Coachella Valley:
Five years of Community Health Transformation
INTRODUCTION

In communities across the country, we see a wide range of organizations who are all making a concerted effort to improve health and wellness in their community. These include local governments; hospitals, doctors, and others in the provider community; local nonprofits and support groups; members of the local business community; and many others. However, without one cohesive strategy, many of these efforts to promote health and wellness do not complement each other as effectively as possible, and therefore are not as impactful.

This is the unique role that the Clinton Health Matters Initiative (CHMI) fills – working in communities across the United States, helping unite community members around a blueprint for improving the health and wellness of residents, and then helping to turn that plan into action. This means bringing together a wide range of interested groups and stakeholders in the community, charting out common goals and objectives for improving health, and ensuring coordination and resources to support programs that achieve these goals. This equates to more effective community action, and more impactful progress in improving the health of the community.

We work with regions disproportionately impacted by chronic disease to improve health outcomes and close gaps in health disparities. Coachella Valley is the first community where we began this work – other current focus communities for our model, called the Community Health Transformation model, include Adams County, Mississippi; Central Arkansas (Little Rock); Northeast Florida (Jacksonville); Greater Houston, Texas; Knox County, Illinois; and San Diego County, California.

We take a careful and deliberate approach to building out the blueprint and identifying ways to improve health outcomes. In each of our communities, we:

1. **EVALUATE THE COMMUNITY**: We take an intensive look at the community’s overall health and wellness, including an examination of community and population health indicators to determine areas of greatest need.

2. **BRING THE COMMUNITY TOGETHER**: We convene key stakeholders from across sectors to hear more about what organizations and leaders have been doing and what their priorities are.

3. **MAP OUT A BLUEPRINT FOR ACTION**: We work collaboratively with these stakeholders to chart a local Blueprint for Action, which includes key priority areas and specific recommendations.

4. **HELP IMPLEMENT SOLUTIONS**: For the actions that we’ve identified in the Blueprint for Action, we work across sectors to help implement these solutions.

5. **BRING MORE RESOURCES TO BEAR**: We work with national, regional, and local experts and programs to leverage additional resources that will help advance priority actions in the local Blueprint for Action.

CHMI has a proven record of success in communities across the United States. Our community health model improves health infrastructure, policies, and outcomes by leveraging partner agencies, aligning regional resources, and instilling a cross-sector collaborative model. Our model leverages the knowledge base and community connections of a regional director, who is hired from within the community to lead the development and execution of a regional Blueprint for Action.
CHMI AND THE COACHELLA VALLEY

On December 6, 2011, the Clinton Foundation announced a partnership with Humana and PGA to reenergize the Bob Hope Classic. As part of President Clinton’s participation with the Humana Challenge, the Clinton Foundation hosted the inaugural Health Matters Activation Summit in Indian Wells on January 17, 2012.

Sponsored by Tenet Healthcare, the conference brought together more than 400 health and wellness experts to discuss how we can work together to help others live healthier. The overwhelming support and excitement around the Summit’s central themes of building partnerships of purpose to deliver comprehensive solutions to community health problems inspired the creation of the Clinton Health Matters Initiative (CHMI) later that year and led to a series of annual activation summits in the Coachella Valley.

From its inception, CHMI was designed to work with both a national and regional focus, and in December of 2012, the Coachella Valley became the first community to develop a five-year CHMI regional strategy, known as a “Blueprint for Action.” This report is the conclusion of this five-year effort of identifying, coordinating, and implementing strategic steps to improve health and wellness in the community.

Located in southeastern California, the Coachella Valley is rich in the diversity of its people and its breathtaking terrain. The deserts, mountains, the Salton Sea, and the immense agricultural space are home to almost 400,000 residents. What’s less known is the area also has a child poverty rate of 35 percent with some of the nation’s poorest citizens living here just miles from some of the wealthiest. Two adjacent zip codes (92274 – Thermal and 92236 – Coachella) also have some of the lowest socioeconomic index scores across Riverside County, making this small region one in which to focus health care resources. Each indicator score for all zip codes can be found in Attachment B. This region has a total population of 70,467, of which 69 percent (48,212 individuals) are low-income. However, in 2013, only 16,692 were patients of a health center, leaving 31,520 low-income residents without access to affordable, accessible, comprehensive, and high-quality primary health care services as well as dental, behavioral health, and other enabling services.

The existence of these disparities made the Coachella Valley an ideal candidate for CHMI to establish a network of willing collaborators and pilot its community transformation model in the region.

