

Hi-Desert Memorial Health Care District dba  
**Morongo Basin Healthcare District**  
**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**August 10, 2017 at 5:30 p.m.**

Convened at the District Offices: 6530 La Contenta Road, Suite 100, Yucca Valley CA 92284 | 760.820.9229

- **Mission Statement:** To improve the health and wellness of the communities we serve.
- **Vision:** A healthy Morongo Basin.
- **Core Values:** Commitment, Collaboration, Accountability, Dignity, Integrity.

Board of Directors:

- Director Doyle, President
- Director Armstrong, Vice President
- Director Sullivan, Secretary
- Director Hoffman, Treasurer
- Director Markle-Greenhouse

Administrative Staff:

- Jackie Combs, CEO
- Karen Graley, Board Clerk
- Ron Stewart, Executive Director, MBCHC
- P.K. White, Controller
- Joe Ruddon, Director Business Development
- Cindy Schmall, Director Facilities
- Kathy Alkire, Director of Quality, MBCHC

Guests:

- City of Twentynine Palms: Mayor John Cole, Mayor Pro Tem McArthur Wright, Community Services Randy Counsel
- Town of Yucca Valley: Sue Earnest and Maureen Neeley
- Drs. Gary Painter and Jovana Rosen, University Southern California
- Mara Cantelo and Sandy Potts, MBCHC board members
- Hi-Desert Medical Center: CEO Karen Faulis
- Morongo Unified School District: Superintendent Tom Baumgarten and Julie Fontana
- Copper Mountain College: President Jeff Cummings
- Trish Gehrlin, Clinton Foundation
- Neelum Salhotra
- Jenna Hunt, The Desert Trail

**CALL TO ORDER**

Director Doyle called the meeting to order at 5:30 p.m.

**ROLL CALL**

Karen Graley, Board Clerk, conducted roll call. All directors were present.

**OBSERVANCES**

Director Sullivan read the mission, vision and core value statements.

Director Greenhouse led the assembly in the pledge to the American flag.

**PUBLIC COMMENT**

There was no public comment.

**APPROVAL OF MEETING AGENDA**

**Motion 17-61:** Director Armstrong motioned to approve the meeting agenda as presented; motion was seconded by Director Hoffman; motion passed by unanimous vote.

## **APPROVAL OF CONSENT AGENDA**

The Consent Agenda presented the following items for approval:

- Minutes: Regular meeting of the Board of Directors, July 27, 2017

**Motion 17-62:** Director Sullivan motioned to approve the consent agenda as presented; motion seconded by Director Greenhouse; motion passed by unanimous vote.

## **PRESENTATION**

### HEALTH PARTNER RECOGNITION & PROCLAMATION

Director Doyle introduced the recognition by reading statistics related to the health fairs. The City of Twentynine Palms was represented by Mayor John Cole, Mayor Pro Tem McArthur Wright, and Randy Counsel, Parks and Recreation. Mayor Cole expressed appreciation for the Parks and Rec staff as hard working and extraordinary employees; and thanked the healthcare District for the partnering opportunity to serve the citizens of Twentynine Palms.

The Town of Yucca Valley was represented by Maureen Neeley and Sue Earnest. Director Doyle expressed appreciation for staff's support of the health fair. Director Doyle read the proclamation: Ms. Earnest commended the District staff for their enthusiasm and collaboration; and are looking forward to the next health fair next spring.

Proclamation for the City of Twentynine Palms:

WHEREAS the City of Twentynine Palms recognizes that healthy citizens are necessary for a resilient and vibrant community; and,

WHEREAS the City of Twentynine Palms seeks to maintain and improve the quality of life of those who live, work and visit their fair city; and,

WHEREAS the City of Twentynine Palms partnered with Morongo Basin Healthcare District to bring health resources and education materials to its citizens through an annual health and community resource fair; and,

WHEREAS the City of Twentynine Palms committed its resources in support of this endeavor to improve the health and well-being of its citizens, and provided staff, property, equipment and promotion of the event; and,

WHEREAS the City's staff was enthusiastic in its support of the venture and demonstrated a commitment to excellence in collaborating with Morongo Basin Healthcare District in the delivery of the event; and,

NOW, THEREFORE, BE IT RESOLVED that the Morongo Basin Healthcare District Board of Directors convey their highest commendation to the City of Twentynine Palms and its staff for their collaboration in this undertaking, and extend their greatest appreciation for their partnership to improve the health and wellness of the residents of the Morongo Basin.

