

## **Desert Highland Gateway Community Placed-based Initiative: A Case Study**

### **The Need:**

On September 28, 2011 an initial meeting between representatives of the District and Hidden Harvest, an agency which brought a bi-monthly farmer's market to the Desert Highland Gateway community (DHGC) noted that Well in the Desert, (a provider of meals to local homeless people in need) through a "Dash and Dine" program also brought food to this isolated and underserved health care community. The District also discovered that Emergency Room (ER) use by DHGC residents was disproportionately high, due to lack of knowledge of healthcare access and outreach.

An investigation began to attempt to find ways to create a placed-based initiative in the DHGC to address healthcare issues.

### **The Process:**

In 2012, it was learned that Loma Linda University (LLU) began conducting a Promotores Academy, as part of their Institute of Community Partnerships, in conjunction with El Sol Neighborhood Education Center (El Sol) beginning in 2011. El Sol was also preparing to expand their Promotores training of Community Health Workers (CHWs) to include African American community members. This training included, for the first time, concept design, quantitative and qualitative analysis, and evaluation by CHWs.

Meetings were held between stakeholders the District, LLU, and El Sol beginning in 2013 to initiate work in the DHGC. Later that year, Jarvis Crawford of the James O. Jesse Desert Highland Unity Center (JOJDHUC) was approached about a grant proposal to identify specific health concerns and needs of the DHGC. This grant linking DHCD, LLU, and El Sol as stakeholders was eventually discussed at meetings held at the Unity Center. Other potential stakeholders were invited to participate including pastors and other community members and leaders. The importance and benefit to the community of the grant was the topic of discussion at all of the stakeholder meetings.

The eventual hiring of 4 Community Health Workers (CHWs) came out of these early stakeholder meetings. The CHW program was created with 4 trainees from the community. These CHWs were chosen based upon community familiarity. The CHWs began conducting stakeholder meetings and eventually conducted a health needs assessment from February to June 2014, as well as follow-up interviews and focus groups. The CHWs also held a community meeting to

discuss the findings of the assessment, so the DHGC could understand the results of the activities.

The goals of the assessment were to learn key healthcare issues of the DHGC, provide recommendations to the District to lessen the health disparities in the community.

**The Results:**

- a. The Health Needs Assessment: The assessment consisted of 2 phases-a quantitative and qualitative study. The quantitative study consisted of a survey questioning demographics, disease measures, health behaviors, and healthcare access. The results revealed common health-related issues in the community, which were reduced to 4 priority areas to be studied in more depth. The 4 areas were healthcare affordability, healthcare access and ER use, hypertension/ high cholesterol and obesity, and health impacts of arrest and incarceration.

In the qualitative study, results revealed 40% of the community were affected by health care affordability, 33% by healthcare access, 33% by high blood pressure, high cholesterol and obesity, and 40% have health impacts due to arrest and incarceration.

- b. The Desert Highland Gateway Health and Wellness Committee: The Desert Highland Gateway Health and Wellness Committee was created as a natural by-product of the work of the CHWs. The role of the newly formed Committee is to provide direction and leadership for integrating community views in all aspects of health and wellness promotion, planning, and policy, and, to work with a range of partners to prioritize and establish programs and interventions that build a healthy community and eliminate health disparities.

In April 2015, goals achieved at the end of a grant with Loma Linda University Institute of Community Partnership included that Committee will serve as the voice of the community and the decision-making body using the collective impact approach to community development centered on health. The Committee will provide the community leadership moving forward in prioritizing how to address the needs and implement the recommendations identified in the Desert Highland Gateway Community Health Assessment.

- c. The Strategic Plan: A strategic plan was developed and accepted by the Desert Highland Gateway Health and Wellness Committee.

- d. The Project: In the Spring of 2016 the District Board approved Phase 3 of the continuing project for one year (October 2016 – September 2017)– *Community Capacity Development to Advance Health and Wellness through a Community-Led Strategic Plan* – with a budget to implement the project. This included a staffing method through the Desert Healthcare Foundation and also a scope of work for the CHWs.

**The Goals:** The Desert Highland Gateway Community Health & Wellness Committee, along with three (3) Community Health Workers, will, in one year:

1. identify a possible fiscal agent and/or incorporate the Committee as a nonprofit 501 (c)(3) organization.
2. Engage in fund development training which would include grant writing and other procedures.
3. Support Committee meeting preparations, minute taking & follow up, dissemination of information to the community.
4. Develop Action Plans for a minimum of 3 of the 5 Priority Issues from the Committee's strategic plan.
5. Implement the Desert Highland Gateway Community Health & Wellness Committee's 3 Action Plans
6. Engage in Promotore 101 Training.
7. Engage faith-based community involvement through health education events or other outreach strategies.
8. Develop funding requests as needed to support identified needs.