STEP ONE: EVALUATE THE COMMUNITY’S NEEDS

At the onset of our five-year engagement in each community, we conduct an environmental scan that establishes baseline health conditions and provides valuable data that identifies the current opportunities and threats within the community. Through data collection and analysis, stakeholder interviews, and the review of existing plans, we build a tailored strategy, approach, and engagement model designed to improve the health of a community. The first phase of this process in the Coachella Valley began in September of 2012, relying on key community leaders and stakeholders to provide local context to supplement national or higher order data related to health outcomes. Recognizing that the County Health Rankings measures the health of the entire County of Riverside, efforts were made (when possible) to distill this information down to the defined regional level. The majority of the local information was obtained through and supplemented by the County of Riverside Epidemiology Department, Health Assessment and Research for Communities (HARC), and the Coachella Valley Economic Partnership.
In parallel with our data collection efforts, we conduct stakeholder interviews at the onset of the work. This is the first opportunity CHMI had to introduce the Community Health Transformation model to the Coachella Valley and explain our process and purpose. These interviews were vital in building relationships with key decision-makers to engage them in the initiative. Additionally, during these initial meetings, CHMI staff asked key stakeholders and regional decision-makers a specific set of questions to gauge their interest, expertise, and willingness to work collaboratively, all of which provided necessary contextual background, that informed our model of implementation, and was incorporated into the environmental scan. The interviews were conducted at the start of the CHMI relationship with the region, after which there was continued engagement leading up to – and continuing long after – the Blueprint workshop.

Community leaders were generous with their time, information, and honesty. Through one-on-one, in-person interviews, we learned what they each believed were the key health priorities to be addressed, where they saw themselves and their agencies contributing to improving health outcomes, and what challenges existed when bringing people together across sectors to address a common goal.

**STEP TWO: BRINGING TOGETHER STAKEHOLDERS IN THE COACHELLA VALLEY**

In the second phase of our Community Health Transformation process, our staff brings together community decision-makers and content area experts for workshops where they identify, discuss, and prioritize key goals (Bold Action Steps) that they believe could lead to improved health outcomes. The Bold Action Steps are purposefully designed to be audacious and ambitious – we want every community we work with to strive to achieve greater than expected health outcomes.

On December 6, 2012, a one-day workshop was facilitated by CHMI staff with participation by 100 community decision-makers, stakeholders, and content area experts. The day began with an overview of health in the Valley, provided by Dr. Glen Grayman, then-board president of HARC. Attendees were then assigned to one of nine working groups – based upon the health factors that contribute to individuals’ health and longevity as defined by County Health Rankings model – and spent the day participating in a series of facilitated conversations designed to identify five Bold Action Steps per group. By using the County Health Rankings model, a baseline data frame was created to improve health behaviors, clinical care issues, social and economic factors, and the physical environment – all of which contribute to health outcomes. To inform decision making, each group was provided with a one-page overview of local health indicators that pertained to their topic. These one-page documents reflected the information gained through data collection and stakeholder interviews. At the end of the workshop, each group reported their vision and Bold Action Steps to the larger audience.

After the workshop, these 45 Bold Action Steps were combined with the background data and analysis to create a community consensus document intended to guide our work in the region over the next five years. On February 21, 2013 the resulting “Coachella Valley Blueprint for Action” was released to the community. The Blueprint incorporated key recommendations made during the December workshop by a diverse array of individuals, who included local health and education practitioners, policymakers, hospital and clinic administrators, public health workers, philanthropists, nonprofit organizations, and local community leaders, among others.
STEP THREE: HELPING IMPLEMENT SOLUTIONS IN THE COACHELLA VALLEY

Our Blueprint is defined by a series of action steps that have developed by the community. Execution of these action steps is facilitated by one full-time regional director and implemented by members of the community working individually and collectively to accomplish the Bold Action Steps in alignment with one another. CHMI manages the work in each region through specific action – convening across sectors, network and relationship building, managing steering committee and working groups, managing communication between stakeholders, recommending best practices from local and national examples, addressing barriers to success, identifying funding opportunities, connecting to Clinton Foundation national partners, leveraging Clinton Foundation communications and marketing platforms to elevate work, representing the community to the Clinton Foundation, and representing the Clinton Foundation in the community.

The 45 Bold Action Steps within the Coachella Valley Blueprint for Action were designed to address the social determinants of health, including Health Behaviors, Clinical Care, Social and Economic Factors, and the Built Environment. We specifically asked that these goals not only be ambitious but be inclusive of known and emerging community initiatives to uplift ongoing efforts and support promising practices. The Bold Action Steps also addressed a broad array of community needs, some of which the community had indicated that they had wanted to solve for many years, and others which were ideas new to the region or its stakeholders. The following sections highlight key successes and accomplishments from the CHMI’s work over the past five years in facilitating the implementation of the region’s Blueprint for Action.
THE BLUEPRINT’S IMPACT:
Solutions that Promote Healthy Lifestyles

The Bold Action Steps included in the category of promoting and supporting health behaviors address a broad range of issues, from general health promotion and education needs across the region to specific engagement with local employers to long-standing preventive health deficiencies in the region. Collectively, the successful implementation of these steps demonstrates a sustained commitment on behalf of CHMI and its regional partners to prioritize healthy behaviors.

