings to be more responsive to community needs

Recommendations to Evolve Role and Strengthen Impact

- Build a visible brand
- Expand role as facilitator and convener
- Create funding priorities
- Step into policy and advocacy
- Strengthen hospital oversight
- Build the delivery system

Community Health Needs

Top Three Needs

- Provider shortage and the need to build pipeline programs;
- Related lack of primary and specialty care providers serving Medi-Cal/low-income;
- Community-wide lack of mental health services to support the full range of mental health needs (severe, intermediate, mild/moderate). Linked to the lack of substance use services and an inadequate community response to homelessness

Other Highlighted Needs

- Obesity and diabetes
- Asthma (east valley)
- Lack of dental services for low-income residents
- Services for low-income special populations (seniors, Latinos, LGBTQ)
- Significant income disparity in the region along with a growing low-income community
- Pending public health and economic impacts of the Salton Sea water diversion

Feedback on District Expansion

- Broad support for expansion
- Current boundaries are artificial and limiting
- Significant eastern Coachella Valley needs - severe provider shortage of healthcare providers and lack of primary care, pediatric care, urgent care, specialty care and mental health services
- Key issue is to define the funding mechanism to generate new revenue for expansion
- Expansion will require community education, engagement and representation

Perceptions of District/Foundation Strategic Priorities/Issues

- District expansion to eastern Coachella Valley
- Hospital lease / seismic upgrades
- Community visibility and brand
- Funding/Investment strategy to address community needs
- Expanded district role

Take Aways

- ▶ There will be a continued drive to value
 - CMS will target reducing its spend through care models that reduce use
 - Medi-Cal will be funded through a per capita block grant (less money unless California contributes significantly more funding)
- ▶ There is an over-supply (misdistribution of beds in the Coachella Valley)
- ▶ There is a shortage of physicians in the area
 - HPSA
 - MUA
 - Most clinics operate at or near capacity
- ▶ There is a shortage of:
 - ED capacity
 - Inpatient psychiatric beds (adult, adolescent child)





PREMIER

Desert Healthcare District

Summary Market Analysis

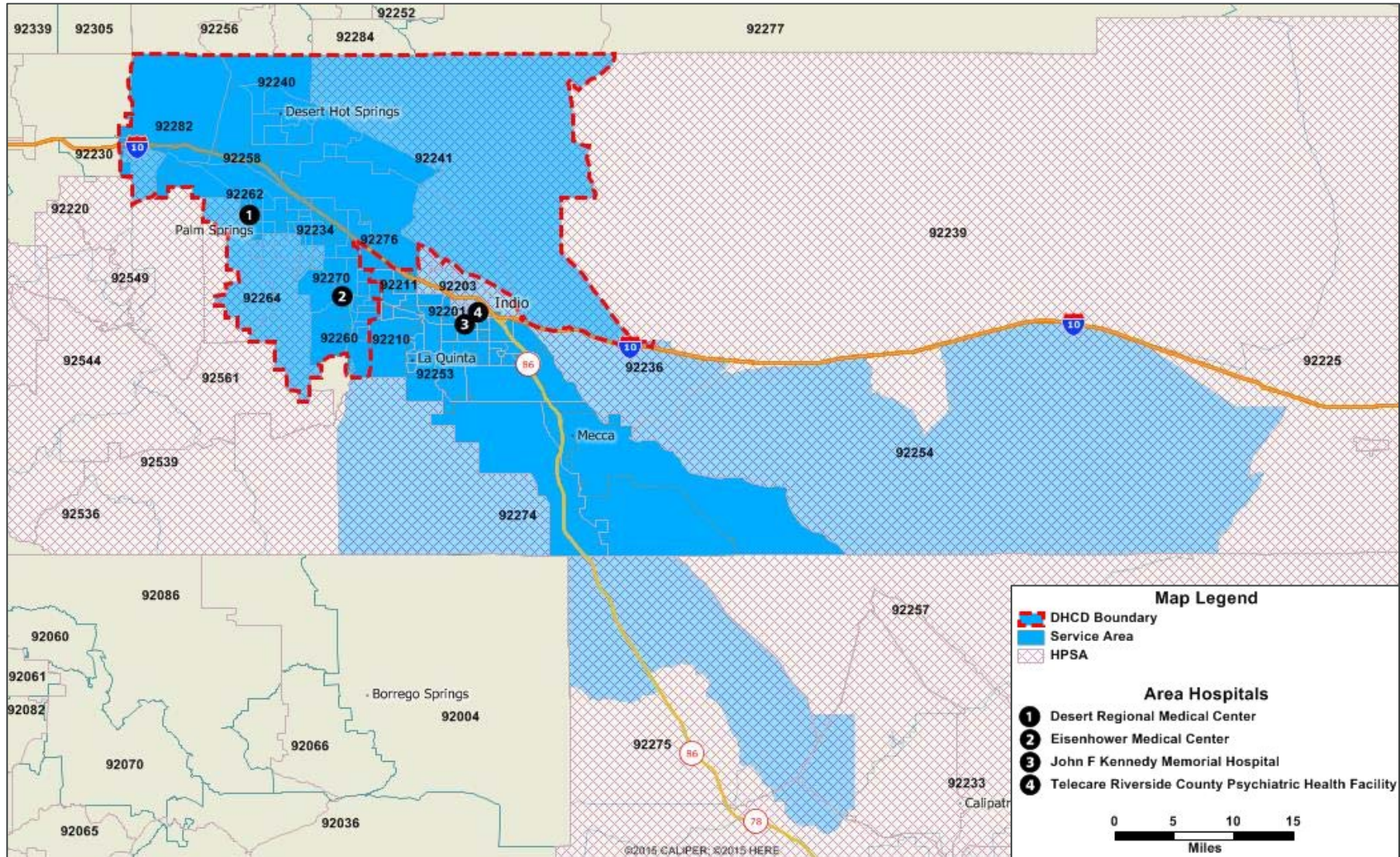
March 23, 2017

Engagement Overview

- ▶ Desert Healthcare District (the “District”) engaged Premier, Inc. (“Premier”) to assess the current and future healthcare service needs in the greater Coachella Valley for a ten-year planning horizon. The scope of this engagement includes evaluation of the following:
 - Current service offerings of Desert Regional Medical Center (“DRMC”) and other area hospitals and healthcare organizations
 - Services residents seek from organizations located outside of the service area
 - Existing gaps in services provided in the service area
 - Service area demographics and health status trends
 - Factors that will influence demand for inpatient and outpatient healthcare services
 - Services that are likely to be needed by residents over a ten-year planning horizon
 - DRMC’s existing infrastructure, and implications related to seismic compliance



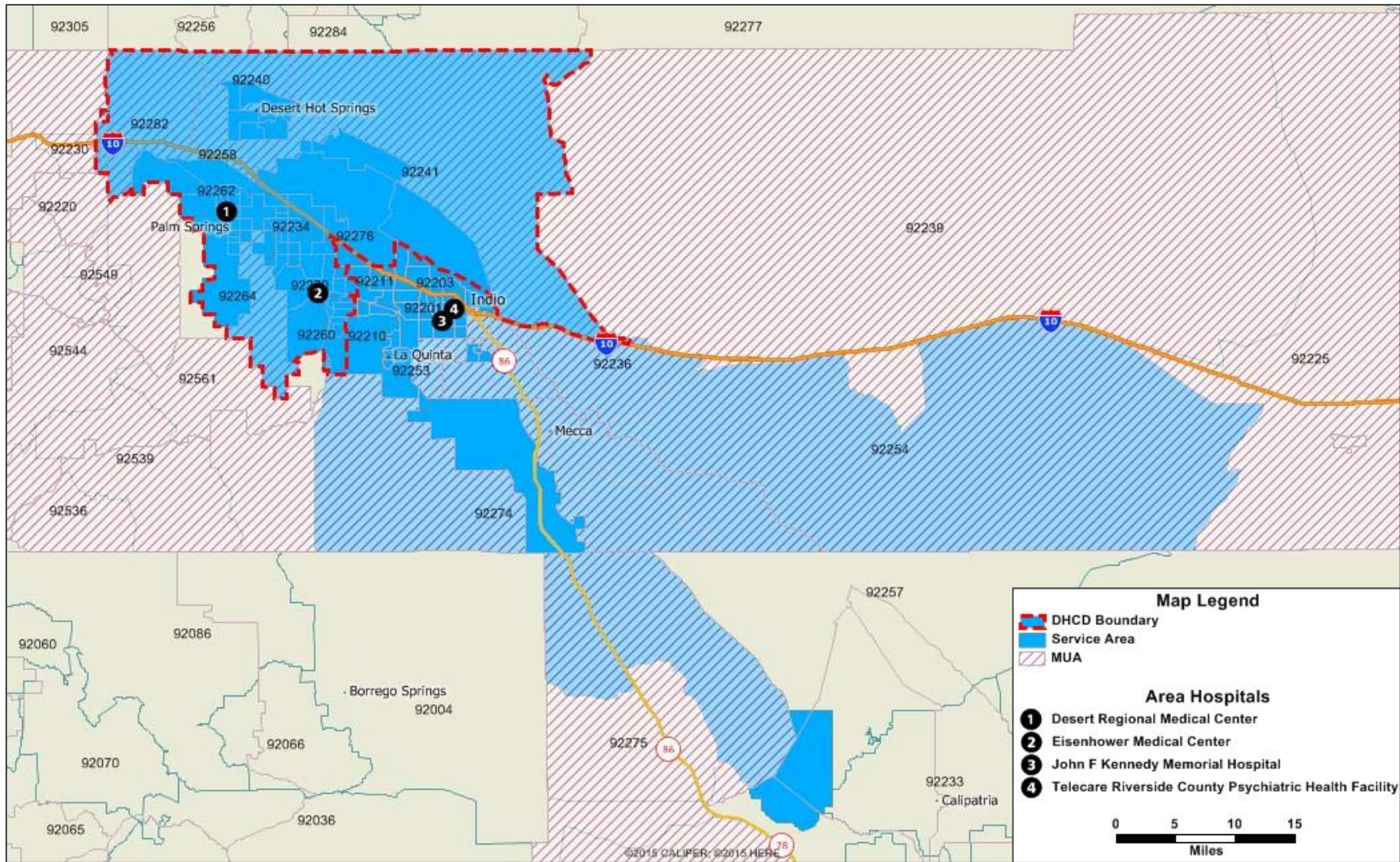
Health Professional Shortage Areas



Source: Desert Healthcare District, Definitive Healthcare, Maptitude, Health Resources and Services Administration



Medically Underserved Areas



Source: Desert Healthcare District, Definitive Healthcare, Maptitude, Health Resources and Services Administration



Projected Population by Age Cohort – Overall Service Area

Desert Healthcare District
Service Area vs. the State of California - Population by Age Cohort
Calendar Years 2016 to 2026

Age Cohort	CAGR ⁽¹⁾	Estimated 2016		Projected 2021		Projected 2026		Percent Change 2016 - 2026
		Number	Percent of Total	Number	Percent of Total	Number	Percent of Total	
Service Area - High Estimate⁽²⁾								
0 - 14	0.5%	114,029	19.4%	117,181	18.8%	120,419	18.1%	5.6%
15 - 44	1.4%	210,958	35.9%	225,618	36.1%	241,296	36.3%	14.4%
45 - 64	0.4%	138,432	23.5%	141,282	22.6%	144,190	21.7%	4.2%
65 +	2.4%	124,917	21.2%	140,854	22.5%	158,825	23.9%	27.1%
Total	1.2%	588,336	100.0%	624,934	100.0%	664,731	100.0%	13.0%
Women 15 - 44	1.3%	101,462	17.2%	108,490	17.4%	116,005	17.5%	14.3%
Median Age	0.2%		40.3		40.7		40.8	1.2%
Service Area - Low Estimate⁽³⁾								
0 - 14	0.5%	95,883	19.4%	98,492	18.8%	101,172	18.1%	5.5%
15 - 44	1.3%	177,387	35.9%	189,635	36.1%	202,729	36.3%	14.3%
45 - 64	0.4%	116,402	23.5%	118,749	22.6%	121,144	21.7%	4.1%
65 +	2.4%	105,038	21.2%	118,390	22.5%	133,440	23.9%	27.0%
Total	1.2%	494,710	100.0%	525,266	100.0%	558,484	100.0%	12.9%
Women 15 - 44	1.3%	85,316	17.2%	91,188	17.4%	97,463	17.5%	14.2%
Median Age	0.2%		40.3		40.7		40.8	1.2%
California								
0 - 14	0.3%	7,680,367	19.5%	7,792,956	18.9%	7,907,195	18.2%	3.0%
15 - 44	0.4%	16,495,947	41.9%	16,854,986	40.9%	17,221,840	39.7%	4.4%
45 - 64	0.8%	9,944,666	25.3%	10,371,255	25.1%	10,816,143	24.9%	8.8%
65 +	3.5%	5,235,493	13.3%	6,229,524	15.1%	7,412,286	17.1%	41.6%
Total	0.9%	39,356,473	100.0%	41,248,721	100.0%	43,357,464	100.0%	10.2%
Women 15 - 44	0.4%	8,057,276	20.5%	8,205,868	19.9%	8,357,200	19.3%	3.7%
Median Age	0.7%		36.4		37.7		38.0	4.3%

/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/Desert_Healthcare_Demographic_Tables_High_Low_Estimate.xlsx|Pop_Table

Source: Claritas, Inc., Health Resources and Services Administration, Migration Policy Institute, Clinton Foundation, Health Assessment and Research for Communities, Inc., Southern California Sol Price Center for Social Innovation

(1) CAGR is the compound annual growth rate, or the percent change in each year

(2) High estimate includes seasonal residents

(3) Excludes seasonal residents.

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Projected Population by Age Cohort by Service Area – High Estimate

Desert Healthcare District
Current District vs. East Valley - Population by Age Cohort
High Estimate⁽²⁾
Calendar Years 2016 to 2026

Age Cohort	CAGR ⁽¹⁾	Estimated 2016		Projected 2021		Projected 2026		Percent Change 2016 - 2026
		Number	Percent of Total	Number	Percent of Total	Number	Percent of Total	
Current District Service Area								
0 - 14	0.7%	45,991	15.3%	47,732	15.1%	49,507	14.8%	7.6%
15 - 44	1.4%	91,907	30.6%	98,308	31.0%	105,074	31.4%	14.3%
45 - 64	-0.3%	76,334	25.4%	75,092	23.7%	73,828	22.0%	-3.3%
65 +	2.2%	85,788	28.6%	95,699	30.2%	106,638	31.8%	24.3%
Total	1.1%	300,020	100.0%	316,831	100.0%	335,047	100.0%	11.7%
Women 15 - 44	1.4%	44,842	14.9%	48,161	15.2%	51,823	15.5%	15.6%
Median Age	0.1%		48.3		48.6		48.9	1.2%
East Valley Service Area								
0 - 14	0.4%	66,891	23.2%	68,309	22.2%	69,775	21.2%	4.3%
15 - 44	1.3%	118,679	41.2%	126,672	41.1%	135,216	41.0%	13.9%
45 - 64	1.3%	62,856	21.8%	67,179	21.8%	71,805	21.8%	14.2%
65 +	2.9%	39,890	13.8%	45,944	14.9%	52,888	16.0%	32.6%
Total	1.3%	288,316	100.0%	308,104	100.0%	329,684	100.0%	14.3%
Women 15 - 44	1.3%	56,875	19.7%	60,521	19.6%	64,408	19.5%	13.2%
Median Age	0.5%		33.7		34.6		35.5	5.4%

/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/Rev_Demographics/[Desert_Demographic_Tables_High_Estimate.xlsx]Pop_Table

Source: Claritas, Inc., Health Resources and Services Administration, Migration Policy Institute, Clinton Foundation, Health Assessment and Research for Communities, Inc., Southern California Sol Price Center for Social Innovation

Note: The total for each age cohort for the Current District Service Area and the East Valley Service Area when calculated separately may not foot to the combined service area population table by age cohort due to rounding.

(1) CAGR is the compound annual growth rate, or the percent change in each year

(2) High estimate includes seasonal residents





Projected Population by Age Cohort by Service Area – Low Estimate

Desert Healthcare District
Current District vs. East Valley - Population by Age Cohort"
Low Estimate⁽²⁾
Calendar Years 2016 to 2026

Age Cohort	CAGR ⁽¹⁾	Estimated 2016		Projected 2021		Projected 2026		Percent Change 2016 - 2026
		Number	Percent of Total	Number	Percent of Total	Number	Percent of Total	
Current District Service Area								
0 - 14	0.7%	38,673	15.3%	40,122	15.1%	41,596	14.8%	7.6%
15 - 44	1.3%	77,281	30.6%	82,634	31.0%	88,284	31.4%	14.2%
45 - 64	-0.3%	64,186	25.4%	63,119	23.7%	62,030	22.0%	-3.4%
65 +	2.2%	72,136	28.6%	80,440	30.2%	89,598	31.8%	24.2%
Total	1.1%	252,276	100.0%	266,314	100.0%	281,509	100.0%	11.6%
Women 15 - 44	1.4%	37,706	14.9%	40,482	15.2%	43,542	15.5%	15.5%
Median Age	0.1%		48.3		48.6		48.9	1.2%
East Valley Service Area								
0 - 14	0.4%	56,246	23.2%	57,412	22.2%	58,620	21.2%	4.2%
15 - 44	1.3%	99,793	41.2%	106,464	41.1%	113,598	41.0%	13.8%
45 - 64	1.3%	52,853	21.8%	56,462	21.8%	60,325	21.8%	14.1%
65 +	2.9%	33,542	13.8%	38,615	14.9%	44,432	16.0%	32.5%
Total	1.3%	242,434	100.0%	258,952	100.0%	276,975	100.0%	14.2%
Women 15 - 44	1.2%	47,824	19.7%	50,866	19.6%	54,110	19.5%	13.1%
Median Age	0.5%		33.7		34.6		35.5	5.4%

/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/Rev_Demographics/[Desert_Demographic_Tables_Low_Estimate.xlsx]Pop_Table

Source: Claritas, Inc., Health Resources and Services Administration, Migration Policy Institute, Clinton Foundation, Health Assessment and Research for Communities, Inc., Southern California Sol Price Center for Social Innovation

Note: The total for each age cohort for the Current District Service Area and the East Valley Service Area when calculated separately may not foot to the combined service area population table by age cohort due to rounding.

(1) CAGR is the compound annual growth rate, or the percent change in each year

(2) Excludes seasonal residents



Pediatric Key Findings: General Health Status and Access to Care

Indicator	Key Findings
General Health Status	<ul style="list-style-type: none"> 3.1% of children have health that is “fair” or “poor”.
Utilization	<ul style="list-style-type: none"> 11% of Coachella Valley children have not visited a healthcare provider in the past year
Obesity	<ul style="list-style-type: none"> 49% of children 2 to 17 have a BMI percentile that places them in the “overweight” or “obese” category.
Asthma	<ul style="list-style-type: none"> 13.7% of children have been diagnosed with asthma.
Mental Health Concerns	<ul style="list-style-type: none"> One-quarter of children age 3 and older (24.4%) have trouble with emotions, concentration, behavior, and getting along with others. Additionally, over 9% of children age 3 and over have been diagnosed with ADD or ADHD.
Mental Health Treatment	<ul style="list-style-type: none"> 61.4% of children 3 to 17 with mental health problems have not seen a mental health professional for treatment in the past year. 13.7% of children 3 to 17 with mental health problems have taken medication for the issue within the past year; 30.5% of children 3 to 17 with mental health problems have received psychological counseling for the issue within the past year.