Proclamation for the Town of Yucca Valley:

WHEREAS the Town of Yucca Valley recognizes that healthy citizens are necessary for a resilient and vibrant community; and,

WHEREAS the Town of Yucca Valley is responsive to the needs and concerns of its diverse citizenry and seeks to provide valuable resources and opportunities to support the health of its residents; and,

WHEREAS the Town of Yucca Valley partnered with Morongo Basin Healthcare District to bring health resources and education materials to its citizens through an annual health and community resource fair; and,

WHEREAS the Town of Yucca Valley committed its resources in support of this endeavor to improve the health and well-being of its citizens, and provided staff, property, equipment and promotion of the event; and,

WHEREAS the Town's staff was enthusiastic in its support of the venture and demonstrated a commitment to excellence in collaborating with Morongo Basin Healthcare District in the delivery of the event; and,

NOW, THEREFORE, BE IT RESOLVED that the Morongo Basin Healthcare District Board of Directors convey their highest commendation to the Town of Yucca Valley and its staff for their collaboration in this undertaking, and extend their greatest appreciation for their partnership to improve the health and wellness of the residents of the Morongo Basin.

MORONGO BASIN COMMUNITY HEALTH NEEDS ASSESSMENT, Gary Painter, PhD, USC Sol Price School of Public Policy

Director Doyle introduced Dr. Painter.

Dr. Painter spoke to the purpose of the assessment which was to gather data related to residents' current health status; provide a framework for building this knowledge; and to inform local health providers in order to develop interventions that work to improve health outcomes.

He gave the context from which the data was drawn. The Town of Yucca Valley and City of Twentynine Palms were targeted geographically as well as the unincorporated areas surrounding the them. Demographic statistics show the Morongo Basin has a higher retirement population than other areas of San Bernardino County and the Basin is 70% Caucasian and does not have a high population of immigrants.

The first step of the process was to determine what health outcomes and conditions are data-available and relevant to the project. The challenge is to find health information for the Basin. External sources gave a child obesity rate (backed out from school data), the U.S. Census Bureau provided who doesn't have health insurance (asset), the CDC had risk factor data for physical and mental health conditions, and the state provided information on low birth weight babies and emergency room visits. However, this information may not be significantly pertinent when assessing the broader health conditions of the Basin.

Overall physical health conditions of children in the Morongo Basin is better than San Bernardino County and the State of California. The uninsured rate is lower in the Basin because people over 65 have Medicare. Asthma related ER visits are also lower than the state and county averages. This corroborates evidence from interviews.

But when we started to incorporated local community interviews, health problems were identified that were not in the data, such as isolation.

Because of the data disconnect, the team sought a way to mine more information. The Johnson Foundation funded a group to take County data and built a model to look at age groups within a population, (sex, age, race, poverty rates and corresponding disease prevalence across state,



county and census blocks) and developed local census-track health data to help health planners get a sense of the likely health status. It is an approximation and should not be taken as an actual representation of what is occurring on the ground. We took the data and projected the expected conditions based on the characteristics. The data supported the information garnered from the local interviews. Compared to rest of San Bernardino County, there is a higher expectation for mental health distress in the Morongo Basin.

The expected prevalence is not consistent across the Basin; i.e. depression was higher in the area surrounding the base; interviews showed there were no mental health facilities or services to care for new patients despite a pressing local demand. There are not enough resources to meet the demand.

Physical health showed the same kind of patterns. Self-reported “health not good for 14+ days” presented at 40.9% compared to 32.1% for California. The map shows the healthiest physical people are clustered near the base and the least healthy are clustered at the west end of the valley.

Dr. Painted challenged the assembly to think about health in a broader way, not just what happens in the clinics or hospital. Everything has an impact on personal and community health. Factors include:

- 10% physical environment: environmental quality, built environment
- 40% Socioeconomic factors: education, employment, income, family/social support, community safety
- Clinic care 20%: access to care, quality of care
- Health Behaviors 30%: Tobacco use, diet and exercise, alcohol use, sexual activity

Across the Morongo Basin, the poorest residents, who experience the greatest need for resources, are generally the most physically and socially isolated and living on the fringe.