- **Addressing health behaviors**: Founded in response to the 2012 Health Matters Summit, The Palm Springs Health Run and Fitness Expo (formerly the Palm Springs Mayor’s Race and Wellness Festival) raises awareness of living a healthy lifestyle – and from the beginning has supported participation for the entire family through engagement with the Palm Springs Unified School District and the inclusion of a one mile fitness walk. In 2012, proceeds from this race were donated to the Desert Healthcare Foundation in support of their grant to The Alliance for a Healthier Generation. In subsequent years the funds continued to be donated to, and matched by, the Desert Healthcare Foundation for the Collective Fund which had been established in direct response to the Blueprint for Action. This event continues to be held each January.

- **Encouraging preventive health care**: The leaders of the University of California, Riverside, School of Medicine’s Family Practice Residency (UCR SOM) program in Palm Springs are dedicated to educating families on preventive health issues. When their leadership expressed a desire to deliver sexual health education to middle-school children, CHMI facilitated a series of meetings: first with Planned Parenthood and then with the Palm Springs Unified School District (PSUSD). The UCR SOM wanted to create a program in which physician residents taught sexual health curriculum to the students as a part of their regular school day. Planned Parenthood partnered with UCR SOM to provide best practice curriculum, train the physician residents on the delivery of the education, and assist with writing the curriculum that would meet PSUSD standards. PSUSD leadership supported the inclusion of this curriculum and the program was piloted at Desert Hot Springs Middle School. Since the pilot, the program continues to grow and will be replicated at additional middle schools as capacity allows.

- **Increasing education and awareness to prevent child abuse**: Upon completion of the Blueprint, in 2013, Eisenhower Medical Center provided support to the Barbara Sinatra Children’s Center (BSCC) for an increase in outreach and education to families and community organizations regarding child abuse and neglect prevention. The BSCC collaborated with and provided outreach to professionals (i.e. teachers, child care providers, social workers, after school program employees, etc.) in related fields that had the ability to impact these important issues. In addition, BSCC provided workshops to families on parenting, child abuse, and neglect prevention.

- **Promoting employee health**: From the beginning of CHMI’s engagement in the region, CHMI collaborated with health improvement efforts already ongoing in the community. One of these was with the Coachella Valley...
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Valley Health Collaborative (CVHC), housed at California State University, San Bernardino’s Palm Desert Campus. The CVHC addressed health issues identified by the tri-annual health survey conducted by the HARC. Initially this was accomplished through a Valley-wide employee wellness challenge. The CVHC had been conducting this challenge for a number of years, but was in need of a technology partner to enable participants to log their healthy activities. CHMI brokered a connection to Wellable, an online platform designed for employers to promote wellness and healthy behaviors in the workplace. Wellable was willing – at no cost – to modify its platform to meet the needs of the CVHC and be utilized for the wellness challenge. When the CVHC dissolved its organization, CHMI asked that the United Way of the Desert expand its “Nine Weekly Walks” challenge to incorporate both employee wellness and the Wellable platform. The first year of this new partnership was 2015; the Nine Weekly Walks and the partnership continue to provide free venues and platform for Valley-wide wellness activities.

- **Addressing addiction and substance abuse:** CHMI has integrated a focus on substance abuse at both the local and the national levels. Locally, CHMI created a Substance Abuse Advisory Committee (SAAC). Leadership for this committee was assumed by California State University, San Bernardino’s Palm Desert Campus. The SAAC focused on addressing issues pertaining to alcohol use on local campuses and brought best practice programs to the Coachella Valley. CHMI and representation from the SAAC also participated in the Coachella Valley Association of Government’s DUI Ad Hoc Task Force. This Task Force, consisting of elected officials and law enforcement agencies, was formed in 2013. Outcomes focused on two main areas: the creation of the Driving Under the Influence Vehicle Impound Cost Recovery Ordinance and active participation by youth to implement prevention campaigns.

Nationally, CHMI is leading a response to the opioid crisis by working with a network of partners (including the Inland Empire Opioid Crisis Coalition) to create a predictable and affordable supply of naloxone to assist communities in coordinating responses to the epidemic across agencies and service providers. At the January 2016 Health Matters Summit, Adapt Pharma announced their partnership with CHMI and the National Association of School Nurses to provide two free doses of naloxone to every high school in America. In the audience was Coachella Valley Assemblyman Chad Mayes (42nd District). Upon learning that California Schools were unable to accept the doses due to State impediments, Assemblyman Mayes introduced legislation (AB 1748) that authorizes a school to keep emergency naloxone or other opioid antidote on campus. The bill also authorizes school nurses and trained personnel to administer naloxone and other emergency medical aid to persons suffering from an opioid overdose. This legislation passed and was signed by the Governor in September of 2016.