Source: Health Assessment Resource Center’s 2016 “Coachella Valley Community Health Survey”



Service Area Historical Use Rates by Inpatient Service Line, CY 2012 - 2015

Desert Healthcare District
Service Area Historical Use Rates by Inpatient Service Line
Calendar Years 2012 - 2015

Service Line	Use Rate Based on High Population Estimate ⁽¹⁾				Percent Change, CY 2012 - 2015
	2012	2013	2014	2015	
Cardiology - Diagnostic/Interventional	2.9	2.5	2.3	2.3	-19.8%
Cardiology - Medical	7.0	6.3	5.9	5.7	-18.2%
Cardiology - Surgery	0.7	0.7	0.7	0.8	4.2%
Chemical Dependency	0.3	0.3	0.3	0.4	50.1%
Endocrine	2.1	1.8	1.8	1.9	-9.7%
ENT	0.6	0.5	0.5	0.5	-9.1%
Gastroenterology	6.6	6.1	6.0	6.2	-6.4%
General Medicine	6.2	6.0	6.3	7.1	14.5%
General Surgery	6.4	6.4	6.4	6.0	-7.3%
Gynecology	3.4	3.0	2.6	2.7	-18.4%
Neonatal Intensive Care	225.7	203.6	211.5	215.2	-4.7%
Neurology	4.3	3.9	3.9	3.8	-11.9%
Neurosurgery	0.8	0.8	0.7	0.5	-35.9%
Obstetrics & Deliveries	62.6	58.5	58.3	57.2	-8.7%
Oncology	2.8	2.6	2.6	2.6	-6.9%
Ophthalmology	0.1	0.1	0.1	0.1	-36.9%
Orthopedics	6.8	6.8	7.0	7.0	2.9%
Others NC	-	-	0.1	-	0.0%
Plastic Surgery	0.5	0.5	0.4	0.5	-4.6%
Psychiatry	0.3	0.2	0.2	0.3	8.8%
Pulmonary Medicine	5.9	6.2	5.6	5.5	-7.1%
Rehabilitation	0.0	0.0	0.0	0.0	-51.8%
Spine Surgery	1.0	1.0	1.1	1.3	30.3%
Thoracic & Vascular Surgery	1.4	1.4	1.4	1.2	-18.7%
Transplant	0.1	0.1	0.1	0.0	-21.1%
Urology	3.4	3.4	3.6	3.8	12.7%
Total	75.3	71.5	70.9	71.1	-5.5%

Source: OSHPD 2012, 2013, 2014, 2015. Excludes normal newborns.

Note: Use rate calculation based on projected population in service area, and reflects consideration of seasonal and migrant populations.

(1) Use rate defined as discharges per 1,000 population.

https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/Inpatient_Model.xlsx Use Rate Analysis

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Service Area Inpatient Market Share and Outmigration Trends, CY 2012 - 2015

Desert Healthcare District Service Area Inpatient Market Share Calendar Years 2012 - 2015

Hospital	2012		2013		2014		2015	
	Discharges	Percent Market Share	Discharges	Percent Market Share	Discharges	Percent Market Share	Discharges	Percent Market Share
Service Area Hospitals:								
Eisenhower Medical Center	15,045	35.7%	14,820	36.5%	14,586	35.8%	15,724	38.0%
Desert Regional Medical Center	13,527	32.1%	13,037	32.1%	13,649	33.5%	13,793	33.4%
John F Kennedy Memorial Hospital	8,529	20.2%	7,995	19.7%	7,574	18.6%	7,081	17.1%
Subtotal, Service Area Hospitals	37,101	87.9%	35,852	88.3%	35,809	88.0%	36,598	88.5%
Outmigration:								
Loma Linda University Medical Center	1,385	3.3%	1,322	3.3%	1,381	3.4%	1,374	3.3%
Riverside County Regional Medical Center	858	2.0%	686	1.7%	483	1.2%	330	0.8%
Cedars Sinai Medical Center	183	0.4%	177	0.4%	201	0.5%	184	0.4%
City of Hope Helford Clinical Research Hospital	149	0.4%	144	0.4%	164	0.4%	171	0.4%
Kaiser Foundation Hospital - Riverside	102	0.2%	111	0.3%	113	0.3%	137	0.3%
Ronald Reagan UCLA Medical Center	144	0.3%	120	0.3%	163	0.4%	131	0.3%
University of California San Diego Medical Center	81	0.2%	74	0.2%	112	0.3%	129	0.3%
Keck Hospital of USC	116	0.3%	80	0.2%	150	0.4%	112	0.3%
University of California Irvine Medical Center	110	0.3%	101	0.2%	106	0.3%	109	0.3%
Kaiser Foundation Hospital - Fontana	65	0.2%	61	0.2%	101	0.2%	95	0.2%
Others	1,906	4.5%	1,868	4.6%	1,932	4.7%	1,978	4.8%
Subtotal, Outmigration	5,099	12.1%	4,744	11.7%	4,906	12.0%	4,750	11.5%
Total	42,200	100.0%	40,596	100.0%	40,715	100.0%	41,348	100.0%

Source: California Office of Statewide Health Planning and Development Inpatient Database, 2012, 2013, 2014, 2015. Acute care, excludes normal newborns.

[https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/\(Coachella_OSHPD_Tables.xlsx\)Table_1A](https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/(Coachella_OSHPD_Tables.xlsx)Table_1A)



Desert Healthcare District
Service Area Inpatient Market Share by Service Line - All Ages
Calendar Year 2015

Service Line	Service Area Mix		Percent Market Share						
	Discharges	Percent of Total Discharges	Service Area			Outmigration			Total
			Eisenhower Medical Center	Desert Regional Medical Center	John F Kennedy Memorial Hospital	Loma Linda University Medical Center	Others		
Cardiology - Diagnostic/Interventional	1,341	3.2%	47.7%	37.4%	7.3%	1.3%	6.3%	100.0%	
Cardiology - Medical	3,342	8.1%	47.0%	32.4%	14.9%	1.0%	4.7%	100.0%	
Cardiology - Surgery	444	1.1%	55.0%	24.5%	0.2%	8.6%	11.7%	100.0%	
Chemical Dependency	221	0.5%	43.4%	32.6%	10.4%	1.4%	12.2%	100.0%	
Endocrine	1,115	2.7%	39.0%	29.9%	16.6%	6.5%	8.0%	100.0%	
ENT	309	0.7%	28.8%	23.0%	7.8%	26.5%	13.9%	100.0%	
Gastroenterology	3,600	8.7%	46.0%	31.8%	10.4%	4.1%	7.7%	100.0%	
General Medicine	4,152	10.0%	47.9%	26.9%	13.6%	2.7%	8.9%	100.0%	
General Surgery	3,467	8.4%	43.4%	26.8%	16.9%	3.7%	9.3%	100.0%	
Gynecology	632	1.5%	15.3%	41.1%	14.2%	9.7%	19.6%	100.0%	
Neonatal Intensive Care	1,609	3.9%	0.1%	66.7%	27.6%	2.9%	2.7%	100.0%	
Neurology	2,183	5.3%	48.8%	32.9%	6.5%	4.5%	7.2%	100.0%	
Neurosurgery	307	0.7%	25.4%	32.6%	0.7%	11.1%	30.3%	100.0%	
Obstetrics & Deliveries	5,736	13.9%	0.5%	53.1%	43.3%	0.7%	2.4%	100.0%	
Oncology	1,488	3.6%	44.6%	24.3%	5.2%	7.4%	18.5%	100.0%	
Ophthalmology	51	0.1%	21.6%	35.3%	11.8%	19.6%	11.8%	100.0%	
Orthopedics	4,074	9.9%	52.8%	24.3%	11.1%	3.0%	8.8%	100.0%	
Plastic Surgery	268	0.6%	48.1%	17.2%	20.1%	4.1%	10.4%	100.0%	
Psychiatry	168	0.4%	45.8%	31.0%	7.1%	3.0%	13.1%	100.0%	
Pulmonary Medicine	3,187	7.7%	40.4%	29.0%	20.6%	2.5%	7.5%	100.0%	
Rehabilitation	1	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	
Spine Surgery	735	1.8%	55.1%	13.6%	0.0%	2.9%	28.4%	100.0%	
Thoracic & Vascular Surgery	683	1.7%	53.4%	29.7%	5.1%	2.2%	9.5%	100.0%	
Transplant	27	0.1%	0.0%	0.0%	0.0%	37.0%	63.0%	100.0%	
Urology	2,208	5.3%	51.6%	24.5%	12.4%	3.4%	8.1%	100.0%	
Total	41,348	100.0%	38.0%	33.4%	17.1%	3.3%	8.2%	100.0%	

Source: California Office of Statewide Health Planning and Development Inpatient Database, 2015. Includes acute care across all ages; excludes normal newborns.

[https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/\[Coachella OSHPD Tables.xlsx\]Table 2C](https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/[Coachella OSHPD Tables.xlsx]Table 2C)

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Service Area Inpatient Market Share by Payer, CY 2015

Desert Healthcare District Service Area Inpatient Market Share by Payer Calendar Year 2015

Hospital	Medicare		Medi-Cal		Private		Other	Total
	HMO	FFS	HMO	FFS	HMO	PPO		
Eisenhower Medical Center	33.5%	62.8%	26.2%	13.6%	34.9%	77.1%	11.1%	38.0%
Desert Regional Medical Center	52.1%	18.3%	36.7%	37.2%	33.8%	13.6%	56.9%	33.4%
John F Kennedy Memorial Hospital	4.9%	9.0%	29.4%	32.0%	16.8%	1.4%	15.8%	17.1%
Loma Linda University Medical Center	0.1%	0.6%	2.6%	8.1%	2.1%	0.9%	3.4%	2.3%
Riverside County Regional Medical Center	0.0%	0.2%	0.2%	3.0%	1.3%	0.1%	2.0%	0.8%
Cedars Sinai Medical Center	0.2%	0.9%	0.1%	0.2%	0.6%	0.2%	0.1%	0.4%
City of Hope Helford Clinical Research Hospital	0.0%	0.5%	0.0%	0.7%	0.6%	0.1%	1.3%	0.4%
Kaiser Foundation Hospital - Riverside	1.0%	0.0%	0.1%	0.0%	0.9%	0.0%	0.1%	0.3%
Ronald Reagan UCLA Medical Center	0.1%	0.5%	0.1%	0.1%	0.4%	0.8%	0.5%	0.3%
University of California San Diego Medical Center	0.0%	0.5%	0.3%	0.3%	0.3%	0.0%	0.6%	0.3%
Keck Hospital of USC	0.5%	0.4%	0.0%	0.1%	0.3%	0.0%	1.0%	0.3%
University of California Irvine Medical Center	0.2%	0.4%	0.2%	0.1%	0.3%	0.2%	0.2%	0.3%
Kaiser Foundation Hospital - Fontana	0.8%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.2%
Others	4.3%	5.5%	3.1%	3.8%	5.7%	6.4%	6.7%	4.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N =	5,254	11,196	8,292	5,351	8,073	1,303	1,879	41,348
Payer Mix =	12.7%	27.1%	20.1%	12.9%	19.5%	3.2%	4.5%	100.0%

Source: California Office of Statewide Health Planning and Development Inpatient Database, 2015. Acute care, excludes normal newborns.

[https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/\[Coachella_OSHPD_Tables.xlsx\]Table_3C](https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis/[Coachella_OSHPD_Tables.xlsx]Table_3C)



Inpatient General Acute Care Capacity Analysis by Hospital and Licensed Bed Type, CY 2015

Desert Healthcare District
Service Area Hospital Inpatient General Acute Care Capacity Analysis by Licensed Bed Type
CY 2015

Bed Type	Desert Regional Medical Center					Eisenhower Medical Center					John F. Kennedy Memorial Hospital					
	Total Licensed Beds	Total Patient Days	Average Daily Census	Occupancy Percentage	Bed (Need)/ Surplus	Total Licensed Beds	Total Patient Days	Average Daily Census	Occupancy Percentage	Bed (Need)/ Surplus	Total Licensed Beds	Total Patient Days	Average Daily Census	Bed Need	Occupancy Percentage	Bed (Need)/ Surplus
Medical/Surgical	238	52,535	143.9	60.5%	68	377	68,393	187.4	49.7%	156	81	13,658	37.4	45	46.2%	36
Obstetrics	28	8,480	23.2	83.0%	(3)	0	0	0.0	N/A	0	26	4,466	12.2	17	47.1%	9
Pediatric	14	1,431	3.9	28.0%	8	6	207	0.6	9.5%	5	22	1,289	3.5	5	16.1%	17
Critical Care	31	10,138	27.8	89.6%	(7)	70	6,052	16.6	23.7%	47	16	3,008	8.2	11	51.5%	5
Neonatal Intensive Care	30	8,060	22.1	73.6%	0	0	0	0.0	N/A	0	11	0	0.0	0	0.0%	11
Rehabilitation	12	2,826	7.7	64.5%	2	23	4,631	12.7	55.2%	8	0	0	0.0	0	N/A	0
Total	353	83,470	228.7	64.8%	68	476	79,283	217.2	45.6%	216	156	22,421	61.4	78	39.4%	78

Bed Type	Total Service Area Inpatient General Acute Care					
	Total Licensed Beds	Total Patient Days	Average Daily Census	Bed Need	Occupancy Percentage	Bed (Need)/ Surplus
Medical/Surgical	696	134,586	368.7	434	53.0%	262
Obstetrics	54	12,946	35.5	48	65.7%	6
Pediatric	42	2,927	8.0	11	19.1%	31
Critical Care	117	19,198	52.6	71	45.0%	46
Neonatal Intensive Care	41	8,060	22.1	30	53.9%	11
Rehabilitation	35	7,457	20.4	25	58.4%	10
Total	985	185,174	507.3	619	51.5%	366

Source: California Automated Licensing Information and Report Tracking System and Premier, Inc.

xy_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis[Premier_Coachella_Provider_Analysis.xlsx]Hospital Summary (2)

Note: Utilization statistics for each hospital reflect total inpatient volume (e.g., patients that originate from inside and outside of the service area).



Service Area Inpatient Psychiatric Capacity, CY 2015

Desert Healthcare District
Service Area Inpatient Psychiatric Capacity Analysis by Licensed Bed Type
CY 2015

Facility Name	Total Licensed Beds	Total Patient Days	Average Daily Census	Occupancy Percentage	Bed (Need)/ Surplus
Eisenhower Medical Center	13	4,745	13.0	100.0%	(3)
Telecare Riverside County Psychiatric Health Facility	16	5,036	13.8	86.2%	(1)
Total	29	9,781	26.8	92.4%	(3)

Source: California Automated Licensing Information and Report Tracking System and Premier, Inc.

Note: Statistics reflect total patient utilization, defined as those patients that originate from inside and outside of the service area.

[https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis\[Premier_Coachella_Provider_Analysis.xlsx\]Psych](https://share.premierinc.com/sites/pcs/ICD/Folder/West_Coast_Advisory_Services/Clients/Desert_Healthcare_District/Needs_Assessment/Analysis[Premier_Coachella_Provider_Analysis.xlsx]Psych)



Projected Service Area Bed (Need)/Surplus

Desert Healthcare District
Service Area Projected Bed Need Summary by Licensed Bed Type
CY 2016 - 2026

Service Line	Projected Bed (Need)/Surplus		
	2016	2021	2026
Service Area			
Medical Surgical	336	347	330
Critical Care	30	32	28
Pediatrics	6	6	4
Obstetrics (Perinatal)	9	8	6
Neonatal Intensive Care	16	15	15
Rehabilitation	34	34	34
Psychiatric	26	26	25
Total Bed (Need)/Surplus in the Service Area	457	468	442
Desert Regional Medical Center			
Medical Surgical	134	130	125
Critical Care	5	4	3
Pediatrics	0	(1)	(1)
Obstetrics (Perinatal)	3	2	1
Neonatal Intensive Care	13	12	12
Rehabilitation	11	11	11
Psychiatric	(1)	(1)	(2)
Total Bed (Need)/Surplus at Desert Regional Medical Center	165	157	149

Desert_Healthcare_District/Needs_Assessment/Analysis/[Inpatient_Model.xlsx]Overview

Source: OSHPD Inpatient Database and Premier, Inc.

Note: Projected bed need is based on volume that originates from the service area only, and does not consider in-migration.





Data for Desert Healthcare District's Strategic Planning Session
Summary Handout Prepared 3/13/17

Note: unless otherwise specified, all data are from HARC's triennial Coachella Valley Community Health Survey.

- **Community demographics:**
 - There are more than 406,000 people living in the Coachella Valley; about a quarter of these are children under the age of 18.
 - 53% are Hispanic (U.S. Census Bureau). 27% of adults and 35% of children are living in poverty.
 - Areas of the Coachella Valley outside of DHCD boundaries are slightly different demographically. Overall, the Coachella Valley area east of Cook Street is home to people who are younger, more likely to be Hispanic, less likely to be citizens, less educated, and slightly poorer. There are also fewer people who identify their sexual orientation as non-heterosexual.
- **Health Status, Access, and Utilization**
 - 14% of adults 18 to 64 and 5% of children are uninsured
 - 85% of adults and 89% of children have been to a healthcare provider in the past year.
 - Use of urgent care as the usual source of care is up significantly, with doctors' offices down. ER/hospital use is stable.
 - Obesity is common; 61% of adults and 49% of children have a BMI in the "overweight" or "obese" category.
 - Mental health disorders are relatively common; 22% of adults and 18% of children 3+ have been diagnosed with one or more mental health disorders.
 - 22% of adults have a disability.
- **Desert Healthcare District Funding Priorities**
 - Data shows that efforts made by DHCD (and other agencies) regarding the implementation of the Affordable Care Act have made a difference; the percent of uninsured adults in the Coachella Valley has dropped from 34% in 2013 to 14% in 2016.
 - Other recent projects have not yet made a dent in population-level health indicators. This is not surprising, as changing the health of an entire community takes sustained, focused effort over many years (and often policy change). Program evaluation results are available to provide program-level impact on participants. Eventually, with enough participants and effective programs, program-level impact becomes population-level change.

HARC, Inc.

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HARC is a 501(c)3 nonprofit; EIN 20-5719074



Local Data for DHCD Strategic Planning

DR. JENNA LECOMTE-HINELY
CEO OF HARC, INC.



Introduction

- About HARC
- Today's presentation:
 - Community demographics
 - Health status, access, and utilization
 - Community-level health indicators for recent DHCD funding priorities
- Note: unless indicated otherwise, all data in this presentation are from HARC's triennial Coachella Valley Community Health Survey



Community Demographics





Community Demographics

- **Population:** 406,000+ people live in the Coachella Valley
 - 25% are children
- **Poverty:**
 - 27% of adults live below the poverty line
 - 35% of children live below the poverty line
- **Education:** 20% of adults lack a high school diploma or equivalent
- **Ethnicity:** 53% Hispanic*
- **Race:**
 - 67% white/Caucasian
 - 3% Black/African American
 - 1% American Indian/Alaska Native
 - 3% Asian/Pacific Islander/Hawaiian
 - 24% other
 - 3% two or more races*





Community Demographics

- **Sexual orientation:** 12% of adults identify as lesbian, gay, bisexual, or other. This is significantly higher than in California overall (7%).
- **Veterans:** 9% of Coachella Valley adults are veterans; 56% of these were deployed.
- **Snowbirds:** We have thousands of seasonal residents (~5% of all adults, 16,000+ people); most stay for 5 to 6 months (54%).
- **Retirees:** 27% of Coachella Valley adults are retired. This is significantly higher than California overall (16%).



