Healthcare Access in the Coachella Valley

2007-2019

Trend Reporting Based on Five Cycles of HARC's Coachella Valley Community Health Survey

FUNDED BY:

DESERT HEALTHCARE DISTRICT & FOUNDATION

CREATED BY:

HARC
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

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Executive Summary

Background

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. In the past, local organizations found that County-level data did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to monitor population trends including health disparities, inequities, and health behaviors. HARC, Inc., a nonprofit research organization, was founded in 2006 to fill this gap and provide objective, reliable data that are specific to the Coachella Valley.

In 2007, HARC conducted the first health survey in the region via a random-digit-dial telephone survey, now known as the Coachella Valley Community Health Survey. The results of this survey provided vital information about health and quality of life in the region across topics such as healthcare access, healthcare utilization, health behaviors, major diseases, mental health, and much more. It was determined that the survey would be revised and repeated every three years in order to measure progress over time and to provide data that is as current as possible. To date, the survey has been conducted five times: 2007, 2010, 2013, 2016, and 2019.

Trend Reports

This report is part of series of four trend reports commissioned by Desert Healthcare District/Foundation (DHCD/F), which has been the primary funder of the Coachella Valley Community Health Survey since its inception. DHCD/F requested four trend reports that examine data across all five surveys. These four reports include:

1. Socioeconomic needs
2. Healthcare access (this report)
3. Major disease
4. Mental health

A total of five cycles of surveys are included in this report. This report includes topics covering socioeconomic needs in regard to food security and community needs in any services, such as housing, rental assistance, financial assistance, utility assistance, and transportation. Each topic is analyzed in a variety of ways, including comparisons by age, geography, ethnicity, education, and household income. For geographic comparisons, the Coachella Valley was split into three regions to include the West Valley, Mid-Valley, and East Valley.

Results

Adult Healthcare Access

The percent of adults who were uninsured climbed and climbed from 2007 to 2010 and 2013; there was a sharp drop in 2016, but as of 2019, we have lost some of the progress that was made; about 15% of local adults remain uninsured. The percent of adults who are uninsured is highest in East Valley, and among younger adults, lower income adults, and those with low levels of education.

About a third of local adults are covered by Medicare, and another quarter are covered by Medi-Cal/Medicaid. Naturally, lower income adults are more likely to be covered by Medi-Cal, while seniors are more likely to be covered by Medicare. The most common reasons for lack of insurance are the inability to pay premiums and loss of jobs.

Over time, the percent of adults who have dental insurance has increased, especially among younger adults.

The majority of local adults have been to visit a healthcare provider in the past six months, and most have had a routine check-up within the past year. Urgent care as a usual source of care has been rising over the years, especially among younger adults. East Valley adults are more likely to cite transportation as a barrier to care than those in the Mid Valley or West Valley; language barriers are a problem for Hispanic/Latino adults more than for non-Hispanic/Latino adults.

Child Healthcare Access

The vast majority of Coachella Valley children have health insurance; however, we still lag behind California in this measure. Most children, especially those from low-income households, are covered by Medi-Cal/Medicaid.

Dental insurance is far less common among local children; one in five are not covered, a rate more than double the statewide rate for children in California.

About three-quarters of local children have been to see a healthcare provider in the past six months, a rate that has slowly grown over the years. Younger children are especially likely to have had a recent visit to a healthcare provider. Most visits are for routine reasons or for acute illnesses such as the flu. About a third of local children have their usual source of care at an urgent care center; non-Hispanic/Latino children are more likely to use urgent care as their usual source of care than Hispanic/Latino children, and it is especially common for children in Mid Valley.

Fortunately, only about 5% of local children had to delay a recommended test or treatment; this has remained stable over the years and similar to the rate in California as a whole.

Introduction

About HARC

HARC, Inc. is a 501(c)(3) nonprofit organization that specializes in research and evaluation services. HARC was founded to help tell the story of the Coachella Valley through a quantitative lens, as the only data available to our region was at the county-level. Having a local research firm enables health leaders and service providers to identify health disparities, inequities, unhealthy behaviors, and trends.

HARC has since expanded to not only continue the survey, but to provide other research and evaluation-based services. These services include, but are not limited to needs assessments, program evaluations, analyses of existing data, and much more. HARC provides customized analytical consulting services, tailored to the needs of its clients to help them answer important questions regarding those they serve. Doing so enables our clients to evaluate the great work that they do and to make the Inland Empire a healthier, and ultimately, happier place to live.

About the Coachella Valley Community Health Survey

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. In the past, local organizations found that County-level data did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to monitor population trends including health disparities, inequities, and health behaviors. HARC was founded in 2006 to fill this gap and provide objective, reliable data that are specific to the Coachella Valley.

In 2007, HARC conducted the first health survey in the region via a random-digit-dial telephone survey. The results of this survey provided vital information about health and quality of life in the region across topics such as healthcare access, healthcare utilization, health behaviors, major diseases, mental health, and much more. It was determined that the survey would be revised and repeated every three years in order to measure progress over time and to provide data that is as current as possible. To date, the survey has been conducted five times: 2007, 2010, 2013, 2016, and 2019.

HARC's Coachella Valley data are used by nonprofit health and human services agencies, hospitals, federally qualified health centers, institutions of higher education, K-12 education, governmental agencies, and media organizations, among others. These organizations use the data to better understand the people who live in our region, and also to apply for funding, prioritize health needs, develop programs to address those needs, create presentations/lectures, write articles, design and conduct trainings, and make/change policy.

Most notable among these uses is how the data have strengthened local nonprofits' requests for funding. Dozens of nonprofits have used this data over the last decade to make compelling requests for funding and have successfully generated millions of dollars each survey cycle. These funds have provided support for critically important programs and services, such as mental health counseling for children, pregnancy prevention education for teens, medical care for uninsured adults, meal delivery for homebound seniors, and HIV testing for all.

About Trend Reports

Desert Healthcare District/Foundation (DHCD/F) has been the primary funder of the Coachella Valley Community Health Survey since its inception, typically funding about half of the cost of this undertaking. When providing funding for the 2019 survey, DHCD/F asked for the creation not only of the typical Executive Report, but also for four trend reports to compare data points over survey cycles. The four reports include:

1. Socioeconomic needs
2. Healthcare access (this report)
3. Major disease
4. Mental health

This particular report covers healthcare access, including health insurance, usual source of care, and recent visits, among others.

It is important to be aware of the population being assessed within each section. For example, in some cases, the entire adult population may receive a question, and in other circumstances, only a portion of the adult population receives a question. To illustrate, all adults are asked whether they have health insurance. Following this, only adults who report having insurance are asked questions about who pays for the insurance. Thus, the entire adult population may not be compared each time, and the reader should take caution in understanding which portion of the adult population is being analyzed.

It is worth noting that the survey methodology changes, and thus, comparisons across survey cycles should be interpreted with caution. HARC chooses to continue to model the survey based on emerging best practices, which means that methods change. See the methodology section of this report for more detail on these differences.

Additionally, not all questions are asked on all five survey cycles. The survey content is community-driven; that is, adapted each year to provide data that local organizations need and cannot find elsewhere. Due to funding restrictions, questions have to be cut in order to add new topics, and thus, some topics may not be included on all five surveys. For example, a question may be asked in 2010, 2013, and 2019, but not in 2007 or 2016. When that occurs, the years in which the question was not asked is simply not included in the figures/tables.

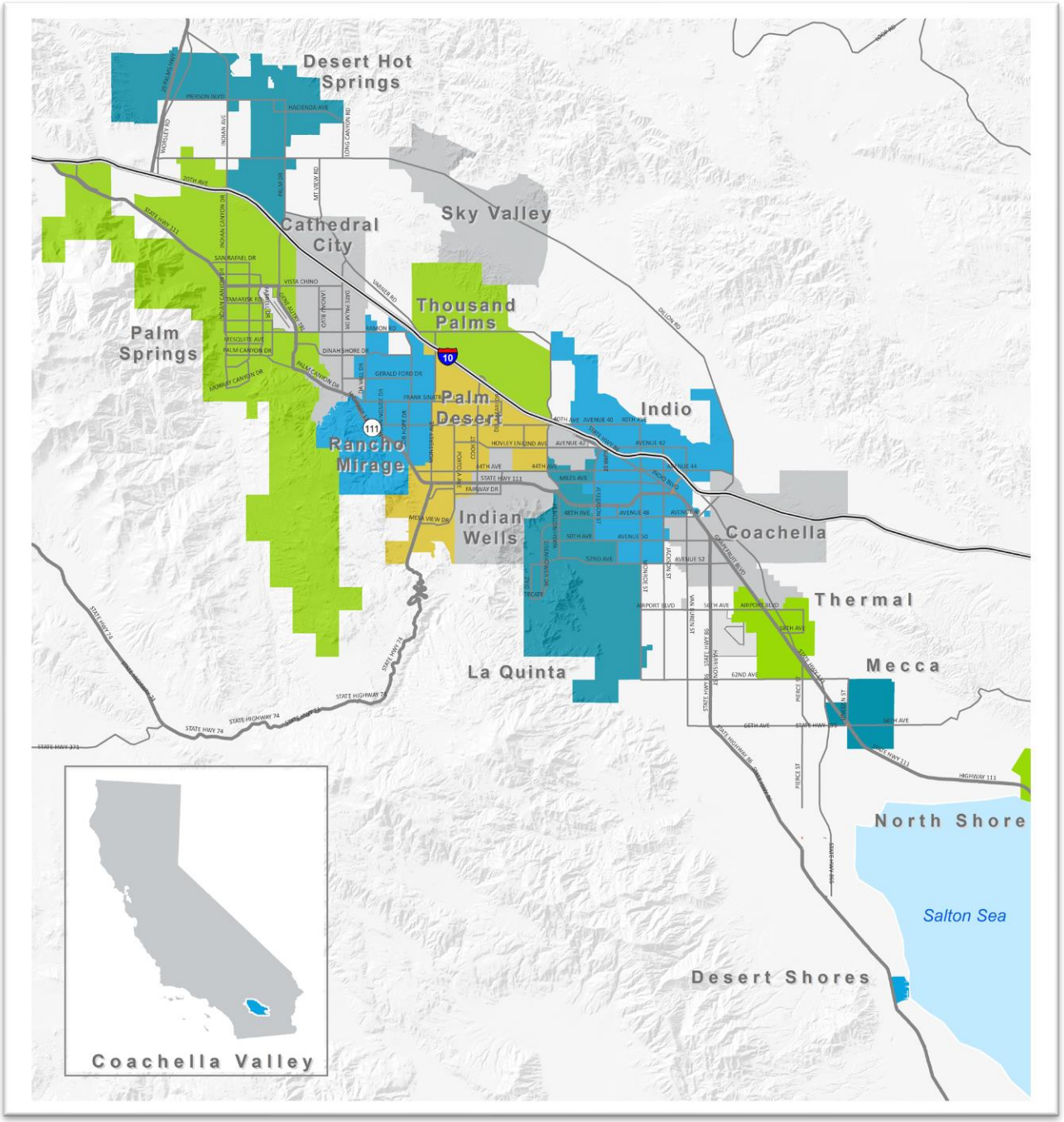
In addition to comparisons over the years, demographic comparisons are also included in this report, per the request of DHCD/F. For the adult data, comparisons of geography, age, ethnicity, education, and income are included. For the child data, comparisons of geography, age, ethnicity, and income are included.

On the note of comparing topics over the years, in the 2007, 2010, and 2013 surveys, race/ethnicity was assessed using a single question. In 2016, based on the advice of data users and potential funders, HARC shifted to the method utilized by the U.S. Census Bureau, which asks two separate questions on race and ethnicity. Because there was a change in how these topics were assessed, race/ethnicity can only be compared from 2016 to 2019.

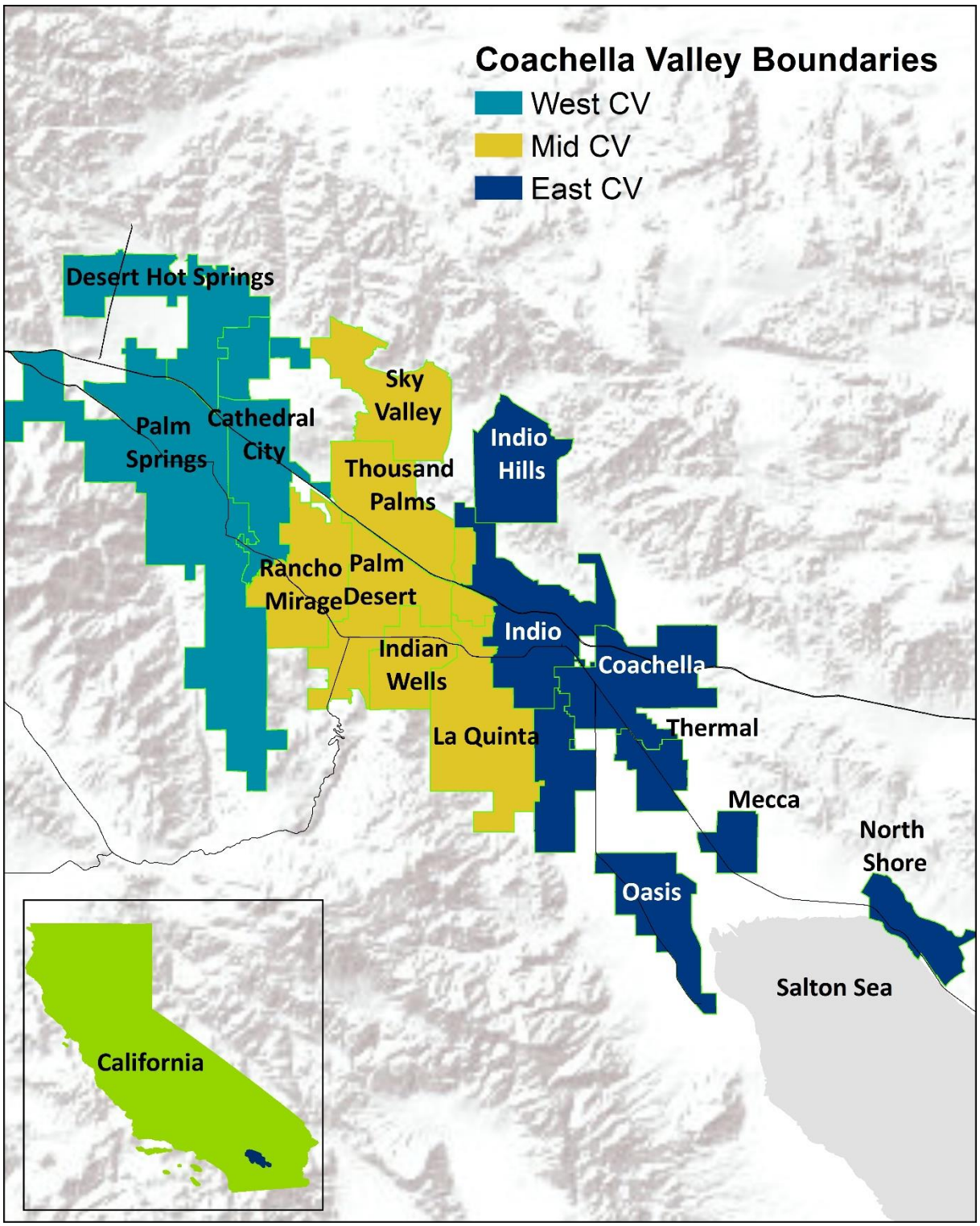
To provide context for these comparisons, each report has an identical section in the results section on adult demographics and child demographics. This presents a picture of the population changes (or lack thereof) over time.

Coachella Valley Geography

This report focuses on the health status of the Coachella Valley in Eastern Riverside County, California. Tribal areas within the Coachella Valley include the reservations of the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians. The Coachella Valley is made up of nine major cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) as well as several unincorporated areas (such as Bermuda Dunes, Mecca, Thermal, and Thousand Palms, among others).



As mentioned earlier, the survey includes residents living in the Coachella Valley. However, one of the demographic comparisons made throughout the report includes geography. Specifically, the Coachella Valley was split into three regions to include the West (Desert Hot Springs, Palm Springs, Cathedral City, Garnet CDP, Desert Edge CDP), Mid (Rancho Mirage, Thousand Palms CDP, Sky Valley CDP, Palm Desert, Desert Palms CDP, Bermuda Dunes CDP, Indian Wells, La Quinta), and East (Indio, Indio Hills CDP, Coachella, Mecca CDP, Oasis CDP, Thermal CDP, North Shore CDP, Vista Santa Rosa CDP) Coachella Valley. See the map below for a visual representation of the Coachella Valley geography split into three regions.



Methods

Data Collection

The survey instruments were modeled after the well-respected Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and the California Health Interview Survey (CHIS) conducted by UCLA. The instruments assessed topics such as access to and utilization of healthcare, health status indicators, health insurance coverage, and health related behaviors.

For each survey cycle, the data were collected by telephone with randomly selected adults, or randomly selected children (by proxy interview with an adult determined to be the most knowledgeable about the selected child). Surveys were conducted in English or Spanish, based on the preferences of the participant. Surveys were restricted to private residences (such as apartments, houses, or mobile homes) within the geographic area of the Coachella Valley with landlines and/or cell phones. This survey does not include people who live in group home settings (such as nursing homes, assisted living facilities, jails, or prisons, etc.), or those who do not have a landline or a cell phone (which is an estimated 3.1% of U.S. households, according to the National Health Interview Survey).[1] Also, the survey likely does not represent those who are homeless.

Phone calls were conducted by ICF Macro (2007 and 2010) and then by Kent State University (2013, 2016, 2019) using computer assisted telephone interviewing (CATI) labs.

One change that has occurred in the methods is the inclusion of cell phones in data collection. It is critically important to include cell phone respondents, as recent estimates from the National Health Interview Survey shows that more than half of American homes are now cell phone only (57.1%), and cannot be reached by a landline.[2] Another 15.0% of households are defined as "wireless *mostly*", that is, while they do *have* landlines, they receive all or almost all of their calls on cell phones. Thus, approximately 72.1% of U.S. households take most or all of their calls on cell phones. In fact, only 5.3% of American households are landline only (i.e., no cell phones).[3]

It is especially critical to include people who do not have landlines, as they tend to be younger, more likely to be living in poverty, more likely to rent their home than own it, and more likely to be Hispanic/Latino than people with landlines. Including cell phone only respondents helps us to better represent the true needs of the community.[4]

[1] Blumberg, S.J., Luke, J.V. (June 2019). Wireless substitution: Early release of estimates from the National Health Interview Survey, July—December 2018. National Center for Health Statistics. Available online at https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201906.pdf

[2] Blumberg, S.J., Luke, J.V. (June 2019). Wireless substitution: Early release of estimates from the National Health Interview Survey, July—December 2018. *National Center for Health Statistics*. Available online at https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201906.pdf

[3] Ibid.

[4] Ibid.

In HARC's first survey in 2007, the sample included no cell phones. By the most recent survey in 2019, the sample was almost entirely made up of cell phone respondents, as illustrated in the table below. This may limit comparability over survey cycles.

Year	% of Completed Surveys Done on a Cell Phone	% of Completed Surveys Done on a Landline
2019	78.1%	21.9%
2016	59.6%	40.4%
2013	24.8%	75.2%
2010	7.5%	92.5%
2007	0.0%	100.0%

Weighted Data

Each cycle, once data collection was complete, statisticians employed by the survey vendors (ICF Macro and Kent State University) weighted the sample data to most accurately represent the entire Coachella Valley population.

The post-stratification weighting used an iterative proportional fitting (or raking) algorithm. The data were weighted according the most recently available U.S. Census Bureau's American Community Survey's five-year estimates, for the nine incorporated cities in the Coachella Valley combined with the 12 census-designated areas (CDPs; Bermuda Dunes, Desert Edge, Desert Palms, Indio Hills, Garnet, Mecca, North Shore, Oasis, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa) to capture the Coachella Valley population. The weights were raked to age, sex, race, ethnicity and telephone use. In 2016 and 2019, HARC provided these weights to the statisticians; in prior cycles, the statisticians were responsible for obtaining the numbers themselves.

As an example of this weighting method, the 2019 sample included 2,521 survey respondents, and their responses are weighted to represent the approximately 430,000 people living in the Coachella Valley. As such, the weighted percentages represent estimates that are weighted from the 2,500+ respondents to the 430,000+ residents of the region and is the proportion of people that the population estimate represents.

It is worth noting that there are two major shifts in weighting between the earliest surveys—2007, 2010, and 2013—and the two most recent surveys, 2016 and 2019. In the first three survey cycles, the weighting procedure included weighting to the seasonal residents. This likely included both migrant farmworkers and those retirees who have chosen to make the Coachella Valley their second home during the winter months; it included anyone who stayed in the Valley more than 30 days. In early survey cycles, HARC weighted the data to represent these seasonal residents based on the Wheeler's Report. However, in 2016 HARC made the decision to stop weighting the seasonal resident data because of the relative age of the reference data (the 2009 Wheeler's Report has not been updated since) and the lack of a clear explanation regarding the methods of the Wheeler's Report (HARC strives to weight the data to sources with extremely strong methods and high reliability).

HARC staff made this methodological decision in an effort to strengthen the reliability of the data and reduce reliance on outdated figures so that the 2016 and 2019 data could be as robust

and reliable as possible. Thus, population estimates in earlier cycles of 2007, 2010, and 2013 are different from those in 2016 and 2019 survey cycles.

Additionally, in the early survey cycles (2007, 2010, and 2013), race/ethnicity was asked as a combined question—and weighted as such. In the 2016 and 2019 cycles, the survey used the U.S. Census Bureau's protocol for asking race/ethnicity as two separate questions, with corresponding weights. As such, there may be some shifts in the population estimates in this aspect as well. While the lack of continuity is a disadvantage, HARC staff chose to make the switch to using the gold standard (U.S. Census Bureau) to increase the strength and reliability of HARC's data. Additionally, this now allows for easy comparisons between HARC's Coachella Valley data and Census Bureau data for other regions.

Thus, these changes may impact the comparability of estimates across survey cycles; the reader should keep these in mind when interpreting differences over time.

Adult Results

Adult Demographics

Gender

Since 2007, adult gender has remained roughly even, although to some degree this is an artifact of weighting. In 2019, the option to answer to gender as "neither" was added and revealed 0.7% of participants identifying as "neither".

Table 1. Adult Gender

Gender	2007	2010	2013	2016	2019
Male	47.1%	50.0%	51.1%	49.7%	50.0%
Female	52.9%	50.0%	48.9%	50.3%	49.3%
Neither	-	-	-	-	0.7%

Age

Age has also remained unvaried throughout the years. However, in 2010, there was a small rise for the age group of 65 and older, which has since dropped.

Table 2. Adult Age

Age Group	2007	2010	2013	2016	2019
18-39	31.5%	24.2%	29.4%	34.2%	30.9%
40-64	33.1%	35.2%	34.1%	39.4%	39.9%
65+	35.4%	40.5%	36.5%	26.4%	29.2%

Race/Ethnicity

From 2007 to 2013, race and ethnicity were assessed in a single question. However, in 2016, HARC separated these race and ethnicity questions to follow the same protocol as the U.S. Census.

Prior to 2016, race remained stable with majority of residents identifying as White/Caucasians and about a quarter identifying as Hispanic/Latino.

Table 3. Adult Race/Ethnicity – 2007 to 2013

Race	2007	2010	2013
White/Caucasian	63.9%	69.5%	67.4%
Black/African American	3.5%	2.1%	3.0%
Asian	1.3%	1.1%	1.5%
Native Hawaiian or Other Pacific Islander	0.7%	0.4%	0.6%
American Indian/Alaska Native	0.5%	0.5%	1.0%
Hispanic/Latino	28.8%	22.5%	24.5%
Other	1.2%	2.4%	2.1%

Using the new format dictated by the U.S. Census Bureau, the percent of local adults who identify as Hispanic/Latino increased, as illustrated below.

Table 4. Adult Ethnicity – 2016 to 2019

Ethnicity	2016	2019
Hispanic/Latino	55.3%	48.2%
Not Hispanic/Latino	44.7%	51.8%

There have not been many changes in race between 2016 and 2019. Two notable changes are in Asian and American Indian/Alaska Native populations: the Asian population in the sample decreased while American Indian/Alaska Native population in the sample increased.

Table 5. Adult Race – 2016 to 2019

Race	2016	2019
White/Caucasian	68.6%	66.2%
Black/African American	2.9%	2.8%
Asian	3.4%	0.6%
American Indian/Alaska Native	0.7%	3.3%
Other	24.4%	27.2%

Income

Since 2007, the percent of participants in the lowest income bracket ($0 to $19,999) has increased overall.

Table 6. Adult Income

Income Level	2007	2010	2013	2016	2019
$0 to $19,999	13.1%	15.5%	14.9%	27.7%	21.1%
$20,000 to $49,999	37.2%	38.9%	27.0%	31.6%	29.9%
$50,000 to $99,999	33.1%	24.5%	46.2%	21.8%	24.4%
$100,000 or more	16.6%	21.0%	12.2%	18.9%	24.5%

Education

As illustrated in the table below, educational attainment has remained relatively stable from 2007 to 2019; while most participants have some college experience or a college degree, there are a substantial amount who have less than a high school degree every cycle.

Table 7. Adult Education Level

Education Level	2007	2010	2013	2016	2019
Less than HS	16.8%	9.5%	12.2%	19.7%	14.9%
High school or GED	22.8%	21.2%	17.9%	19.2%	18.1%
Some college	27.3%	25.6%	29.9%	25.6%	28.1%
College	21.6%	29.8%	24.8%	20.5%	23.6%
Postgraduate	11.5%	14.0%	15.3%	15.1%	15.3%

Geography

City and CDP (census designated place) boundaries of the Coachella Valley were chosen by HARC in consultation with DHCD/F to represent western, middle, and eastern portions of the Valley.

The Coachella Valley was split into three regions to include the West Valley (Desert Hot Springs, Palm Springs, Cathedral City, Garnet CDP, Desert Edge CDP), Mid Valley (Rancho Mirage, Thousand Palms CDP, Sky Valley CDP, Palm Desert, Desert Palms CDP, Bermuda Dunes CDP, Indian Wells, La Quinta), and East Valley (Indio, Indio Hills CDP, Coachella, Mecca CDP, Oasis CDP, Thermal CDP, North Shore CDP, Vista Santa Rosa CDP).

As illustrated in the table below, between 2007 to 2019, there have been some changes in the geographic distribution of participants, going from predominantly West Valley in 2007 to an even distribution across the three regions in 2019.

Note that these differences may be a legitimate representation of population shifts over time (that is, the East Valley has become more populated in recent years) or it may simply be an artifact of data collection (that is, recent surveys have done a better job of recruiting participants from the East Valley than early surveys).

Table 8. Adult Geography

Gender	2007	2010	2013	2016	2019
West Valley	49.3%	34.8%	31.9%	36.0%	33.2%
Mid Valley	29.9%	41.4%	39.9%	30.1%	32.3%
East Valley	20.8%	23.8%	28.1%	33.9%	34.5%

Adult Healthcare Access

To assess rates of healthcare coverage, participants were asked, "**Do you have any kind of health care coverage** including health insurance, prepaid plans such as HMO's (health maintenance organizations) or government plans such as Medicare, Medi-Cal (IEHP, Molina) or the VA (CHAMP-VA)?"