- **Supporting HIV treatment:** Since its founding in 1984, Desert AIDS Project (DAP) has been the leader in caring for those with HIV. In 2012, DAP leadership decided to take a strong community lead on prevention efforts. They undertook the ambitious, audacious goal to meet the Center for Disease Control’s standard and have every resident in the Coachella Valley over the age of 12 know their status by routinizing HIV testing. Recognizing the importance of this effort, when the Blueprint was created, local leaders

“Through GTCV, Desert AIDS Project, and our partners strive to end the HIV epidemic in the Coachella Valley. We will achieve this through routine testing in health care facilities, our expanded HIV testing focus, and linkage to care for newly diagnosed individuals. A key strategy is linkage of high-risk HIV-negative individuals to Pre Exposure Prophylaxis that prevents infection with HIV.”

**Bruce Weiss**
Director of Community Health, Desert AIDS Project
incorporated this goal and the Get Tested Coachella Valley (GTCV) initiative was adopted as a Bold Action. CHMI has supported this initiative locally and nationally by leveraging the Foundation's media platforms to elevate awareness and success and by highlighting DAP's CEO through participation in the 2015 Health Matters Summit, where he participated in a panel discussing the initiative. While the Get Tested Initiative completed its three-year cycle in 2017 the work continues and has expanded to include the promotion and education of the usage of PrEP and the newly opened “The Dock” – an HIV and STD testing clinic located within Desert AIDS Project.

- **Residential treatment programs:** It should be noted that in December of 2012, the Affordable Care Act (ACA) had not yet been fully implemented and there was great hope that some areas of the Blueprint – particularly substance abuse and clinical care – would gain resources available to achieve the identified Bold Action Steps through an expansion of covered benefits. While this was the case for access to care, not all hope was realized. We deliberately included one Bold Action step with the anticipation that this would be a covered service under the ACA: “There will be a residential Substance Abuse Treatment Program, which will be made available to all youth in the Coachella Valley” (This was not a service available in the Coachella Valley in 2012 due to the lack of funding and insurance coverage). As passed, the ACA did not include this coverage. As with many areas of the Blueprint, given the broad array of community needs identified, a solution from within the community was created organically. In March of 2016, the Regional Access Project Foundation provided seed funding to the Riverside County Latino Commission on Alcohol and Drug Abuse Services to establish two juvenile residential facilities (one for boys and one for girls), which are expected to open in 2018. We applaud these efforts and recognize the hard work and dedication to youth that brought this solution to fruition.
THE BLUEPRINT’S IMPACT:
Access to Care

The concerns around access to care and quality of care originally raised during the first phase of our work in 2012 centered around how the implementation of the ACA would transpire. Ultimately, the ACA positively impacted access to care by increasing the availability of health insurance to those who previously were unable to afford coverage. Tenet Healthcare, Desert Healthcare District, and the California Endowment dedicated resources to ensuring all Coachella Valley residents who were newly eligible for insurance were enrolled in a plan. Due in large part to the ACA implementation and local efforts, per HARC data the number of Coachella Valley adults ages 18 to 64 who lacked health insurance decreased from 34 percent in 2013 to 14 percent in 2016. This is a positive example that demonstrates an identified community need being addressed through influences outside the community’s ability alone to create a solution.

- **Increase number of providers**: With the increase in the number of residents covered by insurance, local hospitals, clinics, and educational institutions focused efforts on increasing the number of medical providers to meet the new demand. This was accomplished through residency programs and alignment of resources to educate and train local students for a career in the health field. In August of 2012, the University of California Riverside School of Medicine (UCR SOM) accepted its first class of 50 students into their newly accredited program. In June 2015, the UCR SOM Family Residency Program opened a 13,000-square foot clinic in Palm Springs, increasing the number of family practice physicians available to treat Valley residents. This is one of many residency programs that began in the Valley since 2012; while there remains a shortage of physicians, programs such as this – whose first class of residents will graduate in 2018 – and through the efforts of insurers like the Inland Empire Health Plan, local leaders are building a promising path to increasing the number of providers in the Valley.