Community Demographics: Children

District	English Language Learners	Free or Reduced Price Lunch
CVUSD	53.6%	92.3%
DSUSD	24.2%	65.6%
PSUSD	34.5%	83.4%
Riverside County	20.7%	64.0%
California	22.1%	58.9%



Community Demographics

- Riverside County has the #1 population growth of all California counties:
 - 41.7% growth from 2000 to 2010
 - 1.5 million people in 2000 to 2.2 million in 2010.
- Areas within the Coachella Valley with especially high growth:

Place	2010	2000	Rank in CA	%
Salton City	3,763	978	3	285%
Coachella	40,704	22,724	27	76%
Mecca	8,577	5,402	49	59%
La Quinta	37,467	23,694	51	58%
Desert Hot Springs	25,938	16,582	53	56%
Indio	76,036	49,116	56	55%
Thousand Palms	7,716	5,120	62	51%





Community Demographics: DHCD Expansion

- **Race/ethnicity:** DHCD is generally more White/Caucasian and less Hispanic/Latino than outside DHCD.
 - 29% of DHCD adults are Hispanic, compared to 64% of adults outside DHCD.
 - 66% of DHCD children are Hispanic, compared to 84% of children outside DHCD.
- **Citizenship:** DHCD adults are more likely to be U.S. citizens (85% compared to 76% of adults outside DHCD).
- **Sexual orientation:** DHCD adults are more likely to be LGBTQ (17% compared to 6% of adults outside DHCD).
- **Age:** DHCD adults are generally older than adults outside DHCD.
 - Average adult age in DHCD: 53
 - Average adult age outside DHCD: 46





Community Demographics: DHCD Expansion

- **Education:** DHCD adults are more educated than adults outside DHCD.
 - 16% of DHCD adults have less than a high school degree, compared to 25% of adults outside DHCD.
 - 19% of DHCD adults have a graduate degree, compared to 10% of adults outside DHCD.
- **Employment:** DHCD adults are more likely to be retired than adults outside of DHCD (34% compared to 19%, respectively).
- **Poverty:** The DHCD community is slightly less poor than the community outside DHCD.
 - 25% of children in DHCD live below the poverty line, compared to 41% of children outside DHCD.
 - There is no significant difference for adults: 23% of DHCD adults live below the poverty line, as do 31% of adults outside DHCD.



Health Status, Access, and Utilization





Health Status, Access, and Utilization

HEALTH INSURANCE

- 14% of adults 18 to 64 are still uninsured
- 5% of children are still uninsured

UTILIZATION

- 85.4% of adults and 89.3% of children have visited a healthcare provider in the past year
- Usual source of care for adults:
 - 45% doctors' office
 - 24% urgent care
 - 14% clinic
 - 11% ER/hospital





Health Status, Access, and Utilization

MAJOR DISEASE & CHRONIC ILLNESS

- Many adults have been diagnosed with high blood pressure (34%), high cholesterol (28%), and arthritis (28%).
- Obesity remains a major issue: 61% of adults and 49% of kids have a BMI in the overweight or obese category

MENTAL HEALTH

- 22% of Coachella Valley adults and 18% of kids 3+ have been diagnosed with a mental health disorder.
- 5% of adults have seriously considered suicide in the past year





Health Status, Access, and Utilization

DISABILITY

- 22% of local adults are limited because of physical, mental, and/or emotional problems
- 11% are deaf/hard of hearing
- 10% are blind/low vision

HEALTH BEHAVIORS

- 62% of adults are sexually active, but only 28% of these adults use condoms
- 53% of adults have never been tested for HIV
- 15% of adults smoke cigarettes
- 51% of adults are regular drinkers; 38% of these have engaged in binge drinking in the past month





Health Status, Access, and Utilization: DHCD Expansion

- **Usual source of care:**
 - DHCD adults are less likely to use a clinic than adults outside of DHCD (9% vs. 20%, respectively)
 - DHCD adults are more likely to use a doctors' office than adults outside of DHCD (49% vs 39%, respectively)
- **Mental health:** DHCD adults are more likely to have been diagnosed with a mental health disorder than adults outside of DHCD (26% vs. 18%, respectively).
- **Major disease:** DHCD adults are more likely to have been diagnosed with high blood pressure, high cholesterol, cancer, respiratory disease, and arthritis.
- **Disability:** DHCD adults are more likely to have a disability than adults outside of DHCD (26% vs. 18%, respectively)
- **Tobacco use:** DHCD adults are more likely to smoke than adults outside of DHCD (17% vs 11%, respectively).



DHCD Funding Priorities





DHCD Funding Priorities

DHCD staff identified several major projects that DHCD has been a part of in the past five years.

For each of the projects, I have population-level indicators that relate to desired outcomes (from HARC or another reliable source).

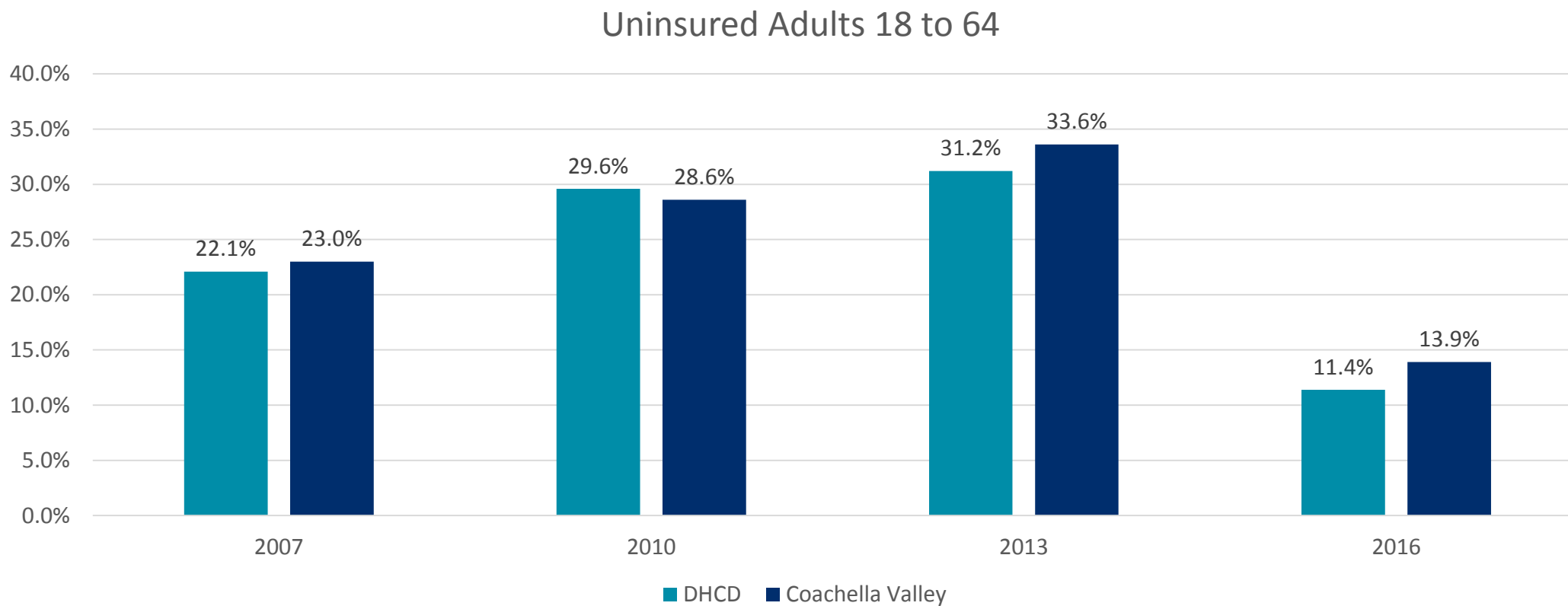
Reminder:

- Population-level change takes sustained effort over time.
- Lack of “needle movement” does not = failure.
- DHCD has great program evaluation data on each project to demonstrate the program-level impact.
- Continued support and expansion of successful programs will eventually lead to population-level change.





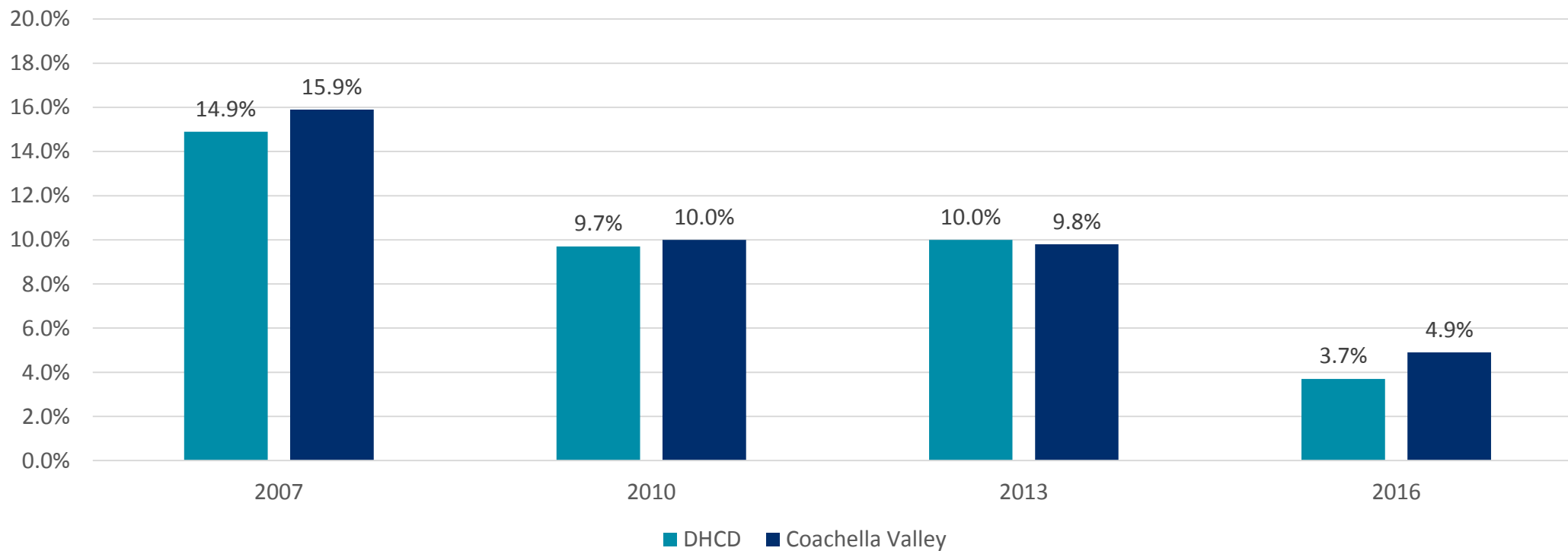
ACA Implementation





ACA Implementation

Uninsured Children





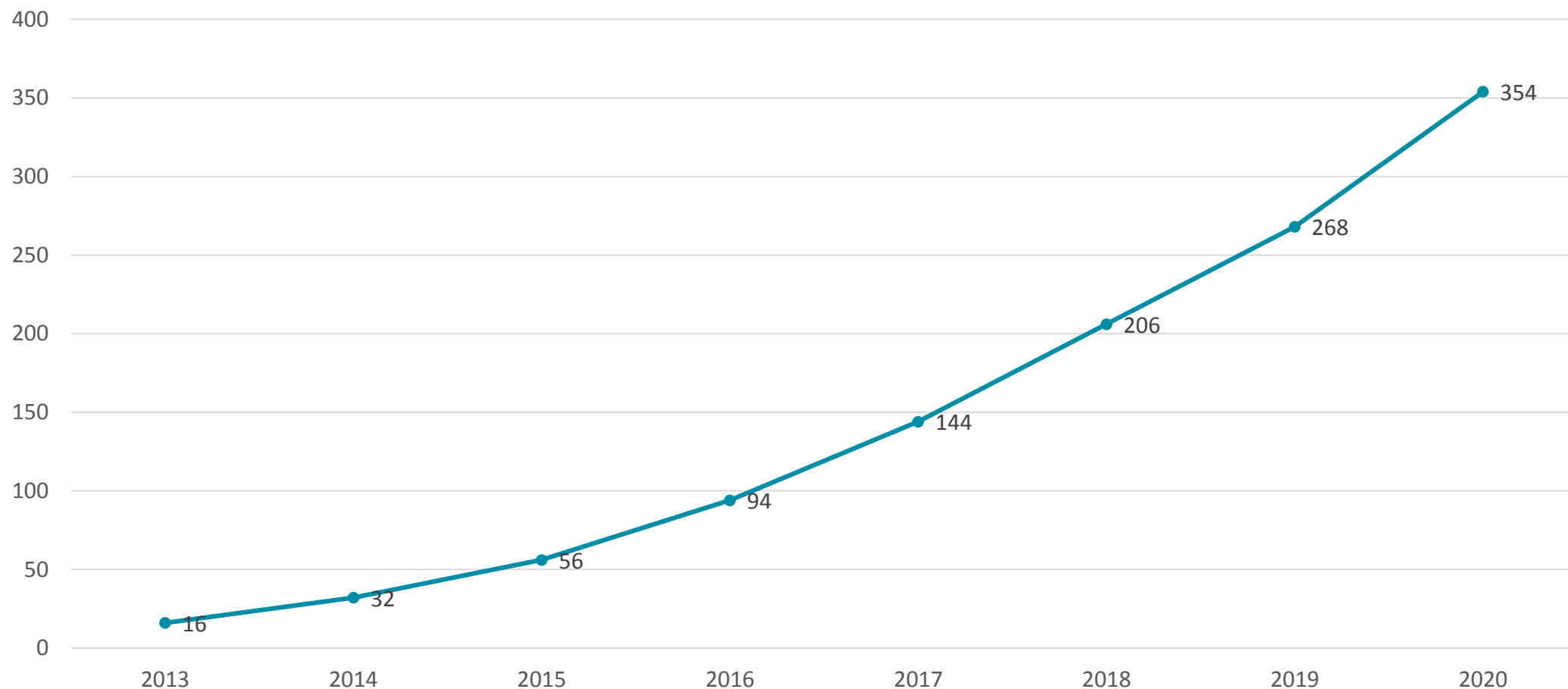
UCR School of Medicine Family Medicine Residency Program

- The Coachella Valley has 43 primary care providers per 100,000 population. This is substantially lower than the statewide average of 77 providers per 100,000 people.¹
- One solution: primary care graduate medical education (GME). Approximately 39% of family medicine residents stay within 25 miles of where they complete their residency.²





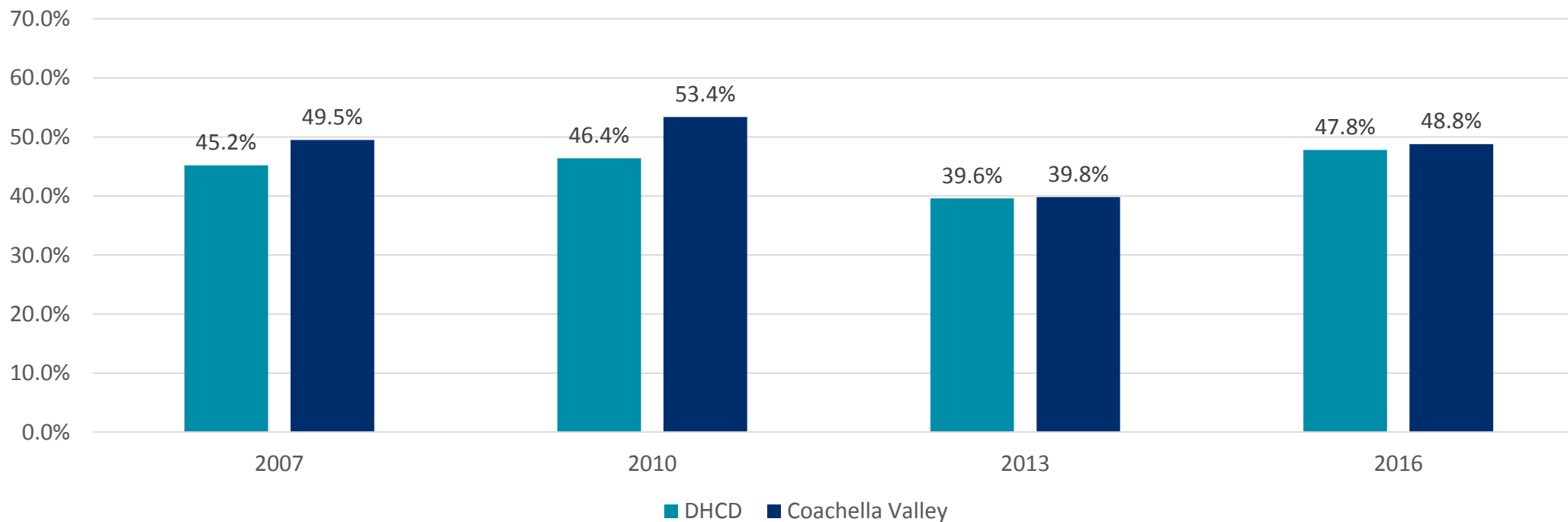
Total Number of Primary Care Doctors Added to Coachella Valley via GME





Alliance for a Healthier Generation and HealthCorps

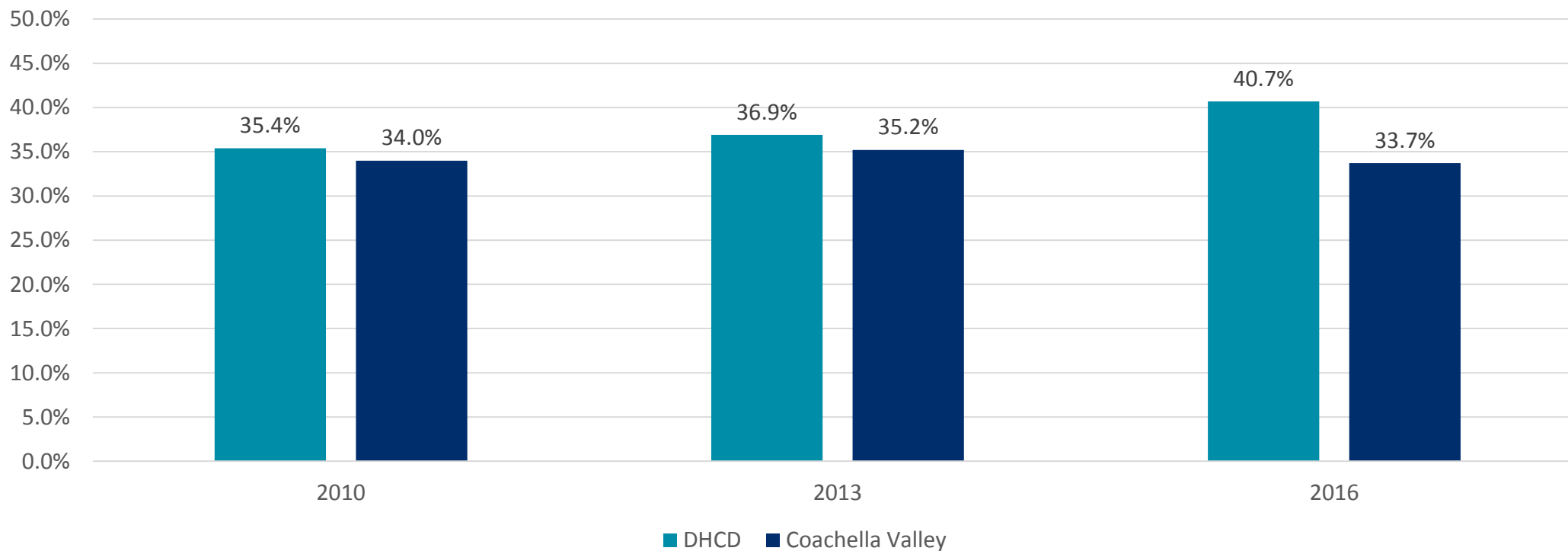
Children 2+ whose BMI puts them in the “overweight” or “obese” category