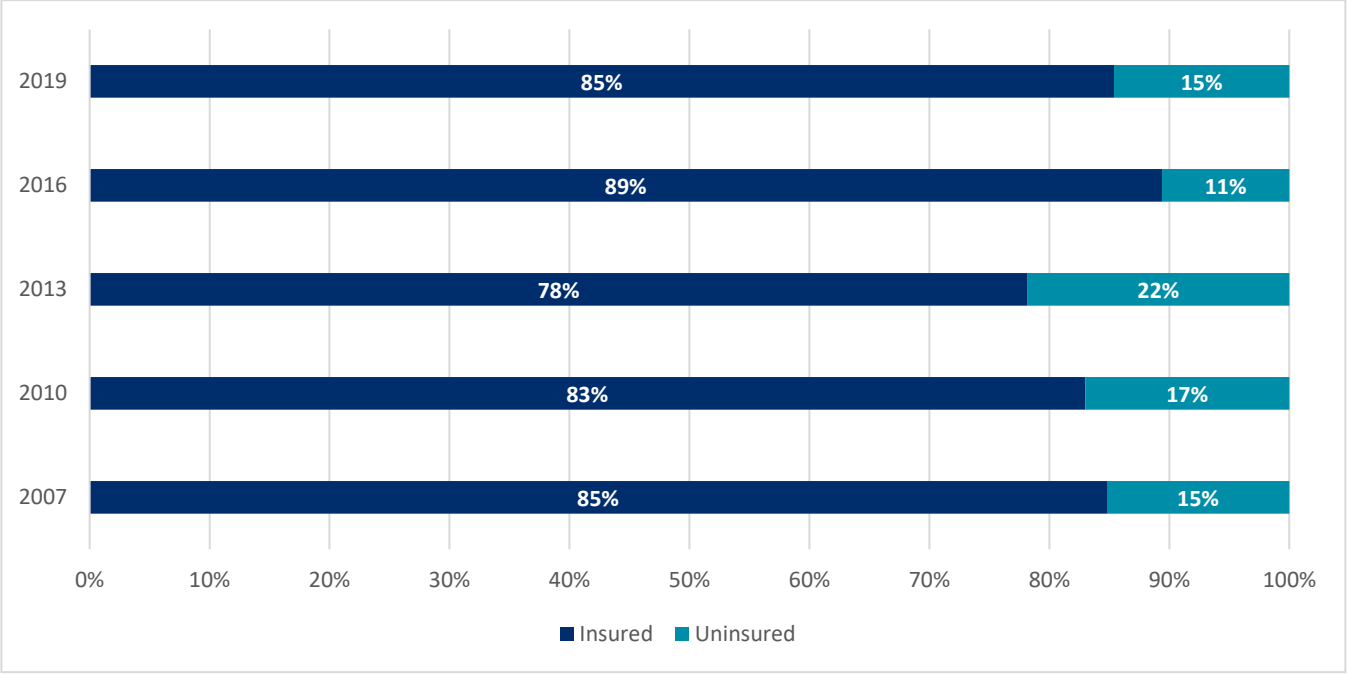
Overall

Healthcare coverage in the Coachella Valley has risen and fallen over the years. Between 2016 to 2019, healthcare coverage decreased by about 4% among adults, ages 18 and older (2016, 89.4%; 2019, 85.4%), as illustrated in the table and chart below.

Table 9. Adult Healthcare Coverage

Healthcare Coverage	2007	2010	2013	2016	2019
Insured	84.8%	83.0%	78.2%	89.4%	85.4%
Uninsured	15.2%	17.0%	21.8%	10.6%	14.6%

Figure 1. Adult Healthcare Coverage



As illustrated in the table below, the percent of adults who were uninsured in the Coachella Valley relative to county and state averages has increased over time.

Table 10. Uninsured Adults Across Regions

Region	2007	2013	2016	2019
Coachella Valley	15.2%	21.8%	10.6%	14.6%
Riverside County	19.1%	22.0%	6.5%	10.4%
California	16.0%	17.3%	9.3%	8.8%

Note: Riverside County and California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the year 2010, and thus, no comparisons are provided for that year.

Comparisons

Age Comparisons

Uninsured rates among those over age 65 remain low throughout all survey cycles; this might be because most seniors are eligible for Medicare. The other two age groups saw the same overall trend: increasing uninsured rates between 2007 to 2013 followed by a decline in 2016. However, there was an increase in uninsured rates in 2019.

Table 11. Adult – Uninsured by Age

Age Group	2007	2010	2013	2016	2019
18-39	27.2%	39.9%	38.6%	14.7%	24.8%
40-64	17.6%	21.0%	29.4%	13.1%	16.9%
65+	2.8%	0.3%	1.5%	1.7%	0.9%

Geographic Comparisons

Uninsured rates have historically been highest in the East Valley; this holds true across every survey cycle.

Table 12. Adult – Uninsured by Geography

Geography	2007	2010	2013	2016	2019
West Valley	17.0%	17.6%	23.8%	8.8%	15.3%
Mid Valley	8.5%	11.2%	13.4%	6.5%	7.0%
East Valley	21.4%	26.5%	31.5%	16.2%	21.1%

Hispanic/Latino Comparisons

Hispanic/Latino adults are more likely to be uninsured than non-Hispanic/Latino adults, as illustrated in the table below. The percent of Hispanic/Latino adults who are uninsured has grown over time.

Table 13. Adult – Uninsured by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	18.8%	23.6%
Not Hispanic or Latino	3.9%	5.1%

Income Comparisons

Not surprisingly, lower-income adults are more likely to lack health insurance coverage than higher-income adults. This holds true across all survey cycles. Otherwise, it mirrors the same general pattern: increased uninsured rates between 2007 to 2013, a sharp decrease in 2016, and another increase in 2019.

Table 14. Adult – Uninsured by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	37.2%	40.3%	43.4%	16.6%	20.5%
$20,000 - $49,999	21.9%	26.3%	36.4%	11.5%	25.4%
$50,000 - $99,999	9.0%	8.2%	11.4%	3.0%	10.3%
$100,000 or more	3.4%	*	4.9%	1.4%	5.7%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Local adults with less than a high school degree were more likely to be uninsured than those with a college degree, as illustrated in the table below. The overall trend of increased uninsured rates between 2007 and 2013 followed by a decline in 2016 and an increase in 2019 can be seen across all education levels.

Table 15. Adult – Uninsured by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	37.1%	36.2%	40.1%	23.8%	27.9%
High school or GED	21.4%	28.4%	37.3%	12.8%	24.7%
Some college	9.3%	17.0%	23.0%	8.8%	12.6%
College	6.0%	8.6%	9.9%	3.7%	8.0%
Post-graduate	3.5%	4.4%	6.5%	1.1%	3.8%

Participants were asked, "**What types of health insurance coverage do you use to pay for your medical care?**" or "Who pays for your health insurance?". Participants were given a list of potential sources and could choose multiple responses. The response options "Indian Health Service", "AIM", "MSI", and "Healthy Families" estimates were unstable across the majority or all years, and thus, have been excluded from the following tables.

Overall

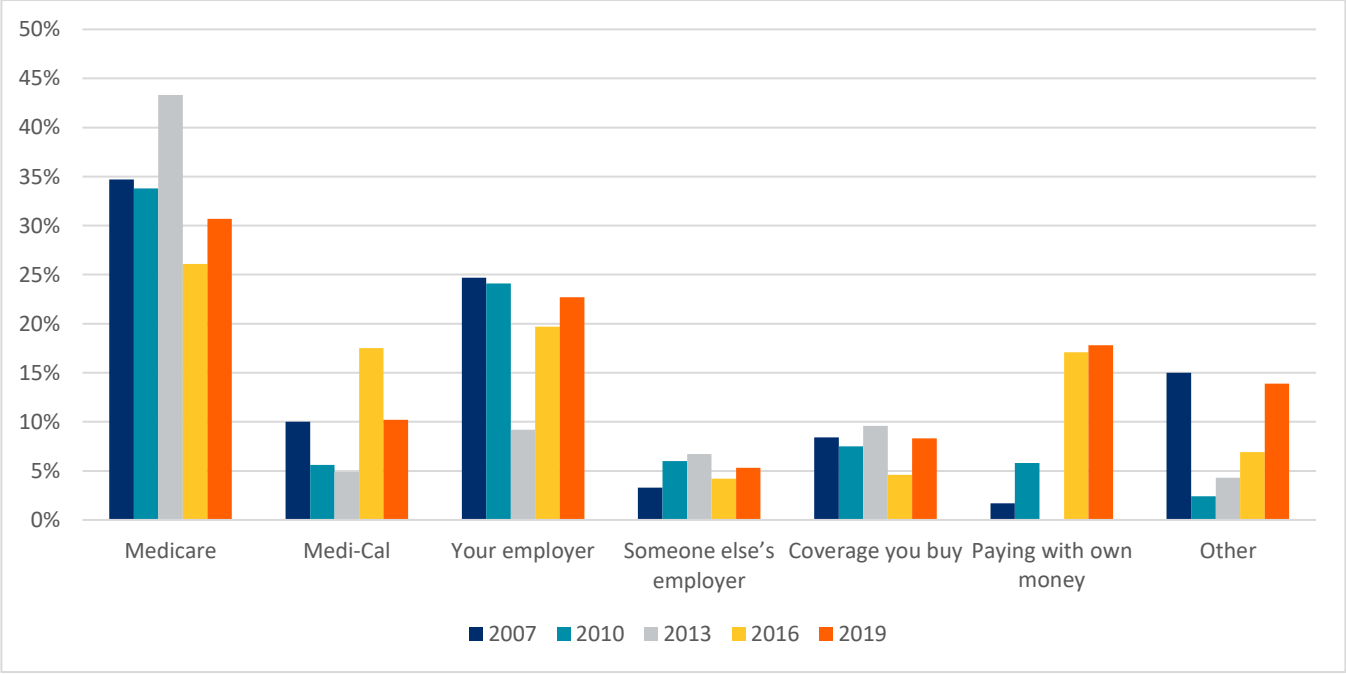
Throughout all survey cycles, Medicare was the most common source of healthcare coverage, as illustrated in the table and chart below.

Table 16. Adult Healthcare Coverage Type

Coverage Type	2007	2010	2013	2016	2019
Medicare	34.7%	33.8%	43.3%	26.1%	30.7%
Medi-Cal/Medicaid	10.0%	5.6%	4.9%	17.5%	10.2%
Coverage through your employer	24.7%	24.1%	9.2%	19.7%	22.7%
Coverage through someone else's employer	3.3%	6.0%	6.7%	4.2%	5.3%
Coverage that you or someone else buys on own	8.4%	7.5%	9.6%	4.6%	8.3%
Military, CHAMPUS, or the VA	1.9%	3.2%	0.6%	2.2%	8.8%
Paying with own money	1.7%	5.8%	*	17.1%	17.8%
Other Source	15.0%	2.4%	4.3%	6.9%	13.9%

Note: Red asterisks represent a statistically unstable estimate.

Figure 2. Adult Healthcare Coverage by Type – Most Common Only



Comparisons

Age Comparisons

Overall, relatively few young adults (18 to 39) are covered by Medicare; this is not surprising as the program is designed for seniors and people with disabilities of any age. For those under age 65, most have insurance through their employer or Medi-Cal/Medicaid.

Table 17. Adult – Healthcare Coverage Type by Age

Coverage Type	Age Group	2007	2010	2013	2016	2019
Medicare	18-39	7.8%	*	4.8%	12.2%	10.8%
	40-64	12.0%	8.3%	16.5%	13.6%	15.2%
	65+	68.3%	75.2%	80.4%	63.0%	64.3%
Medi-Cal/Medicaid	18-39	25.5%	9.9%	7.5%	21.2%	18.3%
	40-64	12.0%	5.2%	3.3%	21.8%	11.7%
	65+	68.3%	3.7%	4.8%	6.2%	2.0%
Coverage through your employer	18-39	33.5%	40.0%	18.3%	22.6%	31.3%
	40-64	42.4%	38.9%	10.9%	24.3%	29.4%
	65+	6.3%	8.2%	3.6%	9.2%	8.3%
Coverage through someone else's employer	18-39	4.9%	14.2%	6.9%	6.3%	8.1%
	40-64	4.4%	7.3%	8.8%	4.1%	6.0%
	65+	1.5%	2.2%	5.2%	1.5%	2.2%
Coverage that you or someone else buys on own	18-39	7.6%	*	11.3%	3.5%	8.4%
	40-64	12.7%	9.7%	16.3%	4.4%	9.0%
	65+	5.5%	7.3%	4.5%	6.2%	7.4%
Military, CHAMPUS, or the VA	18-39	*	1.3%	*	2.2%	6.3%
	40-64	3.0%	4.8%	*	2.0%	10.5%
	65+	2.2%	2.7%	0.9%	2.5%	8.8%
Paying with own money	18-39	*	6.1%	*	9.7%	9.6%
	40-64	2.1%	4.7%	0.1%*	18.5%	19.6%
	65+	1.3%	6.4%	*	24.8%	22.2%
Other Source	18-39	19.7%	*	9.1%	7.2%	15.1%
	40-64	15.5%	2.4%	3.4%	7.2%	11.5%
	65+	12.0%	3.2%	2.5%	6.0%	15.6%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Medicare is a common source of healthcare coverage for individuals in the West Valley and Mid Valley; slightly less common in the East Valley. Insured adults in the East Valley were slightly more likely to have coverage through their employer than those in the Mid Valley or West Valley most years.

Table 18. Adult – Healthcare Coverage Type by Geography

Coverage Type	Geography	2007	2010	2013	2016	2019
Medicare	West Valley	37.5%	32.9%	44.9%	25.5%	33.5%
	Mid Valley	40.2%	43.3%	49.5%	34.9%	33.9%
	East Valley	20.9%	18.9%	29.6%	19.0%	24.3%
Medi-Cal/Medicaid	West Valley	37.5%	6.4%	3.1%	19.4%	12.0%
	Mid Valley	40.2%	1.6%	5.6%	10.1%	8.1%
	East Valley	20.9%	11.3%	6.0%	22.1%	10.5%
Coverage through your employer	West Valley	22.3%	26.6%	7.5%	17.7%	18.5%
	Mid Valley	21.9%	19.0%	11.8%	20.4%	23.8%
	East Valley	34.0%	31.0%	6.6%	21.4%	26.0%
Coverage through someone else's employer	West Valley	3.2%	6.0%	8.4%	4.1%	4.6%
	Mid Valley	3.5%	6.0%	7.7%	3.9%	5.3%
	East Valley	3.8%	6.1%	2.6%	4.4%	6.1%
Coverage that you or someone else buys on own	West Valley	7.2%	5.6%	8.7%	5.2%	10.3%
	Mid Valley	10.0%	9.8%	4.1%	6.3%	8.3%
	East Valley	9.4%	5.8%	20.9%	2.4%	6.2%
Military, CHAMPUS, or the VA	West Valley	2.3%	4.6%	0.6%	1.9%	7.6%
	Mid Valley	1.7%	3.3%	0.6%	2.4%	3.4%
	East Valley	1.7%	*	0.5%	2.2%	16.1%
	East Valley	*	*	2.0%	*	*
Paying with own money	West Valley	1.4%	5.4%	*	19.8%	17.4%
	Mid Valley	3.0%	6.8%	*	21.9%	26.6%
	East Valley	*	4.5%	*	10.1%	8.4%
Other Source	West Valley	13.8%	1.8%	4.9%	7.9%	12.9%
	Mid Valley	16.9%	2.9%	4.2%	6.2%	15.7%
	East Valley	10.7%	2.3%	3.8%	6.4%	13.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

In 2016, more than a quarter of Hispanic/Latino insured adults cited Medi-Cal as the source of their health insurance (27.5%). The 2019 survey data demonstrates a decrease in Hispanic/ Latino adults with Medi-Cal coverage (14.3%), and an increase in coverage through an employer (from 18.3% to 25.4%).

Table 19. Adult – Healthcare Coverage Type by Ethnicity

Coverage Type	Ethnicity	2016	2019
Medicare	Hispanic or Latino	12.5%	18.7%
	Not Hispanic or Latino	37.0%	41.4%
Medi-Cal/Medicaid	Hispanic or Latino	27.5%	14.3%
	Not Hispanic or Latino	9.5%	6.6%
Coverage through your employer	Hispanic or Latino	18.3%	25.4%
	Not Hispanic or Latino	21.0%	20.2%
Coverage through someone else's employer	Hispanic or Latino	4.1%	7.5%
	Not Hispanic or Latino	4.2%	3.5%
Coverage that you or someone else buys on own	Hispanic or Latino	3.1%	7.8%
	Not Hispanic or Latino	5.8%	8.8%
Military, CHAMPUS, or the VA	Hispanic or Latino	1.9%	15.9%
	Not Hispanic or Latino	2.4%	2.7%
Paying with own money	Hispanic or Latino	9.4%	9.5%
	Not Hispanic or Latino	23.4%	24.8%
Other Source	Hispanic or Latino	6.8%	10.6%
	Not Hispanic or Latino	7.0%	16.8%

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

Not surprisingly, income influenced healthcare coverage type. Individuals in the lowest income bracket were more likely to have healthcare coverage through Medi-Cal/Medicaid. Individuals in the highest income bracket were more likely to obtain healthcare coverage through their employer or pay out of pocket.

Table 20. Adult – Healthcare Coverage Type by Income

Coverage Type	Income Level	2007	2010	2013	2016	2019
Medicare	$0 - $19,999	48.1%	20.0%	29.3%	27.4%	37.9%
	$20,000 - $49,999	30.7%	25.4%	29.5%	24.1%	24.0%
	$50,000 - $99,999	32.9%	30.5%	52.5%	25.3%	28.2%
	$100,000 or more	27.7%	43.9%	43.9%	24.5%	26.9%
Medi-Cal/ Medicaid	$0 - $19,999	32.1%	24.3%	12.2%	35.0%	21.5%
	$20,000 - $49,999	16.8%	3.0%	4.3%	18.7%	18.3%
	$50,000 - $99,999	*	*	4.2%	2.4%	4.3%
	$100,000 or more	*	*	*	*	*
Coverage through your employer	$0 - $19,999	7.5%	7.6%	6.9%	7.2%	8.6%
	$20,000 - $49,999	24.0%	29.7%	15.3%	16.5%	15.5%
	$50,000 - $99,999	31.8%	31.2%	8.6%	40.4%	37.4%
	$100,000 or more	31.2%	27.6%	8.4%	38.6%	38.6%
Coverage through someone else's employer	$0 - $19,999	*	*	13.8%	1.5%	*
	$20,000 - $49,999	2.9%	7.3%	2.0%	2.2%	4.4%
	$50,000 - $99,999	4.6%	9.5%	6.3%	4.4%	4.0%
	$100,000 or more	15.8%	3.1%	5.4%	10.1%	9.8%
Coverage that you or someone else buys on own	$0 - $19,999	2.9%	5.5%	26.9%	*	5.8%
	$20,000 - $49,999	7.0%	6.5%	18.2%	6.6%	6.5%
	$50,000 - $99,999	8.5%	10.3%	4.6%	7.7%	10.4%
	$100,000 or more	15.8%	10.4%	5.9%	3.8%	8.7%
Military, CHAMPUS, or the VA	$0 - $19,999	2.0%	5.8%	*	1.5%	20.9%
	$20,000 - $49,999	2.1%	4.2%	*	2.6%	12.9%
	$50,000 - $99,999	1.3%	2.2%	0.8%	1.5%	2.9%
	$100,000 or more	*	2.5%	*	*	3.2%
Paying with own money	$0 - $19,999	*	2.0%	*	8.7%	6.0%
	$20,000 - $49,999	1.0%	4.4%	*	16.1%	12.8%
	$50,000 - $99,999	1.3%	6.5%	*	20.7%	23.6%
	$100,000 or more	*	5.8%	*	27.5%	25.7%
Other Source	$0 - $19,999	4.6%	1.1%	5.6%	8.3%	7.4%
	$20,000 - $49,999	15.2%	2.7%	6.2%	5.9%	14.9%
	$50,000 - $99,999	18.3%	1.9%	2.8%	8.1%	14.7%
	$100,000 or more	17.9%	2.6%	2.2%	8.1%	13.9%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Medicare is a common source of healthcare coverage for local adults with post-graduate degrees, as illustrated in the table below. Paying for insurance with own money has increased over time across all education groups.

Table 21. Adult – Healthcare Coverage Type by Education

Coverage Type	Education Level	2007	2010	2013	2016	2019
Medicare	Less than high school	27.1%	17.1%	31.5%	16.6%	33.4%
	High school or GED	33.0%	25.6%	44.8%	22.5%	24.7%
	Some college	36.0%	31.9%	46.1%	27.6%	27.8%
	College	33.3%	43.7%	38.7%	27.9%	29.1%
	Post-graduate	43.8%	41.2%	50.7%	38.8%	41.6%
Medi-Cal/ Medicaid	Less than high school	44.1%	22.2%	6.4%	39.2%	13.3%
	High school or GED	8.3%	7.5%	4.4%	18.5%	17.9%
	Some college	6.6%	3.4%	3.2%	16.6%	11.1%
	College	4.0%	2.3%	6.6%	7.2%	7.4%
	Post-graduate	*	*	4.7%	3.9%	3.7%
Coverage through your employer	Less than high school	15.6%	13.7%	*	7.2%	3.5%
	High school or GED	29.8%	17.3%	10.1%	16.3%	26.5%
	Some college	21.5%	27.9%	7.8%	17.0%	20.3%
	College	26.3%	24.1%	13.5%	28.0%	29.1%
	Post-graduate	28.0%	29.5%	7.6%	34.2%	26.9%
Coverage through someone else's employer	Less than high school	2.9%	*	*	2.2%	*
	High school or GED	1.2%	10.0%	6.1%	5.3%	7.9%
	Some college	5.4%	6.9%	5.3%	6.8%	4.6%
	College	4.0%	4.9%	7.9%	3.5%	5.6%
	Post-graduate	1.4%	3.1%	10.4%	1.9%	5.0%
Coverage that you or someone else buys on own	Less than high school	2.0%	4.7%	39.9%	*	*
	High school or GED	7.8%	6.1%	13.6%	5.1%	3.7%
	Some college	9.8%	8.4%	6.1%	4.9%	9.7%
	College	9.2%	7.6%	4.5%	6.1%	10.2%
	Post-graduate	10.4%	9.0%	4.5%	6.0%	11.4%
Military, CHAMPUS, or the VA	Less than high school	2.0%	*	*	*	39.1%
	High school or GED	0.9%	5.0%	*	1.7%	7.2%
	Some college	2.3%	2.3%	*	4.3%	5.8%
	College	2.1%	3.7%	*	1.7%	1.9%
	Post-graduate	1.7%	2.7%	*	1.9%	3.9%
Paying with own money	Less than high school	*	*	*	8.5%	5.2%
	High school or GED	*	6.0%	*	14.0%	17.7%
	Some college	1.6%	6.7%	2.2%	18.1%	15.8%
	College	3.0%	4.9%	0.1%	22.8%	20.3%
	Post-graduate	*	7.5%	*	23.8%	26.8%
Other Source	Less than high school	5.6%	*	8.2%	6.1%	9.3%
	High school or GED	17.6%	1.5%	7.1%	8.5%	8.9%
	Some college	16.1%	2.0%	3.9%	6.4%	17.5%
	College	17.4%	1.8%	3.0%	8.3%	14.8%
	Post-graduate	12.4%	6.0%	2.7%	5.1%	14.8%

Note: Red asterisks represent a statistically unstable estimate.

Insured adults were asked if there was a time during the past year when they were uninsured. This helps to measure the stability of coverage. This question was not asked in 2016.

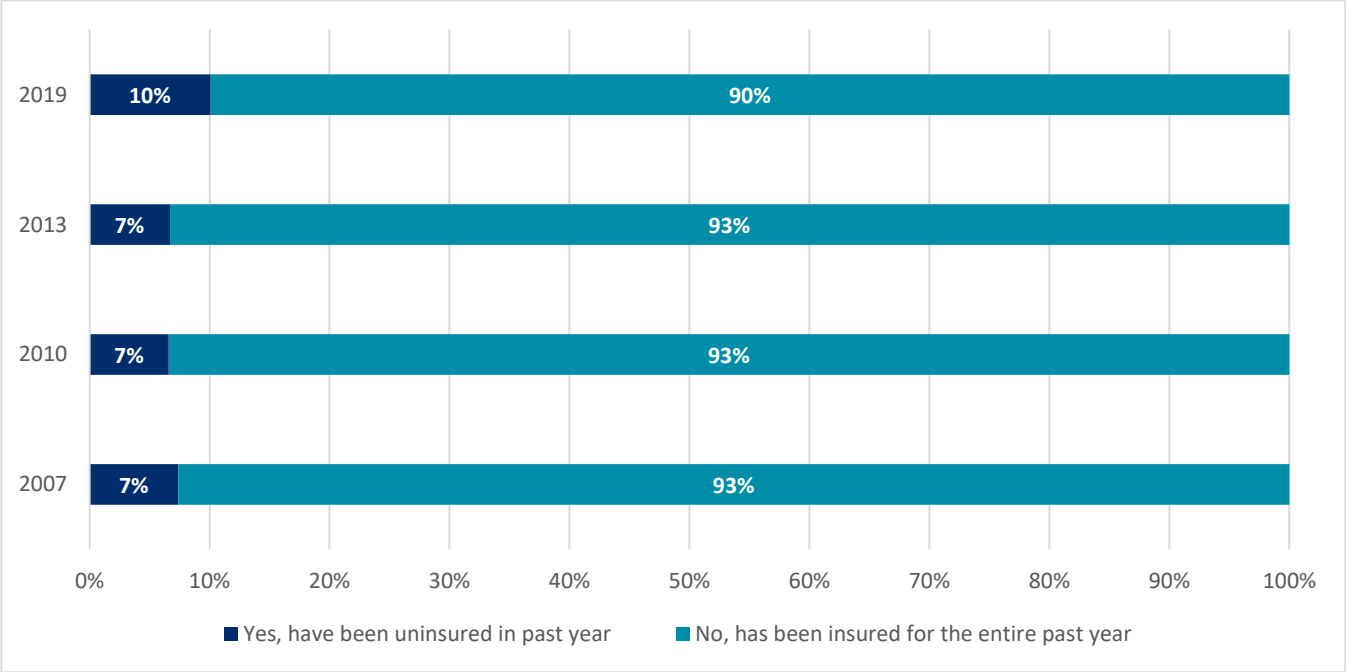
Overall

The 2019 survey saw an uptick in the percent of insured adults who had been uninsured at some time in the previous year; prior to the 2019 survey, numbers were fairly stable.

Table 22. Insured Adults – Uninsured at Any Time in Past Year

Healthcare Coverage	2007	2010	2013	2019
Yes, have been uninsured in past year	7.4%	6.6%	6.7%	10.1%
No, has been insured for the entire past year	92.6%	93.4%	93.3%	89.9%

Figure 3. Insured Adults – Uninsured at Any Time in Past Year



Comparisons

Age Comparisons

Insured younger adults (ages 18 to 39) were more likely to report a lapse in their healthcare coverage in the last year than their older counterparts. This is true across all years.

Table 23. Insured Adults – Uninsured at Any Time in Past Year by Age

Age Group	2007	2010	2013	2019
18-39	17.5%	21.6%	15.9%	19.2%
40-64	6.9%	6.0%	6.6%	10.5%
65+	1.1%	1.7%	2.3%	2.5%

Geographic Comparisons

Insured adults in the East Valley were the most likely to have gone without insurance sometime in the past year, as illustrated in the table below. This pattern held true across all years, although there was less of a difference between the three regions in 2019.

Table 24. Insured Adults – Uninsured at Any Time in Past Year by Geography

Age Group	2007	2010	2013	2019
West Valley	7.3%	6.2%	4.8%	10.4%
Mid Valley	5.4%	4.6%	3.4%	8.4%
East Valley	11.1%	11.8%	15.1%	11.9%

Hispanic/Latino Comparisons

The 2019 survey data shows 14.9% of insured Hispanic/Latino adults lacked healthcare coverage at some time in the previous year; this is more than twice the rate for non-Hispanic/Latino adults.

Table 25. Insured Adults – Uninsured at Any Time in Past Year by Ethnicity

Ethnicity	2019
Hispanic or Latino	14.9%
Not Hispanic or Latino	6.1%

Income Comparisons

Among insured adults, those in the lower income categories were more likely to report lapses in their healthcare coverage in the last year than their wealthier counterparts across all years.

Table 26. Insured Adults – Uninsured at Any Time in Past Year by Income

Income Level	2007	2010	2013	2019
$0 - $19,999	16.7%	20.5%	13.2%	17.1%
$20,000 - $49,999	12.6%	9.7%	11.7%	15.1%
$50,000 - $99,999	3.8%	5.4%	2.7%	10.0%
$100,000 or more	*	*	6.2%	2.9%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Similarly, insured adults with lower education levels tended to experience more instability in their continuity of coverage, as illustrated in the table below. Insured adults with post-graduate degrees were the least likely to have lacked health insurance at some time in the prior year.

Table 27. Insured Adults – Uninsured at Any Time in Past Year by Education

Education Level	2007	2010	2013	2019
Less than high school	26.1%	17.7%	14.3%	10.6%
High school or GED	8.2%	8.6%	6.8%	14.1%
Some college	4.5%	9.5%	10.6%	9.9%
College	3.3%	3.1%	2.9%	10.6%
Post-graduate	2.4%	1.8%	2.7%	6.1%

Uninsured adults were asked to identify **why they were without health insurance**, with response options including losing job or changing employers, becoming ineligible due to age or leaving school, employer not offering or stopping offering coverage, being unable to afford the premiums, and losing certain benefits.

Overall

"Couldn't afford to pay the premiums" and "lost job or changed employers" were common reasons adults were uninsured across survey cycles.