- **Increase educational opportunities in medicine**: OneFuture Coachella Valley has worked for more than 10 years to connect students to higher education, with a focus on building and sustaining the local economy through creating career pathways for local students. OneFuture led the efforts to fulfill many of the Bold Action Steps that addressed both access to care and education. This was intentional; during the Blueprint creation process, community leaders deliberately adopted OneFuture’s existing goals for incorporation into the Coachella Valley Blueprint for Action. It was recognized that OneFuture (then a division of the Coachella Valley Economic Partnership) had created programs that the community wished to ensure alignment of effort with and avoid duplication. One example of OneFuture’s role in addressing both access to care and education occurred in 2015: in June of that year, CHMI convened a meeting of local mental health providers and funders to discuss the challenges in transitions of care. The meeting’s participants identified a need for care providers who carry a master’s in Social Work (MSW) degree; as a response, in September of 2015, OneFuture received funding through a collaboration between the Desert Healthcare District and the California Endowment to create the “Mental Health College and Career Pathway.” The goal of this pathway is to increase the number of students in the Coachella Valley who pursue and successfully complete college degree programs in mental health related fields.

“Coachella Valley students are our future. We are aligning regional efforts to ensure all students graduate with the skills to succeed. Their success will help the local economy thrive.”

Sheila Thornton
OFCV President and CEO
• **Expand district boundaries:** For many years the topic of expanding the boundaries of the Desert Healthcare District (DHCD) had been mentioned in various settings, and this desire was formalized as a Bold Action Step. Currently, the boundaries (roughly) begin through Palm Springs to the west and end at Cook Street in Palm Desert to the east, leaving the area east of Cook Street, including the Cities of La Quinta, Indio, and Coachella, outside of the covered area. Extension of these boundaries would enable DHCD to expand support to the residents within the entire Coachella Valley. CHMI initially led educational meetings in partnership with Congressman Raul Ruiz’s (CA-36) office during the exploratory phase, identifying how best to accomplish this task. When it was determined that the approach should be through a legislative action, Assemblyman Eduardo Garcia (56th Assembly District) assumed responsibility for accomplishing this task. In September 2016, AB2414 (a bill that provides instruction on the expansion) was approved by the Governor. This issue will be a local ballot measure in 2018; Desert Healthcare District is now the lead agency for this process.

• **Regional information exchange:** Transitions in care was an issue of concern identified more generally in the Blueprint. One solution identified by stakeholders was having all medical facilities adopt usage of the Inland Empire Health Information Exchange (now known as Manifest MedEx). The adoption of the information exchange by all Coachella Valley facilities was supported by the Inland Empire Health Plan and this was achieved by early 2017. IEHP continues to leverage technology through the provision of a [community resources platform](#), which will connect people in need with services, including appropriate social service providers in real time at the point of care.
THE BLUEPRINT’S IMPACT:
Solutions for Underlying Social and Economic Challenges

- **Senior and disabled support services**: In early interviews, stakeholders identified addressing the health of seniors and people with disabilities as a critical priority. Post Blueprint launch, CHMI created a working group dedicated to addressing the needs of these populations. While differences existed based upon age (although there is a growing population of people with disabilities who are living longer lives and are now facing aging issues), the resources available to each of these populations are similar. Many of the agencies who participated in the group had a working relationship but did not collaborate formally nor did they have a full understanding of each organizations’ offerings. Therefore, this group focused on building relationships and awareness of the collective resources available for their clients. The working group also identified and addressed additional needs or efforts not initially included in the Blueprint, (such as: the resource guide under development at the time by Congressman Raul Ruiz’s office; the group provided to support for a bus route to the Joslyn Senior Center; and engagement at a yearly DisAbilities Sports Festival increased significantly). The sustainability of this working group continues: both Inland Empire Health Plan and Molina Healthcare have begun regular meetings for networking and education among the organizations serving those with disabilities and the Senior Collaborative continues to address the needs of the aging population in the Coachella Valley.

- **Volunteer programs**: The Regional Access Project Foundation (RAP) worked with CHMI and the Office on Aging (OOA) to expand the OOA’s RSVP Volunteer Program to address the Bold Action that states there will be a volunteer network available to Coachella Valley nonprofits. RSVP is designed to match the skillset of people over the age of 55 who wish to volunteer with a local organization’s needs. Through collaboration and funding from RAP, this program was expanded to volunteers of all ages and Desert Volunteer Connect was created. Created over 2014, this program was funded and launched in 2015 and continues to offer volunteer matches to nonprofit organizations throughout Eastern Riverside County.