Alliance for a Healthier Generation and HealthCorps

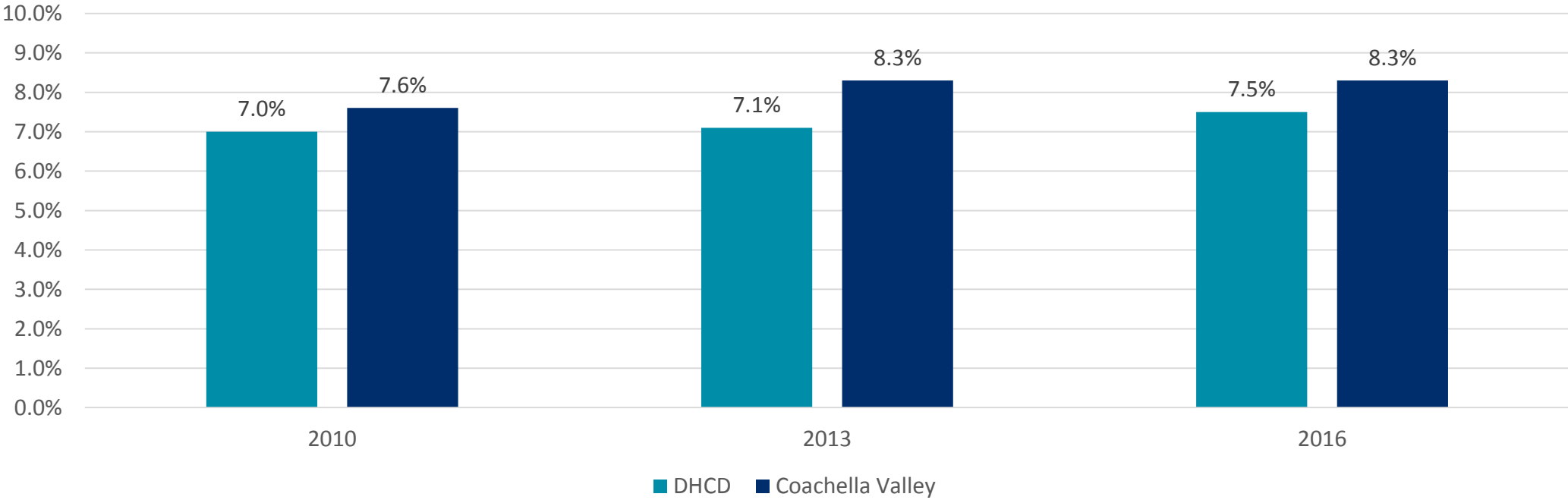
Children 6+ who are active for at least 1 hour every day outside of school hours





Project Produce: Access to Healthy Foods

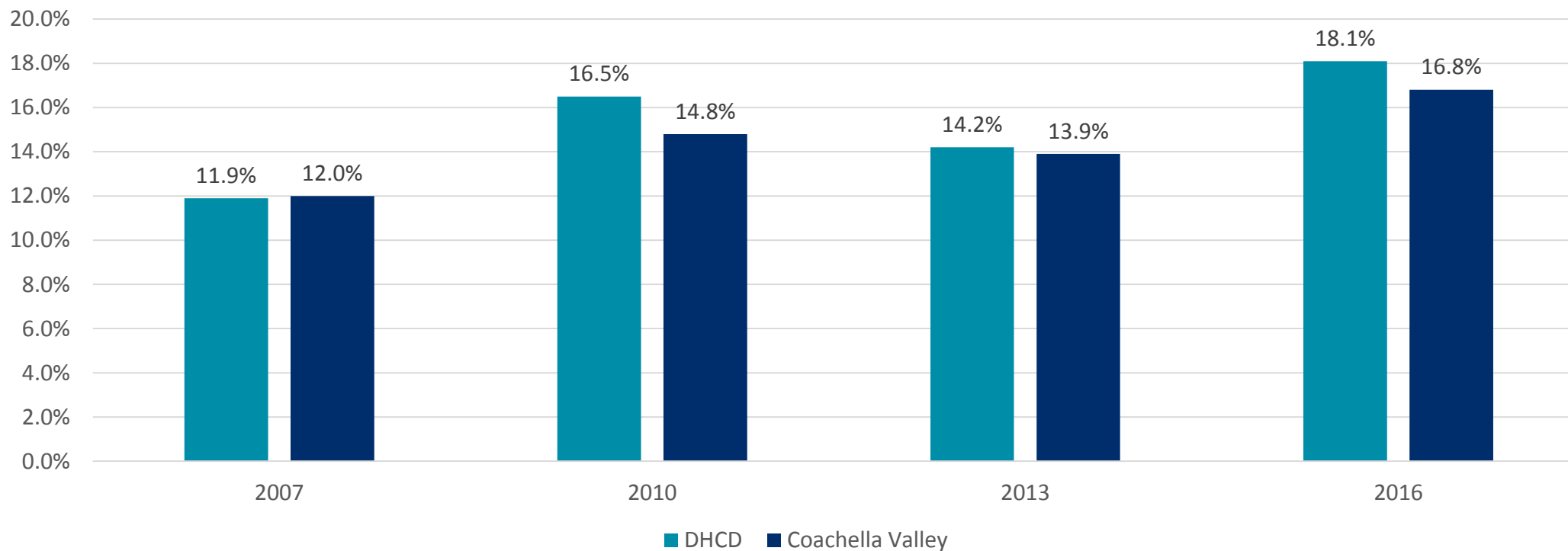
Adults who report that they and/or someone in their household received emergency food support in the past year





“A Matter of Balance” Fall Prevention Program

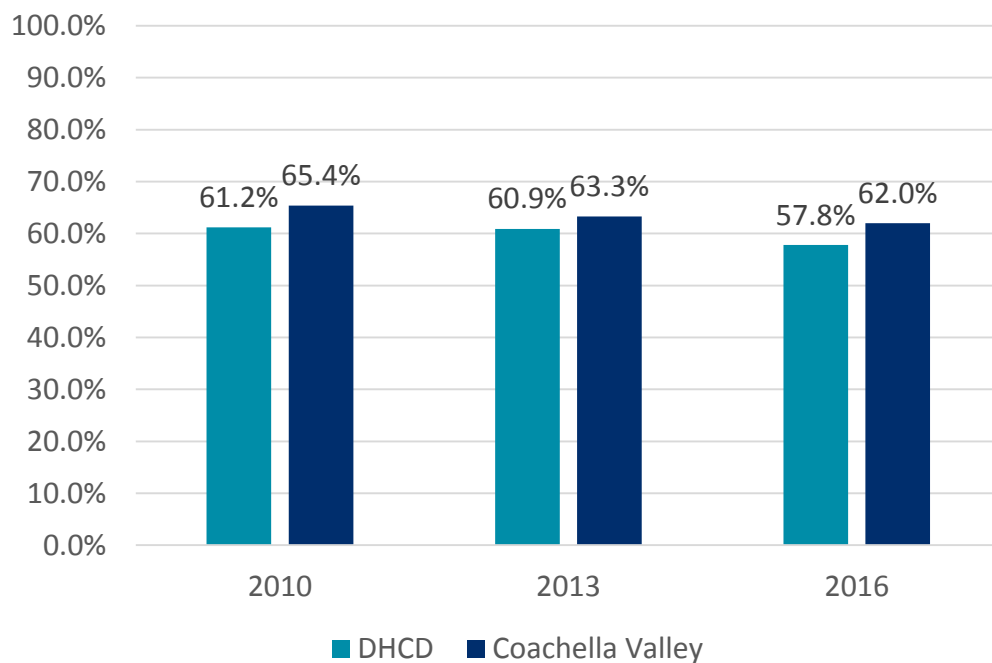
Seniors 55+ who have fallen at least once in the past 3 months



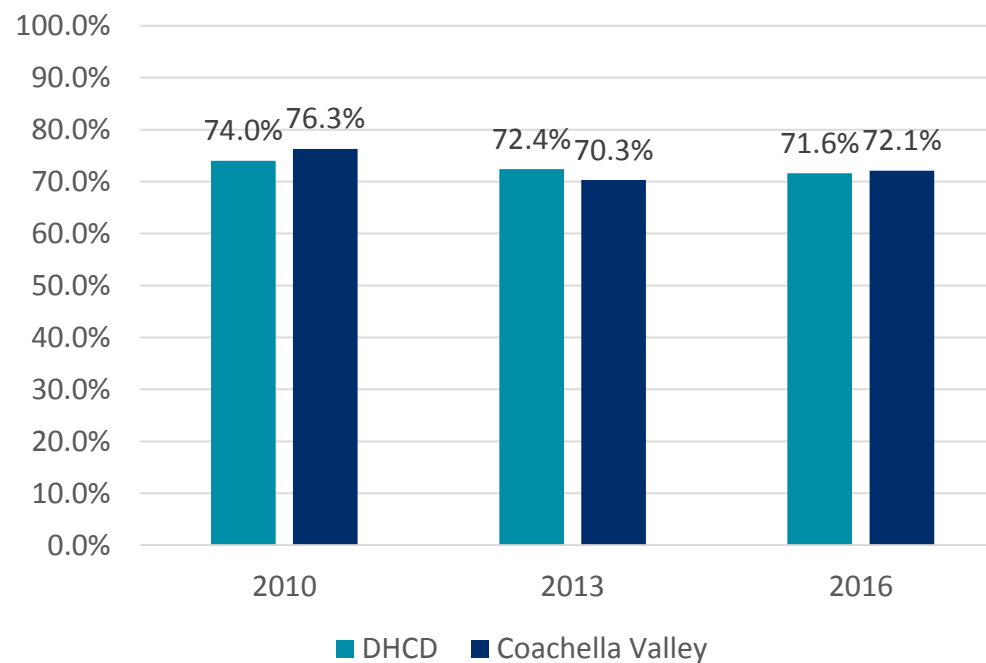


The Dock: STD Testing

Adults that are sexually active in past year



Sexually active adults that are NOT using condoms

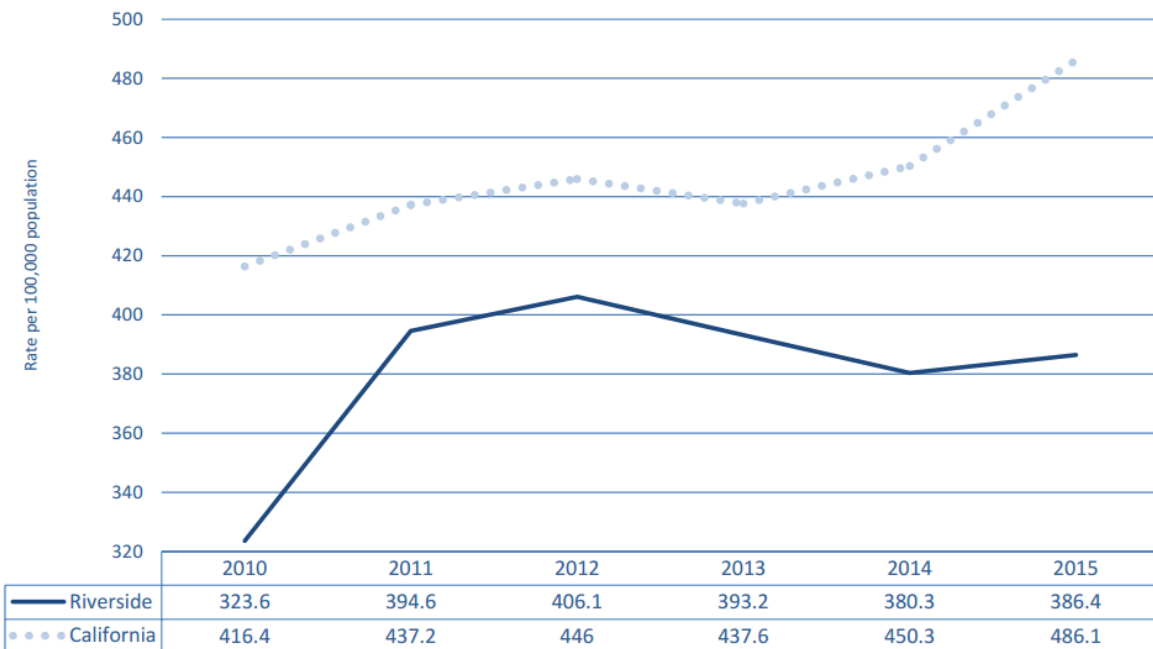




The Dock: STD Testing

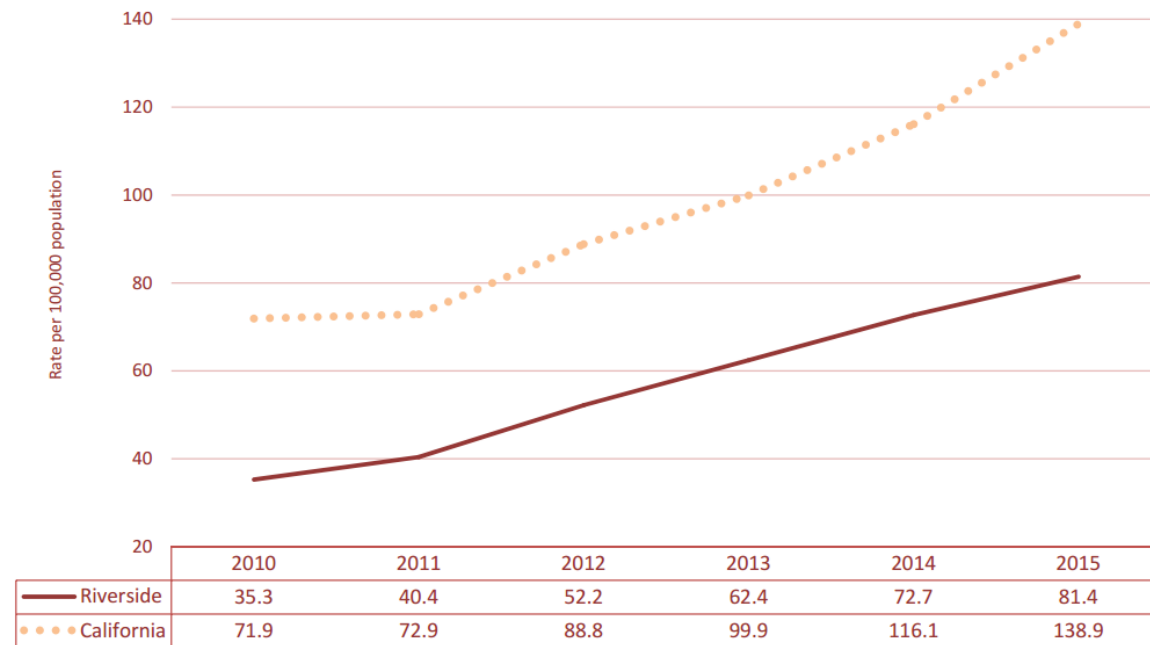
CHLAMYDIA

Figure 2: Chlamydia Incidence Rates by Year, Riverside County 2010-2015



GONORRHEA

Figure 5: Gonorrhea Incidence Rates by Year, Riverside County 2010-2015

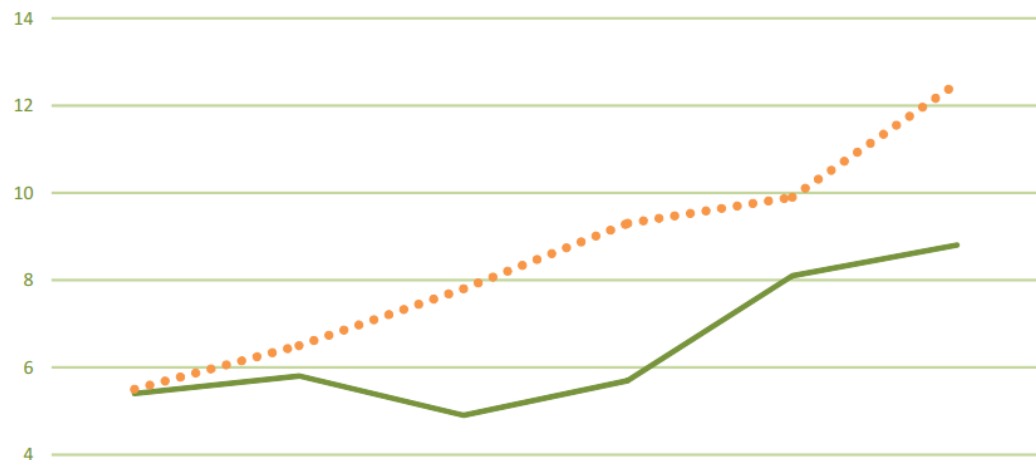




The Dock: STD Testing

SYPHILIS

Figure 17: Primary & Secondary Syphilis Incidence Rates by Year, Riverside County 2010-2015



	2010	2011	2012	2013	2014	2015
— Riverside	5.4	5.8	4.9	5.7	8.1	8.8
••• California	5.5	6.5	7.8	9.3	9.9	12.5

Disease	2015 Incidence Rates		
	Coachella Valley & Blythe	Riverside County	California
Chlamydia	385.1	386.4	486.1
Gonorrhea	105.0	81.4	138.9
Syphilis	28.9	8.8	12.5





“What’s Up” Phone App

- Percent of teens who have seriously considered suicide in the past year:
 - PSUSD: 20% of 9th graders, 18% of 11th graders
 - CVUSD: 17% of 9th graders, 13% of 11th graders
 - DSUSD: 22% of 9th graders, 18% of 11th graders





Questions?

Jenna LeComte-Hinely, PhD

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Key Findings Memorandum

TO: Herb Schultz
Desert Healthcare District

FROM: Adam D. Probolsky
Probolsky Research

SUBJECT: Voter Survey Results – Key Findings

DATE: March 14, 2017

Having previously delivered a Full Report on Results and stand-alone Presentation detailing our findings. This memo is intended to encapsulate, very briefly, some key findings from our telephone survey of voters within the Desert Healthcare District:

- Healthcare is not one of the top five issues of concern, is not among the top three issues voters believe should be a top priority for their community.
 - This does not mean they don't care about the issue. It means they prioritize other things over healthcare.
- While most providers get positive marks, there is no single market leader that stands out over the others.
- Approval of the Desert Healthcare District is remarkably high at over 80%
- Approval of Desert Regional Medical Center is high at over 70%.
- Over 63% of respondents rank the overall quality of medical care in their community as excellent or good.

Methodology:

From Friday, November 4 through Monday, November 7, 2016 Probolsky Research conducted a telephone survey of voters within the Desert Healthcare District.

A total of 301 voters were surveyed. A survey of this size yields a margin of error of +/-5.8% with a confidence level of 95%. Interviews were conducted with voters on both landline and mobile phones (67.8% were completed on mobile phones) and were offered in English and Spanish languages.

Our sample was developed from voter files originally compiled by the County of Riverside Registrar of Voters. Probolsky Research applies a stratified random sampling methodology to our sample design. In other words, we ensure that the demographic proportions of survey respondents match the demographic composition of the universe being researched.

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Desert Healthcare District and Foundation Community Leaders and Partners Interview Summary March 15, 2017

Between March 1 and March 14, 2017, Pacific Health Consulting Group (PHCG) conducted telephone interviews with 15 community leaders and partners to solicit perspectives that could inform the Desert Healthcare District and Foundation strategic planning process, including: perceptions of the role, contributions and strengths/weaknesses of the District/Foundation; most critical community health needs; advantages and disadvantages of the potential expansion into eastern Coachella Valley, and; most important strategic issues for the District/Foundation to address with the strategic plan.

This document summarizes the highlights and key findings from the interviews.

Perceptions of the District/Foundation

Role and Perceptions in the Community

Interview participants were asked to characterize what they see as the current role of the District/Foundation. Major themes included the following:

Major Funder. Close to two-thirds of participants indicated that the District/Foundation's central role currently is as a major grant funder for community organizations and projects. Several highlighted the District/Foundation as the largest local funder in the region. A common viewpoint expressed by participants was that the District/Foundation is known as a responsive funder that is open to projects that define community health and potential interventions broadly. Stated one participant, "if you have a visionary project that takes substantial dollars, the District/Foundation is where to go". Others highlighted an openness to seeding innovative projects or funding projects, including those that are not for direct health services. Additionally, most participants agreed that the District/Foundation has established a reputation for commitment to serving low-income and vulnerable populations in the community and addressing health disparities.

Ensuring Healthcare Services and Access. A smaller proportion of participants (less than one-third) highlighted the District/Foundation's role and responsibility in ensuring adequate access to healthcare in the community through the Desert Regional Hospital lease and other investments in healthcare infrastructure and facilities, such as the UCR residency program and Desert Hot Springs Wellness Center. This perspective was more prevalent among participants representing the healthcare delivery system and elected officials.