**PHYSICAL ENVIRONMENT CONTRIBUTOR:** the key factor is access to healthy food. Morongo Basin residents experience a high degree of food insecurity due to their limited access to supermarkets. 77.6% of the Basin population does not live within one mile of a supermarket, compared to 19.7 for California.

**EMPLOYMENT AND INCOME:** Poverty in the Morongo Basin has increased substantially since the 2007 housing market crisis. Among the three regions compared (state, county, local), the Morongo Basin has the lowest median household income when compared to California and the County. Less than 60 percent of working age Morongo Basin residents are in the labor force. And in 2014, there were less than 10,000 jobs in the Basin, of which 40 percent are taken by workers from outside the Basin. Poverty is highly concentrated in two census tracts that lie in the southern part of the Basin, between Yucca Valley and Twentynine Palms.

**COMMUNITY ASSETS AND RESOURCES:** It’s important to understand what assets and resources exist in order to identify the gaps.

Healthcare services have the largest number of assets in the Basin concentrated in Yucca Valley and Twentynine Palms with a few located on the commercial corridor connecting the two cities. There are more general healthcare services available than there are mental healthcare services. People have easier access to drugs and alcohol than they do to professional care.

Food system assets are primarily located on the commercial corridor. There are less healthy food options than unhealthy options with four times more fast food stores than grocery stores. If a resident doesn’t have access to the commercial corridor, (i.e. limited transportation options) then they do not have access to food.



**SOCIAL AND CULTURAL ASSETS:** social resources can connect residents to other resources: churches, libraries and schools. The Basin has 65 churches, about 1 church for every 1,000 people, providing the largest share of assets in the category, followed by school. Not much presence of other resources. Existing resources are overwhelmed by need.

In conclusion:

- The physical and mental health conditions of Morongo Basin residents are inferior to those of residents in the remainder of San Bernardino County. This is likely related to the higher poverty levels and higher age of residents in the Basin.
- Additional challenges to community health include the lack of access to healthy food and transportation.
- The sparse population over large geographies provides additional challenges to providing sufficient health clinics and other services and also increases the feeling of isolation in the Morongo Basin.

Dr. Painter spoke to the collective impact and the need to bring diverse organizations together with a common goal of solving social problems and to hold each other accountable to the process. The local interviews conducted by staff demonstrated that the Morongo Basin leadership is already collaborating and not operating in silos.

Director Doyle asked about data for clinical issues such as asthma related to smoking. Dr. Painter stated that the team did not explore unhealthy behaviors.

Director Sullivan asked if the data, primarily 2014 and some 2015, was adequate for a current picture of the community. Dr. Painter that that many indicators are relevant to the future, such as employment availability and income being the biggest salient factors. There great opportunity for work force development in the Basin.

Karen Faulis, CEO of Hi-Desert Medical Center asked about opioid abuse within the Basin. Dr. Painter stated that they did not explore that health behavior, but from what the team saw, there was no data available below the County level.

Jackie Combs, CEO of Morongo Basin Healthcare District stated that there are areas where no local data is being collected, such as opioid abuse and obesity.

Director Sullivan inquired about transportation's relationship to healthcare services specifically what did data indicate about remote, outlying areas being impacted by lack of transportation. Dr. Painter stated there wasn't specific data for that relationship; there was some data on families that do not have a vehicle in the household. In the Morongo Basin 5.9 percent of the household do not have a vehicle.

Director Doyle explained that it's going to take time to develop partnerships to impact the community to effect change. The District will be reaching out, asking and offering assistance to community partners.

Director Hoffman suggested that another presentation of this information was needed and that the District invite folks who weren't present.

Jackie Combs, CEO, clarified that tonight's guests were specifically invited because they participated in the local interviews conducted by USC, or because they had obvious influence and connections in the community. This is just the beginning of a huge project to build partnerships for a collective impact.



Director Sullivan encouraged that the District engage Supervisor Ramos as he would be instrumental in amplifying local resources. What we've achieved as a community is because of us coming together; it's time to garner the support of the County.