- **Domestic violence response**: CHMI created a working group to address the Bold Action Step: “There will be a decrease in the number of domestic violence incidents.” This group consisted of law enforcement, the District Attorney’s office, local medical facilities, and the local women’s shelter. At a meeting of law enforcement representatives, it was identified that due to changes in staffing overtime, police officers did not have the most recent trainings available on how to document a domestic violence incident to fully address the needs of the victim(s) and impact prosecution. The District Attorney’s office immediately set up trainings for all local departments. Also identified through meetings was the need to have nurses who were specially trained in domestic violence examinations. Unfortunately, due to lack of funding this need was not able to be filled. However, during the exploration of funding for this effort, CHMI introduced the executive director of “Shelter from the Storm” to representatives of the Verizon Foundation. This connection led to the Verizon Foundation funding an update to the security system at the women’s shelter.
THE BLUEPRINT’S IMPACT:
Solutions for Improving the Physical Environment

Stakeholder interviews and the resulting Bold Actions within the Blueprint were clear – Coachella Valley is a beautiful location surrounded by mountain regions open to outdoor activity. Valley leaders expressed a desire to preserve the natural landscape while balancing the infrastructure needs of a growing population. Three main areas of focus were addressed: the looming public health crisis of the shrinking Salton Sea, city planning measures, and support for a Valley-wide trail system.

• Regional air pollution: The Salton Sea is a 343 square-mile (approx.) terminal sea (no outflow) located on the eastern border of Coachella Valley and within the northern western area of Imperial County. The sea is rapidly shrinking due to lower levels of inflows attributable to variety of interconnected and interdependent factors. The danger to the public health of the region stems from the increased particulate matter contribution to the region’s air quality stemming from changes to the sea's water level and long-term damage to the natural ecosystems adjacent to the sea that depend on continual water replenishment. Recognizing that an ecologically-sound solution to the public health crisis was being addressed at the local, tribal, state, and federal levels, CHMI partnered with the Salton Sea Authority to host educational forums. These forums were designed to inform the residents of the Valley about the current efforts underway and to garner support for a plan to solve this pending crisis. Since 2012, through legislation and grants, significant gains have been achieved. While there is much more still to accomplish, with the State’s 2017 launch of the draft Salton Sea Management Program 10-year plan, in conjunction with existing and future legislation, support and funding, what was once deemed an insurmountable problem has a “realistic and achievable” plan for resolution.

• Public health and land use planning integration: There was an identified Bold Action to address the built environment from a broad perspective (there will be a cross-sectoral plan that outlines how existing resources will be aligned and leveraged to support a healthier physical environment across the Coachella Valley). To accomplish this, CHMI chose to focus on healthy general planning and built upon the efforts of the County of Riverside (“the County”). The County was the first in California to adopt a separate health element to their general plan. What is not well understood outside of those working in the planning field is that the County’s general plan only applies to land owned by and controlled by the County – it does not encompass incorporated areas within the County (such as the nine Valley cities). In an effort to align the county’s health element and plan for health seamlessly across all boundaries, CHMI undertook a comparative review of each of the nine city’s general plans with that of the County. The results were discussed with city planners at the Coachella Valley Association of Government’s Technical Planning Sub-Committee (which is made up of planners representing each Valley city). Each city’s planner reviewed the results, and where appropriate for their city incorporated language and/or policy into their ongoing planning efforts. Simultaneously, CHMI co-convened a working group with the Riverside University Health System, Public Health Department, to create the “Healthy City Resolution Toolkit: A Practical Guide to Adopting a Healthy City Resolution in Riverside County.”

• The built environment: Three of the Bold Action Steps addressing the built environment were addressed through the Coachella Valley Association of Governments’ “CV Link” project. Two of these identified Actions involved enabling residents to be active by adopting a non-motorized transportation plan and a “recreation infrastructure, including a trail system.” While Coachella Valley currently has a large number of hiking trails throughout the surrounding mountain terrain, what makes CV Link unique is that it will create one continuous 40-mile multi-modal dual pathway from the City of Coachella through Palm Springs. This ambitious project will celebrate the opening of the first segment in 2018.
BRINGING NATIONAL RESOURCES TO BEAR IN THE COACHELLA VALLEY

Activation Summit
The Clinton Health Matters Annual Activation Summit was held in the Coachella Valley from 2012 through 2016. Each year, the Summit brought together more than 400 thought leaders from across the nation to discuss the most current and emerging health issues and solutions. Through hosting this yearly event in the Valley, CHMI connected local thought leaders with nationally recognized experts from various disciplines impacting health and with their counterparts from other CHMI regions to share best practices and lessons learned. Additionally, CHMI incorporated local leaders on various panel discussions, bringing national attention to the successes achieved in the Coachella Valley.

Local leaders were inspired to act from the collaborative partnerships that CHMI helped organize and highlight at the Summit, and one result was that “Better Together for Community” was formed to improve the coordination of assistance offerings to Valley residents affected by a cancer diagnosis. Formed in 2014, the partner agencies work to share information, cross-promote agency information, and align resources for patients.