Convener/Facilitator. A few participants noted that the District/Foundation has historically played a role in building knowledge, awareness and partnership to address big community issues. These participants pointed to support for programs such as HARC and CV LINK. As will be discussed later, others suggested that this may be an area where the District/Foundation could play an even bigger role.

Organizational Strengths and Opportunities for Improvement

Participants were additionally asked to share their perceptions about organizational strengths, as well as, opportunities for improvement within the District/Foundation:

Funding/Grants. As stated, most participants view grant funding and other investments as the largest current role of the District/Foundation. In terms of strengths, multiple participants described the District/Foundation as a consistent, reliable and flexible funder open to a broad range of projects. A couple of participants also applauded the District/Foundation for incorporating reporting and evaluation into each project to promote accountability.

Participants also highlighted opportunities for improvement. Most commonly, participants encouraged the District/Foundation to develop a more focused funding strategy oriented around a few key priorities. This view was articulated by a little less than half of interview participants. Participants with this perspective suggested that a more focused funding strategy would increase the impact of funding, promote accountability, and could even help define a shared set of community priorities that other funders and partners could reinforce. That said, several participants encouraged a ‘balanced’ funding approach that included funding priorities, as well as, the maintenance of some responsive grants, continued reliable support for key agencies, and a continued openness to a broad range of programs.

Though not a dominant theme, a few participants did share a concern that grant funding had remained limited to a few agencies, both because many non-profits are not aware that the District/Foundation funds grants and because certain applicants were favored in the application process. They encouraged an explicit effort to promote the availability of grants and ensure that the application process was impartial. Lastly, one participant encouraged the District/Foundation to commit more revenue to grants/investments and reduce the reserve level, which was described as very large.

Limited Community Visibility and Understanding. Importantly, the vast majority of interview participants emphasized that most community residents have an extremely limited awareness of the role or contributions of the District/Foundation. Several participants shared that residents may view the District/Foundation’s role as managing the Desert Regional Hospital lease but generally do not understand the purpose, broader role or impact of the District/Foundation. Stated one participant, “in truth, the typical citizen doesn’t have a clear vision or awareness of the District and what they do”. Stated another, “people don’t know about them or what they really do. They don’t know they fund programs, services and infrastructure”. Shared a third participant, “they are a facilitator and a funder without recognition.”

Transparency and Community Engagement. Though not a significant theme, a few interview participants highlighted opportunities for improved District/Foundation transparency and more pro-active community engagement. Specifically, they described a lack of transparency about how District/Foundation revenues are expended and the formulas for spending and recommended being more pro-active in explaining the District/Foundation strategies and approaches. Additionally, they urged the District to create more pro-active and accessible opportunities for community feedback. This could include community listening sessions, expanded committee structures or other strategies.

Hospital Performance. While most interview participants did not address Desert Regional Hospital performance, those who did highlighted a few common themes. Most commonly, participants expressed mixed perspectives about the quality of services and facilities, as well as, an interest in hospital services being more responsive to the unmet needs of the community.

Recommendations for Evolving the District Role and Impact

Participants were asked to share recommendations for how the District/Foundation could evolve its role and impact in the community. Overall, participants expressed a perspective that the District/Foundation was not fully leveraging its position, role and resources to maximize its impact on community health. Stated one participant, “whether it’s with elected officials, healthcare agencies or the media... how can [the District/Foundation] leverage their experience for the betterment of their community?”. They highlighted several recommendations:

Build a Visible Brand. Most commonly, participants strongly encouraged the District/Foundation to invest in increasing visibility and building a brand that defines its role and value. They suggested a number of strategies, including more explicit branding of facilities, marketing/education on investments, pro-active use of local media and other strategies.

Expand Role as Facilitator and Convener. Given its current role as a large health funder, multiple participants also urged the District/Foundation to enhance its role as a community leader, facilitator and convener to define community health priorities and build cross-organizational partnerships/initiatives, similar to the Clinton Foundation or The California Endowment’s Building Healthy Communities. In order to do this, participants highlighted the need for the District/Foundation to be more pro-actively engaged with community service providers and residents through listening sessions, community forums or other community engagement activities.

Create Funding Priorities. As discussed earlier, several participants also encouraged the District/Foundation to develop focused priorities to guide grant-making and other investments.

Step into Policy and Advocacy. A few participants also urged the District/Foundation to explore playing a more active policy and advocacy role in the community. Whereas some participants noted that as a government entity, the District/Foundation, had more options available to impact policy. Others highlighted that its presence as a large funder and entity with control and responsibility over major components of the delivery system position it well to have a broader policy impact.

Strengthen Hospital Oversight. While most participants were open to future lease/management options, several participants advocated for more aggressive and engaged oversight of the Desert Regional Hospital lease with an emphasis on maintaining quality standards, improved facilities and the inclusion of services that addressed unmet community needs. Remarkd one participant, “what’s the value of owning a hospital, if you have no input or oversight”. One participant encouraged the District/Foundation not to secure a new hospital lease with a for-profit provider because of the amount of resources that are taken out of the community. Others expressed an openness to the lease provided it more effectively promoted high quality care and access to needed healthcare services in the community.

Build the Delivery System. Two participants encouraged the District/Foundation to more actively engage its role and responsibility in developing a sustainable healthcare delivery system, whether it be through new investments to establish sustainable delivery models, expanded ongoing investment in delivery systems or new infrastructure.

Community Health Needs and Trends

Participants shared their perceptions about the most pressing health needs in the Coachella Valley. Whereas participants highlighted a number of needs, three issues were raised consistently. They included:

- Provider shortage and the need to build pipeline programs;
- Related lack of primary and specialty care providers serving Medi-Cal and other low-income patients;
- Community-wide lack of mental health services to support the full range of mental health needs (severe, intermediate, mild/moderate). Some participants also linked this issue to the lack of substance use services and an inadequate community response to homelessness.

Other pressing needs highlighted by participants included the following:

- Obesity and diabetes
- Asthma (east valley)
- Lack of dental services for low-income residents
- Services for low-income special populations (seniors, Latinos, LGBTQ)
- Significant income disparity in the region along with a growing low-income community
- Pending public health and economic impacts of the Salton Sea water diversion

Eastern Coachella Valley Expansion

Participants were asked to share their perspectives about the advantages, disadvantages and key issues to be addressed in potential expansion to eastern Coachella Valley. Themes included the following:

Broad Support. While participants highlighted questions to be addressed about how the expansion would be funded and managed, no one expressed opposition to expansion. In contrast, nearly all participants expressed strong support for the expansion.

Arbitrary Boundaries, One Community. While sharing an understanding for the rationale for limiting funding within current boundaries, several participants stated that such an approach limits the District/Foundation’s ability to have a community impact and runs counter to the real patterns of healthcare utilization in the region. For example, multiple participants stated that eastern Coachella Valley residents actively utilize the Desert Regional Hospital and other healthcare providers within District boundaries, community needs on one side of Cook Street mirrored those on the other, and that funding restrictions hampered agency efforts to develop regional service approaches and partnerships.

Significant East Valley Needs. Participants reinforced the perspective that there are significant unmet needs, health disparities and lack of community health investments/initiatives in eastern Coachella Valley. In particular, participants highlighted a severe shortage of healthcare providers and lack of services, including primary care, pediatric care, urgent care, specialty care and mental health services. Participants additionally highlighted the degree to which the population was young, low-income and growing in size.

Funding the Expansion. A common issue raised by multiple stakeholders was the need to define the funding mechanism to accompany expansion. Most participants addressing this issue voiced the importance of generating new funding to support investments in the eastern valley, rather than re-allocating existing funding. A couple of participants stated that they could not support expansion without generating new revenue. Nearly all participants addressing this issue emphasized the importance of collaborative and deliberative decision-making to address this issue.

Engaging the Community and Governance Structure. Several participants also highlighted the importance of educating eastern Coachella Valley residents about the expansion and role/purpose of

the District/Foundation, as well as, clearly defining a strategy to ensure representation and engagement of eastern valley residents. Participants touched on the need for listening sessions and other activities to engage residents, re-evaluating how District committees are structured and Board representation.

Perspectives on District Priorities

Participants were asked to share their views of key strategic priorities and issues for the District/Foundation to address. Issues are listed below with the issues most frequently discussed listed first:

District Expansion. Participants emphasized the need to address how the expansion will be funded and manage an expansion process that engages residents, assures representation and strategically addresses community needs.

Hospital Lease and Seismic Upgrades. As stated earlier, participants highlighted the importance of making hospital lease/management and seismic upgrade decisions in the near future. As stated earlier, several participants encouraged the District/Foundation to exercise more leverage and control over the terms of the arrangements to ensure better quality, facilities and service coverage.

Community Visibility and Brand. A number of participants encouraged the District/Foundation to deliberately invest in strategies to build visibility in the community and clarify understanding of its role, purpose and contributions.

Funding/Investment Strategy to Address Priority Needs. Although participants shared different perspectives about the funding priorities, several encouraged the development of a more focused funding and investment strategy to address community needs.

Expanded District Role. Lastly, a few participants encouraged the District/Foundation to more fully utilize its resources and leverage by taking on new roles/activities, such as policy and community convening and leadership.

Desert Healthcare District Voter Survey

- Presentation -

March 13, 2017



Opinion Research on
Elections and Public Policy

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Desert Healthcare District – Voter Survey

Report on results

From Friday, November 4 through Monday, November 7, 2016 Probolsky Research conducted a telephone survey of voters within the Desert Healthcare District.

A total of 301 voters were surveyed. A survey of this size yields a margin of error of +/-5.8% with a confidence level of 95%. Interviews were conducted with voters on both landline and mobile phones (67.8% were completed on mobile phones) and were offered in English and Spanish languages.

Our sample was developed from voter files originally compiled by the County of Riverside Registrar of Voters. Probolsky Research applies a stratified random sampling methodology to our sample design. In other words, we ensure that the demographic proportions of survey respondents match the demographic composition of the universe being researched.

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General Regional Themes



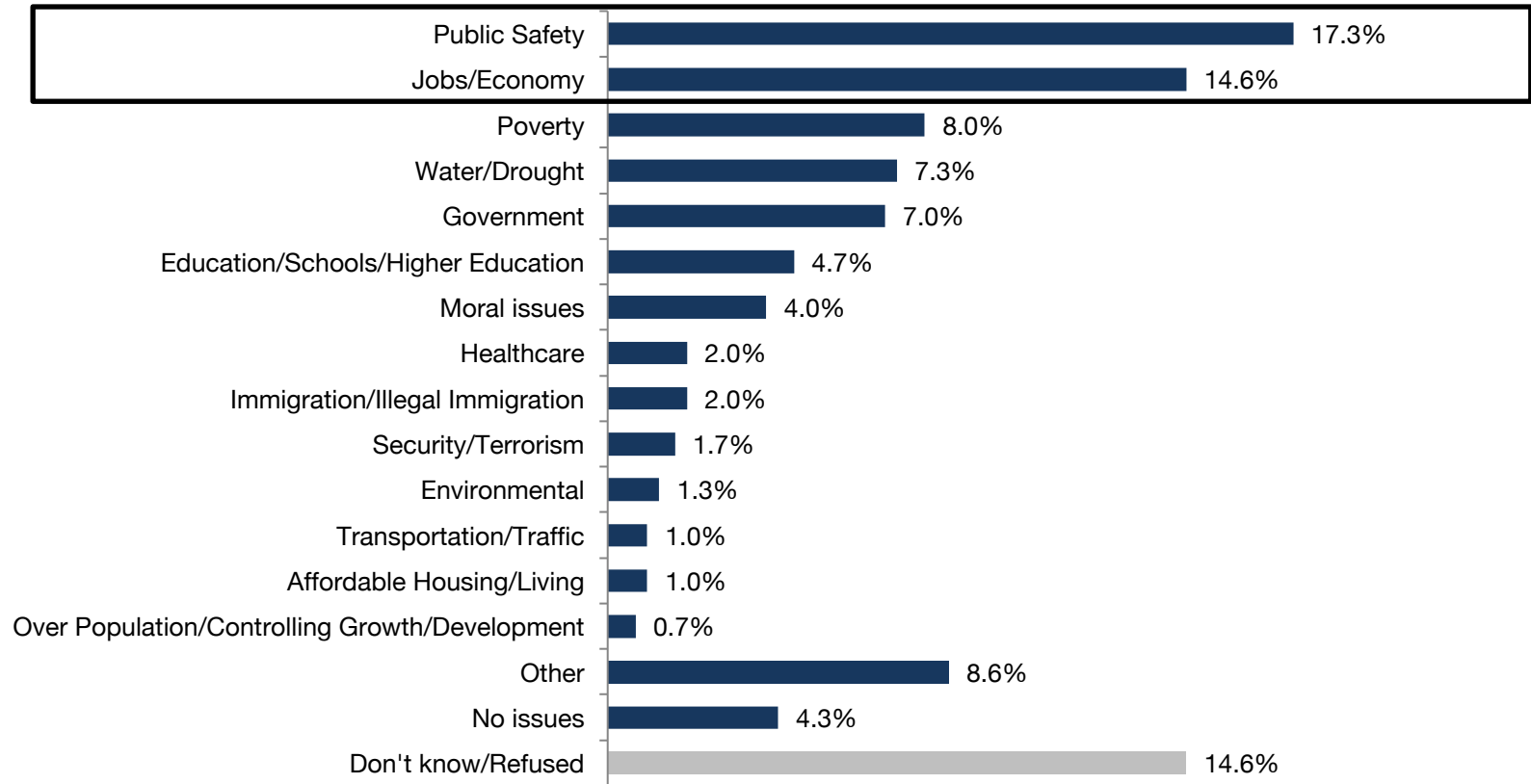
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Public Safety and Jobs/the Economy

Are the most important issues within Desert Healthcare District

Question: What is the most important issue facing your community today?



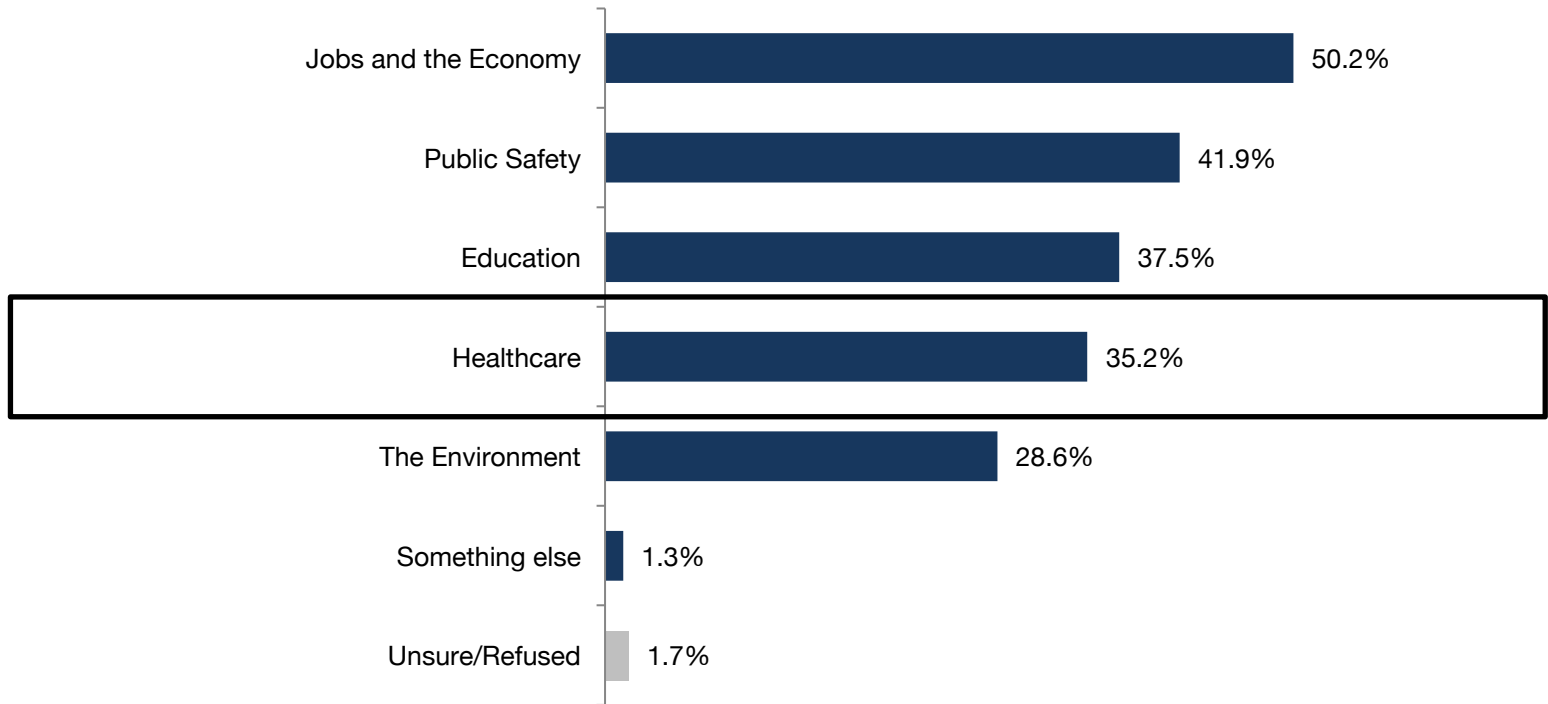
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Where do respondents rank healthcare

As an issue to be prioritized within their community?

Question: I am going to read a list of several issues that may be facing your community. Please listen to each and then tell me which two issues should be the top priorities of your COMMUNITY.



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Introducing Community Medical Care



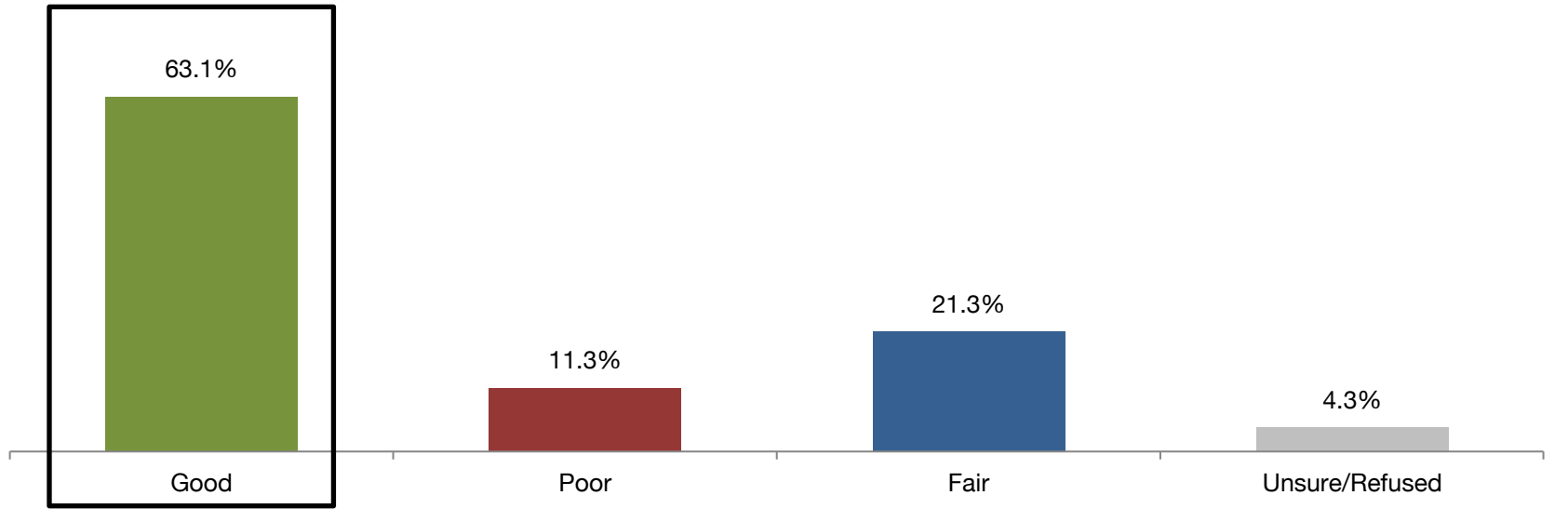
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63.1% rate the overall quality of medical care

In their community as good

Question: How would you rate the overall quality of medical care that is available in your community?