Table 28. Uninsured Adults – Reason Without Insurance Coverage

Reason for Lack of Insurance	2007	2010	2013	2016	2019
Couldn't afford to pay the premiums	27.6%	36.0%	33.9%	13.4%	22.7%
Lost job or changed employers	9.8%	24.8%	28.7%	5.5%	13.0%
Became ineligible because of age or because left school	*	*	4.4%	*	13.3%
Employer doesn't offer or stopped offering coverage	4.2%	5.8%	3.0%	8.6%	*
Insurance company refused coverage	4.7%	4.5%	5.5%	*	*
Lack of documentation to prove legal residency	*	4.8%	4.5%	15.6%	*
Lost Medi-Cal or medical assistance eligibility	*	*	*	3.2%	3.9%
Applying for healthcare coverage	5.7%	*	3.5%	7.1%	2.3
Other	*	14.7%	13.1%	34.3%	36.3%

Note: Red asterisks represent a statistically unstable estimate.

Comparisons

No comparisons are made here because the sample size is too small.

Adult participants were asked whether they had **insurance that paid for some or all of their routine dental care**.

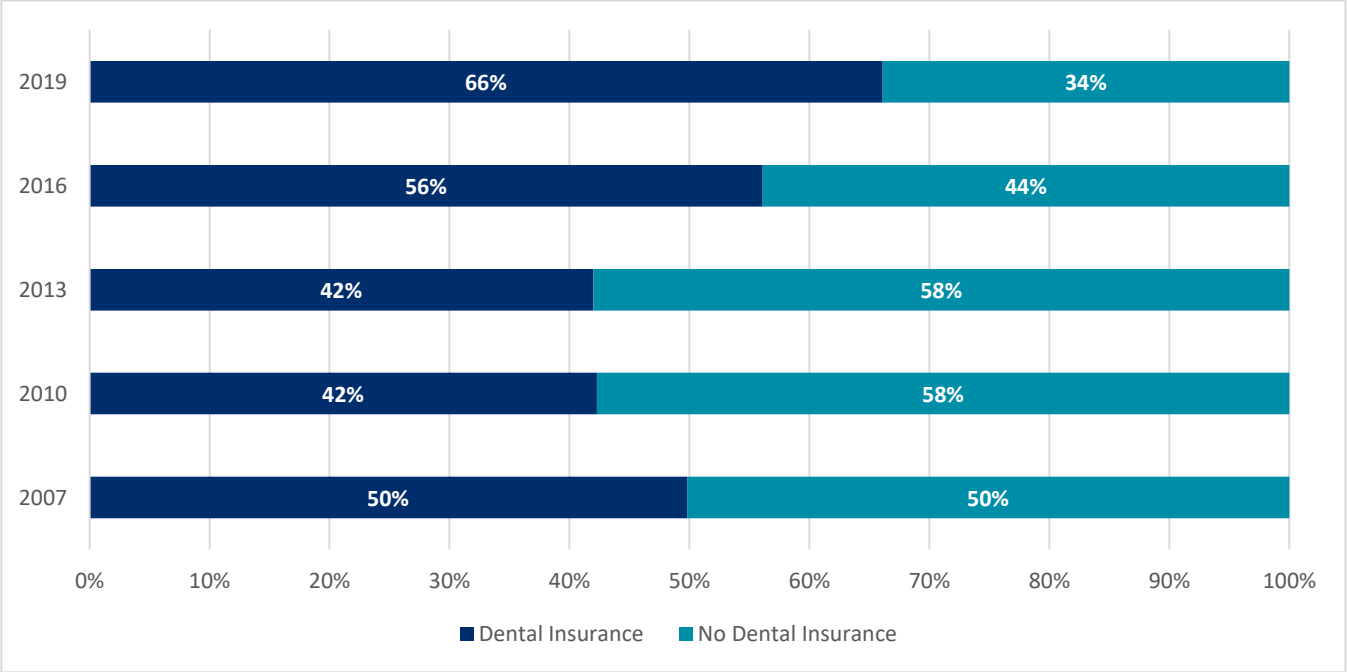
Overall

There has been a gradual increase in the percent of local adults who have dental insurance over time, as illustrated in the table below.

Table 29. Adult Dental Insurance Coverage

Dental Coverage	2007	2010	2013	2016	2019
Dental Insurance	49.8%	42.3%	42.0%	56.1%	66.1%
No Dental Insurance	50.2%	57.7%	58.0%	43.9%	33.9%

Figure 4. Adult Dental Insurance Coverage



Compared to adults across Riverside County and California, Coachella Valley adults are slightly less likely to have dental insurance, as illustrated in the table below. Overall, fewer of our adults have dental coverage than in the region as a whole.

Table 30. Adults Lacking Dental Insurance in Other Regions

Region	2013	2016	2019
Coachella Valley	58.0%	43.9%	33.9%
Riverside County	46.5%	38.4%	30.1%
California	44.1%	38.7%	31.7%

Note: Riverside County and California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the years 2007 and 2010, and thus, no comparisons are provided for that year.

Comparisons

Age Comparisons

In sharp contrast to health insurance coverage, local seniors are less likely to have dental insurance than their younger counterparts. Notably, the percentage of adults lacking dental insurance are the lowest in 2019.

Table 31. Adult – Lacking Dental Insurance by Age

Age Group	2007	2010	2013	2016	2019
18-39	42.1%	57.4%	58.2%	36.3%	20.2%
40-64	44.3%	52.4%	57.5%	43.0%	30.6%
65+	62.7%	62.5%	58.8%	54.6%	47.9%

Geographic Comparisons

Overall, the percent of adults lacking dental insurance across the three geographic regions were similar. Surprisingly, adults in the East Valley were the least likely to lack dental insurance in the last three survey cycles.

Table 32. Adult – Lacking Dental Insurance by Geography

Geography	2007	2010	2013	2016	2019
West Valley	47.9%	53.8%	57.3%	41.6%	35.3%
Mid Valley	57.4%	60.0%	58.7%	49.8%	38.4%
East Valley	47.3%	59.7%	57.1%	40.9%	27.4%

Hispanic/Latino Comparisons

The percentage of Hispanic/Latino adults who lack dental insurance dropped substantially between 2016 to 2019; no such drop was seen for non-Hispanic/Latinos.

Table 33. Adult – Lacking Dental Insurance by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	46.1%	25.5%
Not Hispanic or Latino	41.9%	41.1%

Income Comparisons

Across all income groups, 2016 and 2019 saw declines in the number of adults lacking dental insurance relative to prior years.

Table 34. Adult – Lacking Dental Insurance by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	58.0%	78.4%	76.0%	53.6%	26.8%
$20,000 - $49, 999	52.6%	63.0%	64.2%	45.0%	40.9%
$50,000 - $99,999	44.9%	36.7%	51.9%	35.3%	32.8%
$100,000 or more	49.6%	49.8%	43.3%	23.9%	33.1%

Education Comparisons

Across survey cycles, adults with less than a high school education were more likely to report lacking dental insurance than adults with a post-graduate education.

Table 35. Adult – Lacking Dental Insurance by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	59.1%	78.4%	80.4%	53.9%	34.5%
High school or GED	49.9%	64.7%	64.0%	42.8%	25.3%
Some college	45.5%	55.3%	54.5%	43.5%	36.4%
College	50.5%	52.7%	51.3%	40.4%	33.6%
Post-graduate	48.0%	47.1%	51.5%	37.6%	38.5%

To measure **prescription insurance**, participants were asked if the kind of health insurance coverage they have covers some or all of the cost of their prescription drugs.

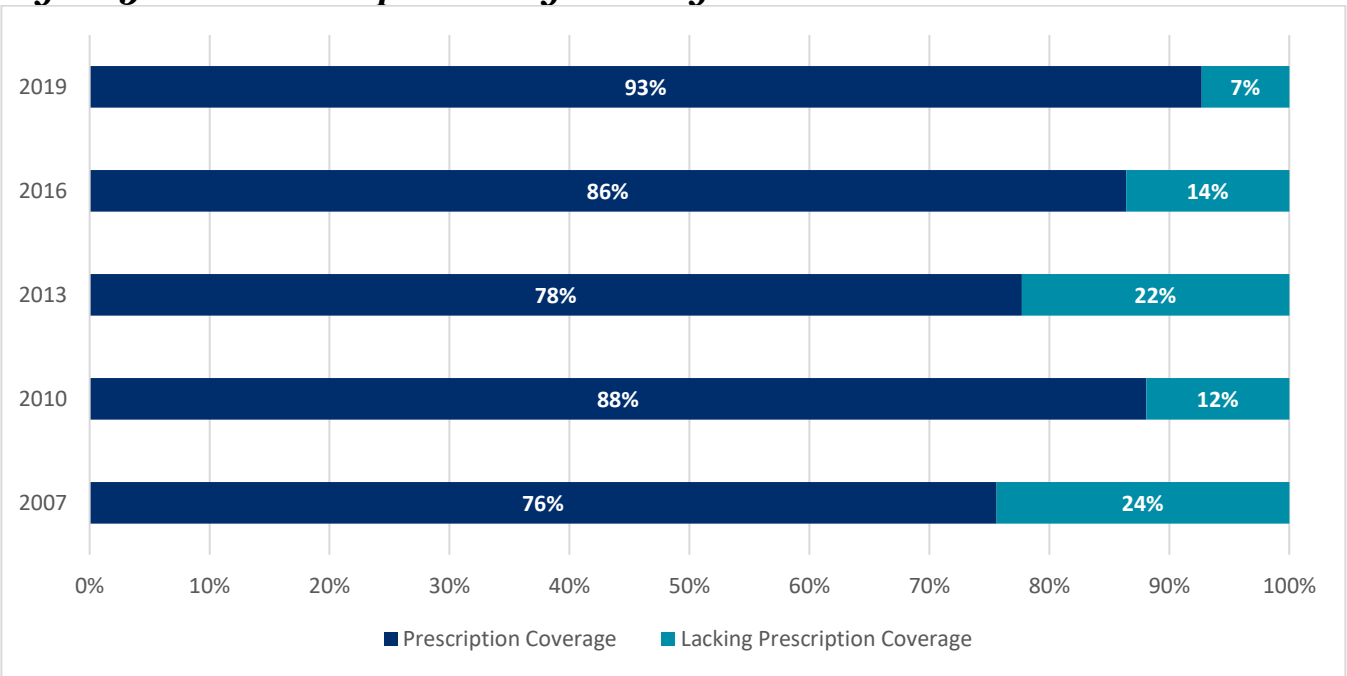
Overall

Through all survey cycles, more than three-quarters of Coachella Valley residents had healthcare coverage that covered the cost of their prescription drugs, as illustrated in the table and chart below.

Table 36. Adult Prescription Drug Coverage

Prescription Coverage	2007	2010	2013	2016	2019
Have prescription drug insurance	75.6%	88.1%	77.7%	86.4%	92.7%
Lacking prescription drug insurance	24.4%	11.9%	22.3%	13.6%	7.3%

Figure 5. Adult Prescription Drug Coverage



Comparisons

Age Comparisons

In 2007, approximately one-quarter of adults (40-64) lacked prescription drug coverage. By 2019, less that 10% of adults ages 40-64 lacked prescription drug coverage.

Table 37. Adult - Lacking Prescription Drug Coverage by Age

Age Group	2007	2010	2013	2016	2019
18-39	38.1%	12.1%	21.5%	17.5%	8.5%
40-64	25.5%	13.4%	21.9%	12.0%	7.3%
65+	12.1%	11.1%	23.1%	11.7%	6.4%

Geographic Comparisons

Compared to adults in the West and Mid Coachella Valley, adults in the East Coachella Valley were slightly more likely to lack prescription drug coverage across all survey years.

Table 38. Adult - Lacking Prescription Drug Coverage by Geography

Geography	2007	2010	2013	2016	2019
West Valley	25.7%	10.1%	22.1%	14.3%	7.5%
Mid Valley	17.7%	11.7%	22.4%	10.0%	5.8%
East Valley	31.4%	15.7%	22.5%	16.5%	8.7%

Hispanic/Latino Comparisons

There was a slight decrease in Hispanic or Latino individuals reporting lacking healthcare coverage that aided with prescription drug cost between 2016 and 2019.

Table 39. Adult - Lacking Prescription Drug Coverage by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	17.7%	8.3%
Not Hispanic or Latino	11.1%	6.3%

Income Comparisons

Within the $20,000 - $49,000 income group, approximately one-third of adults lacked healthcare coverage that covered the cost of their prescription drugs in 2007. By the 2019 survey cycle, less than 10% of adults in this income group lacked coverage that helped pay for the cost of their prescription drugs.

Table 40. Adult - Lacking Prescription Drug Coverage by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	45.2%	25.5%	19.7%	20.9%	10.4%
$20,000 - $49, 999	32.0%	16.1%	19.4%	14.2%	9.9%
$50,000 - $99,999	16.5%	6.7%	25.3%	10.8%	6.7%
$100,000 or more	12.7%	7.4%	17.0%	7.3%	3.1%

Education Comparisons

Between 2007 and 2019, the number of adults lacking prescription drug coverage declined among adults with a high school education or less. The number of adults lacking prescription drug coverage spiked in 2013 and declined in 2016 and 2019 among adults with some college education or more.

Table 41. Adult - Lacking Prescription Drug Coverage by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	51.4%	25.8%	24.8%	15.5%	10.9%
High school or GED	30.1%	20.3%	23.5%	21.8%	7.7%
Some college	15.7%	8.9%	16.6%	14.9%	8.0%
College	17.3%	8.1%	26.4%	8.4%	5.6%
Post-graduate	7.8%	9.6%	22.7%	8.2%	5.5%

Participants were asked if their **insurance coverage paid for some of all of their mental health or behavioral health expenses**. This question was not asked in 2007 or 2016.

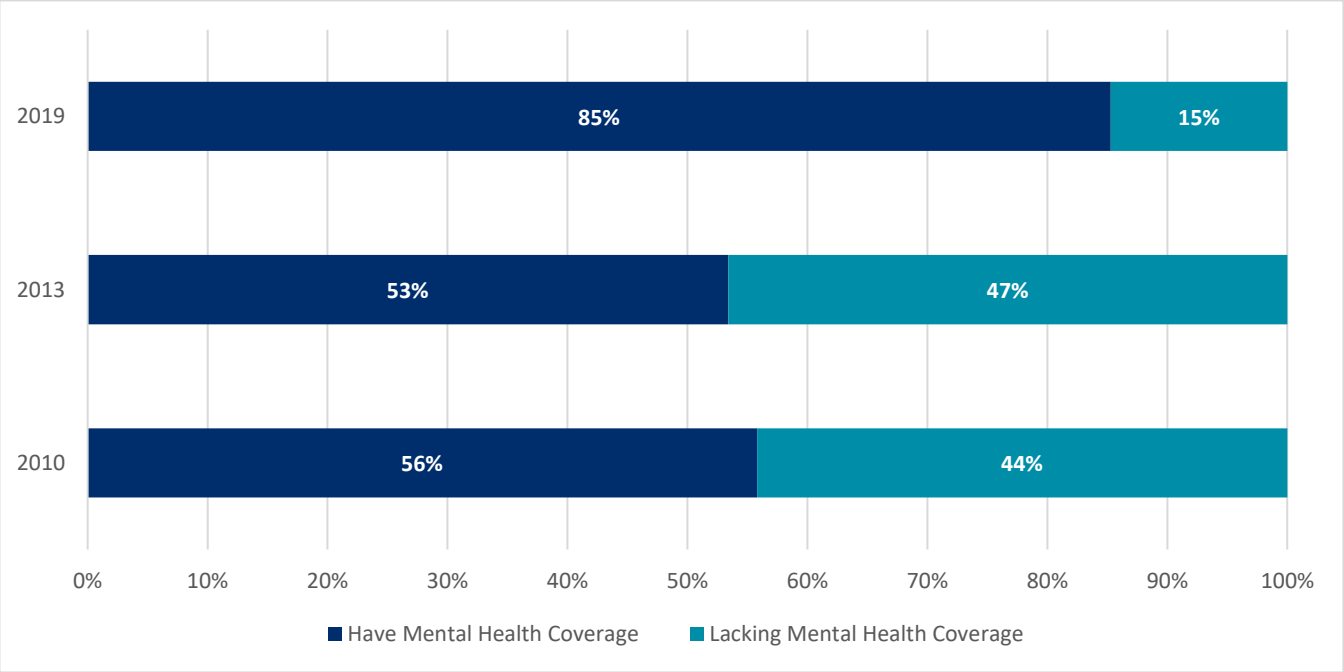
Overall

In 2019, 85.3% of Coachella Valley adults had healthcare coverage that payed for some or all of their mental or behavioral health expenses.

Table 42. Adult Mental/Behavioral Healthcare Coverage

Mental/Behavioral Healthcare Coverage	2010	2013	2019
Have mental healthcare coverage	55.8%	53.4%	85.3%
Lacking mental healthcare coverage	44.2%	46.6%	14.7%

Figure 6. Adult Mental/Behavioral Healthcare Coverage



Comparisons

Age Comparisons

Between 2010 and 2019, the number of adults reporting lacking healthcare coverage that aided with the costs of mental or behavioral health declined across all age groups.

Table 43. Adult – Lacking Mental / Behavioral Coverage by Age

Age Group	2010	2013	2019
18-39	55.9%	61.5%	17.5%
40-64	44.1%	47.9%	13.6%
65+	35.8%	30.2%	13.8%

Geographic Comparisons

Among East Coachella Valley residents, 2010 data shows 56.6% of adults lacking coverage that helped with the cost of mental and behavioral health. That number declined to 20.0% in 2019.

Table 44. Adult – Lacking Mental / Behavioral Coverage by Geography

Geography	2010	2013	2019
West Valley	38.5%	44.4%	14.0%
Mid Valley	41.8%	40.7%	10.4%
East Valley	56.6%	56.8%	20.0%

Hispanic/Latino Comparisons

In 2019, approximately 20% of Hispanic or Latino adults lacked healthcare coverage that covers mental and behavioral health costs, twice the rate of non-Hispanics or Latinos.

Table 45. Adult – Lacking Mental / Behavioral Coverage by Ethnicity

Ethnicity	2019
Hispanic or Latino	19.4%
Not Hispanic or Latino	10.6%

Income Comparisons

Across all income groups, adults lacking mental and behavioral health coverage has declined between 2010 and 2019. However, in 2019 adults earning less than $50,000 a year continued to report lacking mental and behavioral health coverage at higher rates that those earning more than $50,001.

Table 46. Adult – Lacking Mental / Behavioral Coverage by Income

Income Level	2010	2013	2019
$0 - $19,999	70.8%	72.9%	15.5%
$20,000 - $49, 999	51.9%	62.1%	18.7%
$50,000 - $99,999	27.8%	33.0%	13.9%
$100,000 or more	27.2%	23.0%	6.5%

Education Comparisons

The 2010 and 2013 survey cycles indicate over three-fourths of adults with less than a high school education lacked mental and behavioral health coverage. In 2019, approximately 30% of adults with this education level stated they lacked coverage for mental and behavioral health.

Table 47. Adult – Lacking Mental / Behavioral Coverage by Education

Education Level	2010	2013	2019
Less than high school	76.9%	79.1%	29.3%
High school or GED	56.8%	61.5%	17.3%
Some college	40.7%	41.7%	12.5%
College	35.6%	36.9%	13.0%
Post-graduate	24.3%	25.6%	8.3%

Adult Healthcare Utilization

Health care providers include doctors, nurse practitioners, specialist, etc. **Participants were asked how long it was since their last healthcare provider visit**.

Overall

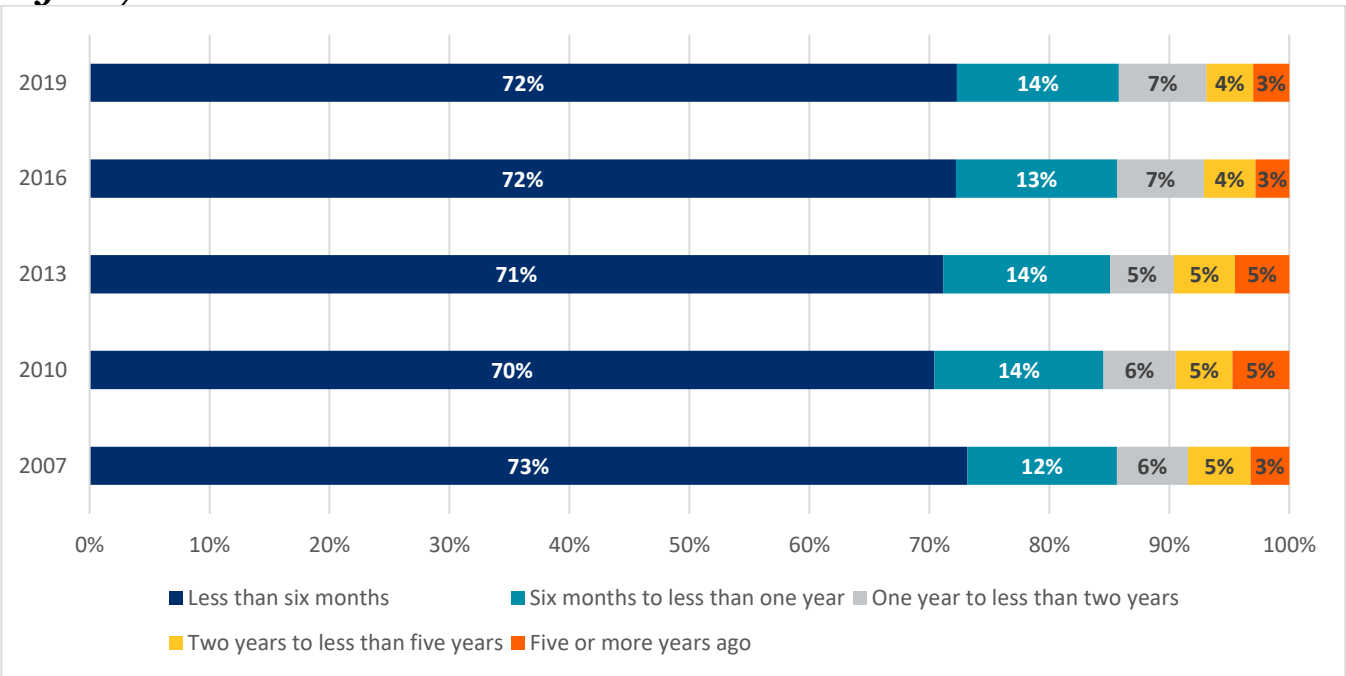
The percentage of adults visiting a health care provider has remained stable over the years. The vast majority of Coachella Valley adults have visited a healthcare provider within the past year.

Table 48. Adults – Time Since Most Recent Healthcare Visit

Time Since Most Recent Healthcare Provider Visit	2007	2010	2013	2016	2019
Less than six months	72.8%	70.0%	71.0%	72.0%	72.3%
Six months to less than one year	12.4%	14.0%	13.9%	13.4%	13.5%
One year to less than two years	5.9%	6.0%	5.3%	7.2%	7.3%
Two years to less than five years	5.2%	4.7%	5.1%	4.3%	3.9%
Five or more years ago	3.2%	4.7%	4.5%	2.8%	3.0%
Never been for treatment	*	0.6%	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Figure 7. Adults – Time Since Most Recent Healthcare Visit



Note: "Never been for treatment" was excluded from this chart due to the statistical instability.

Comparisons

Because the sample size for "never been for treatment" is so small, none of the comparisons are made for this response option, as all are statistically unstable.

Age Comparisons

Based on age comparisons, time since last healthcare visit has remained unvaried from 2007 to 2019.

Table 49. Adults – Time Since Most Recent Healthcare Visit by Age

Time Since Most Recent Healthcare Provider Visit	Age Group	2007	2010	2013	2016	2019
Less than six months	18-39	55.9%	50.3%	54.9%	56.3%	56.5%
	40-64	76.6%	69.9%	69.0%	73.2%	71.6%
	65+	83.7%	82.6%	86.3%	90.6%	90.1%
Six months to less than one year	18-39	13.6%	18.9%	18.7%	20.4%	19.8%
	40-64	10.9%	10.8%	13.5%	12.2%	13.7%
	65+	12.7%	12.8%	10.4%	6.3%	6.4%
One year to less than two years	18-39	12.2%	12.4%	7.9%	10.7%	12.2%
	40-64	4.1%	6.5%	6.5%	8.0%	6.8%
	65+	2.5%	1.9%	1.6%	1.6%	2.7%
Two years to less than five years	18-39	12.3%	8.8%	11.1%	7.6%	7.2%
	40-64	3.6%	6.0%	5.3%	3.7%	3.6%
	65+	0.7%	1.2%	*	0.9%	0.8%
Five or more years ago	18-39	5.2%	8.5%	7.5%	4.6%	4.3%
	40-64	4.1%	5.9%	5.6%	2.7%	4.3%
	65+	*	1.5%	1.0%	0.6%	*

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

While West and Mid Valley rates of healthcare visits have remained unvaried, from 2007 to 2019, there has been an increase of East Valley adults that visit their provider in less than six months.

Table 50. Adults – Time Since Most Recent Healthcare Visit by Geography

Time Since Most Recent Healthcare Provider Visit	Geography	2007	2010	2013	2016	2019
Less than six months	West Valley	75.4%	68.5%	72.2%	68.6%	69.8%
	Mid Valley	77.2%	75.6%	75.6%	81.1%	76.2%
	East Valley	59.2%	62.9%	63.0%	67.6%	71.1%
Six months to less than one year	West Valley	9.9%	13.8%	12.8%	17.2%	13.9%
	Mid Valley	10.9%	13.5%	12.5%	9.8%	13.0%
	East Valley	21.1%	14.6%	17.2%	12.7%	13.5%
One year to less than two years	West Valley	5.7%	7.3%	4.3%	4.6%	8.1%
	Mid Valley	5.1%	5.4%	4.8%	4.1%	6.4%
	East Valley	7.3%	5.2%	7.2%	12.8%	7.4%
Two years to less than five years	West Valley	5.1%	4.7%	6.1%	5.0%	4.3%
	Mid Valley	4.0%	2.5%	2.4%	4.2%	2.4%
	East Valley	7.7%	8.5%	7.9%	3.6%	4.9%
Five or more years ago	West Valley	3.5%	5.0%	4.5%	3.9%	4.0%
	Mid Valley	2.8%	2.7%	4.5%	0.8%	2.0%
	East Valley	3.1%	7.7%	4.5%	3.2%	3.1%

Hispanic/Latino Comparisons

Based on ethnicity, the percentage of adults visiting their provider has not changed from 2016 to 2019. As seen below, about 60.0% of Hispanic or Latino visited their provider within the last six months in comparison to 80.0% of non-Hispanic or Latino.

Table 51. Adults – Time Since Most Recent Healthcare Visit by Ethnicity

Time Since Most Recent Healthcare Provider Visit	Ethnicity	2016	2019
Less than six months	Hispanic or Latino	60.0%	64.8%
	Not Hispanic or Latino	81.8%	80.3%
Six months to less than one year	Hispanic or Latino	16.5%	15.4%
	Not Hispanic or Latino	11.1%	11.4%
One year to less than two years	Hispanic or Latino	11.7%	10.5%
	Not Hispanic or Latino	3.6%	4.0%
Two years to less than five years	Hispanic or Latino	7.0%	5.2%
	Not Hispanic or Latino	2.2%	2.5%
Five or more years ago	Hispanic or Latino	4.4%	4.1%
	Not Hispanic or Latino	1.4%	1.8%

Income Comparisons

As illustrated below, the percentage of adults with income levels of $100,000 of more that have visited their provider in the last six months has slightly dropped from 2007 to 2019.

Table 52. Adults – Time Since Most Recent Healthcare Visit by Income

Time Since Most Recent Healthcare Provider Visit	Income Level	2007	2010	2013	2016	2019
Less than six months	$0 - $19,999	65.7%	54.1%	57.4%	66.1%	72.1%
	$20,000 - $49, 999	62.0%	64.2%	64.5%	71.1%	67.1%
	$50,000 - $99,999	78.6%	79.5%	78.1%	72.8%	73.4%
	$100,000 or more	81.1%	76.5%	78.8%	79.6%	72.4%
Six months to less than one year	$0 - $19,999	7.5%	13.1%	19.2%	14.6%	10.5%
	$20,000 - $49, 999	14.9%	15.7%	13.5%	11.5%	13.5%
	$50,000 - $99,999	11.2%	8.1%	11.8%	16.9%	16.5%
	$100,000 or more	10.1%	18.5%	14.1%	15.9%	14.6%
One year to less than two years	$0 - $19,999	8.4%	9.1%	9.3%	10.0%	9.5%
	$20,000 - $49, 999	9.2%	5.7%	6.3%	10.3%	8.0%
	$50,000 - $99,999	5.5%	7.6%	3.6%	7.0%	4.6%
	$100,000 or more	*	2.2%	4.9%	2.6%	9.0%
Two years to less than five years	$0 - $19,999	9.8%	9.5%	8.8%	3.6%	4.9%
	$20,000 - $49, 999	9.8%	7.6%	10.4%	4.3%	7.1%
	$50,000 - $99,999	2.9%	2.4%	1.9%	*	*
	$100,000 or more	2.4%	*	*	*	2.8%
Five or more years ago	$0 - $19,999	7.9%	11.6%	5.3%	4.9%	3.0%
	$20,000 - $49, 999	2.9%	6.3%	5.2%	2.7%	4.2%
	$50,000 - $99,999	1.8%	*	4.4%	1.8%	3.8%
	$100,000 or more	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

From 2007 to 2019, the rate of adults visiting their healthcare provider in the last six months has slightly increased across all education levels except for adults with "some college" and "college" education levels.