Days of Action
In 2014, a Day of Action service project was added as a component to the Summit to give back to partners in the local community. The Clinton Foundation’s Day of Action program is a volunteer platform where anyone can give back and get involved, inspiring others to make a difference. The first Coachella Valley Day of Action was hosted by Chelsea Clinton, vice chair of the Clinton Foundation, in the City of Coachella with a neighborhood clean-up and repair day. The neighborhood is populated primarily by seniors, and the day was designed to highlight the City’s commitment to a healthy built environment. Added components to the day were a health fair, ACA enrollment counselors, a food distribution, and church parking lot clean-up by local elementary school children.

The second Day of Action, in 2015, was hosted by Chelsea Clinton in the City of Palm Springs’ neighborhood of Desert Highland Gateway. The day celebrated the formation of the Desert Highland Gateway Health and Wellness Committee, and local residents participated in the planting of a “food forest” (orchard), park improvements, a bicycle repair and giveaway, a bike ride on the newly installed “sharrows,” and a health fair.

The third Day of Action, in 2016, was hosted by Donna Shalala, then-Clinton Foundation CEO and former Secretary of Health and Human Services, at La Quinta High School in the City of La Quinta. Students and teachers volunteered to convert a portion of the landscape to low-water desert plants and built a greenhouse to support their Culinary Arts Academy. Students and teachers of the Culinary Arts Academy prepared and donated meals for seniors through the Josyn Senior Center’s Meals on Wheels program.

“What is the value of attending meeting after meeting after meeting if progress isn’t made? The Better Together for Community was a direct result from those who wanted to implement action from challenges experienced. You can’t move the needle if you are complacent and stand still. To influence change, one must lead.”

Paula Simonds
Executive Director, Desert Cancer Foundation
Employee and College Health Programs
Two additional CHMI platforms were offered in the region: the Employee Health Improvement Program and the College Health Program.

The Employee Health Improvement Program (EHI) is a no-cost offering to employers and was originally offered to employers in 2014. As with many programs, the Coachella Valley served as a pilot site for the launch of the program, which was subsequently refined and re-introduced to the community in 2017 through an initial, in-person meeting with employers to gain interest. This meeting was followed by a series of six webinars held over the course of six months with program materials are distributed monthly in conjunction with each webinar.

The College Campus Health program was introduced to the Coachella Valley in 2017. In the spring of 2018 California State University, San Bernardino’s Palm Desert Campus will engage this platform on their campus. This no-cost platform allows schools to customize their focus based upon health needs (physical health and nutrition, sexual health, or mental health) and provides them with the tools to institute best practice at their sites.
CONCLUSION

CHMI is humbled at the impact it has achieved as a result of the deep engagement and collaboration with community partners. Together CHMI and its partners have accomplished many of the priorities of the region’s Blueprint for Action, which includes the successes included above and many other efforts that collectively have improved the landscape of community health in the Coachella Valley. We are particularly proud of the network of partners that we have assembled in the past five years – a network that crosses sectors, industries, and issue areas that will serve as the basis of continued collaboration and collective action in the years to come. The next section provides an outline of what to expect next, additional detail on lessons learned by CHMI where progress was not achieved as originally envisioned, and specific feedback from our evaluation team on why this effort has been successful.

What's Next

From the onset, CHMI has worked with Coachella Valley stakeholders to deploy sustainable solutions addressing health disparities. Throughout the deployment of the model, CHMI focused on building community capacity to create systems change. As highlighted in this report, many Coachella Valley agencies are engaged in ongoing projects and they, in addition to many others, are committed to continuing to address the health needs of our region.

In addition to the ongoing community work highlighted in this report, there is an ongoing commitment to addressing health disparities throughout the region: Leaders at Tenet Healthcare, Desert Healthcare District, Desert AIDS Project, the UCR School of Medicine, and Inland Empire Health Plan have a continued focus on improving access to and quality of care; Supervisor V. Manuel Perez and the leaders at the County of Riverside will continue to leverage available resources for addressing public health issues; city leaders, like Mayor Linda Evans of La Quinta, will continue to create a built environment that is one designed for health and wellness; and the focus on youth and education will continue through leaders like Dr. Brown-Welty at CSUSB Palm Desert and local attorney Doug Gee.

Lessons Learned

We recognize that the work of improving the health of a community is a long-term process, with new challenges and priorities emerging over time. As a result, we experienced an inability for some Action Steps to gain traction regardless of the high level of collaboration and engagement occurring over the past five years. There were audacious goals included in the Blueprint due to their need to be resolved – and no one in the community had yet successfully done so.