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Community Medical Care Providers



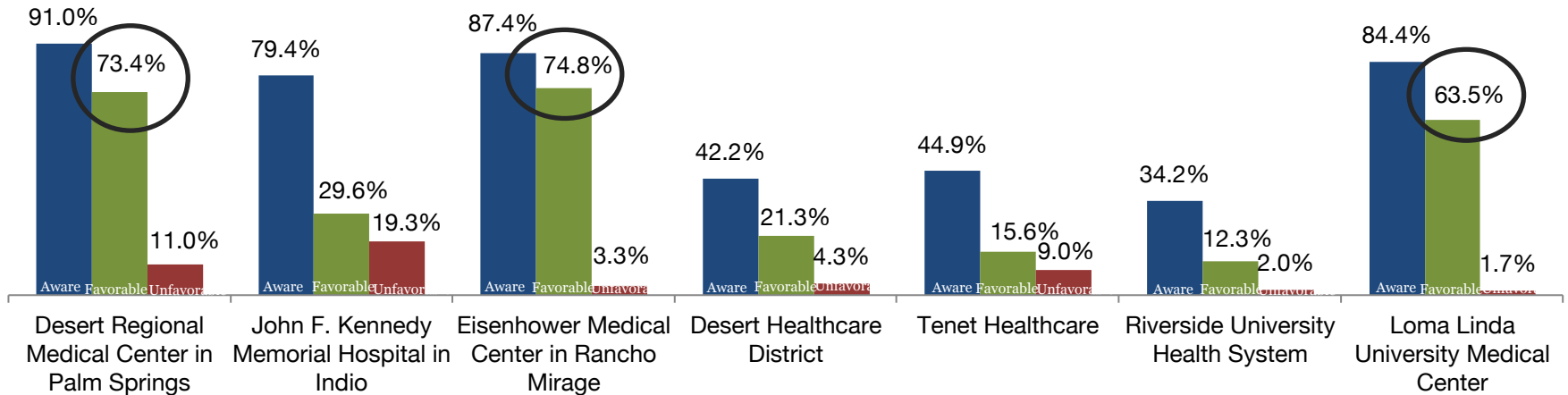
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Desert Regional and Eisenhower Medical Centers

Are most favorably regarded, followed by Loma Linda

Question: Now I have the names of organizations that I am going to read to you. Please tell me if you have heard of them and if you have a favorable or unfavorable opinion of them. If you have no opinion or have never heard of them, just say so. Have you heard of (NAME)? Would you say that you have a favorable or unfavorable opinion of (NAME)? And would you say that your opinion is somewhat or very (favorable/unfavorable)?



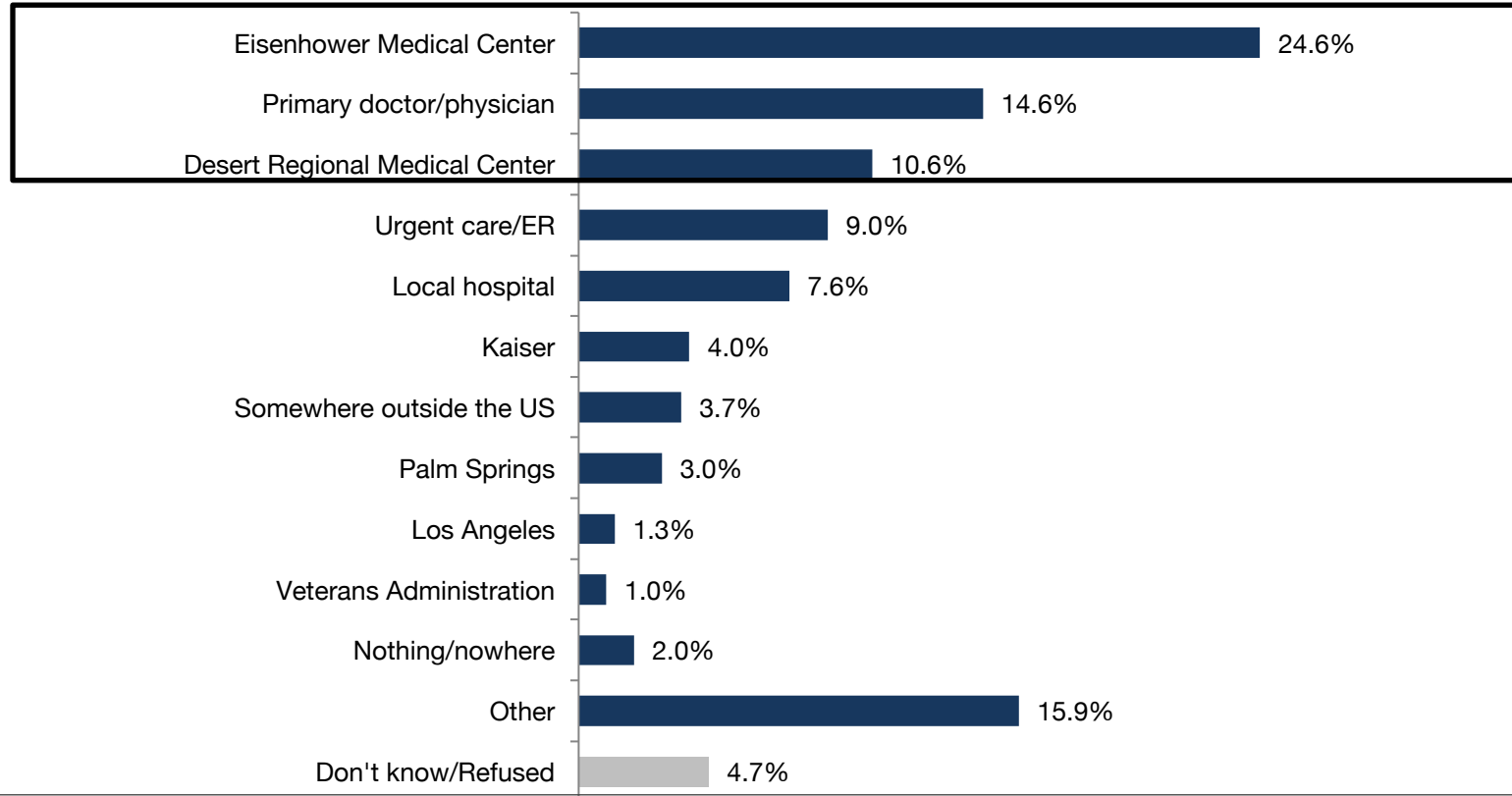
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Where would respondents go for treatment

If they were sick with a non-life-threatening illness?

Question: If you were sick with a non-life-threatening illness and could go anywhere for treatment, where would you go?



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Focus on: Desert Regional Medical Center



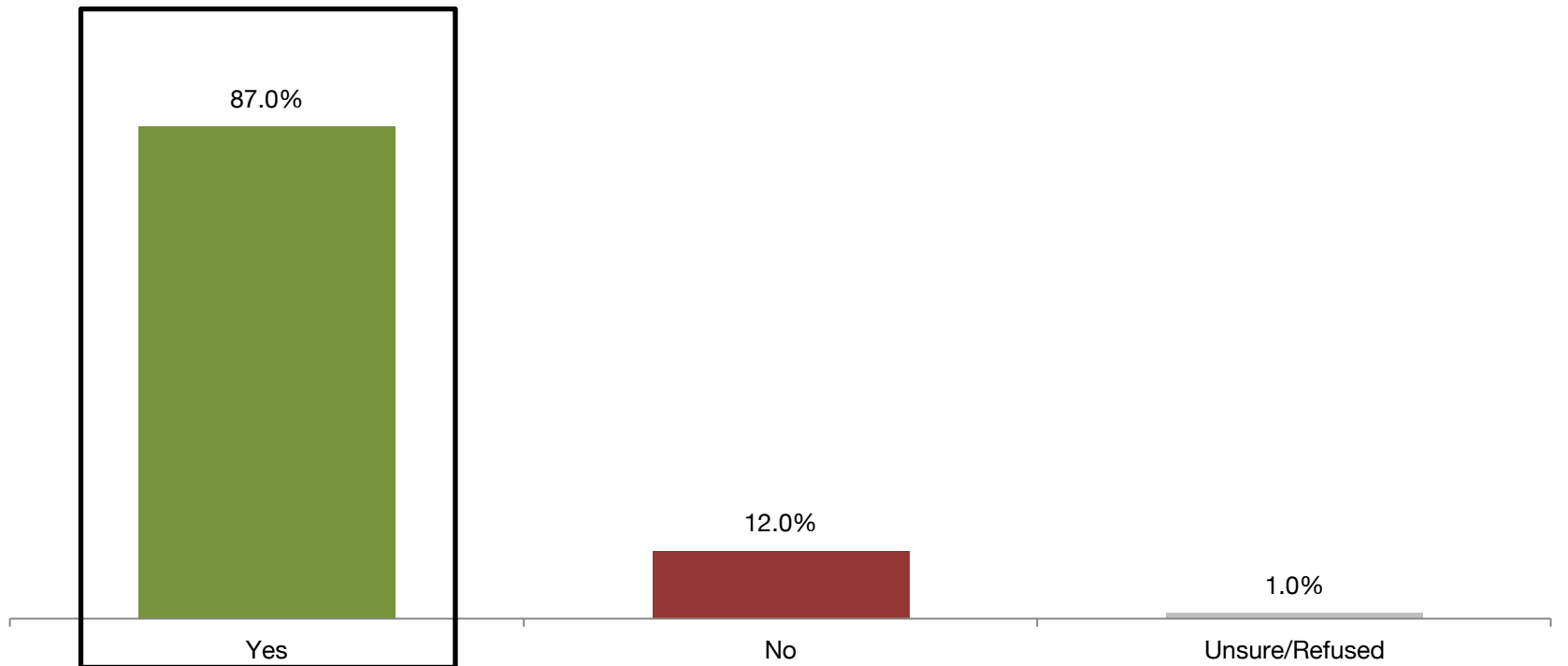
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87.0% say they or someone they know

Have gone to Desert Regional Medical Center

Question: Have you or someone you know ever gone to Desert Regional Medical Center?



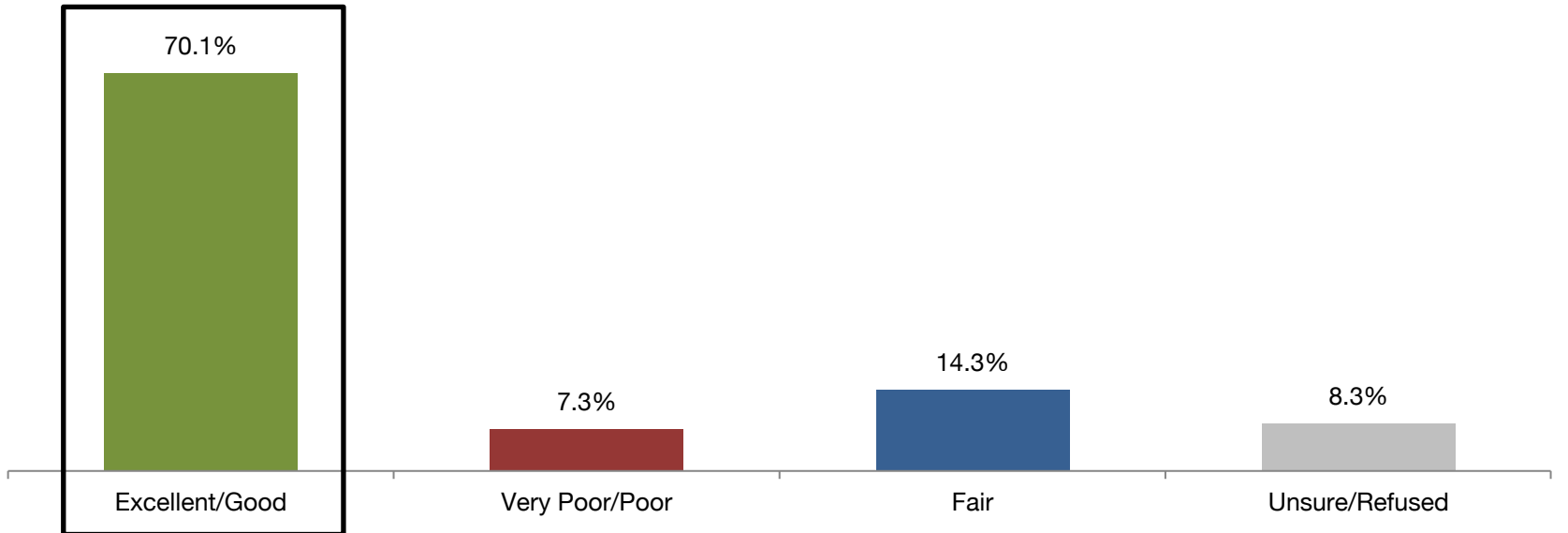
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70.1% rate Desert Regional Medical Center

As Excellent/Good

Question: Based on what you know, how would you rate Desert Regional Medical Center in Palm Springs?



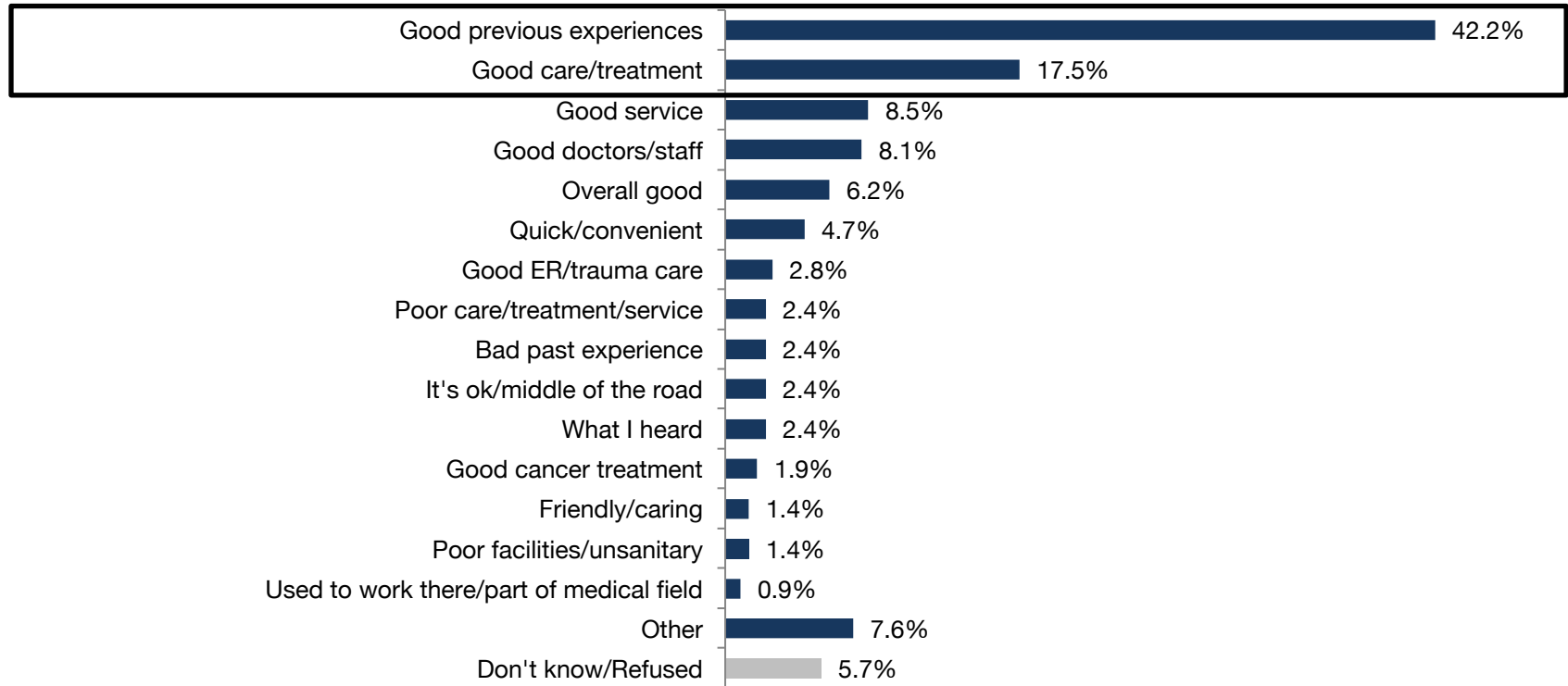
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Why is Desert Regional Medical Center

Rated “Excellent” or “Good”?

Question: Thinking specifically, why would you rate it this way?*



*Asked only of those who rate Desert Regional Medical Center as Excellent/Good

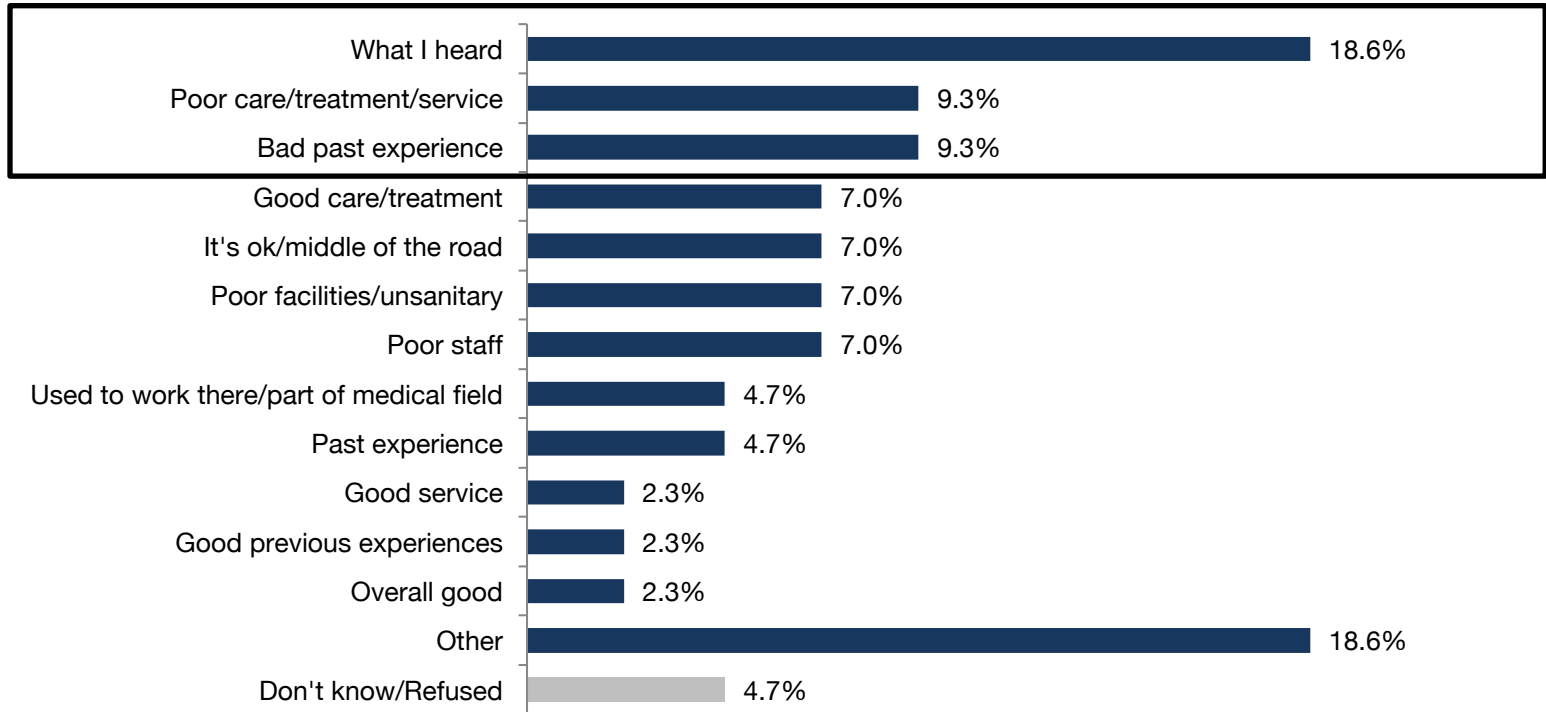


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Why does 14.1% rate Desert Regional Medical Center As “Fair”