Table 53. Adults – Time Since Most Recent Healthcare Visit by Education

Time Since Most Recent Healthcare Provider Visit	Education Level	2007	2010	2013	2016	2019
Less than six months	Less than high school	53.1%	57.9%	65.4%	59.9%	66.0%
	High school or GED	63.6%	59.6%	61.6%	66.9%	71.0%
	Some college	81.1%	69.5%	67.9%	73.0%	69.1%
	College	83.4%	77.5%	75.3%	76.2%	74.8%
	Post-graduate	79.4%	78.2%	85.5%	86.8%	82.5%
Six months to less than one year	Less than high school	14.2%	10.5%	18.3%	14.4%	12.3%
	High school or GED	17.8%	17.5%	13.2%	14.8%	11.4%
	Some college	11.0%	13.2%	13.2%	11.9%	14.9%
	College	7.2%	13.3%	15.6%	16.9%	15.4%
	Post-graduate	11.8%	14.3%	9.7%	8.9%	10.7%
One year to less than two years	Less than high school	13.4%	3.8%	5.6%	12.8%	9.8%
	High school or GED	6.9%	7.1%	8.9%	10.7%	6.7%
	Some college	4.0%	8.2%	6.9%	5.5%	9.2%
	College	3.3%	5.3%	2.2%	5.0%	5.8%
	Post-graduate	3.1%	3.9%	3.0%	1.8%	4.2%
Two years to less than five years	Less than high school	10.3%	16.1%	5.4%	7.4%	7.2%
	High school or GED	7.9%	4.3%	10.3%	4.4%	7.0%
	Some college	2.1%	5.0%	5.9%	5.9%	3.3%
	College	3.6%	2.2%	2.7%	1.3%	2.1%
	Post-graduate	3.1%	2.3%	*	*	*
Five or more years ago	Less than high school	6.9%	6.6%	4.7%	4.8%	4.7%
	High school or GED	3.3%	10.8%	5.9%	2.7%	3.9%
	Some college	1.8%	4.1%	5.8%	3.7%	3.5%
	College	2.2%	1.7%	4.2%	*	1.9%
	Post-graduate	2.6%	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Routine check-ups with a doctor may occur even when individuals are feeling well and have not been sick. Participants were asked how **long had it been since they last visited a doctor for a routine check-up**.

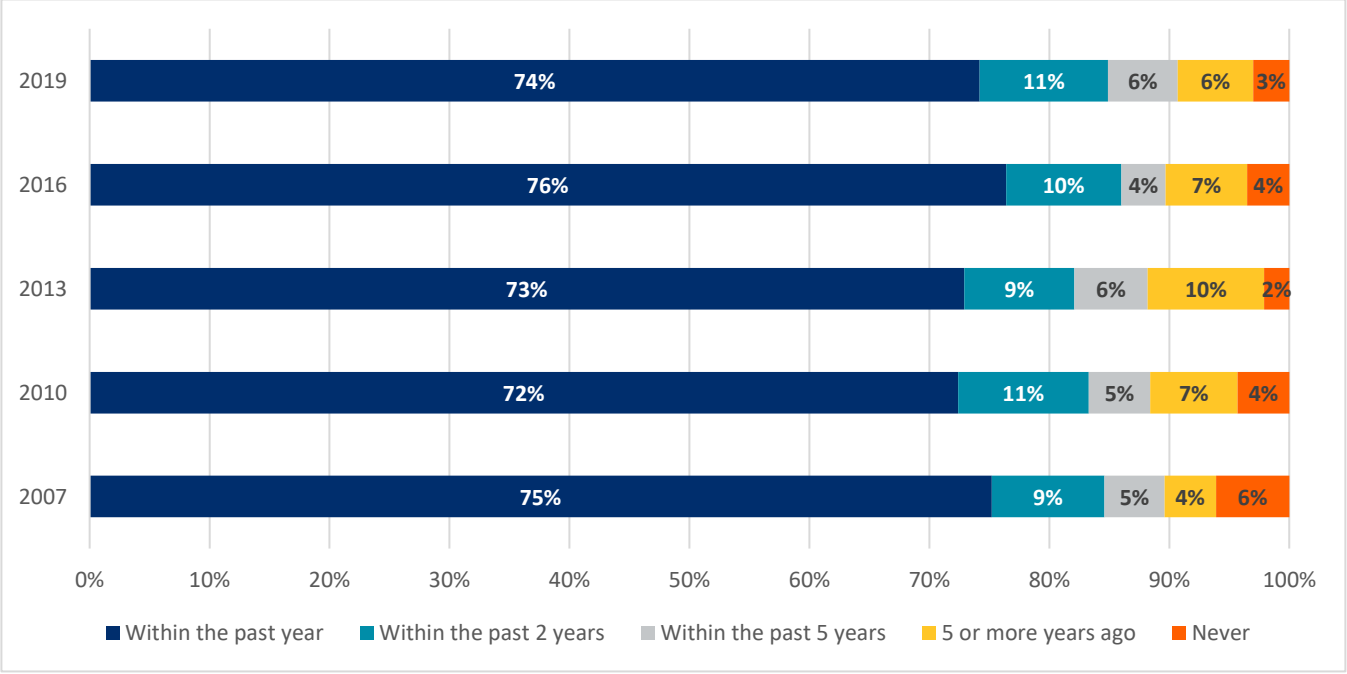
Overall

Since 2007, the percentage of adults receiving a routine check-up has remained stable. The majority of Coachella Valley adults have had a check-up in the past year, as illustrated in the table and chart below.

Table 54. Adults – Time Since Most Recent Routine Check-Up

Time Since Most Recent Routine Check-Up	2007	2010	2013	2016	2019
Within the past year (anytime less than 1 year ago)	75.2%	72.4%	72.9%	76.4%	74.2%
Within the past 2 years (1 year but less than 2 years)	9.4%	10.9%	9.2%	9.6%	10.7%
Within the past 5 years (2 years but less than 5 years)	5.0%	5.1%	6.1%	3.7%	5.8%
5 or more years ago	4.3%	7.3%	9.7%	6.8%	6.3%
Never	6.1%	4.3%	2.1%	3.5%	3.0%

Figure 8. Adults – Time Since Most Recent Routine Check-Up



Overall, Coachella Valley adults tend to get check-ups at a rate that is slightly higher than California as a whole, as illustrated in the table below.

Table 55. Routine Check-Up Within the Past Year – Compared to Other Regions

Geographic Region	2013	2016	2019
Coachella Valley	72.9%	76.4%	74.2%
Riverside County	60.4%	80.5%	72.8%
California	68.8%	73.3%	70.9%

Note: Riverside County and California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the years 2007 and 2010, and thus, no comparisons are provided for those years.

Comparisons

Age Comparisons

In 2007, 12.5% of younger adults (18 to 39) had never had a routine check-up. This rate decreased to 2.3% in 2013 and increased again to 4.2% in 2016.

Table 56. Adult – Time Since Most Recent Routine Check-Up by Age

Last Routine Check-Up	Age Group	2007	2010	2013	2016	2019
Within the past year (anytime less than 1 year ago)	18-39	55.7%	57.1%	53.9%	65.4%	62.4%
	40-64	78.4%	69.0%	71.4%	76.1%	72.3%
	65+	88.5%	84.5%	89.7%	91.1%	89.1%
Within the past 2 years (1 year but less than 2 years)	18-39	11.8%	16.7%	13.1%	12.8%	14.8%
	40-64	8.7%	10.0%	10.0%	10.9%	10.1%
	65+	8.4%	8.4%	5.4%	3.6%	7.2%
Within the past 5 years (2 years but less than 5 years)	18-39	11.2%	8.5%	12.3%	6.8%	9.5%
	40-64	3.6%	6.1%	5.9%	2.8%	6.1%
	65+	1.3%	2.3%	1.6%	1.0%	1.5%
5 or more years ago	18-39	8.8%	9.7%	18.3%	10.9%	10.1%
	40-64	3.9%	10.6%	9.8%	6.4%	7.3%
	65+	0.6%	2.9%	2.2%	2.4%	0.9%
Never	18-39	12.5%	8.0%	2.3%	4.2%	3.2%
	40-64	5.5%	4.2%	2.9%	3.9%	4.1%
	65+	1.2%	1.9%	1.1%	1.9%	1.2%

Geographic Comparisons

Among West Valley adults, there was an increase in routine check-ups happening five or more years ago. Only 3.3% of West Valley adults had visited a physician five or more years ago, this percentage increased to 11.4% by 2013.

Table 57. Adult – Time Since Most Recent Routine Check-Up by Geography

Last Routine Check-Up	Geography	2007	2010	2013	2016	2019
Within the past year (anytime less than 1 year ago)	West Valley	74.5%	69.0%	70.7%	76.7%	70.0%
	Mid Valley	79.9%	78.2%	77.7%	82.5%	79.9%
	East Valley	71.8%	67.3%	68.8%	70.8%	72.7%
Within the past 2 years (1 year but less than 2 years)	West Valley	9.0%	11.8%	7.1%	9.8%	12.4%
	Mid Valley	9.7%	9.6%	7.0%	6.5%	9.4%
	East Valley	10.3%	11.7%	14.4%	12.1%	10.4%
Within the past 5 years (2 years but less than 5 years)	West Valley	6.5%	5.8%	8.4%	3.7%	6.7%
	Mid Valley	2.4%	3.7%	4.4%	2.2%	4.8%
	East Valley	6.1%	6.4%	5.7%	5.0%	5.9%
5 or more years ago	West Valley	3.3%	7.9%	11.4%	7.3%	7.6%
	Mid Valley	4.9%	5.9%	9.2%	5.7%	3.7%
	East Valley	2.4%	8.9%	8.5%	7.3%	7.5%
Never	West Valley	6.7%	5.5%	2.3%	2.5%	3.4%
	Mid Valley	3.1%	2.6%	1.6%	3.1%	2.1%
	East Valley	9.3%	5.6%	2.5%	4.9%	3.4%

Hispanic/Latino Comparisons

Between the 2016 and 2019 surveys, there was a slight increase in Hispanic or Latino adults having routine check-ups within the past year (2016, 66.3%; 2019, 68.4%). In comparison, among not Hispanic or Latino adults, there was a small decrease in seeing a physician within the past year (2016, 84.6%; 2019, 80.5%)

Table 58. Adult – Time Since Most Recent Routine Check-Up by Ethnicity

Last Routine Check-Up	Ethnicity	2016	2019
Within the past year (anytime less than 1 year ago)	Hispanic or Latino	66.3%	68.4%
	Not Hispanic or Latino	84.6%	80.5%
Within the past 2 years (1 year but less than 2 years)	Hispanic or Latino	13.6%	11.8%
	Not Hispanic or Latino	6.4%	9.5%
Within the past 5 years (2 years but less than 5 years)	Hispanic or Latino	5.3%	7.4%
	Not Hispanic or Latino	2.4%	4.1%
5 or more years ago	Hispanic or Latino	9.6%	7.6%
	Not Hispanic or Latino	4.5%	4.8%
Never	Hispanic or Latino	5.2%	4.9%
	Not Hispanic or Latino	2.1%	1.0%

Income Comparisons

In 2007, over three-quarters of adults in the $50,000 - $99,999 income group had been to the doctor for a routine check-up within the past year (83.2%). Over the following survey cycles this percentage had risen and fallen and by 2019, less than three-quarters of adults in that income group had been for a routine check-up within the past year (74.2%).

Table 59. Adult – Time Since Most Recent Routine Check-Up by Income

Last Routine Check-Up	Income Level	2007	2010	2013	2016	2019
Within the past year (anytime less than 1 year ago)	$0 - $19,999	68.1%	59.3%	61.9%	66.8%	72.1%
	$20,000 - $49, 999	64.5%	66.9%	61.6%	72.9%	69.4%
	$50,000 - $99,999	83.2%	72.7%	80.1%	83.6%	74.2%
	$100,000 or more	81.2%	86.2%	88.8%	88.9%	77.3%
Within the past 2 years (1 year but less than 2 years)	$0 - $19,999	4.2%	10.1%	10.4%	9.6%	5.4%
	$20,000 - $49, 999	14.8%	12.5%	11.3%	14.8%	11.7%
	$50,000 - $99,999	7.1%	13.7%	7.6%	6.8%	13.9%
	$100,000 or more	7.6%	6.2%	6.8%	7.3%	10.5%
Within the past 5 years (2 years but less than 5 years)	$0 - $19,999	7.3%	8.4%	3.4%	6.0%	10.1%
	$20,000 - $49, 999	10.1%	5.6%	12.8%	2.9%	6.7%
	$50,000 - $99,999	2.3%	5.0%	4.0%	*	4.5%
	$100,000 or more	2.2%	*	*	1.7%	6.2%
5 or more years ago	$0 - $19,999	2.3%	12.4%	20.0%	10.8%	8.2%
	$20,000 - $49, 999	4.2%	9.8%	11.4%	6.5%	9.2%
	$50,000 - $99,999	2.2%	5.5%	7.1%	5.4%	6.0%
	$100,000 or more	5.5%	4.5%	2.6%	1.4%	4.2%
Never	$0 - $19,999	18.0%	9.8%	4.4%	6.8%	4.2%
	$20,000 - $49, 999	6.5%	5.2%	2.9%	3.0%	3.0%
	$50,000 - $99,999	5.3%	3.1%	1.2%	2.6%	*
	$100,000 or more	3.5%	1.9%	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

In 2016, more than half of adults with less than a high school education level had had a routine check-up within the 12 months prior to taking the survey (59.8%). By 2019, more than two-thirds of adults with less than a high school education had been for a routine check up in the last 12 months (68.0%).

Table 60. Adult – Time Since Most Recent Routine Check Up by Education

Last Routine Check-Up	Education Level	2007	2010	2013	2016	2019
Within the past year (anytime less than 1 year ago)	Less than high school	67.4%	64.5%	72.5%	59.8%	68.0%
	High school or GED	67.0%	63.1%	61.7%	72.7%	70.3%
	Some college	78.3%	68.7%	68.9%	76.5%	72.7%
	College	83.9%	80.8%	75.5%	85.6%	75.9%
	Post-graduate	78.5%	79.9%	90.2%	89.9%	85.1%
Within the past 2 years (1 year but less than 2 years)	Less than high school	6.5%	7.0%	10.6%	14.0%	10.0%
	High school or GED	11.8%	13.3%	7.5%	11.1%	10.5%
	Some college	9.3%	13.7%	10.3%	8.0%	11.7%
	College	7.2%	10.3%	9.6%	9.4%	13.3%
	Post-graduate	12.8%	7.2%	6.9%	5.2%	6.0%
Within the past 5 years (2 years but less than 5 years)	Less than high school	9.4%	9.6%	4.7%	5.0%	5.2%
	High school or GED	6.9%	8.1%	8.8%	6.5%	7.4%
	Some college	4.1%	4.8%	7.0%	4.5%	5.4%
	College	2.6%	2.6%	7.1%	*	6.8%
	Post-graduate	2.1%	3.6%	1.0%	1.2%	3.3%
5 or more years ago	Less than high school	2.7%	8.1%	8.0%	12.3%	8.3%
	High school or GED	9.3%	10.0%	18.9%	7.9%	8.3%
	Some college	2.4%	7.1%	12.2%	7.2%	7.8%
	College	3.2%	5.1%	6.4%	3.1%	2.7%
	Post-graduate	3.4%	7.9%	*	2.6%	5.0%
Never	Less than high school	14.0%	10.8%	4.3%	8.9%	8.5%
	High school or GED	5.0%	5.5%	3.1%	1.8%	3.5%
	Some college	3.9%	5.7%	1.6%	3.8%	2.3%
	College	3.0%	1.2%	*	1.1%	1.3%
	Post-graduate	3.3%	1.3%	*	1.2%	*

Note: Red asterisks represent a statistically unstable estimate.

To assess usual source of care, adults were asked **if they were sick or in need of care, where they would usually go**.

Overall

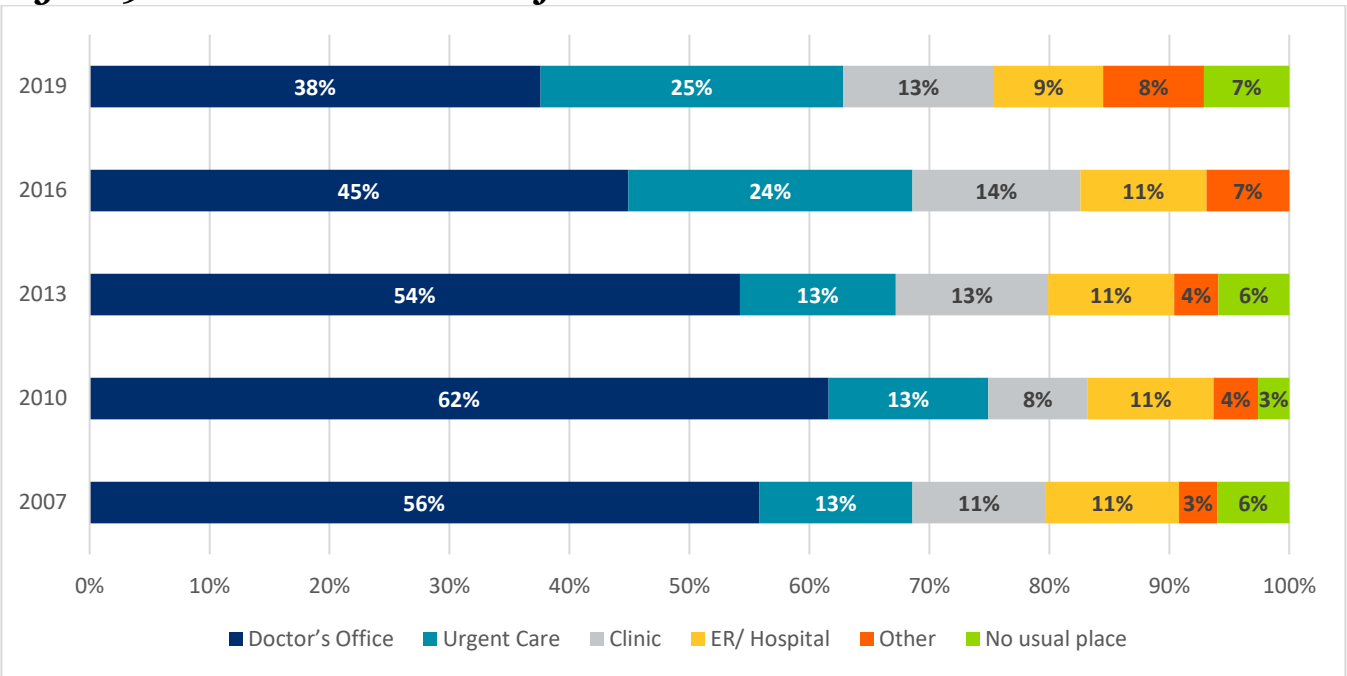
Though all survey cycles, the primary location in which Coachella Valley adults went when sick or in need of healthcare was the doctor's office. However, over time, this has decreased, while more and more say that urgent care is their usual source of care, as illustrated in the table and chart below.

Table 61. Adult – Usual Source of Care

Location	2007	2010	2013	2016	2019
Doctors' office	55.8%	61.6%	54.2%	44.9%	37.6%
Urgent care	12.8%	13.3%	13.0%	23.7%	25.2%
Clinic	11.1%	8.3%	12.7%	14.0%	12.6%
Emergency room/hospital	11.1%	10.5%	10.5%	10.5%	9.1%
Health Center	1.7%	1.0%	1.9%	2.7%	2.8%
VA/Veterans Association Health Care/VA hospital	0.1%	0.3%	0.5%	1.1%	0.7%
Natural/Holistic provider/ Acupuncturist/Chiropractor	*	*	*	*	0.5%
Some other place	1.4%	2.4%	1.0%	3.0%	4.4%
No usual place	6.0%	2.6%	5.9%	*	7.1%

Note: Red asterisks represent a statistically unstable estimate.

Figure 9. Adult – Usual Source of Care



Note: This chart combines "Health center", "other place", "VA/Veterans Association/VA hospital", and "Natural/holistic provider" into the "other" category.

Comparisons

Because of the small sample sizes, only the four largest categories are compared here: "doctors' office", "urgent care", "clinic", and "ER/hospital". The other categories resulted in extensive missing data.

Age Comparisons

Among adults (40-64) there has been a general decrease in going to a doctor's office when sick or in need of health care. In 2010, 60.1% of these adults responded that they would usually go to the doctor's office when in need of care. In every survey cycle following 2010, there was roughly a 10% decrease in adults choosing to go to the doctor's office when ill, resulting in only 35.7% of respondents selecting this option in 2019.

Table 62. Adult – Usual Source of Care by Age

Location	Age Group	2007	2010	2013	2016	2019
Doctors' Office	18-39	32.0%	42.5%	37.2%	33.2%	25.6%
	40-64	59.8%	60.1%	53.3%	42.8%	35.7%
	65+	70.4%	73.5%	68.3%	61.8%	52.7%
Urgent Care	18-39	21.7%	23.8%	14.8%	29.2%	31.4%
	40-64	12.0%	12.5%	11.8%	21.4%	24.2%
	65+	7.1%	8.4%	12.7%	20.6%	20.1%
Clinic	18-39	18.3%	12.0%	21.8%	18.8%	19.4%
	40-64	9.6%	8.9%	15.1%	16.5%	12.2%
	65+	7.1%	5.4%	3.4%	4.8%	5.8%
Emergency room/ hospital	18-39	15.9%	14.1%	11.7%	12.0%	7.5%
	40-64	9.6%	10.5%	10.9%	11.1%	9.0%
	65+	9.0%	8.8%	9.4%	8.0%	11.0%

Geographic Comparisons

The use of urgent care when in need of healthcare more than doubled among Mid Valley adults from 2007 (12.1%) to 2019 (28.4%). Although utilized less, East Valley adults' utilization of urgent care also doubled from 2007 (9.3%) to 2019 (20.0%).

Table 63. Adult – Usual Source of Care by Geography

Location	Geography	2007	2010	2013	2016	2019
Doctor's Office	West Valley	52.4%	59.5%	54.4%	42.4%	36.4%
	Mid Valley	68.0%	69.6%	59.6%	57.4%	47.5%
	East Valley	46.6%	50.5%	46.7%	35.7%	29.4%
Urgent Care	West Valley	13.8%	15.1%	13.9%	25.4%	27.6%
	Mid Valley	12.1%	12.3%	14.1%	25.3%	28.4%
	East Valley	9.3%	12.8%	10.6%	20.4%	20.0%
Clinic	West Valley	11.0%	7.2%	8.4%	11.7%	12.6%
	Mid Valley	4.7%	4.7%	8.0%	5.1%	4.3%
	East Valley	20.7%	16.2%	24.1%	25.0%	20.2%
Emergency room/ hospital	West Valley	14.5%	11.0%	15.3%	12.5%	8.0%
	Mid Valley	8.0%	9.3%	9.2%	7.8%	6.2%
	East Valley	7.9%	12.0%	7.2%	10.9%	12.9%

Hispanic/Latino Comparisons

In 2019, when asked where they usual go when sick or in need of care, a quarter (25.0%) of both Hispanic or Latino adults and not Hispanic or Latino adults responded with Urgent Care.

Table 64. Adult – Usual Source of Care by Ethnicity

Location	Ethnicity	2016	2019
Doctors Office	Hispanic or Latino	33.0%	25.4%
	Not Hispanic or Latino	54.1%	50.7%
Urgent Care	Hispanic or Latino	17.5%	25.0%
	Not Hispanic or Latino	28.4%	25.0%
Clinic	Hispanic or Latino	25.6%	20.9%
	Not Hispanic or Latino	5.2%	3.9%
Emergency room/hospital	Hispanic or Latino	14.9%	10.4%
	Not Hispanic or Latino	7.2%	7.9%

Income Comparisons

Between the 2016 and 2019 survey cycles, there was a substantial decrease among adults in the $20,000-$49,999 income group going to a doctor's office when sick or in need of healthcare (2016, 41.1%; 2019, 29.0%). There was a similar occurrence in the same survey cycles among adults in the $100,000 or more income group (2016, 61.4%; 2019, 49.2%).

Table 65. Adult – Usual Source of Care by Income

Location	Income Level	2007	2010	2013	2016	2019
Doctor's Office	$0 - $19,999	31.7%	38.1%	32.3%	29.8%	24.1%
	$20,000 - $49,999	45.8%	47.1%	46.6%	41.4%	29.0%
	$50,000 - $99,999	65.4%	78.1%	61.3%	53.3%	42.1%
	$100,000 or more	69.4%	77.8%	69.4%	61.4%	49.2%
Urgent Care	$0 - $19,999	13.6%	8.6%	13.7%	26.7%	17.0%
	$20,000 - $49,999	15.3%	20.0%	10.3%	23.1%	24.3%
	$50,000 - $99,999	12.9%	10.9%	13.4%	31.9%	32.2%
	$100,000 or more	9.7%	9.7%	11.5%	25.7%	27.7%
Clinic	$0 - $19,999	22.2%	21.2%	21.3%	19.1%	19.3%
	$20,000 - $49,999	12.9%	7.6%	21.6%	16.7%	19.2%
	$50,000 - $99,999	5.9%	5.4%	7.0%	5.9%	8.9%
	$100,000 or more	7.4%	6.3%	3.6%	4.2%	2.6%
Emergency room/hospital	$0 - $19,999	16.4%	21.2%	17.2%	17.1%	17.2%
	$20,000 - $49,999	14.5%	14.6%	9.7%	6.7%	8.3%
	$50,000 - $99,999	7.2%	4.0%	10.4%	4.9%	4.9%
	$100,000 or more	5.3%	4.3%	6.8%	4.7%	5.3%

Education Comparisons

For college educated adults, there was a steady decline in going to a doctor's office when sick or in need of healthcare among all survey cycles. Starting in 2007, 73.9% of college educated adults responded that when they are in need of care, they usually go to a doctor's office. However, by 2019, only 45.7% gave this response.

Table 66. Adult – Usual Source of Care by Education

Location	Education Level	2007	2010	2013	2016	2019
Doctor's Office	Less than high school	31.8%	41.2%	33.6%	24.6%	18.4%
	High school or GED	48.8%	51.6%	43.6%	39.1%	27.6%
	Some college	57.0%	61.2%	53.7%	44.6%	37.0%
	College	73.9%	69.4%	63.1%	59.2%	45.7%
	Post-graduate	64.4%	77.6%	69.3%	57.0%	56.1%
Urgent Care	Less than high school	2.4%	9.9%	6.2%	10.6%	8.6%
	High school or GED	19.3%	14.1%	12.9%	22.4%	26.9%
	Some college	18.8%	17.8%	12.3%	27.8%	29.3%
	College	7.0%	12.7%	14.9%	27.2%	30.8%
	Post-graduate	11.0%	8.6%	16.6%	30.3%	23.9%
Clinic	Less than high school	34.1%	20.1%	31.8%	30.7%	33.2%
	High school or GED	11.0%	11.4%	18.2%	20.7%	13.7%
	Some college	5.9%	5.4%	13.0%	10.4%	9.2%
	College	4.0%	5.6%	4.6%	5.2%	7.7%
	Post-graduate	5.9%	5.5%	3.9%	3.2%	4.1%
Emergency room/hospital	Less than high school	21.1%	18.4%	13.2%	23.4%	18.6%
	High school or GED	9.3%	18.7%	15.7%	11.4%	12.0%
	Some college	10.8%	6.8%	12.7%	9.3%	7.1%
	College	8.1%	7.9%	6.3%	5.0%	5.7%
	Post-graduate	7.7%	4.7%	5.0%	4.0%	5.5%

Note: Red asterisks represent a statistically unstable estimate.

To assess barriers to care, participants were asked whether a series of issues caused a difficulty in obtaining care or prevention of care within the last 12 months.