Lack of movement through CHMI’s five-year Blueprint implementation process does not minimize the need to address these issues; rather, we believe that this demonstrates a lack of resources needed (leadership support, staffing capacity, funding capacity) to bring about desired change. To help identify these issues early in the process, CHMI has now instituted a feasibility study and a timeline and resource identification of each Bold Action Step identified through the Blueprint workshops. The incorporation of this knowledge as the Blueprint is written will help guide the approach to implementation on these issues, preparing the community for realistic outcomes and helping to better identify what progress can be obtained over time.
Lastly, one of the biggest challenges in community work is the inability to insulate efforts from changes in local and organizational leadership. When these changes occur, work may be delayed or abandoned completely. A new leader to an organization may continue to support the priorities of the Blueprint but needs time to adjust to their new role. Alternatively, the new leader may not have the same priorities as their predecessor. We have experienced both situations, and acknowledge that this is an element of implementation that cannot be easily predicted and insured against.
COACHELLA VALLEY: FIVE YEARS OF COMMUNITY HEALTH TRANSFORMATION
Observations from the Wake Forest Evaluation Team

The Clinton Foundation engaged an independent team of researchers from Wake Forest School of Medicine in September 2016 to evaluate the Clinton Health Matters Initiative (CHMI). The Wake Forest team examined how the CHMI model is being implemented within the six participating communities as well as the effect that the CHMI process is having on the development of work that has the potential to improve community health. The Foundation uses findings from the evaluation to assess the effectiveness of the CHMI model, to make refinements to the model, and to understand the conditions that need to be in place for the model to be most effective.

Across the CHMI sites, the Wake Forest team has observed that the initiative is stimulating new health-improvement work and adding momentum to projects that pre-dated CHMI. In Coachella Valley, CHMI has contributed to the development of a number of notable health-improvement projects, including Get Tested Coachella Valley, Better Together, Senior Collaboratives, Desert Volunteer Connect, and United Way of the Desert’s Nine Weekly Walks and Workplace Challenge. These projects took shape, became more strategic, expanded their reach, and/or enhanced their sustainability over the past five years. Many people and organizations have played critical roles in developing these projects.

CHMI contributed by raising the profile of programs such as Get Tested, by bringing together people and organizations with shared interests, by facilitating planning meetings, by attracting resources, and by assisting in project implementation. Beyond stimulating individual projects, CHMI has also supported the development of new networks (e.g., the Aging and Disabilities workgroup), enhanced the degree and effectiveness of inter-agency collaboration occurring across the community, and fostered a greater appreciation of how health is interrelated with all other aspects of the community’s well-being.

Based on our knowledge of foundation-sponsored initiatives to improve community health, we regard the progress achieved by the Coachella Valley CHMI as highly respectable. Other initiatives with much higher levels of financial investment have been unable to produce tangible outcomes comparable to what has occurred under CHMI in Coachella Valley.

When local leaders came together in the CHMI Blueprint session in 2012, they identified a broad set of aspirational goals for improving the health of Coachella Valley. Meaningful progress has been made over the past five years. At the same time, it is clear that much more remains to be done in order to achieve the highly ambitious goals that local leaders staked out for themselves. The CHMI process has played an important role in setting the stage for the next phase of work – by cultivating new programs, networks, and collaborative problem-solving and initiative-taking. The longer-term impact of CHMI will depend largely on how local leaders build on these accomplishments and take advantage of the community’s increased capacity to address the complex health challenges facing the region.
ACKNOWLEDGEMENTS

• To all of our stakeholders in the Coachella Valley, thank you for working alongside of us for the past five years. When we began this journey, addressing health through the broad lens of social determinants was a newly emerging field and your willingness to embrace this approach is what has brought the successes highlighted in this report. Thank you for your collaboration and your dedication to improving the lives of the residents of the Valley.

• To the leadership at the UCR Palm Desert Center and UCR School of Medicine, thank you for providing CHMI with a home in the Coachella Valley. Your support has always gone above and beyond the provision of an office and meeting space. CHMI would like to acknowledge Tamara Hedges for her community partnership and passion for bettering the lives of the residents (and animals) of the Coachella Valley.

• To the Board at the Desert Healthcare District, thank you for your support in addressing health through the social determinants. You have always been and continue to be leaders in the Valley addressing the unmet health needs of our residents.

• To the leadership at Tenet Healthcare, thank you for supporting our work from the first Health Matters Summit to today. Your support enabled CHMI to bring national thought leaders to the Valley, and helped us continue the work year-round.

• To David Brinkman at Desert AIDS Project, thank you for your passion, your vision, and your unwavering dedication to assisting those living with HIV/AIDS. CHMI is grateful for your partnership.

• To Michael Osur, Riverside County University Health System Public Health. Thank you for your dedication to inclusiveness for the Coachella Valley, ensuring that our residents have a voice in public health issues and programs.

For questions or additional information please contact CHMI@clintonfoundation.org