Question: Thinking specifically, why would you rate it this way?*



*Asked only of those who rate Desert Regional Medical Center as Fair

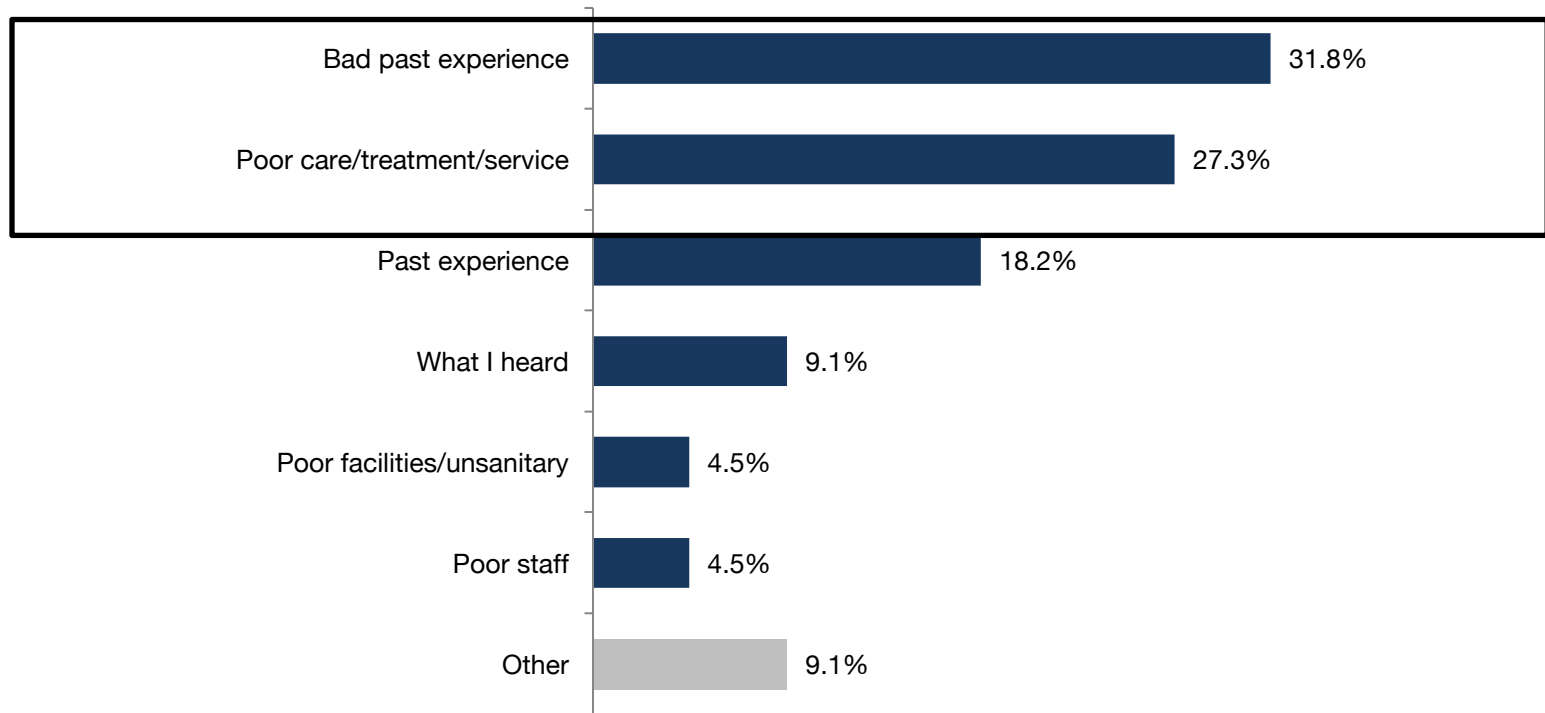


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Why does 7.3% rate Desert Regional Medical Center As “Poor” or “Very poor”

Question: Thinking specifically, why would you rate it this way?*



**Asked only of those who rate Desert Regional Medical Center as Poor/Very Poor*



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Focus on: Desert Healthcare District



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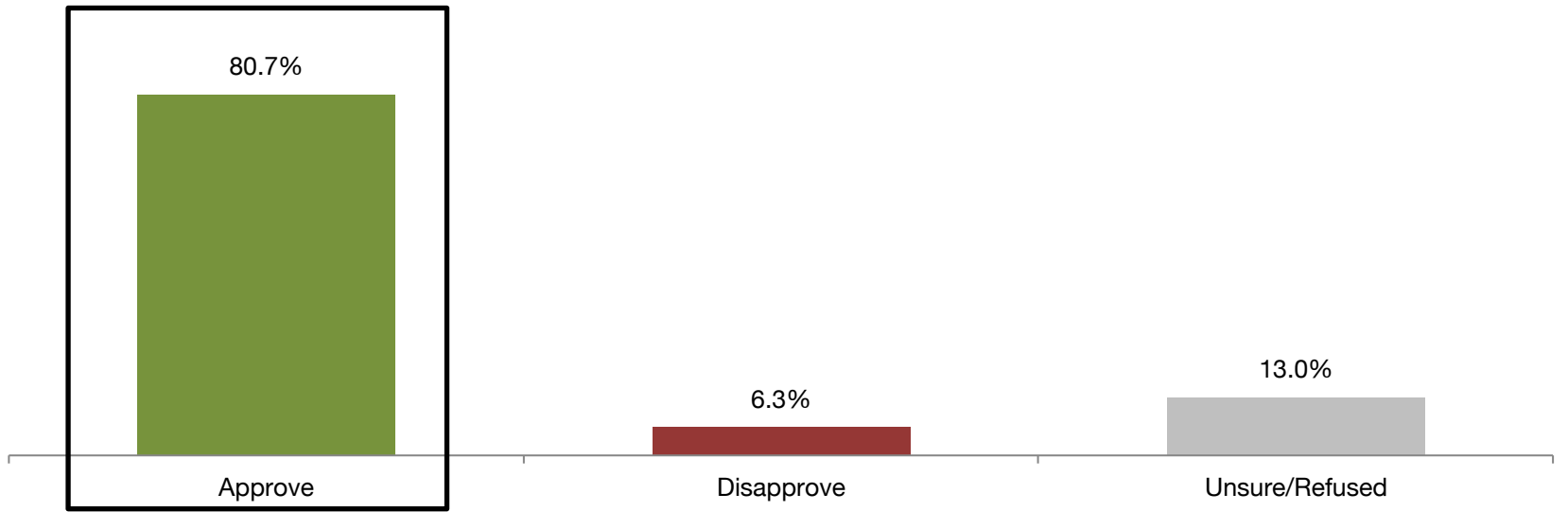
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80.7% approve of the Desert Healthcare District

After hearing a brief description

Question: The Desert Healthcare District was created in 1948 to build and operate Desert Hospital, now Desert Regional Medical Center. In 1997, the District Board of Directors leased the hospital to Tenet Health Systems, allowing Tenet to operate the hospital for 30 years. The community continues to own the hospital and the District oversees it. The District also invests \$3 million each year to fund a variety of services and organizations, including: Desert AIDS Project, Find Food Bank of the Desert, Mizell Senior Center, Desert Hot Springs Health and Wellness Center, Desert Cancer Foundation, Stroke Recovery Center, Arthritis Foundation, and the UCR School of Medicine, among others.

Knowing what you do now, do you approve or disapprove of the Desert Healthcare District?



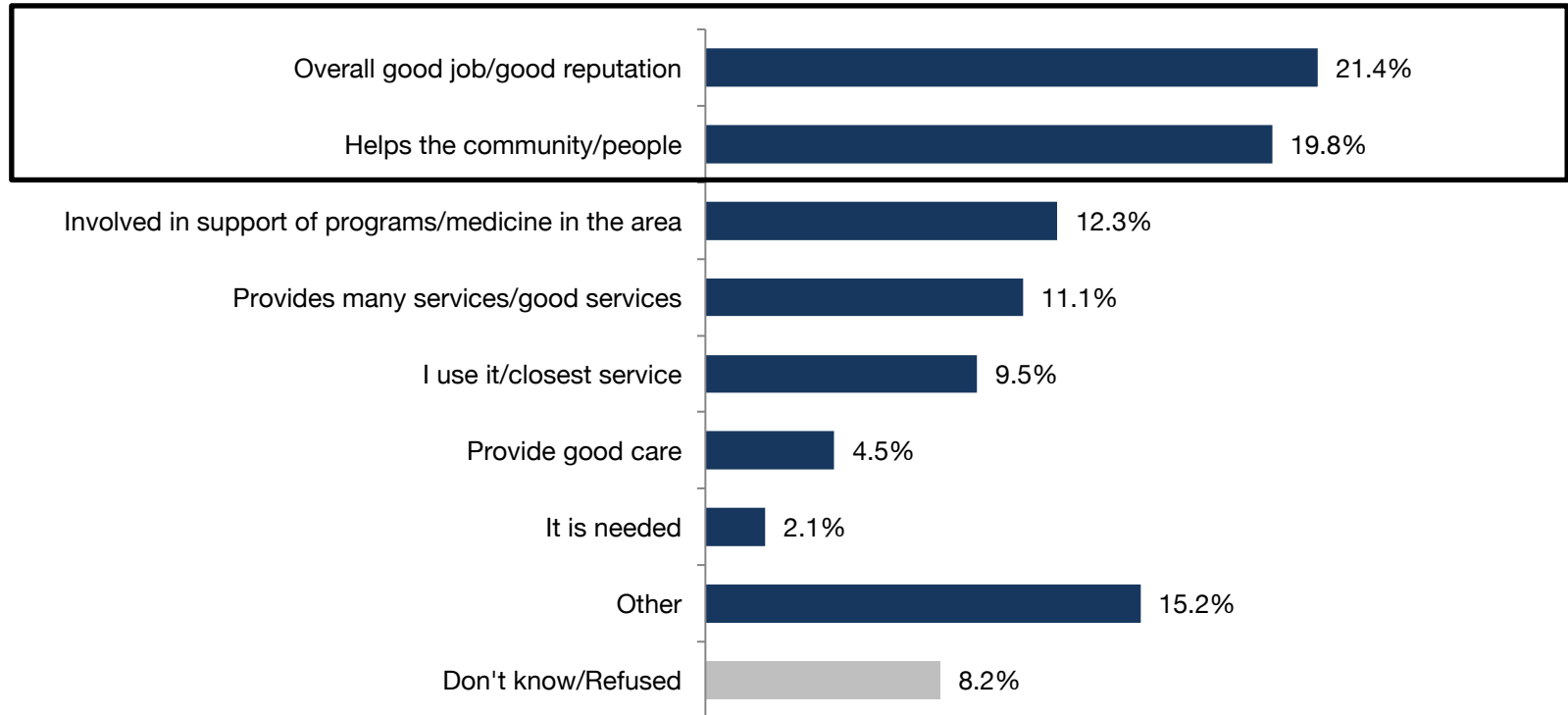
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Why do respondents approve

Of Desert Healthcare District

Question: Thinking specifically, why do you approve of the Desert Healthcare District?*



*Asked only of those who approve of Desert Healthcare District

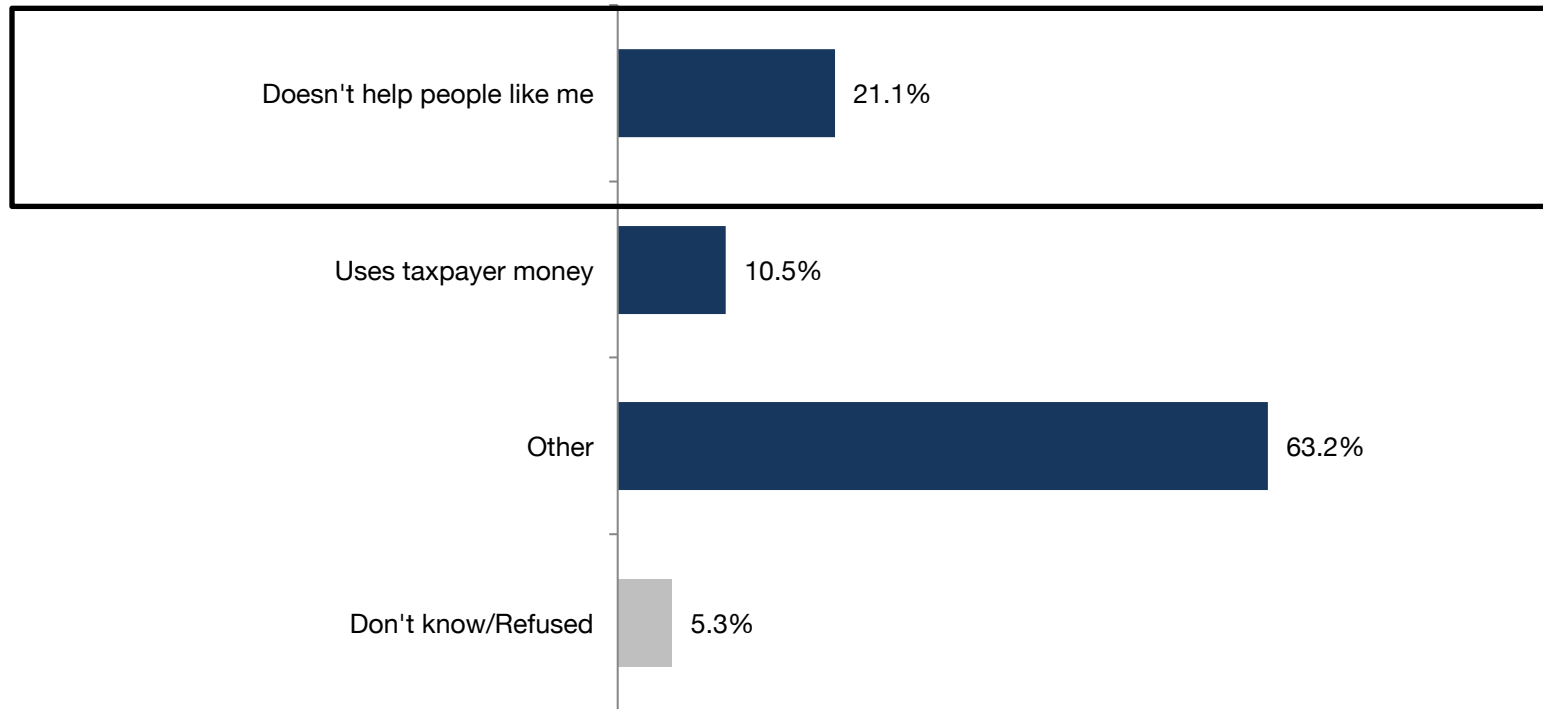


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Why does 6.3% of respondents disapprove Of Desert Healthcare District

Question: Thinking specifically, why do you disapprove of the Desert Healthcare District?*



*Asked only of those who disapprove of Desert Healthcare District

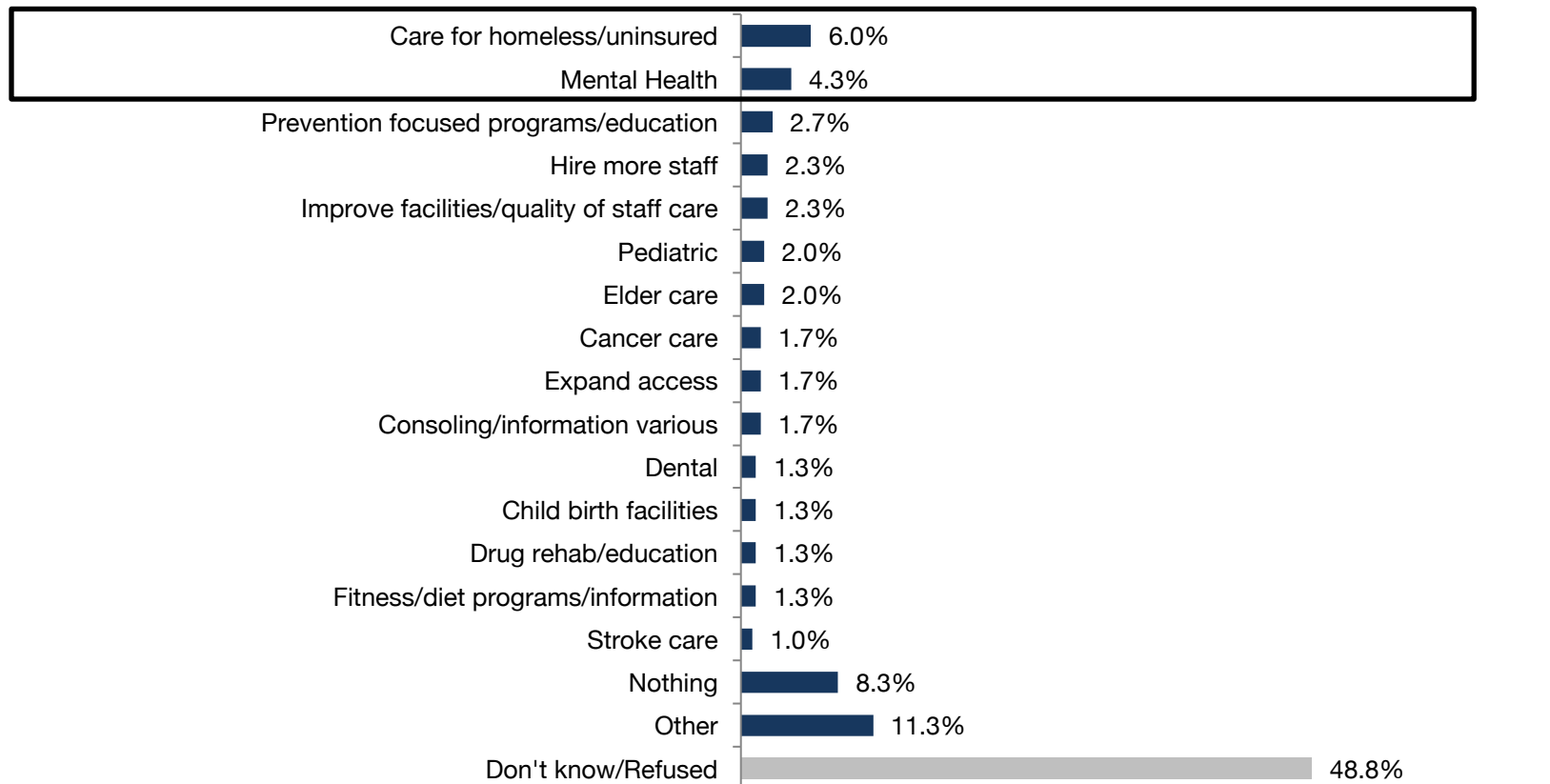


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Are there any programs or services that respondents Would like to see provided by Desert Healthcare District?

Question: If you could ADD any programs or services to be provided by the Desert Healthcare District, what would they be?