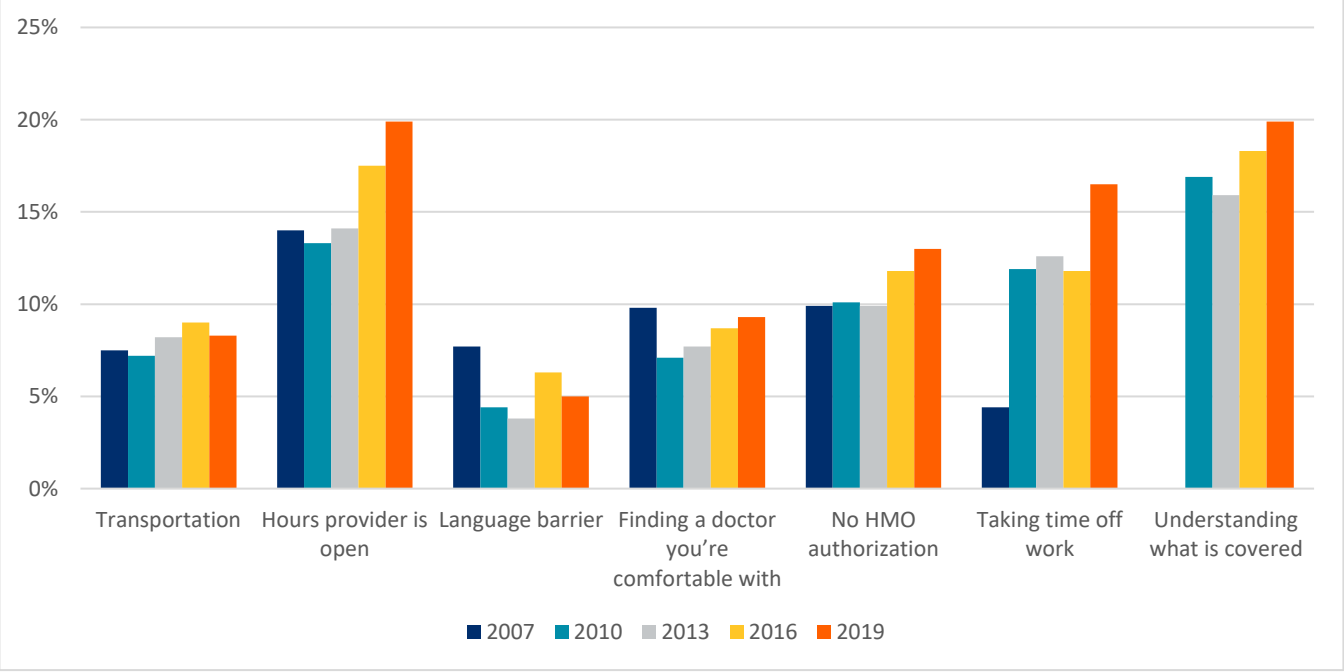
Overall

Between the 2007 and 2019 survey cycles, there has been substantial increase in being unable to take time off of work causing difficulty in adults receiving the care they needed. In 2007, taking time off work allotted for 4.4% of being able to obtain proper care, whereas in 2019 this allotted for 16.5%.

Table 67. Adult – Barriers to Care

Barriers	2007	2010	2013	2016	2019
Transportation	7.5%	7.2%	8.2%	9.0%	8.3%
Hours provider is open	14.0%	13.3%	14.1%	17.5%	19.9%
Language barrier	7.7%	4.4%	3.8%	6.3%	5.0%
Finding a doctor you're comfortable with	9.8%	7.1%	7.7%	8.7%	9.3%
No HMO authorization	9.9%	10.1%	9.9%	11.8%	13.0%
Taking time off work	4.4%	11.9%	12.6%	11.8%	16.5%
Understanding what is covered	-	16.9%	15.9%	18.3%	19.9%

Figure 10. Adult – Barriers to Care



Comparisons

Age Comparisons

Among adults 18-39, 24.0% in 2007 stated that the hours their healthcare provider is open was a barrier when pursuing the healthcare they needed. Data in 2019 shows that the hours a health provider is open grew to be the biggest barrier to receiving necessary care among the 18-39 age group (34.6%).

Table 68. Adult – Barriers to Care by Age

Barriers	Age Group	2007	2010	2013	2016	2019
Transportation	18-39	12.0%	13.3%	12.4%	13.4%	10.1%
	40-64	5.5%	7.5%	9.6%	7.2%	8.4%
	65+	5.1%	3.5%	3.7%	6.1%	6.1%
Hours provider is open	18-39	24.0%	21.1%	23.9%	22.9%	34.6%
	40-64	12.9%	13.8%	14.9%	20.3%	16.7%
	65+	6.4%	8.4%	5.7%	6.4%	8.7%
Language barrier	18-39	15.4%	7.5%	3.3%	3.0%	5.1%
	40-64	6.5%	5.8%	5.3%	11.1%	6.8%
	65+	1.9%	1.5%	2.9%	3.2%	2.5%
Finding a doctor you're comfortable with	18-39	13.7%	8.6%	8.7%	9.3%	11.0%
	40-64	10.0%	7.0%	10.1%	9.6%	9.8%
	65+	6.0%	6.3%	4.8%	6.6%	6.7%
No HMO authorization	18-39	14.4%	18.0%	12.0%	15.0%	17.6%
	40-64	10.7%	11.9%	14.4%	12.4%	14.0%
	65+	5.4%	4.1%	4.3%	6.9%	6.8%
Taking time off work	18-39	33.9%	31.0%	28.0%	17.7%	33.3%
	40-64	14.5%	12.2%	11.9%	14.1%	14.2%
	65+	0.9%	0.5%	0.5%	0.7%	1.7%
Understanding what is covered	18-39	-	23.3%	20.2%	24.8%	28.3%
	40-64	-	17.5%	17.0%	16.9%	19.2%
	65+	-	12.7%	11.7%	12.1%	11.9%

Geographic Comparisons

Among East Coachella Valley adults in 2007, not having HMO authorization allotted for 18.7% of adults to not obtain the care they needed. In 2010, not having HMO authorization became less of a barrier for East Coachella Valley adults, with 8.1% of adults stating it prevented them from receiving care. However, rates of this barrier rose in 2019 which allotted for 14.2% of adults identifying this as a barrier.

Table 69. Adult – Barriers to Care by Geography

Barriers	Geography	2007	2010	2013	2016	2019
Transportation	West Valley	9.5%	6.5%	9.8%	9.8%	7.2%
	Mid Valley	2.3%	2.8%	5.3%	6.4%	5.2%
	East Valley	9.8%	15.9%	10.3%	10.4%	12.3%
Hours provider is open	West Valley	15.3%	13.3%	12.9%	17.3%	18.6%
	Mid Valley	9.0%	9.5%	13.2%	13.2%	15.4%
	East Valley	19.8%	20.0%	17.1%	21.6%	25.2%
Language barrier	West Valley	10.5%	2.4%	3.8%	7.9%	4.4%
	Mid Valley	2.3%	1.9%	1.4%	2.3%	1.8%
	East Valley	9.3%	11.7%	6.9%	8.0%	8.5%
Finding a doctor you're comfortable with	West Valley	11.2%	6.8%	8.1%	9.2%	9.1%
	Mid Valley	5.2%	6.1%	5.7%	8.4%	8.5%
	East Valley	13.1%	9.2%	10.2%	8.4%	10.2%
No HMO authorization	West Valley	8.4%	10.3%	9.4%	13.6%	13.3%
	Mid Valley	7.0%	7.3%	11.2%	11.7%	11.4%
	East Valley	18.7%	14.8%	8.1%	10.0%	14.2%
Taking time off work	West Valley	13.9%	11.9%	11.7%	10.3%	17.5%
	Mid Valley	12.4%	7.9%	11.1%	8.9%	12.6%
	East Valley	20.2%	19.1%	16.1%	16.0%	19.1%
Understanding what is covered	West Valley	-	17.7%	18.6%	19.9%	17.3%
	Mid Valley	-	14.2%	12.0%	16.3%	19.9%
	East Valley	-	20.3%	18.6%	18.5%	22.3%

Hispanic/Latino Comparisons

Among adults who are Hispanic or Latino, the primary barrier to care in both survey cycles was hours the healthcare provider is open (2016, 23.8%; 2019, 26.2%.) Conversely, for adults who are not Hispanic or Latino, the primary barrier to care was understanding what is covered (2016, 17.5%; 2019, 17.8%).

Table 70. Adult – Barriers to Care by Ethnicity

Barriers	Ethnicity	2016	2019
Transportation	Hispanic or Latino	9.3%	9.7%
	Not Hispanic or Latino	8.8%	6.7%
Hours provider is open	Hispanic or Latino	23.8%	26.2%
	Not Hispanic or Latino	12.6%	13.2%
Language barrier	Hispanic or Latino	11.3%	8.3%
	Not Hispanic or Latino	2.2%	1.4%
Finding a doctor you're comfortable with	Hispanic or Latino	9.3%	10.5%
	Not Hispanic or Latino	8.3%	8.0%
No HMO authorization	Hispanic or Latino	12.0%	14.4%
	Not Hispanic or Latino	11.7%	11.1%
Taking time off work	Hispanic or Latino	15.0%	22.7%
	Not Hispanic or Latino	9.3%	9.5%
Understanding what is covered	Hispanic or Latino	19.3%	22.1%
	Not Hispanic or Latino	17.5%	17.8%

Income Comparisons

Within the $0 - $19,999 income group, 25.6% of adults declared a language barrier prevented them from receiving the care they needed within the last 12 months. Over the 4 additional survey cycles, there was a decrease which resulting in only 10.6% of those in this income group declaring language differences as a barrier.

Table 71. Adult – Barriers to Care by Income

Barriers	Income Level	2007	2010	2013	2016	2019
Transportation	$0 - $19,999	17.7%	18.7%	11.5%	18.4%	16.8%
	$20,000 - $49,999	7.6%	9.3%	14.4%	6.1%	10.0%
	$50,000 - $99,999	3.0%	*	3.8%	4.1%	4.2%
	$100,000 or more	*	*	1.5%	3.1%	3.0%
Hours provider is open	$0 - $19,999	20.4%	19.4%	16.5%	18.1%	26.6%
	$20,000 - $49,999	18.3%	14.1%	22.0%	20.5%	19.7%
	$50,000 - $99,999	10.4%	15.2%	11.2%	13.5%	24.0%
	$100,000 or more	8.2%	6.5%	6.8%	11.4%	17.1%
Language barrier	$0 - $19,999	25.6%	11.9%	7.0%	9.1%	10.3%
	$20,000 - $49,999	5.9%	4.2%	3.7%	5.6%	8.1%
	$50,000 - $99,999	3.1%	2.6%	3.3%	2.0%	2.5%
	$100,000 or more	1.9%	*	*	*	*
Finding a doctor you're comfortable with	$0 - $19,999	22.1%	14.4%	10.3%	11.2%	10.6%
	$20,000 - $49,999	13.3%	4.9%	9.3%	9.8%	9.8%
	$50,000 - $99,999	6.6%	6.4%	5.7%	6.1%	7.2%
	$100,000 or more	3.0%	3.9%	5.5%	8.1%	9.7%
No HMO authorization	$0 - $19,999	17.6%	15.3%	7.9%	18.1%	12.1%
	$20,000 - $49,999	16.0%	13.7%	15.8%	11.8%	21.0%
	$50,000 - $99,999	5.5%	8.0%	6.7%	10.1%	11.7%
	$100,000 or more	7.0%	3.4%	10.5%	10.1%	11.9%
Taking time off work	$0 - $19,999	14.0%	12.5%	10.7%	12.0%	16.9%
	$20,000 - $49,999	22.4%	18.1%	21.1%	13.2%	21.7%
	$50,000 - $99,999	12.1%	14.9%	11.3%	12.9%	14.2%
	$100,000 or more	9.8%	4.5%	6.6%	14.5%	14.4%
Understanding what is covered	$0 - $19,999	-	26.9%	11.9%	22.15	17.9%
	$20,000 - $49,999	-	20.0%	20.1%	17.6%	21.5%
	$50,000 - $99,999	-	14.4%	14.8%	21.4%	19.3%
	$100,000 or more	-	9.7%	15.0%	18.2%	19.8%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

In 2007, taking time off work accounted for 20.9% of adults with less than a high school education being unable to get the care they needed. The 2013 survey responses demonstrate this barrier to care only allotting for 10.4% of those with this education level to not receive the care they needed. By 2019, this percentage increased to 19.7%.

Table 72. Adult – Barriers to Care by Education

Barriers	Education Level	2007	2010	2013	2016	2019
Transportation	Less than high school	17.3%	16.8%	19.6%	13.8%	13.5%
	High school or GED	8.1%	8.5%	12.5%	10.2%	9.5%
	Some college	5.7%	8.1%	6.7%	8.8%	8.9%
	College	4.3%	3.8%	4.8%	5.8%	5.2%
	Post-graduate	1.9%	2.8%	2.5%	6.2%	5.7%
Hours provider is open	Less than high school	26.4%	22.8%	15.5%	24.6%	14.9%
	High school or GED	13.1%	15.2%	16.4%	17.6%	23.0%
	Some college	12.8%	11.9%	12.4%	13.7%	21.3%
	College	9.9%	11.5%	14.4%	18.0%	20.8%
	Post-graduate	8.5%	10.2%	13.3%	14.3%	16.3%
Language barriers	Less than high school	25.4%	21.4%	14.2%	22.9%	12.7%
	High school or GED	6.0%	2.9%	5.3%	3.5%	9.3%
	Some college	5.4%	4.1%	2.4%	2.1%	2.5%
	College	2.0%	1.7%	1.3%	*	2.5%
	Post-graduate	*	1.6%	*	2.3%	*
Finding a doctor you're comfortable with	Less than high school	20.2%	16.4%	16.2%	13.6%	8.7%
	High school or GED	12.8%	9.1%	8.7%	6.7%	7.9%
	Some college	6.5%	4.9%	5.6%	8.4%	9.2%
	College	5.7%	4.1%	7.6%	7.6%	11.0%
	Post-graduate	3.6%	8.1%	4.1%	7.2%	9.3%
No HMO authorization	Less than high school	17.9%	18.2%	11.5%	8.9%	9.2%
	High school or GED	11.3%	12.7%	7.0%	14.8%	13.6%
	Some college	8.3%	9.8%	12.8%	11.3%	12.1%
	College	6.4%	6.9%	10.1%	14.4%	19.0%
	Post-graduate	6.5%	8.1%	6.0%	9.6%	8.3%
Taking time off work	Less than high school	20.9%	11.2%	10.4%	8.9%	19.7%
	High school or GED	22.3%	12.5%	14.6%	15.6%	16.4%
	Some college	13.8%	13.5%	13.4%	12.2%	13.9%
	College	9.6%	10.6%	14.0%	10.9%	20.4%
	Post-graduate	10.1%	11.4%	8.7%	11.9%	11.4%
Understanding what is covered	Less than high school	-	23.2%	18.1%	20.8%	14.8%
	High school or GED	-	21.6%	14.4%	14.9%	20.4%
	Some college	-	14.3%	12.8%	19.6%	18.8%
	College	-	14.4%	19.5%	20.0%	24.7%
	Post-graduate	-	16.0%	15.9%	15.2%	18.2%

Note: Red asterisks represent a statistically unstable estimate.

Participants were asked whether they had **sought out healthcare or prescriptions from Mexico** in the past year. This question was not asked in 2007 or 2010.

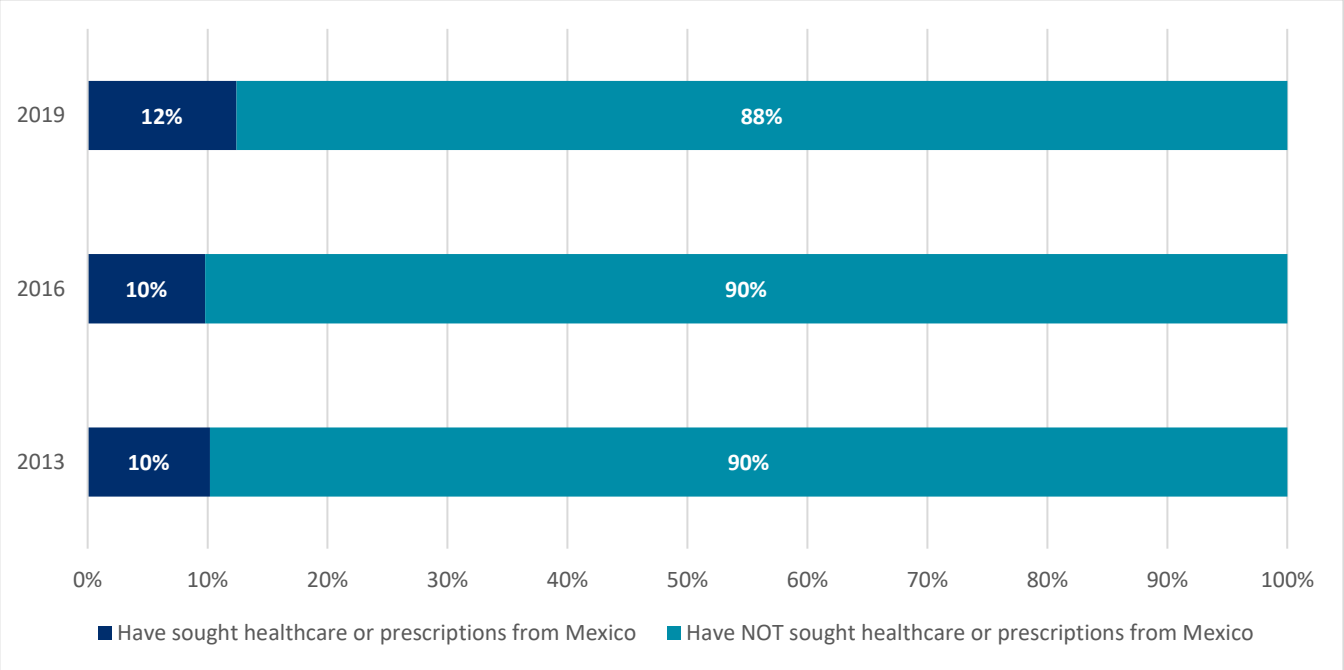
Overall

Between the 2013 and 2019 survey cycles, there has been a slight increase in Coachella Valley adults seeking healthcare or prescriptions from Mexico.

Table 73. Adult – Seeking Treatment in Mexico

Treatment from Mexico	2013	2016	2019
Have sought healthcare or prescriptions from Mexico	10.2%	9.8%	12.4%
Have not sought healthcare or prescriptions from Mexico	89.8%	90.2%	87.6%

Figure 11. Adult – Seeking Treatment in Mexico



Comparisons

Age Comparisons

Among adults (65+), rates regarding seeking out healthcare or prescriptions from Mexico were less than 10% in the 2013, 2016, and 2019 survey cycles.

Table 74. Adults that Seek Treatment in Mexico by Age

Age Group	2013	2016	2019
18-39	13.9%	9.9%	12.6%
40-64	11.2%	11.6%	15.4%
65+	6.5%	6.8%	8.0%

Geographic Comparisons

In 2013, 18.1% of East Coachella Valley residents sought out care from Mexico. Survey data from 2016 shows a decrease to 13.6%, however in 2019 rates of seeking care from Mexico increased closely to where they were in 2013 (18.7%).

Table 75. Adults that Seek Treatment in Mexico by Geography

Geography	2013	2016	2019
West Valley	7.7%	7.3%	10.6%
Mid Valley	6.6%	8.4%	7.4%
East Valley	18.1%	13.6%	18.7%

Hispanic/Latino Comparisons

When asked about seeking healthcare or prescriptions in Mexico, there was a slight increase among Hispanic or Latino adults. In 2016, 13.9% sought care from Mexico increasing to 17.4% in 2019.

Table 76. Adults that Seek Treatment in Mexico by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	13.9%	17.4%
Not Hispanic or Latino	6.5%	7.2%

Income Comparisons

Within the $20,000-$49,999 income group, there was a decrease in adults seeking healthcare or prescriptions in Mexico from 2013 (15.8%) to 2016. (12.7%). However, 2019 survey responses show an increase to 19.1%.

Table 77. Adults that Seek Treatment in Mexico by Income

Income Level	2013	2016	2019
$0 - $19,999	13.0%	13.1%	15.1%
$20,000 - $49,999	15.8%	12.7%	19.1%
$50,000 - $99,999	6.8%	7.1%	11.8%
$100,000 or more	5.3%	4.6%	8.1%

Education Comparisons

In 2013, 4.7% of adults with a post-graduate education sought healthcare or prescriptions in Mexico. By 2019, this rate nearly doubled (9.2%).

Table 78. Adults that Seek Treatment in Mexico by Education

Education Level	2013	2016	2019
Less than high school	23.4%	14.5%	17.6%
High school or GED	11.8%	8.1%	14.6%
Some college	10.1%	10.9%	10.1%
College	6.1%	6.3%	11.2%
Post-graduate	4.7%	8.8%	9.2%

Child Results

Child Demographics

It is important to note here that children do not actually participate in the survey, but rather the questions are answered by an adult determined to be the most knowledgeable about the selected child. For each survey cycle, the vast majority of adults answering questions for their children are parents of the child. Sometimes, however, this person is an adoptive parent, grandparent, stepparent, etc. For brevity, the adult respondent will be referred to as the parent/guardian throughout the narratives.

Gender

The distribution of male and female children has not substantially changed over the years in the Coachella Valley; this is partially due to the weighting. About half of children are males and the remaining half are females.

Table 79. Child Gender

Gender	2007	2010	2013	2016	2019
Male	56.6%	54.7%	48.6%	51.0%	50.7%
Female	43.4%	45.3%	51.4%	49.0%	49.3%

Age

Likewise, the percentage of children ages 0-5 and 6-17 has not substantially changed from 2007 to 2019.

Table 80. Child Age

Age Group	2007	2010	2013	2016	2019
0-5	31.5%	33.7%	35.7%	31.7%	37.6%
6-17	68.5%	66.3%	64.3%	68.3%	62.4%

Race/Ethnicity

From 2007 to 2013, race and ethnicity were assessed in a single question. However, from 2016 to 2019, HARC began asking questions pertaining to race and ethnicity using the same protocol as the U.S. Census, which is two separate questions.

Early measures of race/ethnicity illustrated that most local children are Hispanic/Latino, as illustrated in the table below.

Table 81. Child Race/Ethnicity – 2007 - 2013

Race	2007	2010	2013
White/Caucasian	23.8%	19.2%	19.9%
Black/African American	5.6%	6.0%	6.2%
Asian	1.1%	1.6%	1.4%
Native Hawaiian or Other Pacific Islander	0.2%	1.4%	0.0%
American Indian/Alaska Native	1.1%	2.1%	0.7%
Hispanic/Latino	67.9%	65.2%	64.4%
Other	0.2%	4.5%	7.5%

From 2016 to 2019, there was a substantial change in the percentage of children who are Hispanic/Latino, as illustrated below.

Table 82. Child Ethnicity – 2016 -2019

Ethnicity	2016	2019
Hispanic/Latino	76.9%	51.9%
Not Hispanic/Latino	23.1%	48.1%

From 2016 to 2019, there was a substantial change in the percentage of children who are White. That is, about 51.4% in 2016 were White/Caucasian, while about 66.6% were White/Caucasian in 2019. Conversely, there was a substantial drop in the percentage of children who are other, from 2016 (42.0%) to 2019 (25.1%).

Table 83. Child Race – 2016-2019

Race	2016	2019
White/Caucasian	51.4%	66.6%
Black/African American	3.0%	3.2%
Asian	2.7%	1.5%
American Indian/Alaska Native	0.8%	3.6%
Other	42.0%	25.1%

Household Income

From 2007 to 2019, income levels have changed. Specifically, the percentage of children living in households with incomes of $20,000 to $49,999 decreased from 55.2% in 2007 to 25.0% in 2019. Additionally, the percentage of children living in homes within $100,000 or more of household income increased from 11.5% in 2007 to 35.5% in 2019.

Table 84. Child Household Income

Income Level	2007	2010	2013	2016	2019
$0 to $19,999	16.8%	24.8%	31.4%	24.5%	18.6%
$20,000 to $49,999	55.2%	50.6%	44.5%	37.8%	25.0%
$50,000 to $99,999	16.4%	18.5%	15.9%	19.4%	20.9%
$100,000 or more	11.5%	6.0%	8.2%	18.4%	35.5%

Geography

In 2007, about half of children lived in West Valley; this shifted in 2010, where most children lived in East Valley. Like the geographic distribution of adults, this may represent an actual shift of the population (e.g., where children actually live) but is more likely to represent a shift in survey participants (e.g., better East Valley outreach over the years has led to a more representative sample in that geography).

Table 85. Child Geography

Gender	2007	2010	2013	2016	2019
West Valley	49.2%	28.6%	32.0%	25.2%	28.2%
Mid Valley	12.5%	22.6%	18.9%	19.5%	31.1%
East Valley	38.3%	48.8%	49.1%	55.3%	40.6%

Child Healthcare Access

To better understand healthcare access in the Coachella Valley, parents/guardians were asked if their **child had health insurance**.

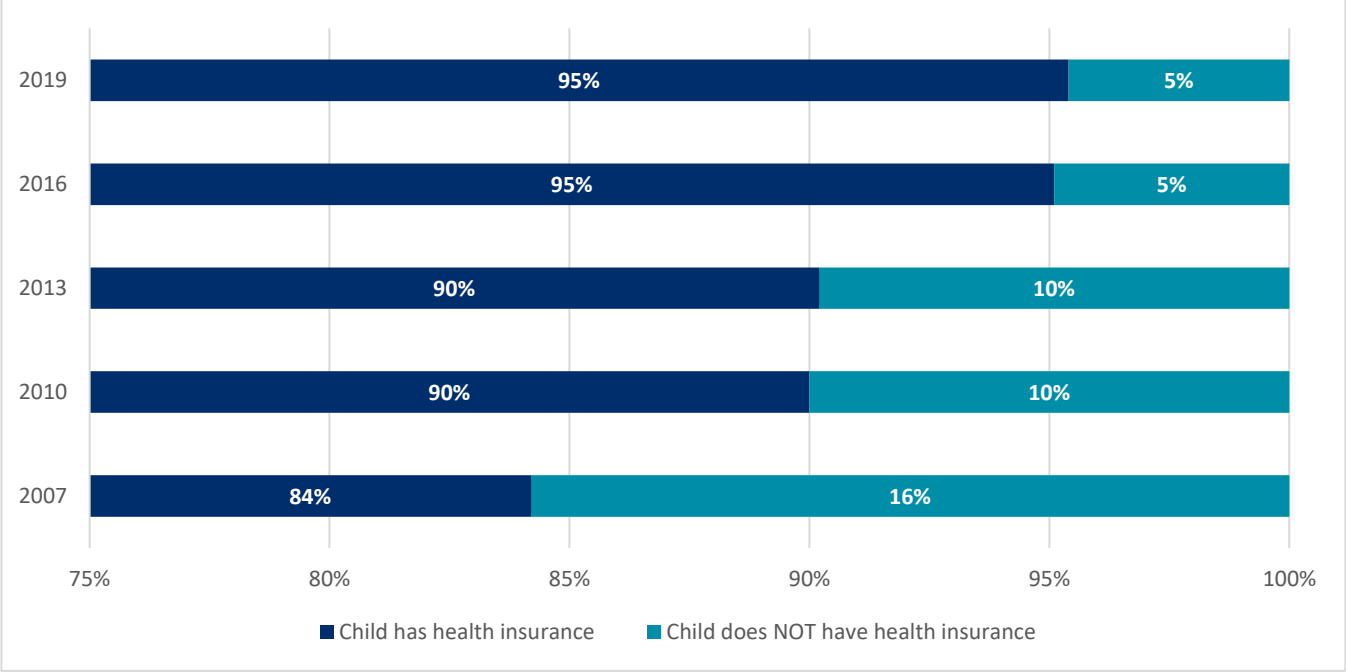
Overall

Between 2007 and 2019, there has been an increase in children having health insurance from 84.2% in 2007 to 95.4% in 2019.

Table 86. Child Healthcare Coverage

Coverage	2007	2010	2013	2016	2019
Child has health insurance	84.2%	90.0%	90.2%	95.1%	95.4%
Child does not have health insurance	15.8%	10.0%	9.8%	4.9%	4.6%

Figure 12. Child Healthcare Coverage



As illustrated in the table below, there are considerably more uninsured children in the Coachella Valley than in California as a whole across all survey cycles.

Table 87. Uninsured Children Across Regions

Geographic Area	2007	2013	2016	2019
Coachella Valley	15.8%	9.8%	4.9%	4.6%
California	5.7%	3.0%	1.3%	2.4%

Note: California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the year 2010, and thus, no comparisons are provided for that year. No Riverside County data is presented for this variable because all estimates were statistically unstable.

Comparisons

Age Comparisons

In 2007, older children were more likely to be uninsured than younger children. However, by 2019, this rate has become relatively even.

Table 88. Uninsured Children by Age

Age Group	2007	2010	2013	2016	2019
0-5	9.0%	5.0%	6.3%	*	5.3%
6-17	18.9%	12.6%	11.3%	5.6%	4.1%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Between 2007 and 2019, there has been a gradual decrease in West and East Valley children being uninsured.