Director Armstrong expressed disappointment in the presentation as he was expecting defined issues called out for the District and community to address. Dr. Painter responded that he is from outside the community, and even though he and the team spent time in the community, they do not know the community well enough to state what details the District should focus on. That's not my role. The data did point out some top priorities, such as mental health, but it's not for me to say focus on it. Additionally, clinical interventions might be only 20 percent of the answer, with the larger scope of the data needing to be considered for other influences. The approach to solving the issues is not just to operate within the health space, you have to operate in the other spaces such as economics, employment, etc. Our team was contracted to bring the larger picture.

Director Sullivan acknowledged that Dr. Painter spoke to beginning the process and we need to engage the players who are leaders in the various organizations and convince them that together we can change our community for the better.

Director Armstrong asked how can we engage the County without identifying the specific issues. Dr. Painter explained that the District now has a document that says Morongo Basin is significantly out of line with the rest of San Bernardino County for mental health, and we need help. What are the interventions needed to impact mental health? Build a system around the recognition that economics, housing and employment also impact mental health. This is part of the process. USC has provided the supporting data, but it is up to the District to determine how to tackle the problem.

Ms. Combs stated that this is just the beginning of the process. The "emerging phase" may take as long as a year.

Director Doyle noted that we have questions and some solutions such as the tele-health and family practice residency program, but the problems are not just about health, but about the factors that impact health.

Director Sullivan asked if Dr. Painter was available to assist with a community presentation. He indicated that his team would be amenable to assist but the District must identify which emerging items to discuss as that will determine how the presentation should be tailored.

possible next step is to convene community leaders and engage Painter to make another presentation and assist into the next step.

## **CALENDAR REVIEW AND COORDINATION**

The calendar for the Board of Directors were reviewed and coordinated for the month of August & September. Director Sullivan will not attend the September 28 meeting and possibly the first meeting in October.

## **NEXT AGENDA**

- Needs assessment discussion
- Financial report

## **DIRECTOR COMMENTS**

- Director Sullivan: He is proud that this board is frank about their passions and what they believe. I, too, would have liked greater depth in the document but there's a way to get that depth. He would like to see it develop further but cannot be effective unless the other agencies are drawn in to the process. Health affects everyone in the community. I enjoyed the presentation.

- Director Hoffman: The presentation had good points; I tend to agree with Bob and was expecting something else. However, we need to sit down with the community organizations to talk about how to proceed with healthcare in Morongo Basin.
- Director Greenhouse: The presentation was very helpful.
- Director Armstrong: no comment.
- Director Doyle: Thanked the doctors for their presentation. She agrees with Joe Sullivan; we will fail if we do not have community partners. We recognized two of those partners tonight and then had this presentation about partnerships. We can look forward to collaboration.

### MEETING TRANSITION

The public / open meeting adjourned at 7:38 p.m. for a brief transition and convened to closed session at 7:45 p.m.

- Pursuant to Government Code section 32106 of the Health and Safety Code: Report involving Trade Secret. Estimated date of public disclosure is projected to August, 2017.
- Pursuant to Government Code section 54957 of the Health and Safety Code: Employee Performance Evaluation: Chief Executive Officer.

### MEETING RECONVENED TO OPEN SESSION at 8:30 p.m. to receive Closed Session report.

Director Doyle reported that:

- Regarding Trade Secret: Staff is to provide additional information as available.
- Regarding Employee Performance Evaluation: based on the CEO's evaluation the board approved the addendum to the CEO contract.

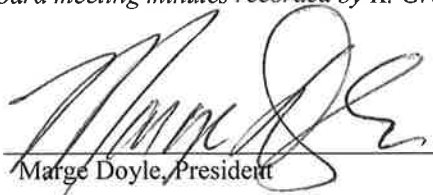
*Motion 17-66: Motion by Director Greenhouse, second by Director Sullivan to amend CEO contract; motion passed 4 yes, 1 no.*

The Board requested another closed session on the August 24 agenda to review CEO goals for next year.

### MEETING ADJOURNMENT

Director Doyle adjourned the meeting at 8:33 p.m.

Board meeting minutes recorded by K. Graley, Board Clerk.



Marge Doyle, President



Joseph Sullivan, Secretary