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Focus on:

Extending Tenet Healthcare's Lease Of Desert Regional Medical Center



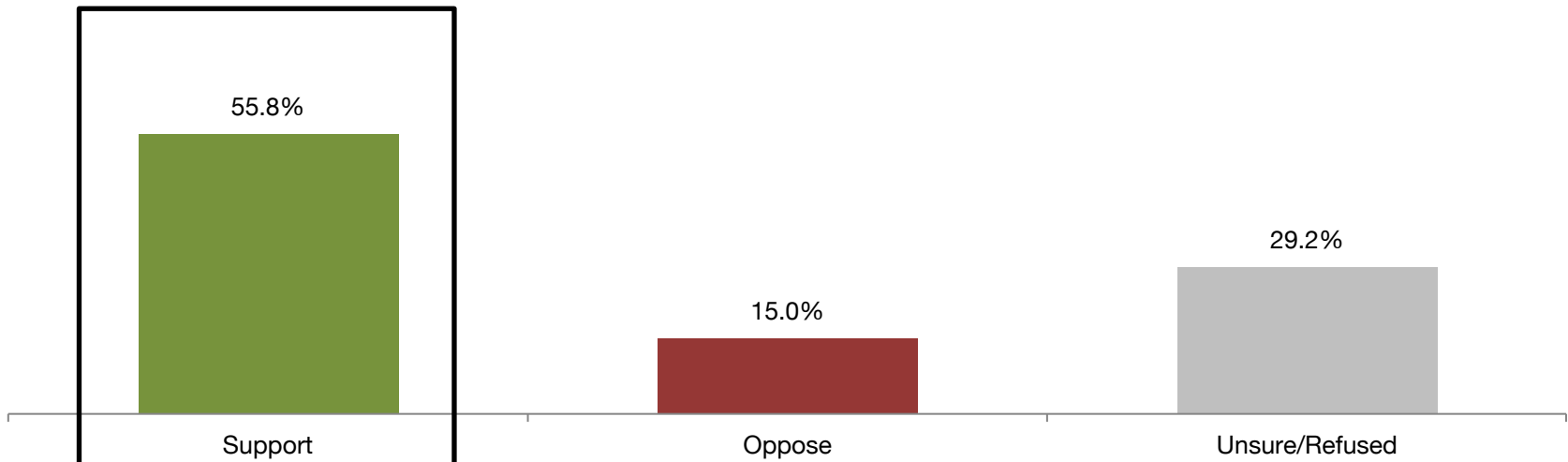
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A majority (55.8%) support Desert Healthcare District Extending Tenet healthcare's lease of Desert Regional Medical Center

Question: Earlier we talked about the fact that Desert Regional Medical Center is leased and operated by Tenet Healthcare. The lease will expire in 10 years, but Tenet is requesting that the lease be extended.

Do you support or oppose Desert Healthcare District extending Tenet Healthcare's lease of Desert Regional Medical Center?



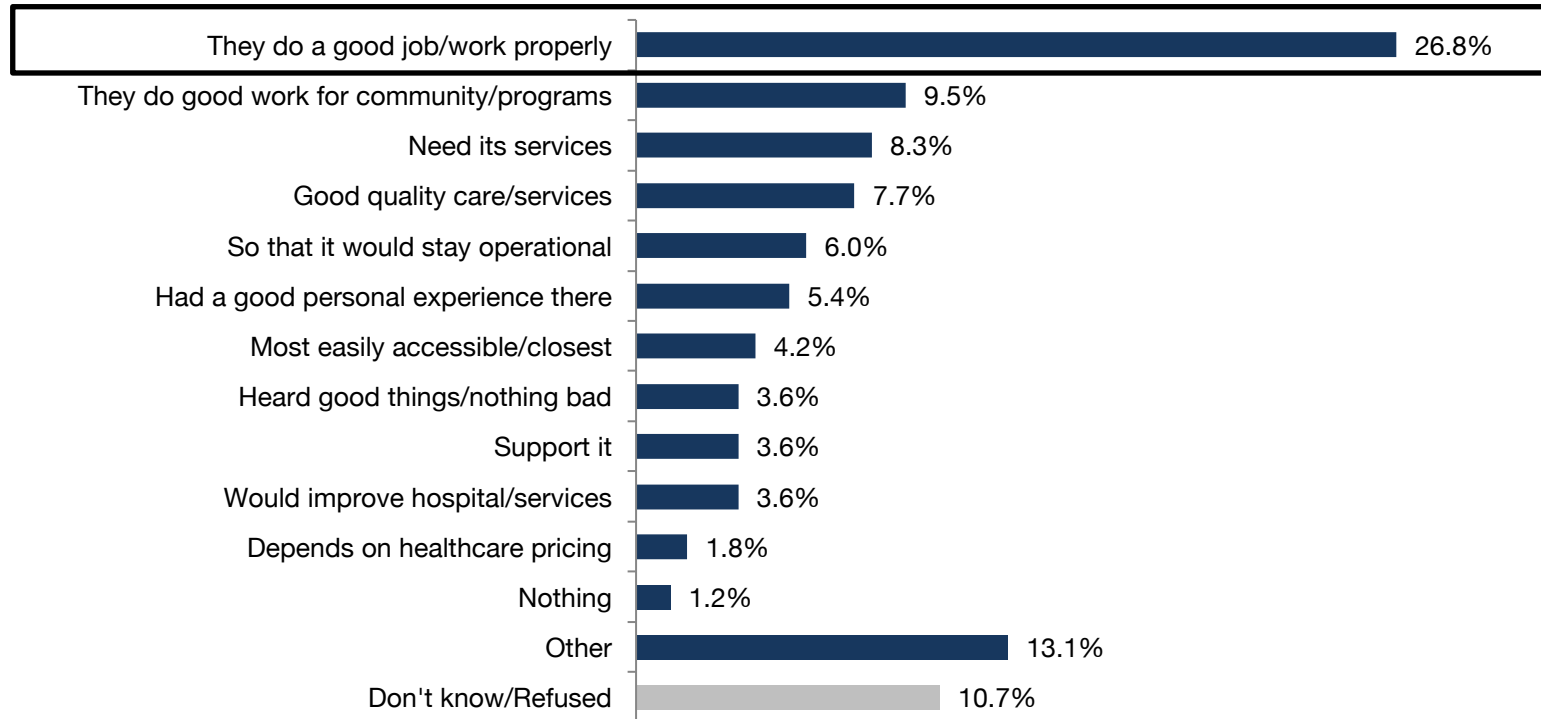
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Why do respondents support Desert Healthcare District

Support renewing Tenet Healthcare's lease of Desert Regional Medical Center?

Question: Thinking specifically, why do you support Desert Healthcare District renewing Tenet Healthcare's lease of Desert Regional Medical Center?*



*Asked only of those who support renewing the lease



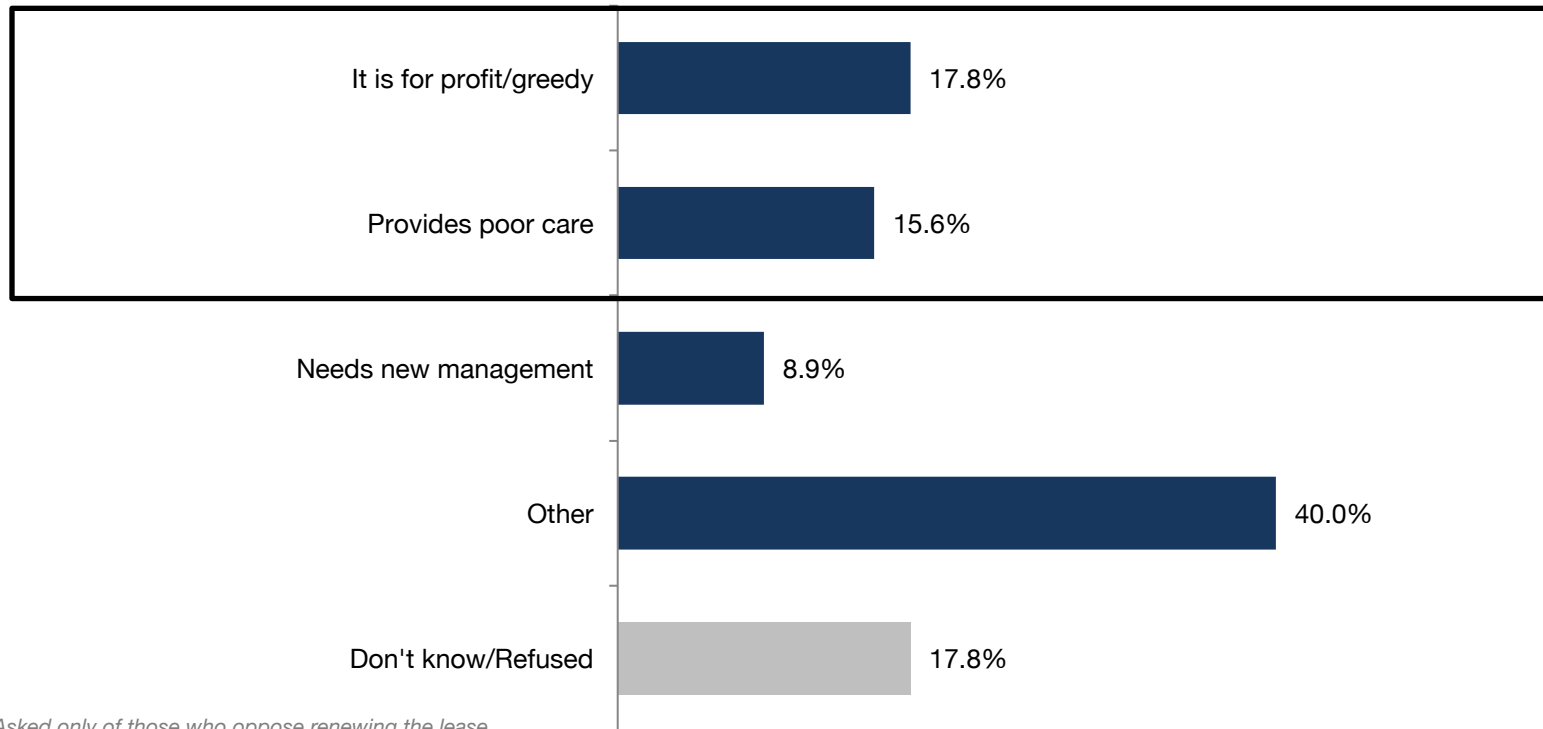
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Why does 15% oppose Desert Healthcare District

Support renewing Tenet Healthcare's lease of Desert Regional Medical Center?

Question: Thinking specifically, why do you oppose Desert Healthcare District renewing Tenet Healthcare's lease of Desert Regional Medical Center?*



*Asked only of those who oppose renewing the lease



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Thank You.



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**Desert Healthcare District - East Valley Voter Survey
Interview Schedule
FINAL FIELD**

Field Dates: TBD
Universe: Voters within the Proposed Desert Healthcare District annexation area
Language: English and Spanish
N = 300
Margin of Error = +/- 5.8%

Hello, may I speak with _____? [IF NOT AVAILABLE—SCHEDULE CALLBACK]
This is _____ with the Research Associates West a regional opinion research organization. We are conducting a survey about issues facing your community. Your opinion is important.

1. What is the most important issue facing your community today?
[PROBE HEAVILY, CAPTURE AND CODE]: _____
2. How would you rate the overall quality of medical care that is available in your community?
Would you say that it is excellent, good, fair, poor or very poor?

Good (NET)

Excellent
Good

Fair

Poor (NET)

Very poor
Poor

Unsure [DO NOT READ]

Refused [DO NOT READ]

3. Please tell me which of the following best describes your health insurance?
[RANDOMIZE]

Provided through my employer
I purchase private insurance



Government sponsored insurance (Medicare, Medical, Veterans Administration)

I am insured through a family member

Covered California

Something else [PROBE, CAPTURE AND CODE]: _____

Not insured [DO NOT READ]

Unsure [DO NOT READ]

Refused [DO NOT READ]

4. The Desert Healthcare District was created in 1948 to build and operate Desert Hospital, now Desert Regional Medical Center. In 1997, the District Board of Directors leased the hospital to Tenet Health Systems, allowing Tenet to operate the hospital for 30 years. The community continues to own the hospital and the District oversees it. The District also invests \$3 million each year to fund a variety of services and organizations, including: Desert AIDS Project, Find Food Bank of the Desert, Mizell Senior Center, Desert Hot Springs Health and Wellness Center, Desert Cancer Foundation, Stroke Recovery Center, Arthritis Foundation, and the University California Riverside School of Medicine, among others.

The current District service area encompasses the cities of Palm Springs, Desert Hot Springs, Cathedral City, Rancho Mirage, part of Palm Desert, and unincorporated areas of Western Coachella Valley. The District has five publicly elected board members.

Knowing what you do now, do you approve or disapprove of the job the Desert Healthcare District is doing?

Approve

Disapprove

Unsure [DO NOT READ]

Refused [DO NOT READ]

5. State legislation signed into law in 2016 required the Desert Healthcare District to file an application to expand its current boundaries and service area to include Eastern Coachella Valley. The expansion would cover the remainder of Palm Desert, Indian Wells, La Quinta, Indio, Coachella, Bermuda Dunes, Mecca, Thermal, Oasis, North Shore and Vista Santa Rosa, as well as unincorporated areas of Riverside County.



Knowing what you do now, if you had to vote on whether to expand the Desert Healthcare District boundaries into these new communities in Eastern Coachella Valley, would you vote YES to approve or No to oppose the expansion? [RECORD] [IF SUPPORT OR OPPOSE>>>]
And would you say that you would definitely or probably (vote YES to approve/vote NO to oppose)?

Vote YES (NET)

Definitely vote YES

Probably vote YES

Vote NO (NET)

Definitely vote NO

Probably vote NO

Unsure [DO NOT READ]

Refused [DO NOT READ]

[RANDOMIZE Q6 – Q9]

6. Expanding the boundaries of the Desert Healthcare District would address significant barriers preventing access to healthcare providers and services for 240,000 residents in the Eastern Coachella Valley. Does knowing this make you more likely or less likely to vote yes, in favor of expanding the Desert Healthcare District boundaries? [RECORD] [IF MORE LIKELY OR LESS LIKELY>>>] And would you say that you are much (more/less) likely or somewhat (more/less) likely?

More likely to vote yes [NET]

Much more likely

Somewhat more likely

Makes no difference to me [DO NOT READ]

Less likely to vote yes [NET]

Much less likely

Somewhat less likely

Unsure [DO NOT READ]

Refused [DO NOT READ]



7. A few examples of future programs and services to be provided to the Eastern Coachella Valley communities should the District boundaries be expanded, include, but are not limited to: Strategic plan for health and wellness initiatives, Free and low-cost medical and dental clinics, Mental health counseling and related services, Drug and alcohol treatment, Food distribution programs, Financial support and case management for families with special needs children, Free rehabilitation for stroke patients, Health assessment surveys that inform future programs and services, New and expanded inpatient and outpatient facilities. Does knowing this make you more likely or less likely to vote yes, in favor of expanding the Desert Healthcare District boundaries? [RECORD] [IF MORE LIKELY OR LESS LIKELY>>>] And would you say that you are much (more/less) likely or somewhat (more/less) likely?

More likely to vote yes [NET]

Much more likely

Somewhat more likely

Makes no difference to me [DO NOT READ]

Less likely to vote yes [NET]

Much less likely

Somewhat less likely

Unsure [DO NOT READ]

Refused [DO NOT READ]

8. If the expansion were to happen, the elected Desert Healthcare District board of directors would increase from five members to seven members to include representatives of the new expanded boundaries. Does knowing this make you more likely or less likely to vote yes, in favor of expanding the Desert Healthcare District boundaries? [RECORD] [IF MORE LIKELY OR LESS LIKELY>>>] And would you say that you are much (more/less) likely or somewhat (more/less) likely?

More likely to vote yes [NET]

Much more likely

Somewhat more likely

Makes no difference to me [DO NOT READ]

Less likely to vote yes [NET]

Much less likely



Somewhat less likely

Unsure [DO NOT READ]

Refused [DO NOT READ]

9. The Desert Healthcare District is currently funded by an allocation of property tax collected by Riverside County, rental income from medical facilities, and investments. The District would need approximately \$6 million dollars a year to fully serve the communities in the expanded boundaries. Does knowing this make you more likely or less likely to vote yes, in favor of expanding the Desert Healthcare District boundaries? [RECORD] [IF MORE LIKELY OR LESS LIKELY>>>] And would you say that you are much (more/less) likely or somewhat (more/less) likely?

More likely to vote yes [NET]

Much more likely

Somewhat more likely

Makes no difference to me [DO NOT READ]

Less likely to vote yes [NET]

Much less likely

Somewhat less likely

Unsure [DO NOT READ]

Refused [DO NOT READ]

10. One option for funding healthcare services in the expanded East Coachella Valley boundaries would re-allocate a portion of the property taxes you already pay, and dedicate them to the Desert Healthcare District. Your taxes would not go up. Do you support this way of funding the healthcare services in the expanded District service area?

Yes, support

No, oppose

Unsure [DO NOT READ]

Refused [DO NOT READ]

11. One option for funding healthcare services in the expanded East Coachella Valley boundaries would be to add a parcel tax on property owners. The average homeowner would pay about



\$65 per year. Do you support this way of funding the healthcare services in the expanded District service area?

Yes, support

No, oppose

Unsure [DO NOT READ]

Refused [DO NOT READ]

12. Knowing what you know now, if you had to vote on whether to expand the Desert Healthcare District boundaries and service area to include Eastern Coachella Valley, would you vote YES to approve or No to oppose the expansion? [RECORD] [IF SUPPORT OR OPPOSE>>>] And would you say that you would definitely or probably (vote YES to approve/vote NO to oppose)?

Vote YES (NET)

Definitely vote YES

Probably vote YES

Vote NO (NET)

Definitely vote NO

Probably vote NO

Unsure [DO NOT READ]

Refused [DO NOT READ]

[ASK ONLY OF THOSE WHO ANSWERED "VOTE YES"]

13. Thinking specifically, why would you vote YES to expand the Desert Healthcare District?
[PROBE HEAVILY, CAPTURE AND CODE]: _____

[ASK ONLY OF THOSE WHO ANSWERED "VOTE NO"]

14. Thinking specifically, why would you vote NO, opposing expanding the Desert Healthcare District?
[PROBE HEAVILY, CAPTURE AND CODE]: _____

15. Do you have children under the age of 18 living in your household?



Yes

No

Refused [DO NOT READ]

16. Do you rent or do you own your home, condo or mobile home?

Own

Rent

Other [DO NOT READ]

Refused [DO NOT READ]

17. And finally, for demographic purposes only, which of the following best describes your ethnic background?

Latino/Hispanic

White/Caucasian

Black/African American

Asian

Other

Refused [DO NOT READ]

Thank you for your time. Have a great (day/evening).

CROSS TABULATIONS:

Gender (from sample)

Male

Female

Party (from sample)

Republican

Democratic



DTS

Household Party (from sample)

Pure Republican household

Pure Democratic household

Mixed party household

Born in US (from sample)

US born

Foreign born

Birthplace unknown

Age group (from sample)

18-34

35-54

55-64

65 and older

Gender/Age (from sample)

Men 18-54

Men 55+

Women 18-54

Women 55+

Party/Gender (from sample)

GOP Men

GOP Women

DTS Men

DTS Women

Dem Men

Dem Women

Party/Age (from sample)

GOP 18-54



GOP 55+
DTS 18-54
DTS 55+
Dem 18-54
Dem 55+

Vote propensity (from sample)

5 out of 5
4 out of 5
3 out of 5
2 out of 5
1 out of 5
100% not having had the chance
New Registrant

Type of voter (from sample)

Permanent vote-by-mail voter
Previous vote-by-mail voter
Election Day voter

Registration date? (from sample)

Less than one year
Up to 5 years
Up to 10 years
Up to 20 years
More than 20 years

Geographic

Coachella
Palm Desert
Indian Wells
Indio
La Quinta
Unincorporated



Ethnicity

Latino/Hispanic
White/Caucasian
Black/African American
Asian
Other

Language

English
Spanish

Phone type

Land
Mobile

Children in household

Yes
No

Home type

Own
Rent
Other