Table 89. Uninsured Children by Geography

Geography	2007	2010	2013	2016	2019
West Valley	14.8%	12.8%	11.1%	*	5.4%
Mid Valley	20.1%	*	*	*	*
East Valley	15.8%	12.1%	11.4%	5.5%	6.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

As shown below, the rate of uninsured children based on ethnicity has remained unvaried in the last two survey cycles.

Table 90. Uninsured Children by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	5.3%	4.3%
Not Hispanic or Latino	*	4.8%

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

Based on family income level, there has been a decrease of uninsured children, more notably among income levels between $0 - $49,999.

Table 91. Uninsured Children by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	17.4%	8.2%	15.0%	*	3.9%
$20,000 - $49,999	18.8%	14.3%	10.1%	*	7.4%
$50,000 - $99,999	6.4%	*	*	11.1%	4.7%
$100,000 or more	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Furthermore, parents/guardians of insured children were asked to describe the **source of their insurance.**

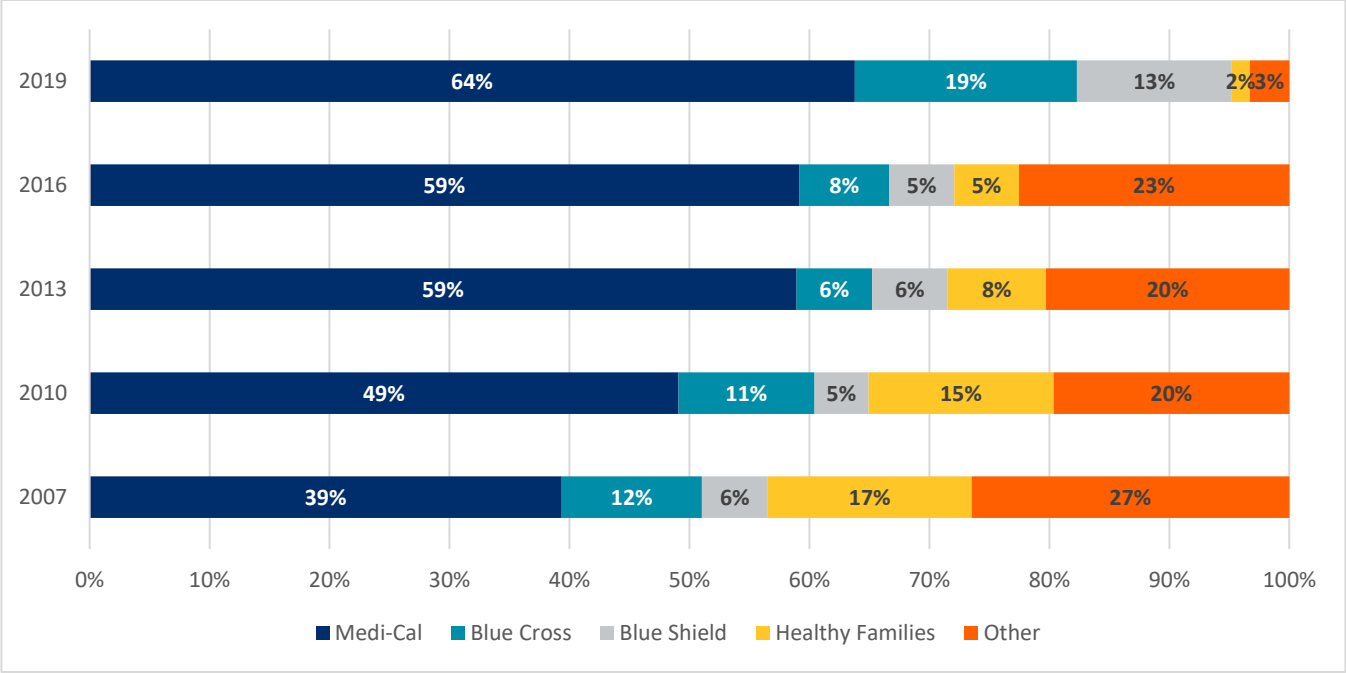
Overall

Medi-Cal has been the most common source of insurance for local children and this percentage has progressively increased over time. While the rates of insured children covered by Blue Cross and Blue Shield have also slightly increased too, children insured by Healthy Families has substantially decreased.

Table 92. Child's Insurance Type

Insurance Type	2007	2010	2013	2016	2019
Medi-Cal/ Medicaid	39.4%	49.0%	59.0%	59.1%	63.8%
Blue Cross	11.7%	11.3%	6.3%	7.5%	18.5%
Blue Shield	5.5%	4.5%	6.3%	5.4%	12.9%
Healthy Families	17.0%	15.4%	8.2%	5.4%	1.5%
Other	26.5%	19.6%	20.3%	22.5%	3.3%

Figure 13. Child's Insurance Type



Comparisons

Comparisons are only made for the categories of Medi-Cal, Blue Cross, Blue Shield, and Healthy Families.

Age Comparisons

Similarly, while the rates of children insured by Medi-Cal and Blue Shield across all ages have increased, the percentage of children of all ages insured by Healthy Families has decreased.

Table 93. Child's Insurance Type by Age

Insurance Type	Age Group	2007	2010	2013	2016	2019
Medi-Cal	0-5	50.1%	59.7%	58.7%	66.9%	77.4%
	6-17	34.0%	43.6%	59.7%	55.4%	56.2%
Blue Cross	0-5	13.3%	9.6%	5.9%	5.0%	11.5%
	6-17	10.9%	12.3%	6.3%	8.7%	22.4%
Blue Shield	0-5	4.0%	5.7%	6.7%	6.0%	8.5%
	6-17	6.2%	3.9%	6.2%	5.0%	15.4%
Healthy Families	0-5	17.5%	8.4%	5.7%	6.4%	*
	6-17	16.7%	19.3%	9.6%	4.9%	2.3%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Overall, insured children in the West Valley and East Valley are more likely than children in the Mid Valley to be covered by Medi-Cal. In contrast, Mid Valley children are more likely to have Blue Cross as their health insurance provider.

Table 94. Child's Insurance Type by Geography

Insurance Type	Geography	2007	2010	2013	2016	2019
Medi-Cal	West Valley	46.6%	61.6%	63.4%	63.5%	74.1%
	Mid Valley	20.2%	22.0%	32.1%	27.7%	41.3%
	East Valley	35.4%	57.1%	67.5%	67.8%	70.8%
Blue Cross	West Valley	7.4%	7.1%	3.7%	9.7%	13.8%
	Mid Valley	25.5%	20.9%	13.6%	15.4%	31.5%
	East Valley	13.1%	9.2%	5.0%	3.8%	13.5%
Blue Shield	West Valley	6.6%	3.0%	6.5%	3.9%	9.8%
	Mid Valley	7.9%	6.6%	12.1%	8.2%	22.5%
	East Valley	3.3%	4.5%	3.7%	5.2%	9.1%
Healthy Families	West Valley	17.7%	16.7%	8.6%	6.2%	*
	Mid Valley	5.4%	18.1%	5.8%	9.0%	*
	East Valley	19.9%	11.1%	8.9%	3.7%	*

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Between 2016 and 2019, the percentage of non-Hispanic/Latino children insured by Medi-Cal has increased. Still, insured Hispanic/Latino children are more likely than non-Hispanic/Latino children to have Medi-Cal as their source of insurance.

Table 95. Child's Insurance Type by Ethnicity

Insurance Type	Ethnicity	2016	2019
Medi-Cal	Hispanic or Latino	69.3%	78.9%
	Not Hispanic or Latino	29.0%	44.9%
Blue Cross	Hispanic or Latino	3.5%	9.3%
	Not Hispanic or Latino	20.8%	30.0%
Blue Shield	Hispanic or Latino	3.4%	7.3%
	Not Hispanic or Latino	12.4%	19.9%
Healthy Families	Hispanic or Latino	5.1%	*
	Not Hispanic or Latino	6.5%	*

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

Between 2007 and 2019, the percent of children that are covered by Medi-Cal and have household income between $20,000 - $49, has increased. Similarly, the percent of children with incomes between $50,000 - $99,999 and insured by Blue Cross has also increased from 2007 (26.7%) to 2019 (55.3%).

Table 96. Child's Insurance Type by Income

Insurance Type	Income Level	2007	2010	2013	2016	2019
Medi-Cal	$0 - $19,999	88.3%	77.6%	89.5%	92.1%	80.8%
	$20,000 - $49,999	44.6%	58.7%	69.2%	68.5%	91.9%
	$50,000 - $99,999	*	*	11.5%	20.5%	57.2%
	$100,000 or more	*	*	*	5.9%	13.7%
Blue Cross	$0 - $19,999	*	*	*	*	*
	$20,000 - $49,999	7.0%	8.4%	*	*	*
	$50,000 - $99,999	22.1%	33.2%	15.6%	16.5%	18.8%
	$100,000 or more	26.7%	32.2%	34.1%	23.3%	55.3%
Blue Shield	$0 - $19,999	*	*	*	*	*
	$20,000 - $49,999	*	*	*	*	*
	$50,000 - $99,999	14.5%	6.1%	12.0%	11.4%	17.9%
	$100,000 or more	21.4%	*	30.7%	15.5%	22.8%
Healthy Families	$0 - $19,999	*	16.9%	4.5%	*	*
	$20,000 - $49,999	26.7%	17.3%	12.6%	9.8%	1.1%*
	$50,000 - $99,999	11.0%	20.2%	9.7%	11.4%	*
	$100,000 or more	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

To assess **dental coverage**, participants were asked if they had health insurance coverage that pays for some or all of the child's routine dental care.

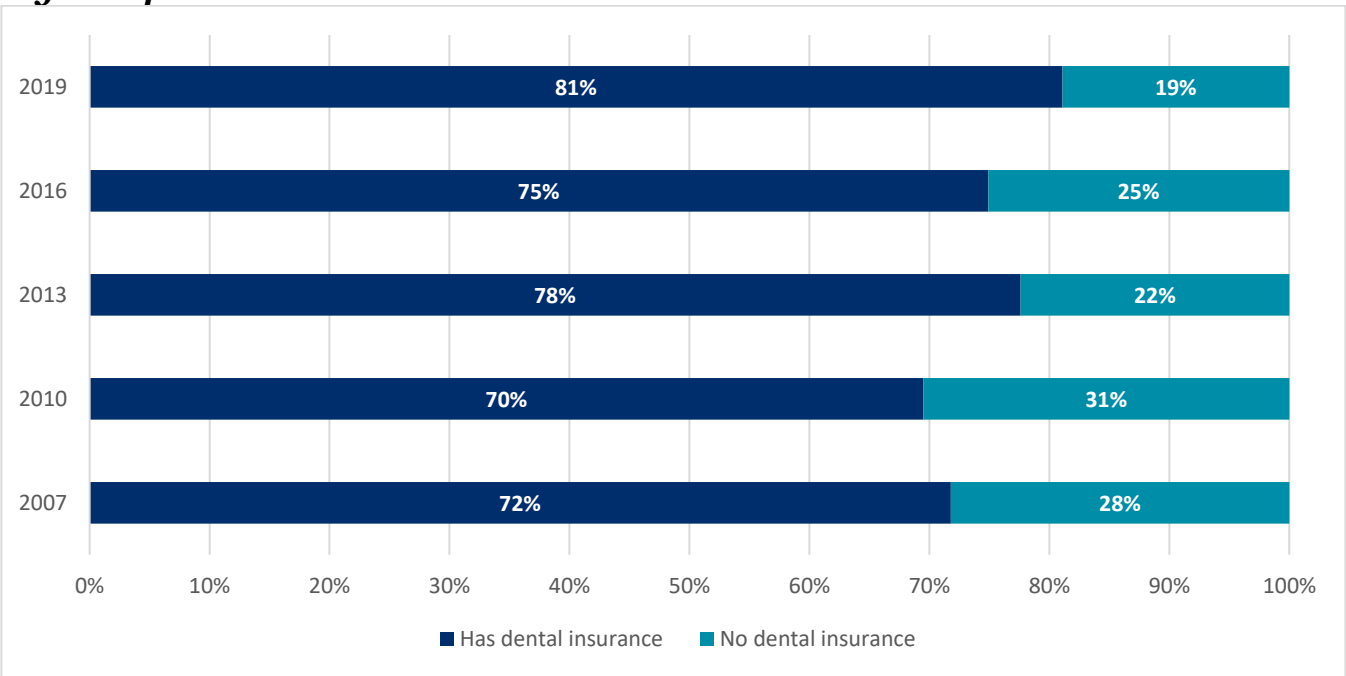
Overall

Overall, the percentage of children who have dental insurance has increased over the years, as illustrated in the table and chart below. Since 2007, more than two-thirds of children have dental insurance each year.

Table 97. Child Dental Insurance

Insurance Type	2007	2010	2013	2016	2019
Has dental insurance	71.8%	69.5%	77.6%	74.9%	81.1%
No dental insurance	28.2%	30.5%	22.4%	25.1%	18.9%

Figure 14. Child Dental Insurance



Children in the Coachella Valley are substantially more likely to lack dental insurance than those in California as a whole, as illustrated in the table below.

Table 98. Children Lacking Dental Insurance Across Regions

Region	2013	2016	2019
Coachella Valley	22.4%	25.1%	18.9%
California	13.0%	8.7%	7.8%

Note: California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the year 2010, and thus, no comparisons are provided for that year. No Riverside County data is presented for this variable because all estimates were statistically unstable.

Comparisons

Age Comparisons

While the age group 0-5 of children lacking dental insurance has remained stable, the percent of children ages 6-17 lacking dental insurance has decreased.

Table 99. Children Lacking Dental Insurance by Age

Age Group	2007	2010	2013	2016	2019
0-5	24.6%	28.3%	23.2%	33.8%	23.9%
6-17	29.9%	31.6%	21.7%	21.2%	15.9%

Geographic Comparisons

Between 2016 and 2019, there was an increase in Mid Valley children having coverage that pays for routine dental care (2016, 79.0%; 2019, 88.8%). Similarly, there was an increase in West Valley children having dental coverage (2016, 73.1%; 2019, 81.6%).

Table 100. Children Lacking Dental Insurance by Geography

Geography	2007	2010	2013	2016	2019
West Valley	28.8%	35.7%	23.9%	26.9%	18.4%
Mid Valley	28.9%	18.0%	19.8%	21.0%	11.2%
East Valley	27.7%	32.0%	22.4%	25.8%	24.9%

Hispanic/Latino Comparisons

While non-Hispanic/Latino children lacking dental insurance has remained unvaried, this rate slightly dropped for Hispanic/Latino children.

Table 101. Children Lacking Dental Insurance by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	28.0%	19.4%
Not Hispanic or Latino	17.4%	18.2%

Income Comparisons

The percentage of children in the lowest income bracket ($0 to $19,999) who lack dental insurance has steadily decreased from 2007 (41.4%) to 2019 (17.5%), as illustrated in the table below.

Table 102. Children Lacking Dental Insurance by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	41.4%	37.0%	27.5%	28.6%	17.5%
$20,000 - $49, 999	24.4%	31.9%	21.6%	23.5%	28.8%
$50,000 - $99,999	15.6%	5.3%	15.7%	23.0%	14.8%
$100,000 or more	35.1%	32.9%	14.9%	15.8%	13.7%

To assess **prescription drug coverage**, participants were asked whether the child had health insurance coverage that covers some or all of the cost of prescription drugs.

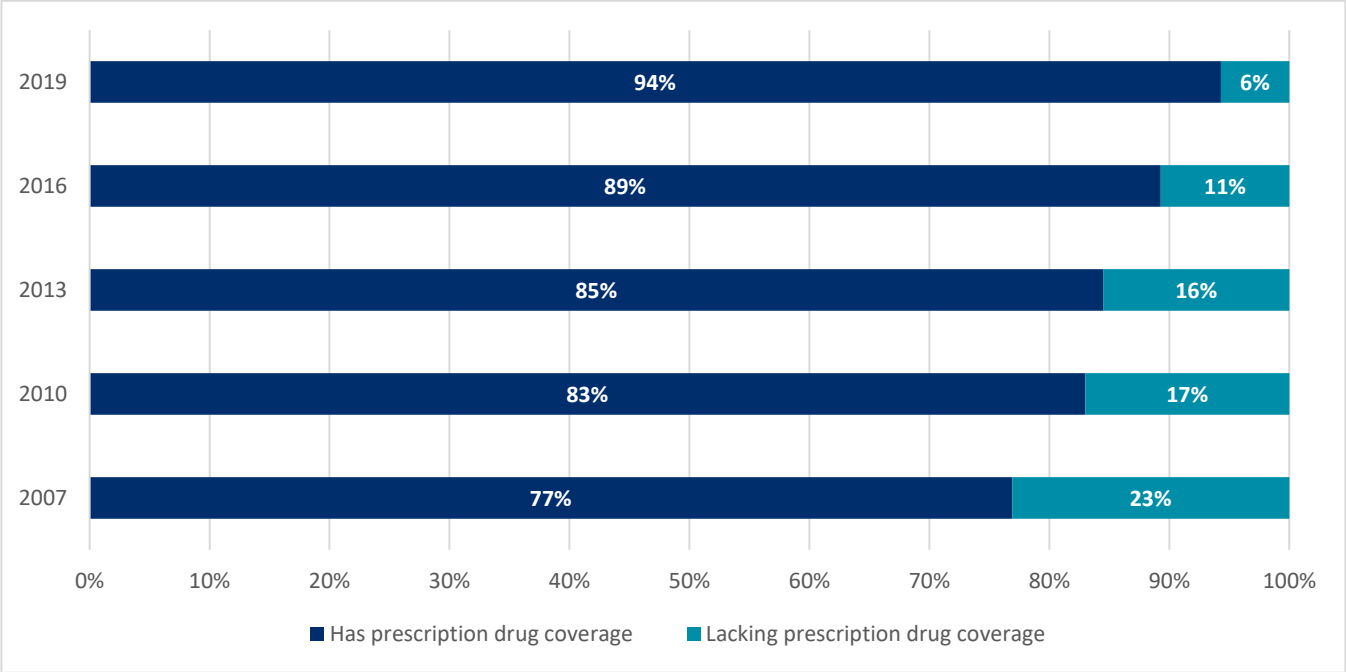
Overall

Most children have health insurance that covers the cost of prescription drugs, as illustrated in the table and chart below. Overall, the percentage of children who lack prescription drug coverage has decreased steadily over the years.

Table 103. Child Prescription Drug Coverage

Prescription Coverage	2007	2010	2013	2016	2019
Has prescription drug coverage	76.9%	83.0%	84.5%	89.3%	94.3%
Lacking prescription drug coverage	23.1%	17.0%	15.5%	10.7%	5.7%

Figure 15. Child Prescription Drug Coverage



Comparisons

Age Comparisons

In 2007, there was a serious difference in age groups. However, by 2019 the rates were about the same.

Table 104. Children Lacking Prescription Coverage by Age

Age Group	2007	2010	2013	2016	2019
0-5	13.5%	11.9%	11.9%	14.3%	5.0%
6-17	27.5%	19.6%	16.8%	9.0%	6.0%

Geographic Comparisons

Overall, more children in the West Valley and East Valley lack prescription insurance than children in the Mid Valley. However, rates of children lacking prescription coverage across all regions have been decreasing over time.

Table 105. Children Lacking Prescription Coverage by Geography

Geography	2007	2010	2013	2016	2019
West Valley	23.7%	22.5%	17.4%	10.6%	6.6%
Mid Valley	18.0%	6.2%	6.3%	*	4.3%
East Valley	24.2%	19.4%	17.7%	11.4%	6.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

The percentage of children who lack prescription coverage slightly decreased from 2016 to 2019 for both Hispanic/Latino children and non-Hispanic/Latino children, as illustrated in the table below.

Table 106. Children Lacking Prescription Coverage by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	11.2%	6.3%
Not Hispanic or Latino	9.9%	4.9%

Income Comparisons

Very few children with family income levels of $100,000 or more lack prescription coverage. All other income groups have substantially decreased over the years.

Table 107. Children Lacking Prescription Coverage by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	34.1%	21.1%	22.7%	12.8%	6.0%
$20,000 - $49,999	25.9%	21.4%	18.0%	6.6%	3.8%
$50,000 - $99,999	7.4%	*	*	12.6%	5.8%
$100,000 or more	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

To assess **vision coverage**, participants were asked if their child had healthcare coverage that paid for some or all of their routine vision care.

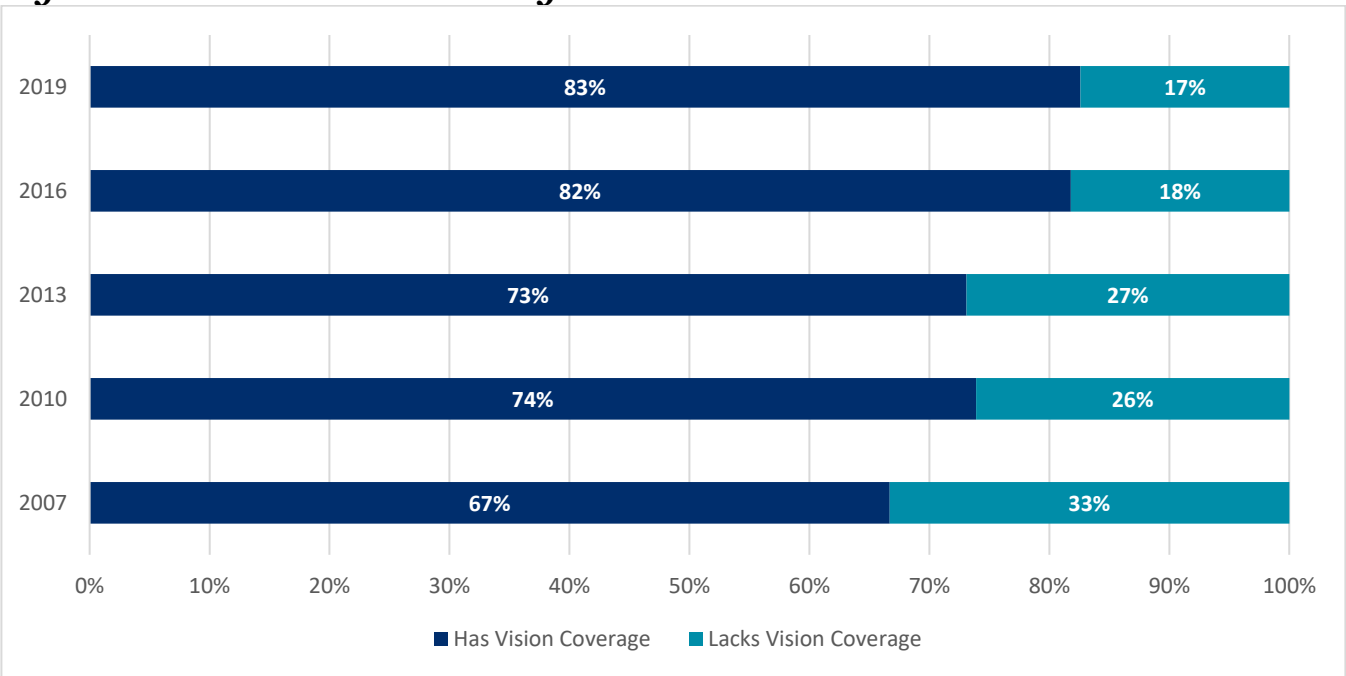
Overall

The majority of local children have health insurance that pays for some or all of their vision needs, as illustrated in the table and chart below. The percent of children who lack vision coverage has slowly decreased over time.

Table 108. Child – Vision Coverage

Vision Insurance	2007	2010	2013	2016	2019
Has vision coverage	66.7%	73.9%	73.1%	81.8%	82.6%
Lacks vision coverage	33.3%	26.1%	26.9%	18.2%	17.4%

Figure 16. Child – Vision Coverage



Comparisons

Age Comparisons

Among the children of all ages 6-17, there has been a steady decrease of children lacking vision coverage from 2007 to 2019.

Table 109. Child – Lacking Vision Coverage by Age

Age Group	2007	2010	2013	2016	2019
0-5	29.6%	24.4%	27.9%	26.1%	22.8%
6-17	34.9%	26.9%	25.8%	14.7%	14.3%

Geographic Comparisons

Between 2007 and 2019, the rates of children lacking vision coverage have substantially decreased.

Table 110. Child – Lacking Vision Coverage by Geography

Geography	2007	2010	2013	2016	2019
West Valley	35.1%	34.3%	25.2%	16.8%	15.5%
Mid Valley	35.2%	20.9%	27.1%	20.9%	15.7%
East Valley	30.9%	24.3%	27.8%	17.9%	20.0%

Hispanic/Latino Comparisons

Based on ethnicity, the percentage of children lacking vision coverage has not changed from 2016 to 2019.

Table 111. Child – Lacking Vision Coverage by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	18.4%	15.6%
Not Hispanic or Latino	19.1%	19.4%

Income Comparisons

Across all income levels, the percentage of children lacking vision coverage has decreased from 2007 to 2019.

Table 112. Child – Lacking Vision Coverage by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	47.0%	23.7%	29.9%	12.4%	13.2%
$20,000 - $49,000	29.4%	30.6%	25.7%	17.0%	20.8%
$50,000 - $99,999	29.8%	5.1%	23.1%	25.6%	16.1%
$100,000 or more	32.6%	49.0%	28.4%	18.1%	13.7%

Child Healthcare Utilization

Children should visit a healthcare provider at least once a year if not more often to monitor the progress of their development and growth. To measure this, participants were asked **how long it had been since their child's last visit with a healthcare provider**.

Overall

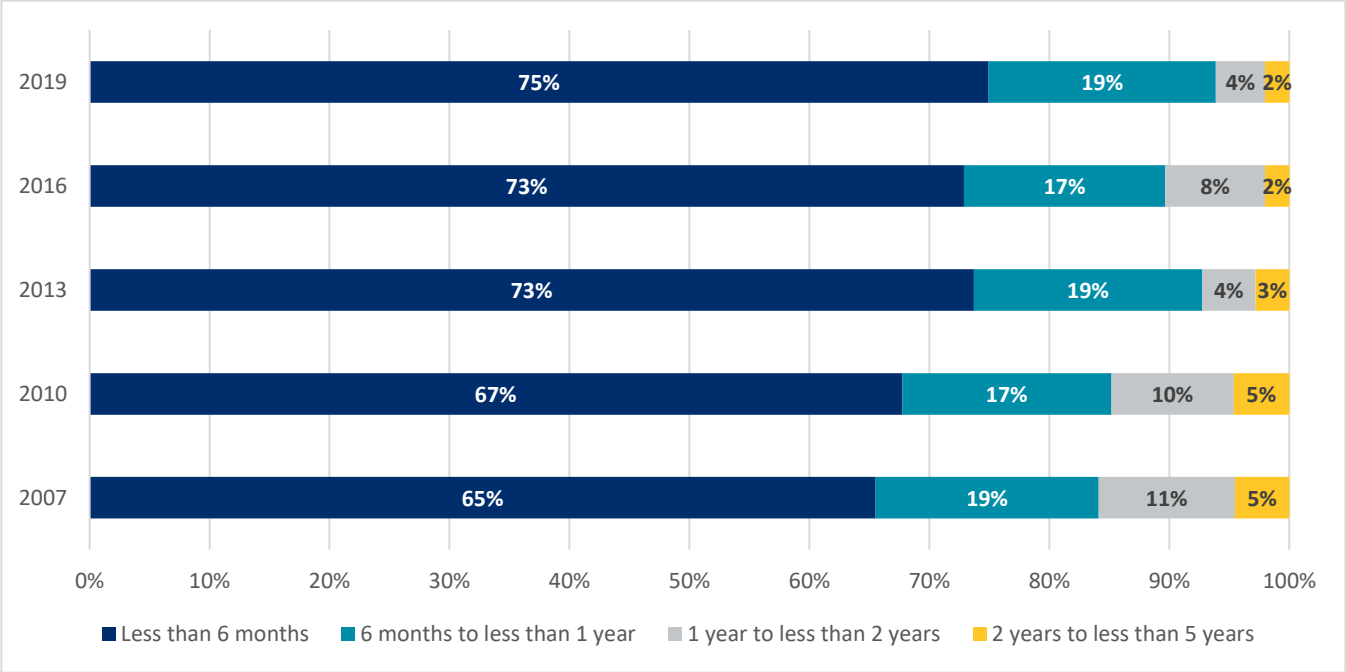
The majority of the children in the Coachella Valley have been to see a healthcare provider within the past six months, as is recommended. Over the years, this percentage has slight gotten better, from 65.2% in 2007 to 74.8% in 2019.

Table 113. Child's Most Recent Healthcare Provider Visit

Time Since Visit	2007	2010	2013	2016	2019
Less than 6 months	65.2%	67.2%	73.2%	72.6%	74.8%
6 months to less than 1 year	18.5%	17.3%	18.9%	16.7%	18.9%
1 year to less than 2 years	11.3%	10.1%	4.4%	8.3%	4.1%
2 years to less than 5 years	4.5%	4.6%	2.8%	*	2.0%
5 or more years ago	*	*	*	*	*
Never been for treatment	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Figure 17. Child's Most Recent Healthcare Provider Visit



Comparisons

Because "never been for treatment" and "five or more years ago" have such small sample sizes, they are excluded from the following tables; the sample sizes lead to all statistically unstable estimates.

Age Comparisons

Based on age, there has been an increase of children ages 6 to 17 that visited their healthcare provider in the past 6 months. On the contrary, the percentage of children in the same age group that last visited their healthcare provider in a year to less than two years has decreased from 2007 (14.6%) to 2019 (6.2%).

Table 114. Child's Most Recent Healthcare Visit by Age

Time Since Visit	Age Group	2007	2010	2013	2016	2019
Less than 6 months	0-5	80.8%	86.5%	89.4%	85.1%	81.7%
	6-17	58.0%	57.3%	64.9%	66.8%	70.7%
6 months to less than 1 year	0-5	13.3%	9.7%	7.9%	10.7%	15.6%
	6-17	20.9%	21.2%	24.5%	19.6%	20.8%
1 year to less than 2 years	0-5	4.1%	3.0%	*	*	*
	6-17	14.6%	13.7%	5.5%	10.2%	6.2%
2 years to less than 5 years	0-5	*	*	*	*	*
	6-17	5.8%	6.6%	4.0%	*	2.0%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

The table below shows an increase from 2007 to 2019, for West and Mid Valley children that recently visited their healthcare provider in less than 6 months.

Table 115. Child's Most Recent Healthcare Visit by Geography

Time Since Visit	Geography	2007	2010	2013	2016	2019
Less than 6 months	West Valley	65.5%	57.8%	74.8%	73.7%	74.2%
	Mid Valley	68.3%	65.2%	67.4%	69.0%	82.7%
	East Valley	63.7%	72.6%	74.3%	73.3%	69.0%
6 months to less than 1 year	West Valley	16.0%	18.2%	17.1%	16.0%	17.1%
	Mid Valley	22.5%	30.1%	28.4%	19.9%	14.3%
	East Valley	20.2%	11.5%	16.3%	15.9%	23.8%
1 year to less than 2 years	West Valley	12.9%	14.3%	4.2%	6.8%	3.5%
	Mid Valley	4.4%	*	*	8.7%	*
	East Valley	11.8%	11.4%	5.6%	8.8%	5.6%
2 years to less than 5 years	West Valley	5.4%	*	3.9%	*	*
	Mid Valley	4.8%	*	*	*	*
	East Valley	3.4%	3.0%	2.6%	*	*

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

From 2016 to 2019, there was a slight increase in Hispanic or Latino children having seen a healthcare provider within six months to less than one year of taking the survey (2016, 16.1%; 2019, 21.0%). All other percentages have remained about the same.

Table 116. Child's Most Recent Healthcare Visit by Ethnicity

Time Since Visit	Ethnicity	2016	2019
Less than 6 months	Hispanic or Latino	72.8%	73.7%
	Not Hispanic or Latino	74.5%	75.9%
6 months to less than 1 year	Hispanic or Latino	16.1%	21.0%
	Not Hispanic or Latino	17.0%	16.7%
1 year to less than 2 years	Hispanic or Latino	8.3%	3.8%
	Not Hispanic or Latino	6.9%	4.4%
2 years to less than 5 years	Hispanic or Latino	*	1.1%
	Not Hispanic or Latino	*	3.0%

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

In 2007, 74.1% of children with income levels between $50,000 - $99,999 have seen a provider in the past six months. By 2019, 84.9% of children in the same income level have seen a provider within this time frame.

Table 117. Child's Most Recent Healthcare Visit by Income

Time Since Visit	Income Level	2007	2010	2013	2016	2019
Less than 6 months	$0 - $19,999	50.7%	63.2%	73.8%	76.7%	69.7%
	$20,000 - $49,999	63.0%	71.4%	74.0%	73.2%	68.7%
	$50,000 - $99,999	74.1%	56.9%	74.9%	70.%	84.9%
	$100,000 or more	78.5%	62.2%	68.2%	75.6%	75.0%
6 months to less than 1 year	$0 - $19,999	21.8%	17.4%	18.8%	16.4%	22.8%
	$20,000 - $49,999	20.2%	10.0%	17.7%	14.6%	27.8%
	$50,000 - $99,999	14.3%	34.1%	17.7%	20.8%	10.0%
	$100,000 or more	13.8%	34.2%	25.4%	12.2%	19.5%
1 year to less than 2 years	$0 - $19,999	21.9%	13.0%	*	4.0%	5.7%
	$20,000 - $49,999	10.9%	11.5%	5.6%	9.0%	*
	$50,000 - $99,999	8.5%	6.1%	*	8.6%	*
	$100,000 or more	*	*	*	*	4.2%
2 years to less than 5 years	$0 - $19,999	*	*	*	*	*
	$20,000 - $49,999	5.3%	*	*	*	*
	$50,000 - $99,999	*	*	*	*	*
	$100,000 or more	*	*	*	*	*

Note: Statistically unstable estimates are marked by a red asterisk.

In addition to being asked how long it had been since the child's last healthcare provider visit, participants were asked to indicate **the reason for child's most recent healthcare visit.**

Overall

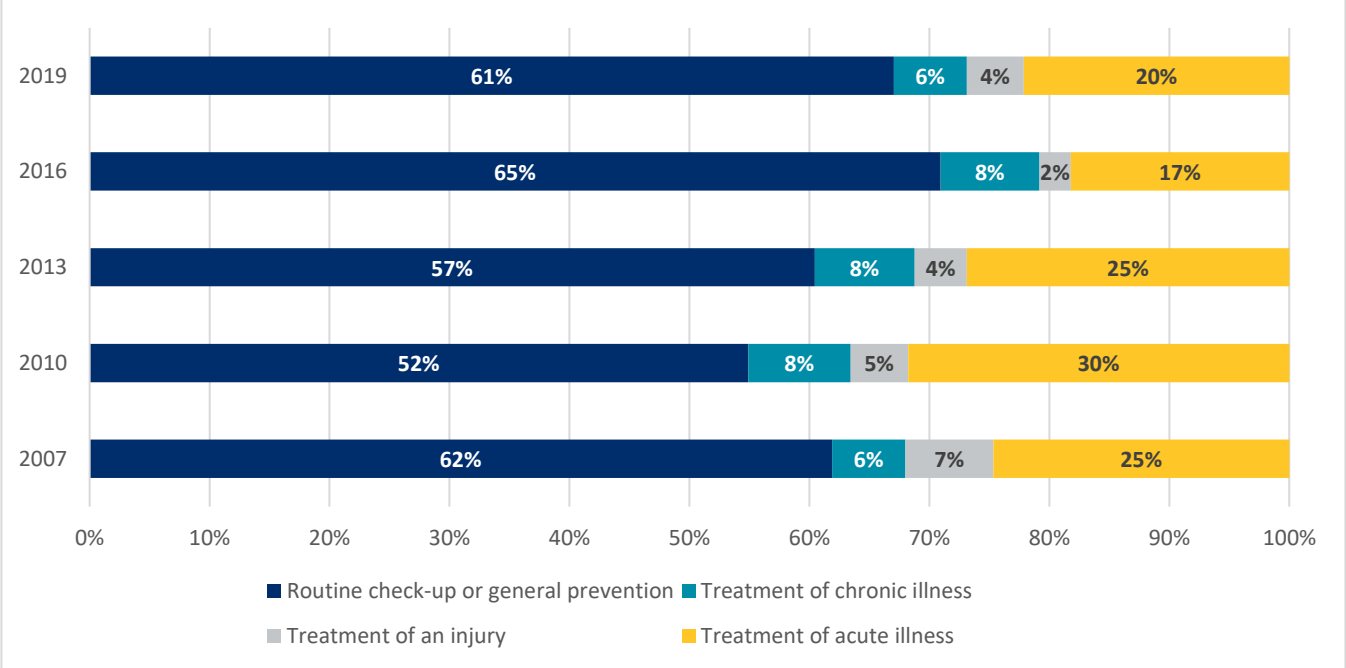
Since 2007, the most common reason for a child's most recent healthcare provider visit has been due to routine check-up or for general prevention. However, all rates have been relatively stable throughout the years.

Table 118. Child – Reason for Recent Healthcare Visit

Reason	2007	2010	2013	2016	2019
Routine check-up or general prevention	61.7%	51.5%	56.7%	64.7%	60.6%
Treatment of chronic illness (asthma, allergies, diabetes)	6.1%	8.0%	7.8%	7.5%	5.5%
Treatment of an injury	7.3%	4.5%	4.1%	2.4%	4.3%
Treatment of acute illness that just occurred (e.g. flu)	24.6%	29.8%	25.2%	16.6%	20.0%
Other	*	6.2%	6.3%	8.7%	9.6%

Note: Red asterisks represent a statistically unstable estimate.

Figure 18. Child –Reason for Recent Healthcare Visit



Note: "Other" is excluded from this chart because of the statistical instability.

Comparisons

Age Comparisons

In 2007, the reason for 29.3% of young children (0-5) visiting a healthcare provider was for treatment of an acute illness such as the flu. However, in 2019, this percentage dropped to 19.7%.

Table 119. Child – Reason for Recent Healthcare Visit by Age

Reason	Age Group	2007	2010	2013	2016	2019
Routine check-up or general prevention	0-5	64.8%	55.3%	61.2%	68.6%	66.8%
	6-17	59.9%	49.1%	53.3%	62.8%	56.7%
Treatment of chronic illness (asthma, allergies, diabetes)	0-5	4.1%	4.3%	6.4%	6.3%	*
	6-17	7.3%	10.2%	8.8%	8.0%	7.4%
Treatment of an injury	0-5	*	*	*	*	*
	6-17	10.8%	5.9%	5.4%	2.9%	6.1%
Treatment of acute illness that just occurred (e.g., flu)	0-5	29.3%	35.5%	25.0%	17.3%	19.7%
	6-17	21.9%	26.3%	25.5%	16.3%	20.2%
Other	0-5	*	*	5.4%	6.3%	9.7%
	6-17	*	8.4%	7.0%	10.0%	9.6%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

The rate for Mid Valley children visiting their healthcare provider for a routine check-up or general prevention has decreased from 75.7% in 2007 to 61.4% in 2019. Similarly, the rate for East Valley children visiting their healthcare provider for treatment of an acute illness decreased from 33.1% in 2007 to 22.0% in 2019.

Table 120. Child – Reason for Recent Healthcare Visit by Geography

Reason	Geography	2007	2010	2013	2016	2019
Routine check-up or general prevention	West Valley	65.3%	59.5%	61.1%	62.5%	59.5%
	Mid Valley	75.6%	64.9%	58.6%	66.6%	61.4%
	East Valley	52.1%	38.7%	52.9%	65.1%	60.8%
Treatment of chronic illness (asthma, allergies, diabetes)	West Valley	5.6%	6.9%	5.9%	11.1%	6.1%
	Mid Valley	4.0%	*	*	6.4%	4.3%
	East Valley	7.6%	11.0%	10.7%	6.2%	6.0%
Treatment of an injury	West Valley	8.4%	4.5%	*	5.5%	8.1%
	Mid Valley	*	5.3%	*	*	*
	East Valley	6.8%	4.1%	5.2%	*	2.3%
Treatment of acute illness that just occurred (e.g., flu)	West Valley	20.4%	20.6%	22.7%	14.0%	17.2%
	Mid Valley	16.2%	22.1%	25.2%	15.2%	19.8%
	East Valley	33.1%	39.8%	26.8%	18.4%	22.0%
Other	West Valley	*	8.5%	8.7%	6.9%	9.1%
	Mid Valley	*	3.9%	7.5%	9.8%	11.1%
	East Valley	*	6.4%	4.3%	9.2%	8.8%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Among non-Hispanic or Latino children, there was an increase in the child's recent healthcare provider visit due to an acute illness. In 2016, this reason allotted for 10.2% of children's healthcare provider visits and in 2019 this reason allotted for 19.2% of children.

Table 121. Child – Reason for Recent Healthcare Visit by Ethnicity

Reason	Ethnicity	2016	2019
Routine check-up or general prevention	Hispanic or Latino	64.3%	61.2%
	Not Hispanic or Latino	65.3%	60.1%
Treatment of chronic illness (asthma, allergies, diabetes)	Hispanic or Latino	6.3%	4.5%
	Not Hispanic or Latino	10.8%	6.5%
Treatment of an injury	Hispanic or Latino	1.3%	3.9%
	Not Hispanic or Latino	6.2%	4.7%
Treatment of acute illness that just occurred (e.g., flu)	Hispanic or Latino	19.0%	20.7%
	Not Hispanic or Latino	10.2%	19.2%
Other	Hispanic or Latino	9.1%	9.7%
	Not Hispanic or Latino	7.5%	9.6%

Income Comparisons

Between 2007 and 2019, there was a decrease in a routine check-up or general prevention as the visit reason for children in the $0-$19,999 income level (2007, 71.3%; 2019, 54.7%).

Table 122. Child – Reason for Recent Healthcare Visit by Income

Reason	Income Level	2007	2010	2013	2016	2019
Routine check-up or general prevention	$0 - $19,999	71.3%	49.9%	51.8%	63.3%	54.7%
	$20,000 - $49,999	66.5%	46.6%	56.6%	67.3%	67.1%
	$50,000 - $99,999	49.5%	68.1%	58.0%	56.4%	52.7%
	$100,000 or more	54.8%	54.9%	62.7%	70.3%	63.8%
Treatment of chronic illness (asthma, allergies, diabetes)	$0 - $19,999	*	5.5%	9.6%	10.9%	5.9%
	$20,000 - $49,999	4.9%	13.4%	8.7%	*	*
	$50,000 - $99,999	9.3%	5.4%	*	11.2%	*
	$100,000 or more	6.1%	*	*	6.7%	6.6%
Treatment of an injury	$0 - $19,999	*	*	5.8%	*	*
	$20,000 - $49,999	1.7%	3.7%	3.4%	*	*
	$50,000 - $99,999	13.0%	*	*	*	*
	$100,000 or more	*	*	*	*	*
Treatment of acute illness that just occurred (e.g., flu)	$0 - $19,999	17.9%	28.5%	26.0%	14.1%	23.2%
	$20,000 - $49,999	27.0%	31.7%	24.7%	17.3%	17.1%
	$50,000 - $99,999	27.3%	20.0%	29.6%	25.7%	33.0%
	$100,000 or more	23.5%	27.5%	22.1%	6.5%	12.5%
Other	$0 - $19,999	*	11.2%	6.8%	9.9%	8.7%
	$20,000 - $49,999	*	4.6%	6.6%	8.1%	11.8%
	$50,000 - $99,999	*	*	8.7%	*	*
	$100,000 or more	*	*	*	15.0%	14.2%

Note: Red asterisks represent a statistically unstable estimate.

Participants were asked if their child had visited a doctor or other health care provider for a **routine check-up in the past 12 months**.

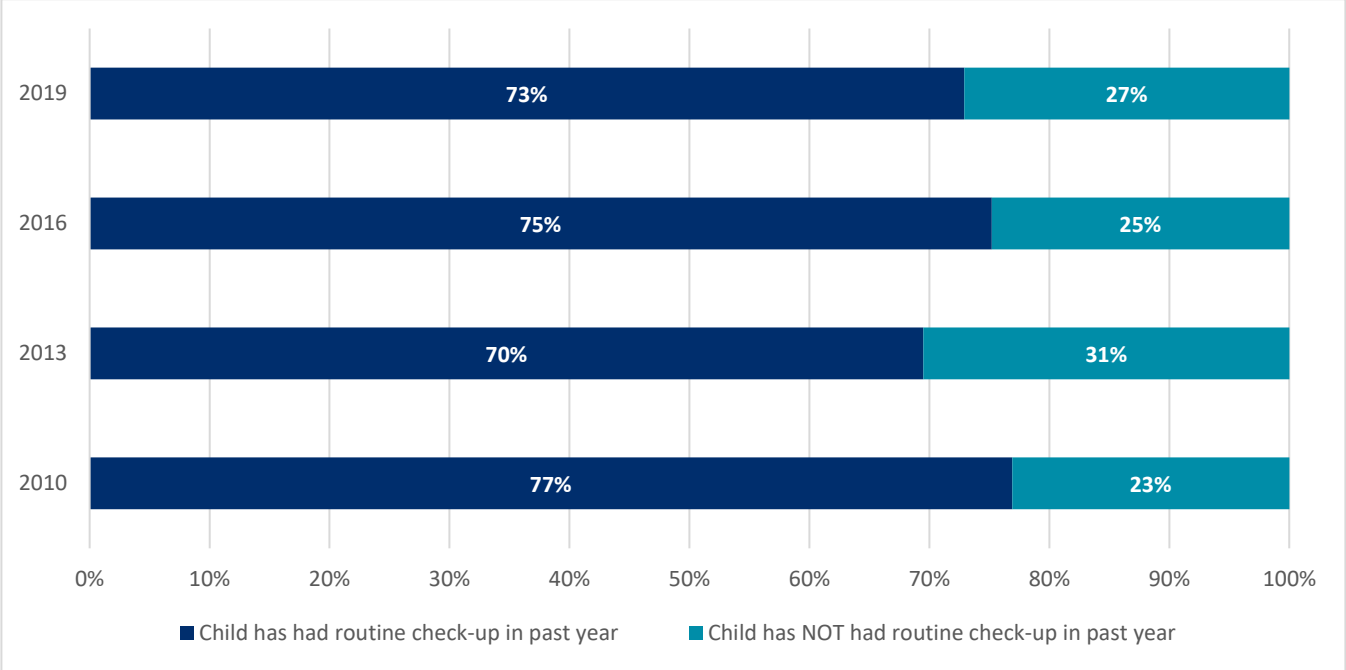
Overall

Between 2010 and 2019, there has been a decrease in Coachella Valley children having had a routine check-up in the last 12 months leading up to the survey (2010, 76.9%; 2019, 72.9%).

Table 123. Child – Routine Check-Up in Past Year

Routine Check-Up	2010	2013	2016	2019
Child has had routine check-up in past year	76.9%	69.5%	75.2%	72.9%
Child has NOT had routine check-up in past year	23.1%	30.5%	24.8%	27.1%

Figure 19. Child – Routine Check-Up in Past Year



Comparisons

Age Comparisons

While there was a spike of children ages 6-17 without a routine check-up in 2013, the rate has remained with slightly less than a third of children ages 6 to 17 without a routine check-up.

Table 124. Child – No Routine Check-Up in Past Year by Age

Age Group	2010	2013	2016	2019
0-5	15.3%	14.5%	*	21.9%
6-17	28.3%	38.3%	32.8%	29.9%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

While the rate of West Valley children without a routing check up in the past year has been gradually decreasing over the years, the rate of children in the East Valley has been increasing.

Table 125. Child – No Routine Check-Up in Past Year by Geography

Geography	2010	2013	2016	2019
West Valley	29.5%	28.2%	27.3%	21.2%
Mid Valley	17.7%	31.6%	23.7%	18.2%
East Valley	22.2%	31.3%	23.9%	38.6%

Hispanic/Latino Comparisons

As seen below, between 2016 and 2019, there has been an increase of Hispanic or Latino children without a routine check-up in the 12 months.

Table 126. Child – No Routine Check-Up in Past Year by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	24.1%	31.1%
Not Hispanic or Latino	28.1%	23.0%

Income Comparisons

In 2010, 24.7% of children living in household incomes between $50,000 - $49,999 did not have a routine check-up in the past year. This percentage doubled by 2019, revealing that more than half of children with incomes of $50,000 - $49,999 have not had a routine check up in the past year.

Table 127. Child – No Routine Check-Up in Past Year by Income

Income Level	2010	2013	2016	2019
$0 - $19,999	23.3%	26.4%	32.0%	33.3%
$20,000 - $49,999	24.7%	40.3%	22.6%	51.9%
$50,000 - $99,999	19.2%	29.9%	21.8%	*
$100,000 or more	33.8%	*	*	17.6%

Note: Red asterisks represent a statistically unstable estimate.

To assess **usual source of care for children**, participants were asked where they usually take their child when they are sick or in need of care.

Overall

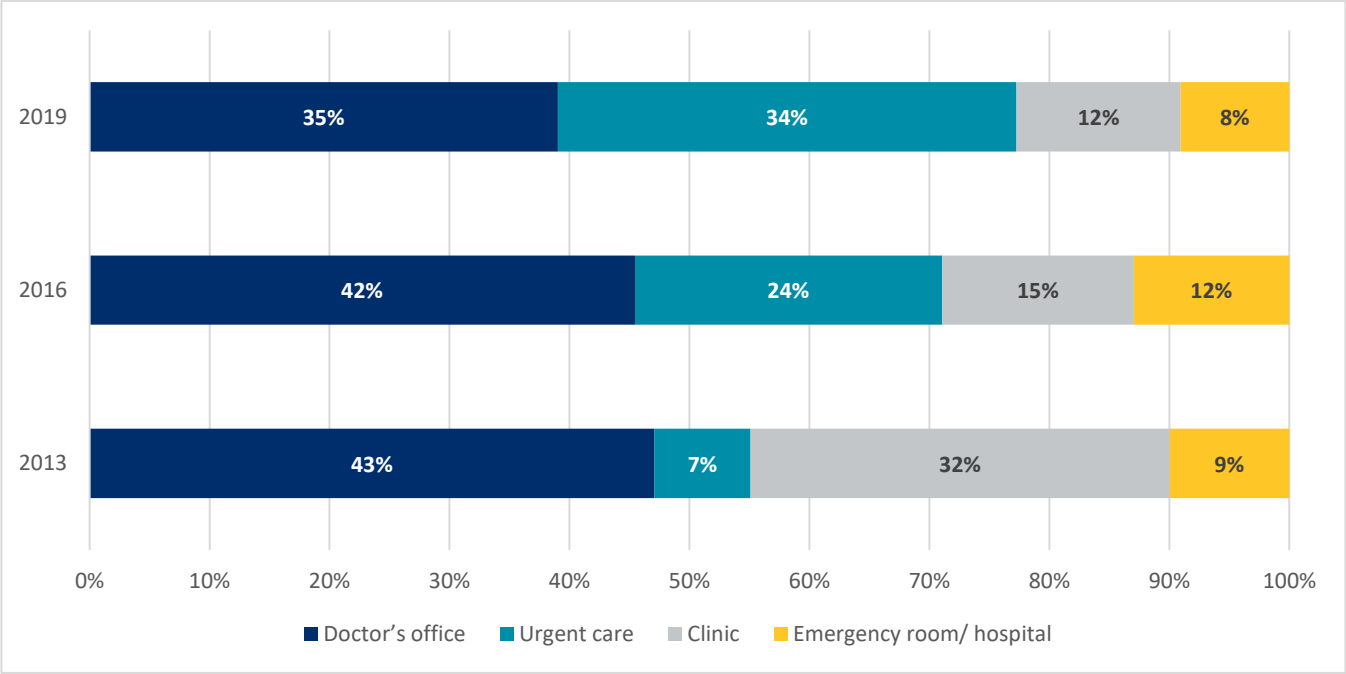
The usual source of care for local children has shifted over time, as illustrated in the table and chart below. In 2013, most children got their care at either a doctor's office or a clinic. By 2019, this changed to either a doctor's office or urgent care.

Table 128. Child – Usual Place for Healthcare

Location	2013	2016	2019
Doctor's office	43.0%	42.1%	34.5%
Urgent care	7.3%	23.7%	33.8%
Clinic	31.9%	14.8%	12.1%
Emergency room/hospital	9.1%	12.0%	8.0%
Other place	*	*	4.1%
Health center	*	4.4%	3.5%
No usual place	*	*	3.5%
Natural/Holistic provider/ Acupuncturist/ Chiropractor	*	*	*
VA/Veteran's Association Health Center/ VA hospital	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Figure 20. Child – Usual Place for Healthcare



Note: Only the four most common sources of care are represented in this chart due to the presence of unstable estimates in the other options.

Comparisons

Because there are such small sample sizes, the following comparison tables do not include the response options "other place", "natural/holistic provider", "VA/Veteran's Association", or "No usual place".

Age Comparisons

Among older children (6-17), the utilization of a clinic when sick or in need of healthcare fell from 2013 (32.6%) to 2019 (12.1%).

Table 129. Child – Usual Place for Healthcare by Age

Location	Age Group	2013	2016	2019
Emergency room/hospital	0-5	*	13.6%	9.9%
	6-17	*	11.4%	6.9%
Urgent care	0-5	*	17.1%	26.0%
	6-17	8.9%	26.5%	38.4%
Clinic	0-5	*	23.1%	12.3%
	6-17	32.6%	11.3%	12.1%
Health center	0-5	*	*	3.5%
	6-17	*	*	3.5%
Doctor's office	0-5	*	33.5%	37.4%
	6-17	45.4%	45.5%	32.8%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

When sick or in need of healthcare, the majority of West Coachella Valley children in 2016 went to an Urgent Care (45.2%). By 2019, the usual place of care for West Coachella Valley children was a doctor's office (32.6%).

Table 130. Child – Usual Place for Healthcare by Geography

Location	Geography	2013	2016	2019
Emergency room/hospital	West Valley	*	16.0%	12.9%
	Mid Valley	*	*	*
	East Valley	*	13.7%	9.4%
Urgent care	West Valley	*	45.2%	33.0%
	Mid Valley	*	30.8%	45.2%
	East Valley	*	10.7%	25.5%
Clinic	West Valley	*	*	7.2%
	Mid Valley	*	*	6.3%
	East Valley	35.7%	17.3%	20.1%
Health center	West Valley	*	*	7.7%
	Mid Valley	*	*	*
	East Valley	*	*	3.2%
Doctor's office	West Valley	34.3%	22.2%	32.6%
	Mid Valley	52.3%	50.5%	38.5%
	East Valley	43.8%	48.9%	32.8%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

In 2016, 15.3% of Hispanic or Latino children usually went to Urgent Care when they were sick or in need of care. By 2019, 25.5% of Hispanic or Latino children identified Urgent Care as their usual place of care.

Table 131. Child – Usual Place for Healthcare by Ethnicity

Location	Ethnicity	2016	2019
Emergency room/hospital	Hispanic or Latino	14.7%	10.1%
	Not Hispanic or Latino	*	5.8%
Urgent care	Hispanic or Latino	15.3%	25.5%
	Not Hispanic or Latino	50.7%	42.6%
Clinic	Hispanic or Latino	18.8%	19.6%
	Not Hispanic or Latino	*	4.1%
Health center	Hispanic or Latino	5.4%	5.8%
	Not Hispanic or Latino	*	*
Doctor's office	Hispanic or Latino	42.2%	30.4%
	Not Hispanic or Latino	43.2%	39.0%

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

In 2013, the usual place for children in the $50,000-$99,999 income was a doctor's office (71.2%). Conversely, in 2019, the usual place children in this income level visited when in need of healthcare was urgent care.

Table 132. Child – Usual Place for Healthcare by Income

Location	Income Level	2013	2016	2019
Emergency room/hospital	$0 - $19,999	*	11.5%	8.0%
	$20,000 - $49,999	*	22.0%	18.4%
	$50,000 - $99,999	*	*	*
	$100,000 or more	*	*	*
Urgent care	$0 - $19,999	*	*	31.8%
	$20,000 - $49,999	*	16.8%	18.6%
	$50,000 - $99,999	*	55.9%	48.5%
	$100,000 or more	*	29.2%	38.7%
Clinic	$0 - $19,999	*	12.7%	17.7%
	$20,000 - $49,999	*	22.1%	24.7%
	$50,000 - $99,999	*	*	4.9%
	$100,000 or more	*	*	*
Health center	$0 - $19,999	*	*	8.6%
	$20,000 - $49,999	*	*	6.1%
	$50,000 - $99,999	*	*	*
	$100,000 or more	*	*	*
Doctor's office	$0 - $19,999	46.1%	48.1%	28.2%
	$20,000 - $49,999	35.9%	33.1%	21.7%
	$50,000 - $99,999	71.2%	33.0%	33.3%
	$100,000 or more	*	66.4%	43.2%

Note: Red asterisks represent a statistically unstable estimate.

As a measure of accessibility, parents/guardians were asked if their **child's healthcare provider was available in the evenings and on the weekends.**

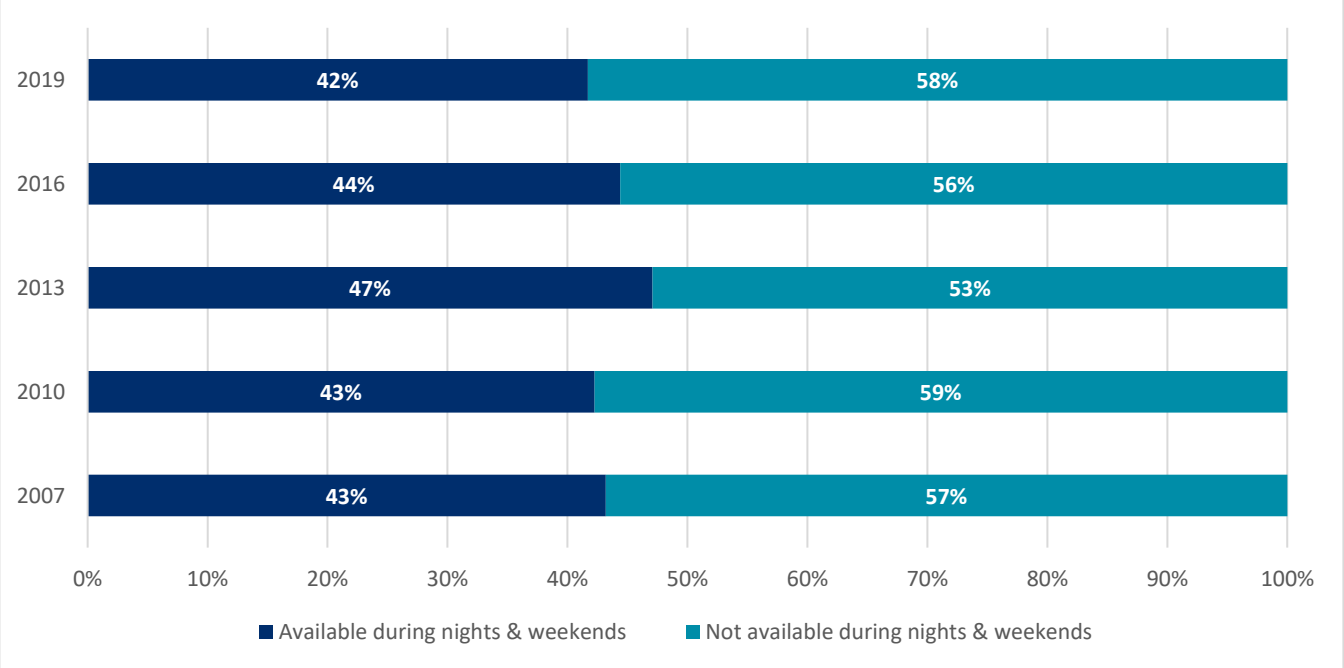
Overall

All five survey cycles show over half of Coachella Valley children do not have a healthcare provider that is available during the evenings and weekends. This rate hasn't changed much over time, as illustrated in the table and chart below.

Table 133. Availability of Child's Healthcare Provider Outside Business Hours

Availability	2007	2010	2013	2016	2019
Available during evenings and weekends	43.2%	43.1%	47.1%	44.4%	41.7%
Not available during evenings and weekends	56.8%	58.9%	52.9%	55.6%	58.3%

Figure 21. Availability of Child's Healthcare Provider Outside Business Hours



Comparisons

Age Comparisons

In 2010, 72.7% healthcare providers for children aged 0 to 5 were not available on nights and weekends. Besides 2010, all other years have remained relatively stable, with slightly more than half of providers not available on night and weekends.

Table 134. Child – Provider Available on Nights & Weekends by Age

Availability	Age Group	2007	2010	2013	2016	2019
Available during evenings and weekends	0-5	42.7%	27.3%	53.0%	41.1%	42.8%
	6-17	43.4%	53.0%	43.6%	46.0%	41.0%
Not available during evenings and weekends	0-5	57.3%	72.7%	47.0%	58.9%	57.2%
	6-17	56.6%	47.0%	56.4%	54.0%	59.0%

Geographic Comparisons

Similarly, based on location, there have not been many changes in regards to healthcare providers being available on nights and weekends. In 2019, over one-third of children in West, Mid, and East Coachella Valley had a healthcare provider with evening and weekend availability.

Table 135. Child – Provider Available on Nights & Weekends by Geography

Availability	Geography	2007	2010	2013	2016	2019
Available during evenings and weekends	West Valley	43.1%	43.1%	52.4%	50.2%	41.1%
	Mid Valley	38.4%	37.5%	38.8%	32.9%	38.8%
	East Valley	44.4%	44.7%	46.7%	45.3%	44.3%
Not available during evenings and weekends	West Valley	56.9%	56.9%	47.6%	49.8%	58.9%
	Mid Valley	61.6%	62.5%	61.2%	67.1%	61.2%
	East Valley	55.6%	55.3%	53.3%	54.7%	55.7%

Hispanic/Latino Comparisons

In 2019, more non-Hispanic or Latino children saw providers that are not available on weekends (65.1%) than those who are Hispanic or Latino (52.0%).

Table 136. Child – Provider Available on Nights & Weekends by Ethnicity

Availability	Ethnicity	2016	2019
Available during evenings and weekends	Hispanic or Latino	47.0%	48.0%
	Not Hispanic or Latino	36.8%	34.9%
Not available during evenings and weekends	Hispanic or Latino	53.0%	52.0%
	Not Hispanic or Latino	63.2%	65.1%

Income Comparisons

Among the $0 - $19,999 income group, there has been an overall increase in the children having providers not being available during evening s and weekend. When comparing 2013 and 2019 data, there was roughly a 15% increase of providers treating those within the $0 - $19,999 income level not available evenings and weekends (2013, 48.8%; 2019, 64.3%).

Table 137. Child – Provider Available on Nights & Weekends by Income

Availability	Income Level	2007	2010	2013	2016	2019
Available during evenings and weekends	$0 - $19,999	49.4%	26.8%	51.2%	44.9%	35.7%
	$20,000 - $49,999	38.3%	48.3%	44.0%	39.2%	41.4%
	$50,000 - $99,999	46.5%	39.0%	42.8%	39.0%	39.4%
	$100,000 or more	50.6%	28.1%	46.5%	40.1%	39.2%
Not available during evenings and weekends	$0 - $19,999	50.6%	73.2%	48.8%	55.1%	64.3%
	$20,000 - $49,999	61.7%	51.7%	56.0%	60.8%	58.9%
	$50,000 - $99,999	53.5$	61.0%	57.2%	61.0%	60.6%
	$100,000 or more	49.4%	71.9%	53.5%	59.9%	60.8%

To estimate accessibility to and affordability of prescriptions, parents/guardians were asked if they have **ever not obtained a prescription for their child due to the cost.**

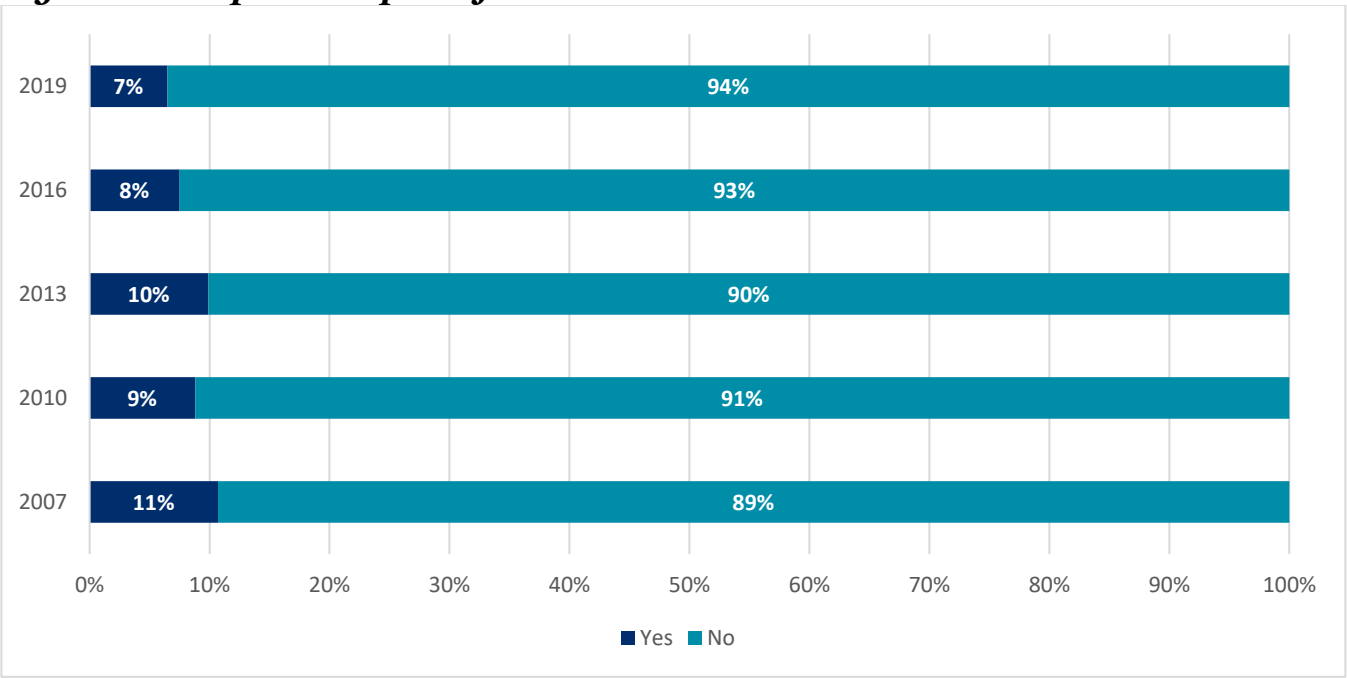
Overall

Over time, the percentage of children who were not able to get their needed prescriptions has decreased, from 10.7% in 2007 to 6.5% in 2019.

Table 138. Skip Prescription for Child due to Cost

Skip Prescription for Child due to Cost	2007	2010	2013	2016	2019
Yes	10.7%	8.8%	9.9%	7.5%	6.5%
No	89.3%	91.2%	90.1%	92.5%	93.5%

Figure 22. Skip Prescription for Child due to Cost



Comparisons

Age Comparisons

Between 2007 and 2019, the rate of children in the ages 6-11 that did not obtain prescriptions has slightly decreased, while the rate for children 0-5 has remained stable.

Table 139. Skip Prescription for Child by Age

Age Group	2007	2010	2013	2016	2019
0-5	9.9%	6.4%	3.8%	5.5%	7.3%
6-17	11.1%	10.0%	13.3%	8.4%	6.0%

Geographic Comparisons

Among West and Mid Valley parents and guardians, there has been a decline in not obtaining a prescription for their child due to cost from 2007 (11.4%, 13.9% respectively) to 2019 (6.1%, 7.5% respectively).

Table 140. Skip Prescription for Child by Geography

Geography	2007	2010	2013	2016	2019
West Valley	11.4%	9.1%	8.2%	8.9%	6.1%
Mid Valley	13.9%	4.9%	6.8%	5.8%	7.5%
East Valley	9.0%	10.1%	12.2%	7.4%	6.0%

Hispanic/Latino Comparisons

Between 2016 and 2019, rates of non-Hispanic or Latino parents and guardians unable to obtain a prescription for their child due to cost have remained constant. Conversely, Hispanic or Latino parents and guardians had a decrease in not obtaining a prescription for their child as a result of the cost.

Table 141. Skip Prescription for Child by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	7.3%	5.1%
Not Hispanic or Latino	8.4%	8.0%

Income Comparisons

The rates for children not getting prescription for income levels up to $49,999 have decreased from 2007 to 2019.

Table 142. Skip Prescription for Child by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	18.3%	12.2%	9.7%	13.7%	7.7%
$20,000 - $49,000	13.2%	10.2%	12.3%	4.3%	7.0%
$50,000 - $99,999	*	*	8.6%	6.2%	6.6%
$100,000 or more	*	*	*	*	6.6%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians were asked if there **was any time in the last 12 months that they delayed or did not get a test or treatment that was recommended for their child**.

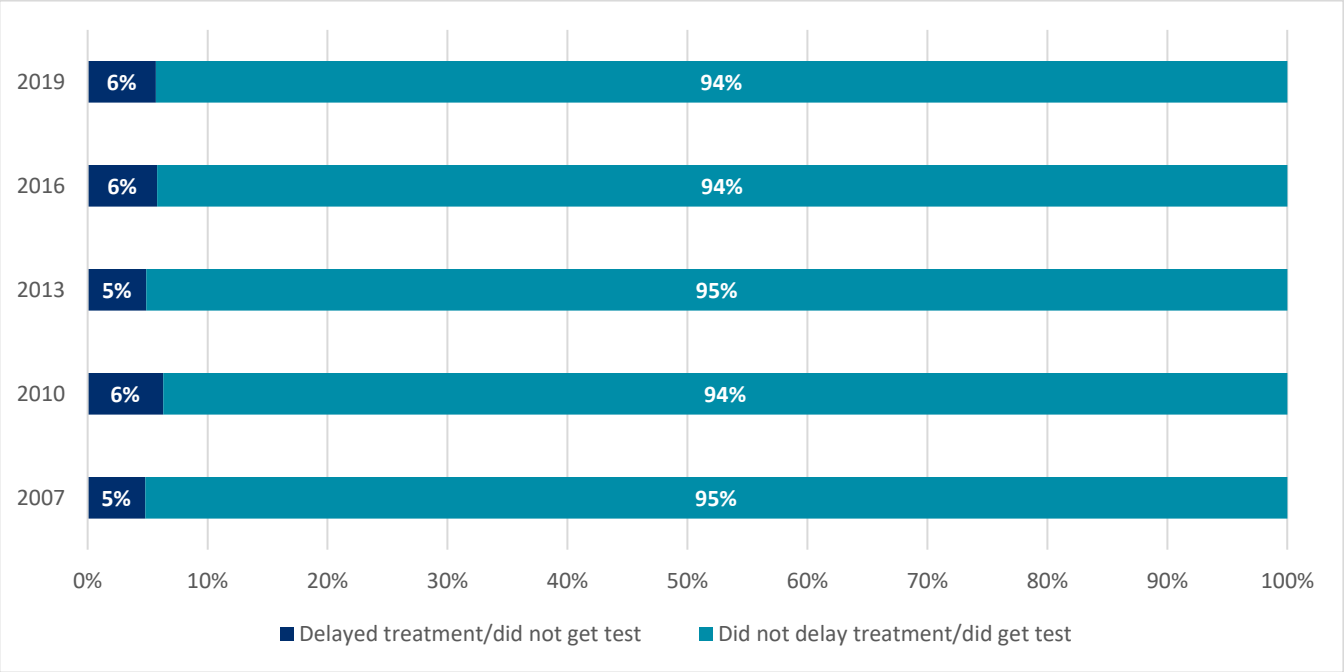
Overall

In all survey cycles, over 90% of parents or guardians reported not delaying obtaining a test or treatment ordered for their child within the past 12 months.

Table 143. Delayed Treatment or Test for Child

Test or Treatment Delay	2007	2010	2013	2016	2019
Delayed treatment/did not get test	4.8%	6.3%	4.9%	5.8%	5.7%
Did not delay treatment/did get test	95.2%	93.7%	95.1%	94.2%	94.3%

Figure 23. Delayed Treatment or Test for Child



The percent of local children who had a medical test or treatment delayed is roughly the same as it is for children across California, as illustrated in the table below.

Table 144. Delayed Treatment or Test for Child Across Regions

Region	2013	2016	2019
Coachella Valley	4.9%	5.8%	5.7%
California	5.0%	3.5%	5.5%

Note: California data are from the California Health Interview Survey (CHIS). No CHIS data was available for the year 2010, and thus, no comparisons are provided for that year. No Riverside County data is presented for this variable because all estimates were statistically unstable.

Comparisons

Age Comparisons

Delaying treatment or tests for children does not appear to differ over time by age, as illustrated in the table below.

Table 145. Delayed Treatment or Test for Child by Age

Age Group	2007	2010	2013	2016	2019
0-5	4.9%	5.0%	*	5.7%	6.9%
6-17	4.8%	6.9%	5.5%	5.9%	5.0%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Overall, children in East Valley appear to be slightly less likely to have to delay a test or treatment than their counterparts in West Valley and Mid Valley.

Table 146. Delayed Treatment or Test for Child by Geography

Geography	2007	2010	2013	2016	2019
West Valley	6.2%	5.0%	*	4.6%	6.3%
Mid Valley	*	*	5.0%	6.7%	7.7%
East Valley	2.6%	5.5%	4.9%	6.1%	3.7%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Based on ethnicity, survey responses from 2016 to 2019 have remained stable, as illustrated in the table below.

Table 147. Delayed Treatment or Test for Child by Ethnicity

Ethnicity	2016	2019
Hispanic or Latino	5.5%	5.2%
Not Hispanic or Latino	7.3%	6.2%

Income Comparisons

Sample sizes were too small to make many income comparisons over time; however, it appears that there is no trend in delaying treatment or tests for children by income over time.

Table 148. Delayed Treatment or Test for Child by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	7.2%	11.9%	3.8%	*	*
$20,000 - $49,999	4.5%	5.8%	6.4%	*	*
$50,000 - $99,999	*	*	8.4%	8.1%	3.7%
$100,000 or more	*	*	*	*	8.0%

Note: Red asterisks represent a statistically unstable estimate.

Satisfaction with Provider

Participants were asked to reflect on **how satisfied they were with the quality of care their child received** the last time they saw a healthcare provider.

Overall

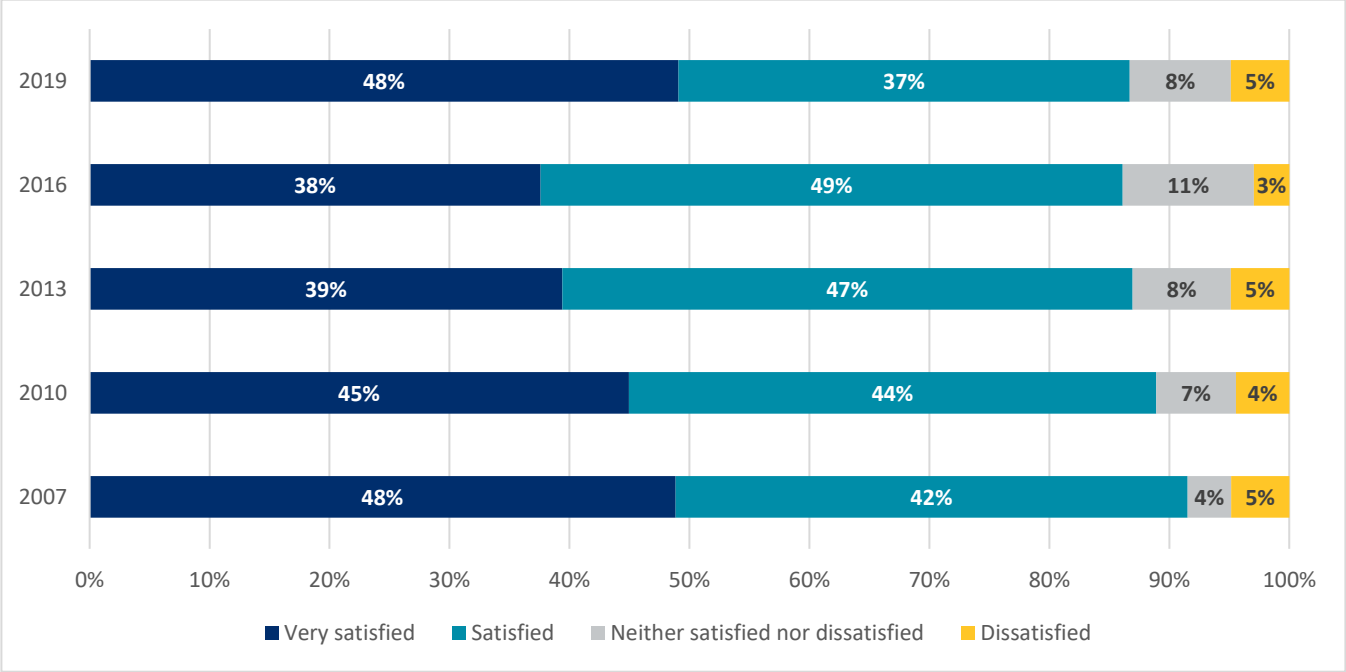
In general, most parents/guardians were quite satisfied with their child's quality of care, as illustrated in the table and chart below. Very few parents/guardians were "dissatisfied" or "very dissatisfied", and trends have not changed over time.

Table 149. Satisfaction with Quality of Child's Care

Satisfaction Level	2007	2010	2013	2016	2019
Very satisfied	48.4%	44.6%	38.9%	38.2%	48.4%
Satisfied	42.3%	43.6%	46.9%	49.3%	37.1%
Neither satisfied nor dissatisfied	3.6%	6.6%	8.1%	11.1%	8.3%
Dissatisfied	4.8%	4.4%	4.8%	*	4.8%
Very dissatisfied	*	*	*	*	1.5%

Note: Red asterisks represent a statistically unstable estimate.

Figure 24. Satisfaction with Quality of Child's Care



Note: "Very dissatisfied" is not included in this chart due to statistical instability.

Comparisons

Because the "very dissatisfied" category sample size is so small, no comparisons are presented because they are statistically unstable.

Age Comparisons

In 2019, there was about a 10% increase from the 2016 cycle in parents or guardians reporting being "very satisfied" with the quality of care their child received. The age group 0-5 had a 9.9% increase in 'very satisfied' responses from 2016 (36.4%) to 2019 (46.3%) and the age group 6-17 had a 10.6% increase in "very satisfied" responses from 2016 (39.1%) to 2019 (49.7%).

Table 150. Satisfaction with Quality of Child's Care by Age

Satisfaction	Age Group	2007	2010	2013	2016	2019
Very satisfied	0-5	52.2%	39.5%	39.1%	36.4%	46.3%
	6-17	46.3%	47.8%	38.5%	39.1%	49.7%
Satisfied	0-5	37.8%	48.2%	49.4%	50.9%	33.0%
	6-17	44.8%	40.7%	45.6%	48.3%	39.8%
Neither satisfied nor dissatisfied	0-5	4.2%	4.6%	9.7%	12.1%	9.6%
	6-17	3.3%	7.9%	7.2%	10.6%	7.4%
Dissatisfied	0-5	4.0%	6.5%	*	*	8.1%
	6-17	5.3%	3.1%	6.7%	*	2.6%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

The table below shows a decrease among East Coachella Valley parents or guardians indicating being 'very satisfied' with the quality of care their child received. The 2007 survey responses show over slightly over half of East Coachella Valley parents or guardians being 'very satisfied' with their child's quality of care (51.5%). However, only 33.0% of parents or guardians indicated they were 'very satisfied' with quality of care in 2016.

Table 151. Satisfaction with Quality of Child's Care by Geography

Satisfaction	Geography	2007	2010	2013	2016	2019
Very satisfied	West Valley	44.1%	40.6%	32.1%	44.8%	44.2%
	Mid Valley	55.4%	67.5%	56.5%	44.0%	53.8%
	East Valley	51.5%	33.4%	36.1%	33.0%	46.9%
Satisfied	West Valley	47.3%	42.2%	48.9%	47.1%	39.2%
	Mid Valley	40.0%	26.8%	35.7%	33.2%	30.3%
	East Valley	36.5%	54.5%	50.3%	56.0%	41.2%
Neither satisfied nor dissatisfied	West Valley	3.2%	13.0%	7.9%	5.4%	7.4%
	Mid Valley	*	5.4%	*	19.4%	7.5%
	East Valley	5.2%	3.8%	9.7%	10.7%	9.5%
Dissatisfied	West Valley	4.1%	4.2%	9.0%	*	*
	Mid Valley	*	*	*	*	6.8%
	East Valley	6.4%	6.8%	2.8%	*	2.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

In the 2016 and 2019 survey cycles, over 50% of not Hispanic or Latino parents or guardians reported being 'very satisfied' with the quality of care their child received (2016, 52.8%; 2019, 52.7%). Among parents or guardians identifying as Hispanic or Latino, responses of 'very satisfied' increased 10.5% from 2016 (33.9%) to 2019 (44.4%).

Table 152. Satisfaction with Quality of Child's Care by Ethnicity

Satisfaction	Ethnicity	2016	2019
Very satisfied	Hispanic or Latino	33.9%	44.4%
	Not Hispanic or Latino	52.8%	52.7%
Satisfied	Hispanic or Latino	54.2%	41.7%
	Not Hispanic or Latino	34.1%	32.1%
Neither satisfied nor dissatisfied	Hispanic or Latino	10.9%	9.8%
	Not Hispanic or Latino	9.9%	6.6%
Dissatisfied	Hispanic or Latino	*	3.8%
	Not Hispanic or Latino	*	5.9%

Note: Red asterisks represent a statistically unstable estimate.

Income Comparisons

Among the income group $0-$19,999, parents or guardians being 'satisfied' with the care their child received fell from 72.2% in 2007 to 48.9% in 2019. In comparison, 'very satisfied' responses among parents or guardians in the same income group increased from 14.2% in 2007 to 39.4% in 2019.

Table 153. Satisfaction with Quality of Child's Care by Income

Satisfaction	Income Level	2007	2010	2013	2016	2019
Very satisfied	$0 - $19,999	14.2%	35.7%	33.6%	25.6%	39.4%
	$20,000 - $49,999	55.4%	42.0%	28.0%	36.9%	41.4%
	$50,000 - $99,999	48.6%	68.9%	46.3%	42.1%	53.2%
	$100,000 or more	56.5%	61.6%	78.9%	66.6%	58.2%
Satisfied	$0 - $19,999	72.2%	49.1%	53.6%	57.1%	48.9%
	$20,000 - $49,999	31.6%	46.0%	51.9%	46.1%	37.2%
	$50,000 - $99,999	45.4%	27.0%	46.5%	50.5%	31.5%
	$100,000 or more	39.8%	30.6%	18.7%	26.5%	29.7%
Neither satisfied nor dissatisfied	$0 - $19,999	*	7.0%	6.6%	15.7%	5.2%
	$20,000 - $49,999	4.9%	7.1%	11.3%	13.9%	17.1%
	$50,000 - $99,999	2.9%	*	*	*	*
	$100,000 or more	*	*	*	*	*
Dissatisfied	$0 - $19,999	7.1%	6.7%	6.2%	*	*
	$20,000 - $49,999	6.4%	4.6%	*	*	*
	$50,000 - $99,999	*	*	*	*	7.8%
	$100,000 or more	*	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Conclusion

Overview

This report examines healthcare access and utilization among adults and children in the Coachella Valley between 2007 and 2019. Across five survey cycles (2007, 2010, 2013, 2016, and 2019), healthcare access and utilization by age group, Coachella Valley region, race and ethnicity, household income, and education level has changed. In the most recent survey (2019), 85.4% of Coachella Valley adults and 95.4% of Coachella Valley children had healthcare coverage. In that same year, the most common healthcare coverage type was Medicare (30.7%) for adults and Medi-Cal/IEHP (63.8%) for children.

In addition to healthcare coverage, 63.1% of adults had coverage for their routine dental care, 89.2% had coverage for their prescription drugs, and 63.6% had coverage for their mental and behavioral health expenses in 2019. Among Coachella Valley children, 81.1% had dental coverage, 94.3% had coverage for prescription drug costs, and 82.6% had vision coverage in 2019.

Changes over the Years

Over the years, there has been an increase in Coachella Valley adults going through a time within the 12 months leading up to a survey cycle experiencing a time without healthcare coverage. In 2007, 7.4% of adults identified having a time without healthcare coverage, which fell to 6.6% in 2010 and 6.7% in 2013. By 2019, 10.1% of adults reported going through a time within the last 12 months not having health insurance. These adults were then prompted to identify why they had gone through a time without coverage. The most common reasons over the five survey cycles were losing a job or changing employers and being unable to afford the premiums. From 2007 to 2013, there was a substantial increase in adults being without coverage due to losing their job or employment changes (2007, 9.8%; 2013, 28.7%). By 2019, this percentage had fallen to 13.0%. Not being able to pay the premiums, however, was a more constant reason that some adults had gone without coverage. In 2010, 36.0% of adults identified this as why they did not have insurance, and 33.9% in 2013. However, only 22.7% of adults reported this as the reason. The main reason children were without healthcare coverage are very similar to that of adults. The main reason for children being without coverage was due to their parent or guardian not being able to afford the insurance premiums. Consequently, 21.4% of children were without coverage in 2007, 42.3% in 2010 and 32.0% in 2013. In 2007 and 2010, another more selected reason for this was due to parents, guardians, or the children themselves applying for coverage (2007, 17.3%; 2010, 16.0%).

Our hope is that by more closely examining the local data on healthcare access that we can begin to identify inequities and make efforts to minimize these inequities. People should not experience subpar quality of life simply because they live in a particular geographic region, earn a certain amount of money, or belong to a certain racial or ethnic group. This report is one step closer towards a widespread, healthy Coachella Valley community.